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Workshop #6: Psychological Adjustment for the 2020 Hurricane Season during COVID-19 Pandemic: After-Action Report (AAR)

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Workshop #6: Psychological Adjustment for the 2020 Hurricane Season during COVID-19 Pandemic

After-Action Report (AAR)

May-June 2020

Prepared by:

University of South Florida
Old Dominion University

26 June 2020

Workshop #6 Overview

Workshop Name	Psychological Adjustment
Workshop Dates	Friday, June 12, 2020
Scope	Workshop conducted virtually through Zoom breakout sessions and asynchronously through Zeetings: www.zeetings.com/wieyusuf/0009-6533-0001
Objectives	Discuss the threats to psychological adjustment during a compound hurricane-pandemic threat and identify needed resources to support the psychological health and well-being of workers, volunteers, and clients.
Threat or Hazard	Compound threat from tropical cyclones during the 2020 Atlantic hurricane season and a global health emergency from the COVID-19 pandemic.
Scenario	A major hurricane triggers a large-scale evacuation across regions, requiring county and municipal governments to open emergency shelters.
Sponsor	CONVERGE COVID-19 Working Groups https://converge.colorado.edu/resources/covid-19/working-groups
Participating Organizations	State and local public health, nursing, engineering, public administration, emergency management, public policy, community, and academia/research.
Point of Contact	Kelsey L. Merlo, Ph.D., University of South Florida Psychology Department. kmerlo@usf.edu Project website: https://sites.wp.odu.edu/hurricane-pandemic/ Please share comments/feedback on this report here: https://forms.gle/xfFGktLJSNifpdbj8

EXECUTIVE SUMMARY

Participants in the CONVERGE COVID-19 Working Group's *Workshop #6 on Psychological Adjustment* breakout sessions discussed the critical threats to psychological health and well-being facing shelter staff, volunteers, and clients in the 2020 hurricane season.

It is widely recognized that people are approaching the 2020 hurricane season under unusual levels of stress. The COVID-19 pandemic has created chronic stressors that individuals are already managing in addition to addressing new acute fears like *–will I get sick if I go to a shelter?* These new and exacerbated stressors are a risk for higher levels of burnout, compassion fatigue, and ill-being. Addressing these chronic and acute concerns requires several complementary strategies. First, clear and consistent messaging and training are needed to reduce the uncertainty before and during a sheltering event. Additionally, workers need to be given the resources to better manage their psychological health in the form of adaptive coping strategies. Within a shelter environment, staff and clients should have reliable access to free and *confidential* psychological health services.

Of course, there are considerable barriers to influencing workers' and clients' psychological health. Resources are limited; there is not enough time, space, money, or staff/volunteers to take advantage of every recommendation. In addition to these limited resources, stigmas still exist around psychological ill-being that may prevent people from seeking needed resources. Finally, the social distancing that is required during COVID-19 has eroded traditional social support structures that people traditionally use to cope with stress and uncertainty. Combatting these barriers requires creativity to find low-cost, high-impact strategies to protect individuals' psychological health.

In this After-Action Report, we address each of these considerations in greater detail and provide resources to freely available flyers, brochures, posters, webinars, training, and published press articles.

Note: These resources included in this After-Action Report are meant to target individuals coping with stress and burnout to promote psychological well-being. They are not a replacement for clinical mental health providers or crisis resources. If you or someone you know is experiencing a mental crisis, contact the National Suicide Prevention Lifeline immediately for free and confident support.

National Suicide Prevention Lifeline
1-800-273-8255

6.1 Background and Objectives

On Friday, June 12, 2020, Workshop #6 had 134 registrants from 15 states, 7 universities, and disciplines that included public health, engineering technology, social and applied sciences, medicine, public administration, public policy, disaster, and emergency management, human services, psychology, and research centers. Registrant roles included emergency managers, government employees and state-level coordinators, education coordinators, environmental consultant, operation managers, academic researchers and epidemiologists, behavioral scientist, disaster specialist, analyst, digital communication specialist, disability integration specialists and advisors, hazard mitigation specialist, civic engagement managers, compliance managers, family services counselors, health strategists, mass care specialist, trauma agency coordinator, logistics experts, human services counselor, and healthcare practitioners.

Registrants expressed that their most important goals regarding vulnerable populations and planning for the upcoming hurricane season were to: gain more knowledge on best practices regarding different disaster scenarios, help inform educational resources to help first responders and workers to be better prepared, provide psychological health and well-being resources and tools to the workers and those who affected by the hurricane and learn about different strategies for sheltering vulnerable populations during the pandemic season. Registrants' goals included further learning on how to manage the stress of the workforce who has been already working for long hours in responding to COVID-19 and creating safety plans that include psychological first aid courses and allow people to take care of themselves.

“Wanting to learn ideas and tools for responders/workers as we will likely be seeing response fatigue as well as more distress in the population.” - Emergency Preparedness Coordinator

“To gain even more knowledge on best practices re: disaster scenarios and solutions to roll into our disaster resilience and recovery planning advisory.” - Chief Sustainability Strategist

“To help inform educational resources/toolkit being developed to help first responders and workers in shelters to be better prepared to care for victims of disaster, especially hurricanes.” - Manager of EMS and Disaster Preparedness

“Keeping clients physically and mentally safe during a time of crisis.” - Social and Emotional consultant

“Provide workers and those affected by the hurricane tools and resources to manage their mental health.” - Research Assistant

“Creating safety plans for teenage parents in caring for themselves and their baby during a natural disaster.” - Social Worker

“Both responders and the population are already stressed from COVID. A hurricane will be further stress and create the fear of assisting or sheltering and not getting COVID. While there is always the critical need of mental health support for workers, volunteers, and the population on the whole, this situation adds further challenges.” - Retired Government Employee

