

Pandemic Influenza: Quarantine, Isolation and Social Distancing



**Toolbox for Public Health and Public
Behavioral Health Professionals**

Introduction

Welcome to the Colorado Disaster Behavioral Health Response System quarantine and isolation handbook. This reference offers public health leadership guidance regarding psychological and social ramifications of implementing large scale quarantine and isolation within a community. It is also intended for public health and behavioral health workers who may be caring for people infected with a contagious illness, and who may be dealing with the stress of a quarantine and isolation event.

It is arranged in five sections designed for easy reference. The first section deals with psychosocial issues and gives an overview of possible public response to a large-scale event requiring quarantine and isolation. It includes symptoms to look for, and tools healthcare workers can use to assist communities. The second section regarding compliance, addresses ways to encourage adherence to policies and procedures while providing those affected by quarantine and/or isolation with suggestions for gaining and/or maintaining a sense of control. The third section on communication provides guidelines for managing internal and external information dissemination. Section four is devoted to the psychological support and self care for the medical workforce working with patients on a daily basis. The last section has resources and links to helpful sites for more information. Each section has checklists intended to provide actions specific to alleviating psychosocial consequences of a Q & I event.

It is important to remember the basic assumptions of catastrophic events that involve large-scale quarantine and isolation:

- Reactions vary.
- Everyone will be affected at some level.
- Most people bounce back; optimize this process by providing support and accurate, timely information.
- Communities pull together.
- There is a wide range of acceptable normal reactions. Some are distressing.

In the event that this manual is not needed, we are grateful. If an event such as this does occur, we hope you will find the information in these pages useful.

For the purpose of this document, quarantine and isolation are expressed as “**Q & I**”.

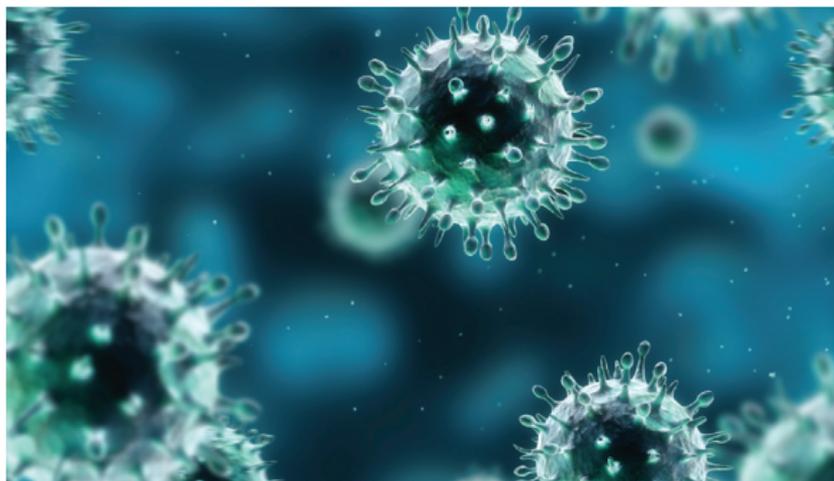


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Psychosocial Issues

During a Q & I event, people are placed in quarantine or isolated in order to contain a contagious disease. Their freedom is restricted, causing considerable distress. Those placed in restrictions may suffer the additional burdens of anger, depression, anxiety, loneliness, fear and/or grief. The reactions may last long after the orders are lifted. Although these are normal reactions, they are distressing and can interfere with recovery and daily functioning. The community may avoid individuals and their families identified as exposed, contagious or ill, long after they have been medically cleared of any concerns.

Healthcare workers may be subject to additional stress due to their involvement in the event. They may be concerned about their health and the health of their families. They may fear contagion, be concerned about the safety of coworkers and peers in the health care field, face loneliness and demanding expectations which could result in anger, anxiety and stress related to the uncertainty of the event. (This guide has a section specific to staff and workforce related issues.)

The following section outlines psychosocial issues people might face and protective measures to address these concerns.

Psychosocial Needs of the Community

A balanced response from public health and community leaders, based on an accurate situational assessment has a direct impact on the psychosocial well-being of the community. Overreaction or under-reaction leads to mistrust and breeds fear. Therefore:

- Give accurate information about the way issues are being addressed. Repeat information frequently.
- Direct citizens on how they can protect themselves.
- Build and maintain trust by giving reasons why the Q & I is necessary, thus reducing angry responses.
- Use a variety of methods to disperse information: TV, radio, web based, hotline, pamphlets, fact sheets and newspapers.



Public Fear

Fear is the hallmark emotion of Q & I and is a reaction to direct threat. Many people in the community will become fearful and concerned about their health, safety, jobs, finances and families. People may also fear exposure to the disease, enforcement actions, and the prospect of death.

In ideal conditions, fear is an adaptive response to perceived danger that protects us from injury or harm. Several factors including previous experience, assessment of an opportunity to escape, and the perceived extent of a threat, influence the intensity of a fear response.

