<u>Guidance for staff in managing distress in patients who have Covid 19</u>

This practical guide is for staff actively working with in-patients diagnosed with, or suspected of having, Covid 19. The aim is to reduce distress and protect against any longer-lasting psychological harm to patients, to provide a framework colleagues can use to inform their behaviour and in so doing protect staff from abnormal and debilitating anxiety about doing or saying the wrong thing.

Use what already comes naturally. You have been supporting people through crises throughout your career. You can put the same skills to use here.

Patients risk feeling intimidated when cared for by people wearing the necessary protective gear. Demonstrate that behind the face masks, apron and gloves you are still human and you care:
- Patients will be able to read a lot from your eyes, tone of voice and posture
- Act in a calm and friendly way so you reassure with your manner and behaviour
- Communicate clearly and patiently
- Remember to give your name

Covid 19 has a high profile in the media and the tone of the coverage is typically of crisis and uncertainty. This is likely to create a higher than usual level of distress.

Avoid sharing sensitive news in earshot of patients, including news about how the hospital is managing, number of cases, and progress of other patients with Covid-19. This is unlikely to do anything other than increase distress

Choose your words carefully. Patients are more likely to interpret ambiguous phrases as critical or worrying when they are stressed and vulnerable. Also, some clinical terms, like 'low priority' come loaded with meaning and can be chewed over long after the illness has passed. Explain what you mean by such terms.

Allow the patient time to voice their concerns and fears and listen attentively (summarise and repeat back, nod, eye-contact). This can be done whilst carrying out other duties provided you aren't too distracted

Give reassurance. Normalise their experience without making light of it. It is entirely understandable to feel anxious in the face of a virus like this. Remind them that worry, fear, uncertainty and vulnerability are all normal and not a sign that they are having a breakdown

In cases of guilt or self blame, clearly yet kindly redirect the responsibility to the virus:
- It is successful and easily communicated
- It is not their fault they have contracted the virus, they were in the wrong place at the wrong time
- There are almost certainly other cases in the region but they have not been tested

In cases of anxiety about treatment, prognosis and 'what ifs':
- They are definitely in the right place to get the treatment you need
- Bring back to the here and now, not something that may or may not happen in the past – "right now let's focus on taking your bloods."

Isolation will mean no visitors so you and your team are likely to be the only human contact they have through their time in hospital. What resources, including TEC solutions, are available address boredom and loneliness? Time alone and unoccupied can maintain and exacerbate anxiety

There is a great deal of misinformation circulating about Covid 19 so keep up to date from reliable information sources and be prepared to gently correct any inaccuracies you may hear

Take time to check in with how you are feeling. Routinely make time for a 30 second exercise to get present (rather than caught up in your head or feelings). Take five deep breaths, connect to the environment around you by noticing things you can see and hear. This will be particularly useful just before going in to someone's room. Don't expect it to stop stress although it should stop it from getting in the way. (See also guidance on staff self care)