“As a Medical Leader for Special Needs Shelter, I want to learn as much as I can to keep patients & staff healthy/safe while sheltering during the pandemic and ideas to facilitate shelters to run as smoothly as possible.” - Senior Community Health Nurse

“To ensure all shelter team members understand verbal and nonverbal cues that may indicate possible mental health stressors and to recognize that we cannot help our clients to the best of our abilities if we are simultaneously wrestling internal psychological hurdles.” - Public Health Preparedness Manager

“That staff feel mentally prepared and supported to respond to the various roles they may have to “play” during the Hurricane season.” - Public Health Program Manager

“Many of my residents are already traumatized by COVID-19 (as most fall in the high-risk category) and a disaster event, whether they have to evacuate or not, may be too much to cope with for some. How can I and my colleagues help these folks cope while not burning ourselves out with compassion exhaustion?” - Access & Functional Needs Coordinator

“Managing the stress of our workforce who has been working 60-70-hour weeks for the past 9 weeks responding to COVID-19 and now going into hurricane season and then a second wave of COVID-19 in the fall.” - Planning Division Director

“Helping people find tools to help themselves and others. COVID has changed the game completely, and we are seeing much more mental fragility as we go into this hurricane season.” - Public Affairs Specialist

6.2 DISCUSSION TOPICS AND QUESTIONS

Workshop 6 consisted of four breakout groups that discussed current questions and issues related to psychological health and well-being for shelter staff, volunteers, and clients. Breakout sessions were simultaneously moderated with the same overlying format:

- **Round One:** *What are the most pressing psychological concerns for shelter staff, volunteers, and clients for the upcoming hurricane season? How are these concerns exacerbated by COVID-19?*
- **Round Two:** *What resources are needed to support shelter staffs’ well-being and psychological health?*

- **Round Three:** *What are the barriers to accessing these supports and how can they be overcome?*
- **Round Four:** 2-minute question burst

6.3 PRELIMINARY QUALITATIVE DATA ANALYSIS

Overall Key Considerations

- **Key Consideration 1:** Shelter staff, volunteers, and clients are already psychologically fragile from the prolonged stressors due to COVID-19.
- **Key Consideration 2:** The ongoing pandemic has already created high levels of fear and anxiety that need to be addressed for shelter workers and clients.
- **Key Consideration 3:** Shelter staff and volunteers need low-cost, high-impact resources to help them protect their psychological health and well-being so they can continue to serve their clients at a high level.

6.4 ROUND ONE: WHAT ARE THE MOST PRESSING PSYCHOLOGICAL CONCERNS FOR SHELTER STAFF, VOLUNTEERS, AND CLIENTS FOR THE UPCOMING HURRICANE SEASON? HOW ARE THESE CONCERNS EXACERBATED BY COVID-19?

6.4.1 KEY CONSIDERATION 1: FEAR AND ANXIETY FOR SHELTER STAFF AND VOLUNTEERS (ACUTE CONCERNS)

Shelter staff and volunteers may be experiencing heightened levels of fear and anxiety because of concerns around COVID-19 in addition to “normal” fears during a natural disaster.

- Concerns about contracting COVID-19 and endangering family/friends at home.
- Concerns around bring own family to a shelter
- *Will shelter staff, volunteers, and clients be using PPE effectively to reduce transmission rates? Will shelter clients be combative about mask usage? Will mask usage make communication more difficult?*
- Fear of the unknown can introduce additional stressors – COVID-19 is adding a lot of additional unknowns. *How can we help engage people in the planning phase so they are prepared for the new and exacerbated stressors they will face during a hurricane event?*
- Addressing these fears requires a combination of (a) resources and planning to reduce transmission risk and (b) effective communication of these plans to shelter staff, volunteers, and clients to mitigate their fear and anxiety.

“As with any other season, we always have those concerns about our families. Are they safe? Is everything done that I can be sure that they’re safe? Then, of course, with this COVID-19 issue, we have the concern about, “If I serve like I’m supposed to, am I going to get sick? Am I going to take the illness back to my family? Am I going to die? Is somebody that I love going to die?” and that just adds to all the normal concerns.”

“We allow family to come to the shelter with staff because it’s safer than being at home, but that adds that extra layer of, “If I let my family come with me, are they then exposed to someone who may or may not have the virus and may or may not be exhibiting symptoms? How do I balance that with my need to serve as I promise to do as a state employee?”

“I think fear of not knowing what the shelters look like. I know in one of the earlier meetings, some of our practitioners were mentioning that they are producing videos and things like that to make sure that people understand what they look like. I think those are good practices. I think most people from the public side and the NGOs, they may not know what the shelters look like, which is going to worsen their fear of the shelters.”

“I imagine there’ll be folks that either can’t, unwilling, or for various reasons simply will not have a mask on. There’s probably going to be some tension with other clients of those facilities that are really fearful. They’re wearing the mask and here are some other folks that aren’t wearing the masks. How do you police or balance that tension that I would think take place among your clients?”

“We need better training in mental health first aid and what those signs and symptoms are... I think that we have tended to push that to the background as other things have taken priority. When you look at a public health workforce that has been reduced, reduced, and reduced, and we’re all doing more with less, that adds stress to just your everyday job. Then, you throw in a worldwide pandemic which is a once in a lifetime event for most people that we never expected to face obviously, and you throw in any kind of weather concerns, sheltering, and concerns for your family, that just accelerates this whole thing and it needs to be a focus of public health going forward as much as we can possibly manage to do that.”

“Volunteers may have the fear of COVID and the inability to social distance also because of the COVID shelters may not be staffed appropriately that that would be a concern.”

“Part of this when we think about disaster preparedness and response is breaking that down into the messaging and preparation right now, what information needs to get out there, how to prepare people and help people have a good preparedness plan and then as they make decisions about where they’ll evacuate.”