A high level of fear can elicit a **fight, flight, freeze or faint response**. While each of these responses has an adaptive, survival function, they can be problematic for disease containment. Those who react in **fight** mode typically do not trust that their best interests are being addressed and may challenge authorities. Those who react in a **flight** mode are trying to escape the threat and risk spreading the infection to other regions. The **freeze or faint** responses cause people to cease productive activities and become immobile.

When Fear Interferes

- If the fear becomes too much to handle, it can demobilize and lead to depression.
- It may cause some to act out.
- There are some who will overreact and avoid activity even remotely connected to a threat of contagion. They may choose to stay home or engage in unwarranted precautionary behaviors such as wearing a mask and gloves even when they are alone.
- Medical facilities may be avoided out of fear of becoming infected.
- Discriminatory fear may emerge if a certain group has a higher rate of symptoms than others.



Fear and Panic

Addressing fear and panic:

- Frequently remind the community of reasonable measures of protection.
- Educate people on self-care and its importance.
- Provide people with information on how to access non-pandemic related medical care.
- Assess which populations are affected and address the fears with logical, factual information.
- Allow choices for location of quarantine if possible.
- Remind people that Q & I and Social Distancing have been implemented to protect themselves and others in the community.
- Voice appreciation for those in Q or I for keeping the community safe.
- Decide if publicizing mortality rates is helpful. Perspective on rates may help reduce panic.

Anxiety

Anxiety is a fear reaction to an ambiguous threat. A moderate amount of anxiety along with a realistic view of the risks associated with the Q & I event are healthy and make people more likely to take precautions. However:

- Some people get overly anxious when faced with the challenge of a Q & I event. They are unable to stop worrying about the “what ifs” of the situation.
- The fear of contagion can be immobilizing, causing an increase in calls for medical advice and an inability to carry on regular activities.

In those who are ill and isolated, anxiety can aggravate medical problems by interfering with sleeping, eating and self-care. To reduce anxiety:

- Prepare patients emotionally for isolation by providing educational materials to explain the strategy and the duration.
- Set up a hotline and have the media announce contact numbers to handle questions and concerns.
- Offer scheduled updates on a website and through other media outlets.

Depression

A feeling of helplessness can lead to depression. During a Q & I event people may feel as if they are powerless to deal with such a large event. Some may go so far as to proclaim it a punishment or the end of the world.

A sense of helplessness and gloom or irritability, trouble sleeping, fatigue and/or a change in eating habits are indicators of **situational depression**. It is usually self-limiting; it lifts when the situation changes.

There are steps one can take to alter the course of depression. Exercise, regular meals and developing a positive attitude that “this too shall pass” all contribute to a more balanced outlook on life.

- Empower people to take action through self-care.
- Offer encouragement: “we can get through this.”
- Enlist the cultural leaders and the faith-based community to help build hope.
- Encourage community support to those in quarantine or isolation.

A more serious depressive episode that includes suicidal thinking needs immediate mental health intervention.

Irritability and Sleep Issues

When the stress of Q & I begins to wear on people, they may have short tempers or problems sleeping. They can become overly sensitive and snap at one another. Worry and doubt crowd their thoughts, turning off the noise when it's time to go to sleep may be difficult.

Following are guidelines to address these issues:

Irritability

- Remember irritability is normal in this circumstance.
- Emphasize care of self and patience with others.

Short Tempers

- Take breaks and stay hydrated.
- Talk about the issue(s).

Sleep Issues

- Exercise early in the day.
- Have a regular sleep-wake routine.
- No caffeine or alcohol 6 hours before bedtime.
- Get up if you don't fall asleep within 30 minutes.
- Avoid TV and or the Internet if you can't sleep.
- Make the bedroom comfortable.

Loneliness and Boredom

When a community is dealing with Q & I, normal activities may be cancelled leaving people to entertain themselves at home and looking for ways to maintain connections to others. Business and social activities may be curtailed at the community level; family interaction and physical contact may be restricted at the individual level; schools may be closed; children may be separated from friends.

Remember this is temporary and encouraging quarantined individuals to do the following may help:

Loneliness

- Communicate via internet, phone or mail.
- Visit with neighbors from a safe distance.

Boredom

- Do activities that do not involve physical interaction such as TV, video games, Internet, craft projects...
- Do moderate exercise.
- Encourage the media to interview professionals about ways to entertain children at home i.e. arts and crafts, books, games or learning a new skill.

Anger and Paranoia

When people are forced to change their daily habits, some adapt to the changes and some get angry with interrupted routines. **Anger** can be a side effect of feeling scared and out of control, but it is also an emotion indicating need for action. Some may blame in an attempt to make sense of the situation. **Paranoia** may emerge if the person is assigning blame and is fearful.

Anger reduction requires normalizing reactions to the event and acknowledging the emotion while identifying positive actions to take. Information regarding the event must be continually updated and circulated in order for people to process the new data and have a sense of control over the situation.

The following are ways to reduce anger reactions:

Anger

- Acknowledge that it is a difficult situation.
- Continue giving updated information.
- Thank them for their continued support.
- Suggest positive actions individuals can take.
- Seek mental health assistance if necessary.

Threats and Violence

- Respectfully disengage.
- Contact law enforcement if the individual continues in a threatening manner.

Grief and Loss

An event that triggers Q & I may result in significant losses in a community. Fatalities will occur as a result of the disease and communities that experience destructive events lose the innocent sense of living in a safe world. While signs of recovery will be apparent, it will take time to bounce back from these emotional losses.

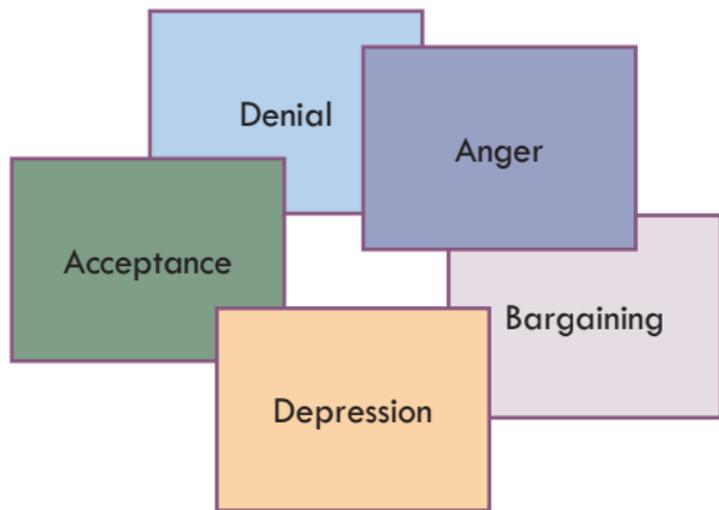
Grief and sadness change the social fabric of the community; if this is a large-scale event the nation may be affected. There will be feelings of helplessness, powerlessness, survivor guilt, shock, unanswered questions, and a violation or shaking of belief systems that provide meaning in life. These factors may impact people's ability to resolve grief.

Community memorial services and symbols of hope and remembrance will be useful in bringing back a sense of balance to the community.

Consider the following:

- Respect and normalize personal grieving styles.
- Provide support by updating the community on steps being taken to address loss and grief.
- Acknowledge losses.
- Support the planning of community memorial activities to be carried out post event.

According to Dr. Elisabeth Kubler-Ross's theory on how people process the loss of a significant person or a life-changing event, there are overlapping stages of grief and recovery from grief. The **process of grieving** often fluctuates between the stages rather than progressing in a linear fashion. Sometimes people go from anger to acceptance to depression and back again. As people work through grief the goal is to experience the loss, accept the reality, adjust to the loss, and re-connect emotionally in life.



Stigma

Those who have been under a restrictive order may be subjected to **stigmatization** causing people to avoid them. This can happen to businesses, agencies, social groups as well as individuals, whether they were directly impacted or just remotely impacted. Minimize distress by educating the public about the incubation period and provide specific, factual information about what indicates a non-transmissible state.

Plan for people returning to the community; address unfounded fears.

- Give a timeline for transmission of the disease.
- Use the most conservative figures available to ensure community safety and to build trust.
- Educate the public on adequate measures of protection and disease control measures.
- Provide factual information about disease transmission to counteract myths.
- Issue date, signed, revocable documentation of completion of quarantine. (This does not guarantee that they are disease free, but that they did not develop symptoms during the recommended incubation period.)
- Provide information to healthcare workers' families and friends about the illness to address stigma of being a caretaker of infected individuals.

Psychosocial Support Tools

There are tools that can be used to reduce distress, increase functioning and provide support. These can be learned by all staff members and used with anxious or withdrawn individuals. Although it does require practice, you do not have to be a mental health professional to provide this type of support to others.

Establish contact

- Use concrete questions to help the person focus.
- Speak with respect. Say please and thank you. (respect personal space and culturally appropriate eye contact, encourage further discussion etc.)
- Use positive language.
- Practice **active listening**.

Gather information and help determine what is most critical now.

- Assess physical needs.
- Evaluate emotional & physical safety needs.
- Help them gain control over immediate aspects of their life by identifying actions they can take now.
- Assist to identify & connect to social supports.

Normalize reactions

- Tell them that it is normal to feel stress under these circumstances, and there are steps they can take to feel calmer.
- Help them reframe current circumstances to support hope for the future.

Psychosocial Support Tools (cont.)

Grounding to reduce high levels of stress (5 Steps)

1. Have them sit down and breathe in through the nose and out through the mouth slowly.
2. Get them to identify 5 simple things they can see (chair, door, the sky...). Breathe in and out slowly.
3. Next have them identify 5 things they can hear. Breathe in and out slowly.
4. Then get them to name 5 things they can physically feel (cool breeze, feet on the floor...).
5. Continue this technique through 4,3,2 & 1 things they can see, hear or feel.

When stress is high, muscles tense as if ready for action. This response may last longer than needed for a given situation. Purposefully tensing and relaxing the muscles sends a message to the brain to become mentally calm.

Progressive muscle relaxation

1. Beginning with the lower limbs, tense the muscles for 8 seconds and then relax them.
2. Then tense the chest and abdomen muscles and relax.
3. Tense the arms, shoulder and neck and relax.
4. Finally tense the face and relax.

Psychosocial Support Tools (cont.)

Special circumstances require additional strategies.