Strategies

- Provide consistent and early messaging to help assuage concerns staff and volunteers may have about going to a shelter. *What policies have been introduced to protect their health and safety? Will they have access to PPE? Will their families be safe in the shelter? Answering these questions early will allow staff and personnel to plan, allowing*

them to better manage fear and anxiety of the unknown. *Please see our After-Action Report for Workshop #4 – Public Messaging.*

- Concerns about mask usage and combative encounters with others were repeatedly raised during this workshop. When individuals are already stressed and emotionally taxed, the chances of an emotional outburst increase. Providing shelter staff and volunteers with the resources to manage these outbursts is critical. *You are not likely to change anyone’s mind – safe compliance is the end goal.* Resources are listed below with tips for dealing with difficult clients from nursing and psychology. A summary of tips is below.
 - Acknowledge the situation
 - Find opportunities for empathy: *“It must not be easy to....” Or “Tell me more so I can understand....”*
 - Set and maintain boundaries: *“Please don’t talk to me like that”*
 - Don’t take it personally and do take care of yourself. Be sure to take care of your psychological health and well-being
- Provide resources to shelter staff and volunteers to manage their psychological health *before they arrive* at the shelter. Early preparation can help personnel build up their psychological resources before they are introduced to additional stressors in a shelter environment. In particular, building resilience can allow individuals to more effectively cope with uncertainty and negative event that occur throughout their lives.
- Provide resources to shelter staff and volunteers for effective emotion regulation. During a hurricane threat, stressors will be high with few resources for personnel. Teaching them effective emotion regulation strategies will help them better “weather the storm” during this critical period.
 - Suppressing your emotions, are just hiding the outward expression of your emotions, is not adaptive.
 - Reappraising your emotions, or reframing them to be more positive, is related to higher well-being and less stress.
 - Learn how to differentiate between different emotions. *Are you feeling generally negative or frustrated?* Precisely labeling the emotion can help you manage it more effectively.

Resources for Managing Stress, Anxiety, and Fear during a Crisis

1. American Psychological Association (2020). Stress in the Time of COVID-19. Retrieved from <https://www.apa.org/news/press/releases/stress/2020/stress-in-america-covid.pdf>.
2. American Psychological Association (2019). How to cope with traumatic stress. Retrieved from <https://www.apa.org/topics/traumatic-stress>.

3. American Psychological Association (2019). Coping with stress at work. Retrieved from <https://www.apa.org/helpcenter/work-stress>.
4. Breazeale, R. (2012). Ways to manage chronic stress. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/in-the-face-adversity/201202/ways-manage-chronic-stress>.
5. American Psychological Association (2019). The great unknown: 10 tips for dealing with the stress of uncertainty. Retrieved from <https://www.apa.org/helpcenter/stress-uncertainty>.

Tips for Communicating with Difficult Clients

1. Walker, A. (2018). 10 tips for dealing with difficult patients. Nurse.org. Retrieved from <https://nurse.org/articles/dealing-with-difficult-patients/>.
2. Lampert, L. (2016). How to handle difficult patients. Ausmed. Retrieved from <https://www.ausmed.com/cpd/articles/how-to-handle-difficult-patients>.
3. Ni, P. (2015). Nine keys to handling hostile and confrontational people. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/communication-success/201510/9-keys-handling-hostile-and-confrontational-people>

Emotion Regulation Resources

1. Pogosyan, M. (2017). Three ways to regulate your emotions. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/between-cultures/201709/3-ways-regulate-your-emotions>.
2. Psychology Today Editorial Staff. (2019). Distinguishing between emotions may help to manage them. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/brainstorm/201908/distinguishing-between-emotions-may-help-manage-them>.
3. Seppälä, E., & Bradley, C. (2019). Handling negative emotions in a way that's good for your team. *Harvard Business Review*. Retrieved from <https://hbr.org/2019/06/handling-negative-emotions-in-a-way-thats-good-for-your-team>.

Printable Flyers and Resources

1. National Institute of Mental Health. Five things you should know about stress. https://www.nimh.nih.gov/health/publications/stress/19-mh-8109-5-things-stress_142898.pdf
2. World Health Organization. Coping with stress during the 2019-nCoV outbreak. https://www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_2

3. Substance Abuse and Mental Health Service Administration. Coping with stress during infectious disease outbreaks. <https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885>
4. Substance Abuse and Mental Health Services Administration. How to cope with sheltering in place. Retrieved from <https://store.samhsa.gov/product/How-To-Cope-With-Sheltering-in-Place/SMA14-4893>; <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4893.pdf>.
5. National Institute of Mental Health. Five things you should know about stress. Retrieved from <https://www.nimh.nih.gov/health/publications/stress/index.shtml>.
6. Substance Abuse and Mental Health Services. Coping with anger after a disaster or other traumatic event. Retrieved from https://store.samhsa.gov/product/tips-survivors-coping-anger-after-disaster-or-other-traumatic-event/pep19-01-01-002?referer=from_search_result.

6.4.2 KEY CONSIDERATION 2: EMOTIONAL EXHAUSTION, COMPASSION FATIGUE, AND CHRONIC STRESS FOR SHELTER STAFF AND VOLUNTEERS (CHRONIC/ACCUMULATED CONCERNS)

Shelter staff and volunteers have already been under high levels of stress for months due to the COVID-19 pandemic. For staff, they have likely already been working long hours with high stress for the months leading up to this hurricane shelter and a potential hurricane event. This prolonged exposure to stressors can lead to burnout in the form of emotional exhaustion or compassion fatigue. In addition to burnout, chronic stress can have additional implications for psychological health.