Noncompliance & De-escalation strategies

- Remain calm & professional.
- Repeat your request in another way.
- If possible, allow them time to process information.
- Tell them you may need assistance to help them.
- If they become threatening or do not respond to efforts to calm them, request assistance.

Anger Management

- Direct them to take a time out (5-10 minutes to calm themselves).
- Help them find acceptable physical activities to reduce “anger energy.”
- Talk to them about what may be driving the anger.
- Normalize their angry feelings, but not their anger driven negative behaviors.
- If they have children, help them find temporary child care.

Immediate attention is required if there is evidence of suicidal thoughts, homicidal intent, child abuse, elder abuse, domestic violence, or an inability to care for self or their children.

If the above interventions do not provide relief, consult a behavioral health specialist for further evaluation. Referrals may be made for ongoing assistance. It is important to document this and follow up on the referral.

Personal Preparedness

When people are prepared for a crisis they feel more in control of their lives and are able to more effectively respond to personal and community needs. Likewise, responders and medical personnel are more effective in their jobs when they feel like their families are prepared. It is important to communicate preparedness, and there is a danger of creating shortages when people obtain a cache of items such as bottled water, fuel, and food items in a rush. This rush and the associated shortages have the inverse effect of preparedness, creating a sense of being out of control. Quantities may need to be limited to avoid such shortages. Ready Colorado and American Red Cross have excellent information on personal preparedness. (See pg. 54 for resource links.)



Resilience

Resilience is the ability to bounce back and adapt to changes after a crisis. Research shows that most people will be able to carry on and rebuild their lives with little or no “professional behavioral health intervention.” Although most people will bounce back after a traumatic event, they still experience emotional distress, and recovery can be a painful process.

Being resilient does not provide immunity to problems or stress but it is important in recovering from a crisis situation. The degree of resilience that people have directly affects the level of impact the event has and the speed at which they recover.

Helping others can contribute to one’s resilience. A sense of being needed and being useful provides the bridge that connects us to others.

Nurturing thoughts, behaviors and actions that promote fortitude can develop the skills needed for resilience. While there are several factors that increase one’s resilience the key is to have concerned, supportive relationships with family and friends. The following abilities contribute to rising above, adverse situations:

- Planning and follow through.
- Maintaining a positive self-image.
- Maintaining confidence.
- Good communication & problem solving skills.
- Good impulse control.
- Good emotional containment.

Building Resilience

The American Psychological Association has published a guide entitled “The Road to Resilience” that outlines 10 strategies for building resilience.

1. **Make connections** - Good relationships allow for a give and take of support. Helping others find hope increases your resilience.
2. **Crisis or opportunity?** - Reframing problems as opportunities allows for creative problem solving.
3. **Accept change as a part of living** - Changes don't seem as bad when you accept they are normal.
4. **Set goals** - Take steps toward reaching the goals.
5. **Take action** - Handle things as they come up.
6. **Seek opportunities for self-discovery** - This may be a chance to prove yourself.
7. **Nurture a positive view of yourself** - Have confidence and an “I can do it” attitude.
8. **Keep things in perspective** - Avoid blowing things out of proportion.
9. **Maintain hope** - Expect good things.
10. **Take care of yourself** - Drink water, exercise, take breaks. It keeps you prepared for action.

Community Resilience

Resilience can be fostered in communities by instituting a strong sense of self-reliance through preparedness. Residents in a strong community are willing to help one another in a crisis and are optimistic about the future of their community. When people are at risk, they tend to find new ways of responding when the old ways are inadequate, often discovering creative solutions.

In responding to a Q & I event, it may benefit the community to mobilize and use volunteers from within the community to assist with disease containment.

Traditional disaster relief has involved sending aid to those affected. Recent community resilience research however, offers suggestions for determining strengths, talents, and services within the community, then seeking community involvement in determining the most useful tools for their situation. This helps reduce the burden of unwanted or useless donations i.e. winter coats to tropical climates or high heels to people who have lost their transportation capabilities and are walking.

A resilient community is more likely to voluntarily cooperate with a Q & I order and enact social norms that support enforcement.

A Positive Note

It is tempting to look at all of the bad things that come out of an event, and difficult to see that something positive emerged.

Research from the Severe Acute Respiratory Syndrome (SARS) outbreak in Toronto showed that being isolated was not always a negative experience. Some people welcomed the solitude, privacy and a chance to get some rest. A new awareness of disease transmission was noted and hand washing took on new significance. Medical staff reported increased awareness of disease control and group cohesion due to the amount of time spent together. It was an opportunity to put into practice some little used procedures and test their effectiveness.

Families who are quarantined at home may welcome a chance to spend time together. People have the chance to solve unique problems. In dealing with losses, people may have a new appreciation for life and for freedoms they may have taken for granted prior to the event.



Compliance Issues

People react to an event based on their perceptions of how it personally affects them. Compliance and non-compliance with orders and regulations of a Q & I event are directly related to perception. Following are some reasons that people do not comply with Q & I. They:

- Do not have the resources (economic, social network, emotional, etc.) to comply.
- Do not understand the seriousness of the event.
- Do not understand what to do.
- Do not want to be inconvenienced by changes in routine.
- Have not been personally affected.
- Do not believe or trust the government.



Promoting a Sense of Control

Most people expect to have some degree of control over where they go and with whom they can socialize. An event that triggers Q & I and limits activities can cause people to feel a loss of control.

In a community-wide containment of a communicable disease, freedoms that are regularly taken for granted may be curtailed in favor of safety. Choices are important in allowing people a measure of control. For example, by allowing them to decide where to shelter, at work, school or home, while avoiding contact with others, they have participated in making a decision that concerns their location and well-being. Generally, people will be more receptive in complying with orders if they have some say. Help people identify what aspects of their life they do have control over.



Economic Concerns

Economic concerns may interfere with quarantine compliance. Many in the community will need financial assistance to remain at home, and economically disadvantaged and self-employed workers may be prone to violating an order.

Following are tips for addressing economic concerns:

- Identify resources or lack of resources.
- Educate the community about reasons for the Q & I and the importance of compliance.
- Identify mechanisms for food assistance, rent assistance, mortgage deferments and utilities.
- Establish agreements with agencies that can assist residents with essential services such as food, water, utilities, trash removal and housing assistance.
- Promote businesses, agencies and organizations allowing staff to work from home.
- Promote responsible social behavior to support quarantine and social distancing.

Social Connection

Issues that impact compliance with Q & I are often emotional in nature. Location of quarantine impacts support from family and friends; social stigma impacts others' reactions to them; access to healthcare and medications impacts existing medical needs; exposure to someone who is ill impacts their sense of safety. All of these are significant concerns for those affected by Q & I.



1. Support the individual in quarantine and their natural support system.

- Quarantine at home, if possible.
- Provide suggestions and resources for maintaining safe social connections.
- Provide clear, concise and relevant information about the Q or I to the individuals support network.

2. Educate the community about the illness, how it is transmitted, how to protect yourself and how to access medical care, both routine and pandemic related.

Cultural Sensitivity in Compliance Issues

Gain the community's cooperation in a Q & I event by understanding the culture of and diversity within your community. Culture provides strength and resilience, but can be a barrier for people with varying ethnic and socioeconomic backgrounds. It is necessary to be culturally sensitive when planning for Q & I. It is critical that varying populations receive equitable information, and that special needs are accommodated.

Suggestions for increasing inclusion of multi-cultural communities include:

- Involvement of cultural community leaders in planning and disseminating information.
- Distribution of information in other languages spoken in your community i.e. Spanish, Korean, German...
- Utilization of bicultural, bilingual staff for hotline and front desk.
- Training of all staff in cultural competency.
- Strategic location of services to diverse groups for easy access.

Noncompliance

Several factors can interfere with individuals following the directives of Q & I. Research on the SARS incident in Toronto shows that the two populations most likely to break a Q & I order are teenagers and healthcare workers.

The following may help in issues of compliance:

Teenagers

- Target messages to teens through schools, youth centers and faith based organizations.
- Address “that won’t happen to me” mentality.
- Identify alternate methods of social connection and communication.

Health care workers

- Consistently enforce procedures for all levels of staff regarding implementation of Q & I.
- Proactively address concerns, anxieties and fears to ensure compliance (ie. exposure to family, stigma, employment)
- Send sick employees home.

Other populations

- Determine reasons for noncompliance.
- Publicly acknowledge and thank populations who are in compliance.

Public Information and Risk Messaging

Good information increases compliance. The way risks are managed affects the mental health of the community. An atmosphere of trust is created when the community feels safety issues are being adequately addressed through deliberate and thoughtful actions. Mistrust can occur if citizens are unsure of the way the event is being handled.

Successful disease containment includes assessing and managing the risks associated with Q & I. It is essential to communicate accurate, easily understood messages that increase compliance and decrease panic.

Communication of relevant and accurate information is one of the most important components included in the management of a pandemic. Initial reactions of disbelief quickly turn to fear as information, misinformation and rumors emerge. Fear becomes the dominant emotion. Some people will become fearful, afraid of the implications and the ways the changes will affect their daily lives. However, if people feel they have been given honest information including worst-case scenario, they feel more prepared and in control.

Rumors

Rumors are created out of misinformation or lack of information. Rumors grow in a climate of ambiguity; they can be unstable and difficult to stop. The best approach for minimizing rumors is to provide accurate, concise information through regular and frequent updates.

Rumor surveillance decreases the potential for misinformation and misunderstanding. It is the process of identifying and actively seeking out rumors from media reports, professional groups, and the public, while investigating the validity of the information.



Guidelines for Risk Management

- Contact your Public Information Officer.
- Compose a press statement and schedule a press briefing to alert the community.
- Explain the situation.
- Explain why these measures are necessary.
- Give detailed information on what type of precautions people can and should take.
- Distribute concise, comprehensive information.
- Create consistent messages for all involved agencies to replicate.
- Explain and advocate for the concept of Social Distancing.
- Distribute information to address specifically who the orders affect & under what circumstances people may be affected.
- Prepare the community for possible consequences such as school closures and social distancing.
- Give information about what people should have on hand to shelter in place (food, water, blankets, baby supplies, pet food etc. See www.ready.gov).
- Identify a time when you will provide an update (hourly, daily, weekly, the higher the frequency the better) – Honor that commitment.