- Staff are already taxed due to COVID-19 and have been working overtime
- Fear and anxiety from COVID-19 is an additional stressor staff and volunteers have been coping with for months
- Bringing any fresh(er) staff/volunteers may help alleviate the burden on staff, but volunteers tend to be people who are considered high-risk for COVID-19
- *What is the psychological health of volunteers before they start working in a shelter? Is it possible to assess before they start working?*
- *Who is responsible for the staff's psychological health during a hurricane event? Is it self-diagnosis? What resources are available to notice when staff are becoming over-stressed?*
- *What training is available to staff/volunteers who are experiencing compassion fatigue or emotional exhaustion?*

“Our staff have been going through this COVID thing now for months. They’ve been working extra duty. They’ve been working under the anxiety of perhaps taking home COVID to their families. I think in this situation for this particular season, there is going to be a heightened level of fatigue and it starts before we even get into hurricane season and have a storm.”

“I think this year they are going to be already overwhelmed by the time we have a hurricane. So how do we make sure that we have space to decompress? I think 2020, in general, has just – every few weeks, it seems like there’s some new terrible thing happening in the world. So, I think people are one going to just have be exhausted emotionally and mentally for having to deal with COVID and civil unrest and protest, and worrying about civil liberties in their localities and what’s happening with their friends and their families and their neighborhoods.”

“Voices for Virginia’s Children that they did a survey of almost 900 parents and the amount of stress that they are feeling of being caretaker, teacher, work-from-home, all of this. So, I think, people are going to be at a different level of anxiety, stress, burn out and fear that they normally wouldn’t be so that’s just going to be exacerbated, I think, both those working in the shelter and those coming to the shelter.”

“What is everyone’s mental health like before they walk in that door? Are we doing assessments of the staff and the volunteers to make sure that they’re okay to deal with what’s going to come. A few days in the shelter with the sounds, the sights, the stress of being in there, wondering if you might get COVID, I think that’s something that’s a concern for me for other people going into these situations.”

Strategies

- Mental health assessments should not be conducted by non-clinicians. However, it is possible to create an environment that provides additional psychological resources to help combat the chronic stressors staff and volunteers have been facing.
- If possible, scheduling staff/volunteers with sufficient downtime can allow them to psychologically recover from the stressors they face during their shifts. Shorter shifts with sufficient breaks may help combat burnout and fatigue.
- While it is best to prevent the depletion of psychological resources, this may not be possible during a hurricane threat. Providing resources that allow for the recovery of these resources is a second-best option to minimize the chances of burnout and compassion fatigue. Resources below detail coping strategies that may help individuals manage the symptoms of burnout and compassion fatigue in the short-term.
- When possible, taking time for self-care will allow staff to cope with stressors more effectively and for longer periods of time. Creating a work culture that allows for self-care is a critical first step for encouraging staff and volunteers to prioritize their own psychological health. Specific resources for creating a healthy work culture are detailed below.

Managing Emotional Exhaustion, Compassion Fatigue, and Chronic Stress

1. Mutiwasekwa, S.-L. (2019). How to deal with emotional burnout. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/the-upside-things/201908/how-deal-emotional-burnout>.
2. Leonard, J. (2018). How to recognize and cope with emotional exhaustion. *Medical News Today*. Retrieved from <https://www.medicalnewstoday.com/articles/323441>.
3. Pfifferling, J.-H., & Gilley, K. (2000). Overcoming compassion fatigue. *Family Practice Management*. Retrieved from www.aafp.org/fpm/2000/0400/p39.html.

Creating a Culture that Prioritizes Psychological Health

1. Morin, A. (2018). The boss' guide to creating a mentally healthy workplace. *Psychology Today*. Retrieved from www.psychologytoday.com/us/blog/what-mentally-strong-people-dont-do/201812/the-boss-guide-creating-mentally-healthy-workplace.
2. Pickens, Isaiah (2020). Three keys to workplace wellness based on psychological science. *Psychology Today*. Retrieved from www.psychologytoday.com/us/blog/revolutionary-thoughts/202003/3-keys-workplace-wellness-based-psychological-science.

Printable Flyers and Resources

1. The 10 laws governing healthy caregiving. *Compassion Fatigue Awareness Project*. Retrieved from www.compassionfatigue.org/TheTenLawsHealthyCaregiving.pdf.
2. Caring for yourself in the face of difficult work pocket card. *Compassion Fatigue Awareness Project*. Retrieved from www.compassionfatigue.org/Pocket%20Card%202020.pdf.

6.4.3 KEY CONSIDERATION 3: FEAR AND ANXIETY FOR SHELTER CLIENTS

- Staff need to have a trauma-informed approach to sheltering and understand the psychological needs of clients.
- *Telehealth may be one way to address some of these needs, but what happens if there is a power outage?*
- *How can we get people to engage in the planning phase before a hurricane is imminent? How can being engaged during the planning phase reduce the emotional impact of a compound hurricane-pandemic threat?*
- *Are clients emotionally exhausted from the pandemic already? How can we help them more effectively manage their emotions during a stressful shelter experience?*

“Then there’s also the fear of the unknown. COVID is something we can’t see. People hear the number of cases every day, and they think that translates to people running around with this illness that they’re going to catch very easily. Then there’s the fear that we might run out of PPE. Then there’s the normal stress of, “Why are we all living in a state [Laughter] that’s so prone to so many disasters?””

“My understanding is when your sense of place is disrupted, so if you go through a neighborhood and this is your neighborhood, your house, or the store that you’ve shopped at every week for the last 20 years and it’s destroyed or heavily damaged, there’s a psychological shock. It’s almost like walking through Dresden or something that was bombed and burned out. Then, you have people, the staff and the clients, in the shelters that are seeing images of their neighborhoods or their city downtown that’s a catastrophic devastation. That’s a shock and the psychological impact that mental health-wise could be tremendous upon the populations that are in the shelters.”

“People are anxious about what’s going on with their property and extended family. You’re hunkered down in the shelter and there are reports coming in of widespread damage. That’s a lot of anxiety or stress on the population going through the storm event itself.”

“That’s, “Am I going to have a home to go back to? What about my pets? Are they safe?” Because a lot of people that are qualified for our shelters which are the special-need shelters are the senior citizens. Some of them live alone and the only person that they have with them is their animal that they love. That becomes their family. Many of them don’t have family members around them. So, they’re worried about, “Is there going to be a home to go back to? What am I going to do if there’s damage? How am I going to get back and forth?” That adds to everything. Then, on top of everything else, you add the, “If I go to this congregated shelter, am I being more exposed to a deadly virus and I’m in a vulnerable population?””

“From a psychological point of view, people feel anxious about what’s going on outside the walls with the storm, the damage, and the recovery, immediate recovery perhaps, and what are the planned tools to try and relieve some of that anxiousness and how much of that is in the planning process.”

“I guess the other concern could be not just related to the hurricanes and COVID-19 but about the moment that we are in right now, the racial relationships and the impact of that on police as well as the evacuees and how we are going to manage these possible tensions between the police and the public.”

“So, one of the great things about psychological first aid is it actually has been designed to be something - it’s an initial intervention to help people in the moment. There is not a ton of research but there had been pushes to make it so that it doesn’t have to necessarily be a mental health provider who does psychological first aid with training.”

Strategies

- Shelter staff and volunteers are not equipped and should not be expected to handle individuals in immediate crisis. If someone is in immediate crisis, they should be referred to the National Suicide Prevention Lifeline or to an emergency first responder.
 - National Suicide Prevention Lifeline
<https://suicidepreventionlifeline.org>
(800) 273- TALK (8255)
- Staff and volunteers may need to provide psychological first aid to clients who enter the shelter. Not only will clients be facing an imminent natural disaster, but they are also facing exacerbated and prolonged stressors due to the COVID-19 pandemic. Providing safe strategies that allow them to process this stress may be necessary
 - Socially distant strategies that allow clients to talk with others
 - Opportunity/space to be physically active, such as gentle stretching
 - Meditation resources
 - Taking deep breaths
 - Promote calm, connectedness, and self-efficacy
- Free Psychological First Aid training are listed below in addition to printable fact sheets

Free Online Workshops for Psychological First Aid

1. The National Child Traumatic Stress Network has a series of online workshops on Psychological First Aid (6-hours) and Skills for Psychological Recovery (5-hours). <https://learn.nctsn.org/course/index.php?categoryid=11>.
2. Johns Hopkins University is offering a free course (6-hours) on Psychological First Aid through Coursera. <https://www.coursera.org/learn/psychological-first-aid#enroll>.
3. The Red Cross is offering a free course on Psychological First Aid tailored to COVID-19. <https://www.redcross.org/take-a-class/classes/psychological-first-aid%3A-supporting-yourself-and-others-during-covid-19/a6R3o0000014ZlIg.html>.

Printable Fact Sheets for Psychological First Aid

1. Substance Abuse and Mental Health Services Administration. Psychological First Aid for First Responders. Retrieved from <https://store.samhsa.gov/product/Psychological-First-Aid-for-First-Responders/NMH05-0210>.
2. Substance Abuse and Mental Health Services Administration. Tips for Survivors of a Disaster or Other Traumatic Event: Managing Stress. Retrieved from <https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-Managing-Stress/SMA13-4776>.

6.4.4 GENERAL SUMMARY OF THE ROUND

Key issues in Round #1 addressed the psychological health and well-being of shelter staff, volunteers, and clients. Shelter staff are already overworked in preparation for this hurricane season. Everyone is already coping with chronic stressors due to the COVID-19 pandemic. These chronic and exacerbated stressors have created additional burdens on individuals' psychological health. To combat these stressors, individuals need the appropriate resources to manage: (a) the acute stressors that staff and volunteers must cope with in the shelter environment; (b) the chronic stressors that place people at higher risk for emotional exhaustion and burnout; and (c) the training to provide psychological first aid to clients entering the shelter environment.

6.5 ROUND TWO: WHAT RESOURCES ARE NEEDED TO SUPPORT SHELTER STAFF'S WELL-BEING AND PSYCHOLOGICAL HEALTH?

6.5.1 KEY CONSIDERATION 1: CLEAR AND CONSISTENT MESSAGING AND TRAINING TO STAFF AND CLIENTS TO REDUCE AMBIGUITY AS A STRESSOR

- During a hurricane event, staff and volunteers must accomplish a lot with little time and few resources. Even without the ongoing pandemic, this can be very stressful. Their particular role within the larger sheltering process may be poorly defined.
- Layering the co-occurring COVID-19 pandemic on top, workers likely also have additional concerns about their health. For many people, they have received consistent messaging over the past months to stay at home and stay safe. During a sheltering scenario, the messaging will abruptly change to "come to work."
- Consistent and clear communication can help alleviate some of this role ambiguity and reduce uncertainty around COVID-19 protections.

"We have to start changing the way we respond to disasters, and this is particularly a challenging year because the messaging is so mixed. There's so much messaging from so many places, and that is confusing... This is the year we have to think a lot about protecting staff, so they're available to take care of vulnerable people."

"I think the one thing for sure you want to have is consistency and reliability in the messaging that you give."

"Thinking about can we design staff roles to minimize those stressors to the extent possible... Can we very clearly scope out their job roles so there's not a lot of role ambiguity and they know exactly what they're supposed to be doing to the extent possible with an incoming hurricane, decrease the time pressure or at least communicate the time pressure far enough in advance so that doesn't become a major stressor as well on top of everything else that's going on?"

“I think part of the thing of getting the volunteers is the challenge of putting in together new ways of doing what we did in the past, and being able to say to people, “You are protected.” So, I agree that people are feeling at risk, but that makes it more creative for us to figure out how they can do what they can do and be protected.”