Messaging and Panic Reduction

Following are basic strategies for reducing panic:

- Schedule daily press briefings (6 AM, 11 AM, 4 PM, 9 PM) even if you have no new information.
- Build trust by giving honest information. When you don't know, say "I don't know the answer to your question" and "I can try to find out."
- Distribute information on symptom management.
- If there is no medication, say so.
- If medications are available, give specific information about use, availability, location, cost and side effects.
- Use a de-escalation strategy in briefings, while reinforcing the need to take precautions.
- Normalize responses and promote self-care.
- Use a call-to-action type of message in your briefings that emphasizes the seriousness of the situation, without using scare tactics.



High Risk Populations

Pediatric and geriatric populations and those with chronic medical conditions are usually at higher risk for complications during a contagious disease outbreak. However, during the 1918 Pandemic, formerly healthy young adults had the highest mortality rates.

In order to address needs of High-Risk populations:

- Identify high-risk populations for *this* event.
- Address harm reduction for high-risk groups.
- Note special considerations for children and give information to parents, pediatricians, and daycare providers. Include ages affected, signs & symptoms, medical treatment, and risk reduction.
- Provide information to child caregivers re: limit exposure to others and to the news, remind them to only give age appropriate information to children and encourage hand washing.
- Collect and disseminate information to the geriatric population in the community through senior centers and nursing homes.
- Provide information to medical providers of medically compromised patients.
- Inform the community of risk factors with medically compromised individuals

Self-Care and Workforce Protection

Healthcare workers are at increased risk of experiencing a significant psychosocial impact during a Q & I event because they have a job-related duty to interact with ill and exposed people. This duty magnifies the level of stress experienced which directly impacts cognitive, emotional and physical functioning. This section discusses the factors involved and best means of addressing public health, medical and behavioral health professionals' stress. Some unique stressors for these individuals working to respond to a Q & I event are listed here as well.

Public health, medical and behavioral health responders may be fearful for their own and their family's safety. The workforce may be reduced by as much as 1/3 due to illness. In large-scale events involving Q & I, healthcare personnel and their families have been ostracized and threatened because they fear exposure to disease.

In addition, healthcare workers' perceptions of the event may be skewed. Because they are working with a constant influx of the sickest people they may perceive the scope of the situation to be much greater than it actually is.

Self-Care and Workforce Protection

Public schools may be the first to close, requiring parents to stay home with their children, creating an intra-personal conflict around duty to work vs. duty to family. Provisions for childcare will help maintain the workforce.

Supervisors may have a decreased level of concern about their own safety due to having a measure of control (actual or perceived) in the event.

Part time or contract employees are more likely to experience emotional distress. They often get less current information and have fewer supports at work.



Risk Management for Staff

Staff members are our greatest resource. Addressing their psychosocial needs helps maintain effectiveness during a response. A good workforce support plan builds resilience, which delivers the best response possible. It is important to remember that even providing the best of care can negatively impact staff. **Vicarious trauma** is an occupational hazard of hearing fearful and traumatic stories such as those of patients in Q & I. Although **vicarious trauma** can have positive outcomes, the process is frequently a negative experience, which when left unattended can lead to burnout.

Public Health, Medical and Behavioral Health staff need training to deal with a Q & I event. They are often in a position of needing relevant information for themselves and their families, while also providing information for the community.



It is important to establish the following to promote a healthy workforce:

- Promote teamwork, stress reduction and morale building activities.
- Encourage staff to use a buddy system to help problem solve with related issues and life stressors.
- Encourage self-care (i.e. breaks, snacks, healthy diets, walking and sunshine). Provide and promote “wellness breaks”.
- Limit the number of hours staff can work to decrease worker burnout. Limit overtime.
- Leaders should give direction and model healthy behaviors. For example, they should take breaks, wear appropriate personal protective equipment and have a family communication plan.
- Ensure all staff has Incident Command Systems training. At a minimum ICS 100 & ICS 700. www.fema.gov/emergency/nims/index.shtm
- Determine staffing needs and establish predictable schedules.
- Ensure that staff has put together a family safety and communication plan.
- Remind staff to change clothes before entering their homes to protect family members.

Address the staff's informational needs by:

- Have supervisor or peer led daily briefings.
- Educate staff on precautions.
- Train all staff so that they can give information to the community.



Personal Protective Equipment

Measures to control the spread of disease such as wearing gloves and masks can be cumbersome and interfere with speaking to, and understanding others. Stress and frustration increase resulting in a desire to remove and discontinue use of protective equipment further increasing the potential for exposure and stress.

Personal Protective Equipment

The following suggestions can reduce PPE caused stress in health care personnel:

- ❑ Train all staff to use PPE, including administrators, maintenance and security staff.
- ❑ Provide PPE to staff. (N-95 or appropriate masks and nitrile or latex gloves).
- ❑ Address PPE issues with staff (i.e. discomfort, frequent changes, difficulties recognizing coworkers, communication difficulties, one size does not fit all).
- ❑ Ensure that you have adequate stock & an array of sizes & types available.
- ❑ Have and use alcohol based hand sanitizer and a spray disinfectant for commonly touched surfaces.
- ❑ Encourage staff to talk about the PPE issues and to develop a “we will get through this” mentality.