“At Hillsborough Emergency Management, they rolled out “know your role” so that with people who were being staffed in the shelters as employees knew what their specific roles were, and they were trained on those roles for sheltering. So, if they didn’t have a pre-destined role within the shelters or the emergency management continuum, say the people who work with children, what their role specifically would be based on their sheltering guidelines or training. So, they did have that know your role training come out.”

“Whenever I’ve gone into sheltering circumstances, and mega-shelters for sure are the biggest tests that I’ve faced, you have to decide how you put a team together, and then how you functionally operate, how you mentor within the team, how you selectively train people. No matter how well-trained you are, when you arrive at a site, you need to have additional training because of the circumstances, whether it’s cultural, or language, and so forth. So, in these times, you would have specialized training for disease prevention, understanding the protocols, how to ask for help, how to be able to determine your own state of well-being, and relying on your teammates to advise you when you need to take a break, you need to enforce regular hours and shifts.”

Strategies

- For all shelter staff and volunteers, provide clear and consistent training about critical sheltering processes. Training that is delivered only once is often ineffective.
Communicate key points clearly and consistently
 - In addition to formal training, brief follow-up signs or cards can be made and kept in key locations. For example, if a staff member is responsible for screening clients prior to entering the shelter, each step should be clearly articulated and readily accessible to them (e.g., not hidden in a binder)
 - For staff and volunteers who are unable to attend a full training, just-in-time training may be needed. Identify the key points in the training and communicate them clearly and effectively
- Shelter staff will often have to perform multiple duties as needed. When possible, clearly articulate each person’s specific role and how their role relates to the “big picture.” This will help to reduce role ambiguity, another critical workplace stressor. *What exactly is a person in this role responsible for? Why does this role matter?*
 - Consider intentionally pairing experienced shelter staff/volunteers with new volunteers. The experienced workers can help provide information to reduce uncertainty and ambiguity for the new staff

- Clearly and consistently communicate what steps are being taken to reduce health risks to staff, volunteers, and clients
 - To staff and volunteers, recognize that this may be a major shift in messaging from “stay at home” to “come to work.” Acknowledge this shift and communicate what steps are being actively taken to protect their health.
 - Conduct a thorough hazard assessment and communicate these results to staff and volunteers.
 - Recognizing and communicating the risks and steps taken to reduce these risks helps demonstrate organizational support – the organization cares about the health and safety of its employees. Organizational and social support can be a buffer to stress and ill-being.
 - Occupational Safety and Health Administration, The World Health Organization, and the Center for Disease Control have resources on how to minimize health risks to employees. Select resources are highlighted below.

Resources for Worker Health and Safety

1. Occupational Safety and Health Administration Hazard Recognition. Retrieved from <https://www.osha.gov/SLTC/covid-19/hazardrecognition.html>.
2. Center for Disease Control Interim Guidance for businesses and Employers Responding to Coronavius Disease 2019 (COVID-19), May 2020. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.
3. Occupational Safety and Health Administration COVID-19 Control and Prevention. Retrieved from <https://www.osha.gov/SLTC/covid-19/controlprevention.html>
4. Occupational Safety and Health Administration COVID-19 Emergency Response Workers and Employers. Retrieved from <https://www.osha.gov/SLTC/covid-19/emergency-response.html>.
5. Occupational Safety and Health Administration Guidance on Preparing Workplaces for COVID-19. Retrieved from <https://www.osha.gov/Publications/OSHA3990.pdf>.

Examples of Effective Public Messaging (Printable)

1. World Health Organization Wash your hands. Retrieved from https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/blue-1.png?sfvrsn=3d15aa1c_2.
2. World Health Organization Protect yourself and others from getting sick. Retrieved from https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/blue-2.png?sfvrsn=2bc43de1_2.

3. World Health Organization Protect others from getting sick. Retrieved from https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/protect-yourself/blue-3.png?sfvrsn=b1ef6d45_2.

Reducing Role Ambiguity Resources

1. Bolino, M. (2020). Managing employee stress and anxiety during the coronavirus. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/the-thoughtful-manager/202003/managing-employee-stress-and-anxiety-during-the-coronavirus>.
2. Peart, N. (2019). Making work less stressful and more engaging for your employees. *Harvard Business Review*. Retrieved from <https://hbr.org/2019/11/making-work-less-stressful-and-more-engaging-for-your-employees>.

Authentic and Clear Communication

1. Russell, N. S. (2012). Fueling trust and engagement with five communication practices. *Psychology Today*, Retrieved from <https://www.psychologytoday.com/us/blog/trust-the-new-workplace-currency/201202/fueling-trust-engagement-five-communication-practices>.
2. Croce, K. (2020). How to communicate in a crisis. *Harvard Business Publishing Corporate Learning*. Retrieved from <https://www.harvardbusiness.org/how-to-communicate-in-a-crisis/>.
3. Argenti, P. A. (2020). Communicating through the Coronavirus Crisis. *Harvard Business Review*. Retrieved from <https://hbr.org/2020/03/communicating-through-the-coronavirus-crisis>.

6.5.2 KEY CONSIDERATION 2: PROVIDING APPROPRIATE SELF-CARE RESOURCES

- To protect their psychological health, staff and volunteers should be engaging in appropriate self-care strategies prior to an imminent hurricane threat and, as they are able, during the sheltering process.
- With limited time, resources, and social distancing measures, individuals may need to be creative about their self-care strategies.
- Clients will also be stressed, and the limited amount of social support they are able to receive due to social distancing measures may worsen this stress.
 - Social distancing makes it difficult for people to connect with each other. This social support is historically a critical buffer for psychological maladjustment.

“One of the other things I consider, so not just having shorter shifts but this is something we talk about in the aviation community a lot too is your crew rest period, so how long are they going in between the shifts and what are they doing in between those shifts. Are we giving them conditions where they’re able to sleep?”

“I think it would probably focus mostly on wellness, the issue of self-care; adequate sleep, adequate nutrition, using different forms of relaxation training, breathing exercises, yoga. When I was working in Katrina in the different shelters, they brought in people to help run groups like that. That was useful. I used to run an exercise group when I was in a shelter. So, if I’m in a shelter, the disaster and mental health, if it’s not a mega-shelter, I’m going to look at the staff, and I’m going to look at the sleeping quarters situation; where do they sleep or they don’t sleep? Staff has special needs as well, and having to ensure that they get the support that they need, and if they need to leave because of the threat of some kind of illness, then we need to make that arrangement.”

“Providing specific recommendations for self-care ideas because so many of our kind of typical self-care routines have been eroded right now and there is actually some really good information on COVID-19 psychological health and self-care stress management strategies located with the CDC. I think the World Health Organization has some recommendations.”

“As a recreation therapist, I love the idea of embedding recreation activities to connect people. This also could engage the volunteers to laugh, have fun for short burst. And it seems to me like you’d have a more compliant shelter if everybody is engaging together which is not bad, I guess.”

“Based on our Haiti research after the earthquake, we did realize that of course these people do get overwhelmed, they need spaces to be alone. I think creating spaces for them at the shelters where they could be alone so they can decompress would be some suggestion based on what we had done in the past.”

Strategies

- Prior to sheltering, encourage staff to regularly engage in self-care as much as possible.
 - Communicate the importance of sleep and healthy eating for their own psychological health
 - Psychologically detaching from work at the end of the day can aid in recovery from work stressors
- In a shelter environment, self-care may become more limited by available time and resources. Within these limitations, some creative self-care strategies may be useful.
 - Sleep is hard to come by in shelters, but is also critical. If possible, provide a quiet, secluded place for staff to sleep and decompress
 - Reduced shifts may help people have the time to disconnect and recover. The Red Cross may be able to supplement the volunteer pool to allow for shorter shifts.
 - Regular hours with regular breaks that allow staff to physically and psychologically detach. Creating a culture that prioritizes psychological health can encourage staff and volunteers to take advantage of these breaks

- Traditional self-care strategies may not be plausible in a shelter environment. Some strategies may need to be adapted
 - Connections to faith-based associations or chaplains may help people manage their emotions
 - Breathing exercises and yoga can provide a way to relieve stress without taking up much space
 - Books and magazines can provide a temporary distraction. Local libraries have been providing socially distant services and may be leveraged to provide resources
 - Writing letters can be one socially distant strategy to create feelings of social support.
 - If possible, video or phone calls can also provide socially distant social support

Self-care Resources

1. Baratta, M. (2018). Self-care 101. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/skinny-revisited/201805/self-care-101>
2. King, K. (2019). Four realistic rules for better self-care. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/lifespan-perspectives/201909/four-realistic-rules-better-self-care>.
3. Florko, L. (2020). How to recover from work. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/people-planet-profits/202004/how-recover-work>.

Meditation and Mindfulness Resources

1. Meditation. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/basics/meditation>
2. O'Connor, L. E. (2014). How to meditate (made easy): Mindfulness meditation. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/our-empathic-nature/201401/how-meditate-made-easy-mindfulness-meditation>.

General Self-care Resources

- Musictherapyfl.com
- Project-parachute.org
- Free meditation apps: Headspace, The Mindfulness App, Calm
- Free breathing apps: Mindshift CBT

6.5.3 KEY CONSIDERATION 3: PROVIDING ACCESS TO PSYCHOLOGICAL HEALTH RESOURCES AS MUCH AS POSSIBLE

- In addition to asking staff and volunteers to do more (sleep more, eat healthier, exercise more, etc.), making resources more accessible can be beneficial.
- Shelter staff and volunteers are already coping with their own emotions, worries, and fatigue. Asking them to also help clients cope is an additional stressor.

“I think that would be really helpful for people going through this during the hurricanes to be able to just have someone to talk to any time of the day.”

“We have some public health nurses, two in each shelter but with the people coming into the shelter, the folks from the community service board, the mental health individuals that are qualified, they really help out a lot and interact with people and making sure everybody's comfortable or they don't have anxieties or anything else like that they're exhibiting.”

“So that's where I'm wondering if there are things like telehealth resources that could be made available for these workers in between their shifts so that they're not having to approach the individuals at the shelter where they're being seen and there may be more stigma but they can do it during their off time. It would need to be individuals who are trained to do very brief interventions because they're going to have limited time to dedicate to these because they're going to need to rest and do other things in between their shifts rather than just engaging treatment. But telehealth which has been growing with COVID-19, if there is any benefit of COVID-19, telehealth services have been increasingly available, mental health. So that may be another consideration.”

“I heard on another call the idea of having an 800-number, a toll-free number, set up and publicized, posted on the wall or something, signs in the shelter that said if you need to talk to somebody. It's kind of like a - I don't want to say a suicide hotline, but a hotline type of thing if you're having anxiety and you're struggling and you're in a shelter, call this number and there's a friendly voice and a listening voice at the other end that will help you cope and give you coping strategies.”

Strategies

- Advertising Employee Assistance Programs with an emphasis on *confidentiality* can boost low usage. This may help employees gain additional coping strategies and resources prior to a hurricane event.
- Some counties in Virginia place mental health professionals in shelters. Having clinicians on-site can help provide immediate care if needed.
- Advertise and encourage use of Telehealth services in shelters. Providing a separate, semi-private space can encourage people to use these resources.
- If someone is experiencing a mental health disorder or a mental health crisis, they should seek professional help immediately.