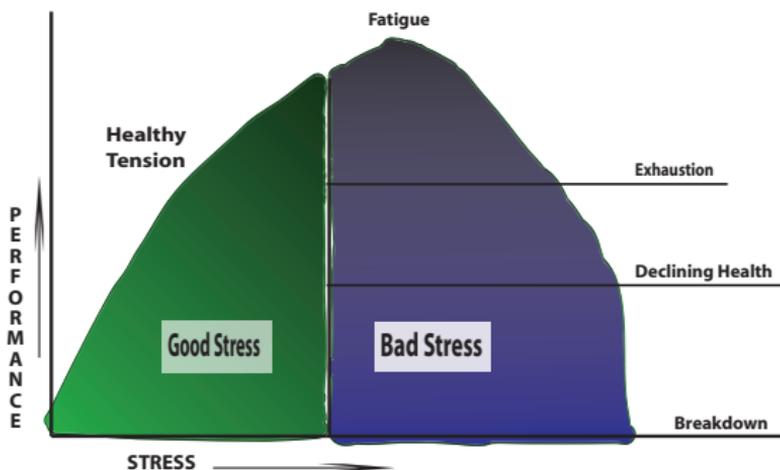


Stress

Stress is a reaction to physical, emotional, or intellectual demands. Extreme stress triggers the brain to use survival mechanisms including **“Fight/Flight/Freeze/Faint” reactions**. (For a description of negative consequences related to these reactions see page 6.)

- The causes of stress can be external or internal.
- Good stress increases performance and response.
- Bad stress impairs abilities to perform and respond.
- Stress impacts us physically and can interfere with our health, our thinking, our emotional well-being, and our behavior.

The chart below illustrates the point at which stress overwhelms productivity.



*Adapted from Nixon, P. Practioner, 1979

Managing Stress

During times of high stress, our ability to function at an optimal level is diminished. Managing stress is an art form. You must actively implement and practice those activities that help YOU!

- Caffeine and alcohol - Decrease it!**
- Nutrition - Balance it!**
- Exercise - Do it!**
- Sleep - Increase it!**
- Time outs - 20 minutes NOW!**
- Leisure - Enjoy it!**
- Expectations - Be realistic!**
- Perceptions - Reframe it!**
- Expression - Talk about it!**
- Humor - Laugh about it!**

For more information on Stress Reduction please see the Resilience section in this manual beginning on page 21.

The Threat is Past

The restrictions are lifted. Your community is allowed to return to normal activities. Some people will immediately resume their lives: some will exercise caution. Both are normal responses. Most people will bounce back quickly. However, if there have been a number of fatalities, recovery may be slower.

Begin the process of returning to normal by:

- Informing the staff, assisting agencies and the media of the status of the Q & I.
- Communicating through the local media that the danger has passed and continuing to provide information to the community.
- Thanking the community for their efforts to get the disease under control.
- Allowing for an adjustment period for staff as they return to their daily duties.
- Reminding staff of ongoing support offered for event related distress.
- Planning an appreciation activity for staff.

Definitions

Isolation: To separate an individual with a specific infectious illness from those who are healthy and have not been exposed to the contagion. This involves physical separation from others in order to stop the spread of illness and allows for the delivery of specialized health care to protect healthy people from getting sick. This may be accomplished in the home or in a separate room in a hospital depending on the specific nature of the event.

Personal Protective Equipment: Clothing, and equipment designed to protect the wearer's body from injury and infection, for job-related occupational safety and health purposes.

Process of Grieving: The Kübler-Ross model, commonly known as the five stages of grief, was first introduced by Elisabeth Kübler-Ross in her 1969 book, *On Death and Dying*. Kübler-Ross originally applied these stages to people suffering from terminal illness, later to any form of catastrophic personal loss (job, income, freedom). This may also include significant life events such as the death of a loved one, divorce, drug addiction, an infertility diagnosis, as well as many tragedies and disasters. It describes, in five discrete stages, a process by which people deal with grief and tragedy. Kübler-



Ross claimed these steps do not necessarily come in the order noted above, nor are all steps experienced by all people, though she stated a person will always experience at least two. Often, people will experience several stages in a “roller coaster” effect—switching between two or more stages, returning to one or more several times before working through it.

Quarantine: A necessary physical separation and restriction of movement of individuals, families, groups and communities that have been exposed to a contagious disease, but are not ill. Quarantine is the segregation of these persons within defined geographic areas. Quarantine may be at home or in a restricted area depending on the specific nature of the event.

Resilience: The ability to recover quickly from illness, change, or misfortune; buoyancy.

Situational Depression: an episode of emotional and psychological depression that occurs in response to a specific set of external conditions or circumstances. Indicators include: a sense of helplessness and gloom or irritability, trouble sleeping, fatigue and/or a change in eating habits.



Social Distancing: A voluntary, recommended limitation of physical contact. It can be simple, such as maintaining a three-foot distance and not shaking hands, or more complex, like staying home and avoiding public places and events. If more aggressive measures are required, schools may close and call “snow days”, businesses may be asked to temporarily close or have employees work from home, travel restrictions may be necessary and social events may be canceled.

Stigmatization: To be characterized or branded as disgraceful or deserving of shame.

Vicarious Trauma: the process of change that happens because one cares about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in psychological, physical, and spiritual well-being.

Early Public Health Actions

Public officials' actions have direct psychosocial impact; interventions control the disease outbreak, and impact community functioning. The following chart provides guidance on early actions public health officials can take that will have positive impacts on the community:

1st Signs of Concern	Early Action
1st Local case identified	Hold a press conference to give details before rumors start. Concise, consistent and repeated public information is the best early intervention.
1st quarantine of an exposed group	<p>Be directive: inform the community of precautions they can take such as hand washing and staying home when ill.</p> <p>Stress personal preparedness in case the event escalates: "It's a good idea to have a supply of drinking water and food on hand just as general preparedness."</p>
1st Pandemic related death in the community	<p>Gather information from the CDC on lethality of the disease. Note groups of people identified as high-risk.</p> <p>Produce a press statement to educate and alert, but not alarm the community. Use sensitivity toward the deceased that doesn't minimize or sensationalize the death. (The age and health of the fatality may be significant; a formerly healthy child or youth can create panic to get antiviral.)</p>

Progression of a Pandemic

As cases are identified and Q & I of exposed populations implemented, enforcement may become unmanageable. “Modern Quarantine” (US HHS) or “Public Health Containment – Social Distancing” (US DHS) becomes the next step. This involves disease containment measures and relevant decisions at the community level with support from State and Federal Governments.

Initially, the least socially intrusive measures allow people to maintain normalcy, but more aggressive measures may be required. The following are interventions with increasing psychosocial impact: (See Table pg 50 for WHO scale).

Initial Interventions: Minimal psychosocial impact

- Public information for education and direction.
- Individual spatial separation of one-yard
- Increased business use of teleconferencing

Moderate Interventions: Increased psychosocial cost

- Cancellation of non-essential gatherings
- Restricted travel

High Level Interventions: High psychosocial costs

- “Snow Days” (recommended or mandated) to close schools and businesses, people instructed to remain at home and maintain a greater social distance.
- Cordon Sanitaire: A geographic isolation (by force if necessary) of a specific area. This may be used to contain an outbreak or as a reverse quarantine to keep disease out of an uninfected area.

Any or all of these steps may be necessary. They may however, come at a cost. Economic impact tops the list, but there is also an impact on community and individual resilience also and may cause stepped increases in fear/ anxiety, boredom, loneliness and anger.



WHO Phase	Pandemic Stage
<p>1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p>	<p style="text-align: center;">Interpandemic Period</p>
<p>2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	
<p>3. Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.</p>	<p style="text-align: center;">Pandemic Alert Period</p>

WHO Phase	Potential Public Health Action	Psychosocial Impacts
4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	Public Information and Education	Clear, concise and consistent information increases community resilience especially when information provided gives people actions to take providing a sense of control and inclusion to the process.
5. Larger cluster(s) but human-to-human spread still localized, suggesting the virus is becoming adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	Increasing Public Information emphasizing individual actions to reduce spread.	Being transparent with information and response efforts leads to cooperation and support from the community. Avoid negative reactions by being as honest as possible with available information and getting answers to questions for which you have no current information.

WHO Phase	Potential Public Health Action	Psychosocial Impacts
<p>6. Increased and sustained transmission in general population.</p> <p>P a n d e m i c P e r i o d</p>	<p>Individual spacial separation of one yard; Increase business use of teleconferencing.</p> <p>Cancellation of non-essential gatherings; restricted travel.</p> <p>Directing people to remain at home with paired “snow days” of schools and businesses.</p> <p><i>Cordon Sanitaire.</i></p>	<p>While fear and stress is increasing, this type of action supports individual, family and community resilience through a sense of ownership and action.</p> <p>Provide alternatives to direct contact to help the community maintain a sense of togetherness.</p> <p>Fear and Stress begin to impact resilience and functioning of the community, anxiety and depression will be impacting individuals.</p> <p>These actions, while necessary, will tear at the fabric of the community. Fear and stress may start having traumatic impact on individuals throughout the community increasing levels of anxiety and depression.</p>

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Resource Links:

Ready Colorado: <http://www.readycolorado.org>

American Red Cross: <http://www.redcross.org/en/>

Colorado Public Health and Environment: Emergency Preparedness and Response Division:
<http://www.cdph.state.co.us/epr/contact.html>

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Authors: P.J. Havice-Cover, MA, LPC, CACIII
Curt Drennen, Psy.D., R.N.
Editor/Graphic Design: Beth Roome

For More Information:

Disaster Planning and Response Program
303-866-7400

Colorado Division of Behavioral Health
3824 W. Princeton Cir., Denver, CO 80236
email: curt.drennen@state.co.us fax: 303-866-7481

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