Telehealth and Emergency Resources (includes Printables)

1. Substance Abuse and Mental Health Services Administration Disaster Distress Helpline
 - Call 1-800-985-5990
 - Text “TalkWithUs” for English or “Hablanos” for Spanish to 66746.
 - Spanish-speakers from Puerto Rico can text “Hablanos” to 1-787-339-2663
2. Disaster Distress Helpline Brochure:
<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-ddhbro.pdf>

3. Disaster Distress Helpline Wallet Card: <https://store.samhsa.gov/product/Having-Trouble-Coping-After-a-Disaster-Talk-With-Us-/PEP12-DDHCARD>
4. Substance Abuse and Mental Health Services Administration National Helpline
 - Call 1-800-662-HELP (4357)
5. Substance Abuse and Mental Health Services Administration. *Have You Experienced a Disaster?* Poster pertaining to adult reactions. Retrieved from https://store.samhsa.gov/product/have-you-experienced-disaster-poster-pertaining-adult-reactions/PEP19-01-01-003?referer=from_search_result
6. Substance Abuse and Mental Health Services Administration. *Have You and Your Family Been Affected by a Disaster?* Poster pertaining to youth and child reactions. Retrieved from https://store.samhsa.gov/product/Have-You-and-Your-Family-Been-Affected-by-a-Disaster-Poster-pertaining-to-youth-and-child-reactions/PEP19-01-01-004?referer=from_search_result
7. Substance Abuse and Mental Health Services Administration. *Understanding Child Trauma*. Retrieved from https://store.samhsa.gov/product/Understanding-Child-Trauma/SMA16-4923?referer=from_search_result
8. Substance Abuse and Mental Health Services Administration. *Tips for Survivors of a Disaster or Other Traumatic Event: Coping with Retraumatization*. Retrieved from https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-/sma17-5047?referer=from_search_result
9. Disaster Distress Helpline Brochure <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-ddhbro.pdf>
10. Disaster Distress Helpline Wallet Card <https://store.samhsa.gov/product/Having-Trouble-Coping-After-a-Disaster-Talk-With-Us-/PEP12-DDHCARD>

6.5.4 GENERAL SUMMARY OF THE ROUND

Key issues in Round #2 addressed the resources needed to support shelter staff's psychological health and well-being before and during a hurricane threat. Given the many limitations facing workers (i.e., time, resources, etc.), the discussion focused on plausible strategies to reduce workplace stressors, like clear and consistent communication, and to psychologically recover from workplace stressors, such as psychological detachment from work. To reiterate, these strategies are meant to help people cope with stressors. Those with mental health disorders or who are in a mental health crisis should seek professional help immediately.

6.6 ROUND THREE: WHAT ARE THE BARRIERS TO ACCESSING THESE SUPPORTS AND HOW CAN THEY BE OVERCOME?

6.6.1 KEY CONSIDERATION 1: RESOURCES LIKE TIME, SPACE, AND MONEY ARE LIMITED. HOW CAN WE SUPPORT WORKERS' PSYCHOLOGICAL HEALTH WITHIN THESE CONSTRAINTS?

- If there is a power outage, all psychological resources located online will be inaccessible
- Those who do not have cell phones will be unable to access those resources regardless
- It is already difficult to get enough volunteers, and volunteer rates may be even lower this hurricane season due to COVID-19
- It will also be difficult to have enough space for sheltering due to COVID-19 restrictions
- When a hurricane is imminent, time becomes a scarce resource as well

“The budgeting aspect of who’s going to cover financially all of the additional resources that are needed, and especially when it comes to psychological care, who’s going to pay for that care, who’s going to pay for the training. So, that’s important.”

“So, I guess when we think about barriers, one of those is just the access with power, with internet, with telephone. So, having contingency plans for that.”

“I think funding is a huge issue. I don’t care what agency you’re with. Funding is always a struggle and identifying those areas that need the most help and need to be brought to the forefront so that we can focus on providing those resources to staff and the public is critical.”

Strategies

- Provide psychological resources that can be accessed offline. For example, post flyers around the shelter with useful information.
- Have a plan in place to communicate information to shelter staff, volunteers, and clients. Make sure a backup communication channel exists in the event of a power outage. Communicating regularly with all parties can help reduce uncertainty and stress.
- *Workshop #3 Transportation and Sheltering Logistics* during the 2020 Hurricane Season and *Workshop #5: Workforce* including evacuation staff, shelter staffing, the workforce structure, capacity, PPE, and telemedicine addressed other limitations and potential strategies in greater detail. Please review the After-Action Reports for these workshops for additional information.

6.6.2 KEY CONSIDERATION 2: PEOPLE MAY BE UNWILLING TO ENGAGE IN SELF-CARE OR SEEK PROFESSIONAL HELP BECAUSE OF THE STIGMA AROUND MENTAL HEALTH SERVICES

- A stigma still exists around psychological health and ill-being, including mental health disorders. People may be unwilling to use the resources available to them for fear of seeming weak.
- Similarly, people may be unwilling to tell a supervisor if they are stressed or if they need a break. This may make it harder for people to engage in rest and recovery throughout their workday.

“I think it’s got to do with overall how to take care of yourself, but it requires an environmental support as well, not just a personal, “I’m aware that I don’t feel good or I’m stressed,” but more of within the environment, what are the things that can be done to help relieve it, and it’s teamwork.”

“Well, I don’t know if the staff will approach anybody that specializes in mental health just because of the stigma and you’re out in public and they know somebody teaches that and they would approach them. I think they would approach them through email afterwards but probably not at the shelter itself, it’s a shame.”

“I really don’t think our staff would use that. I think they would definitely be afraid that it would be shared, up-streamed to management, and that there would be repercussions. Just honestly saying, I think there are times where we say it’s going to be anonymous or it’s going to be a free space, but they have been experienced before where that was not the case. So, they don’t particularly trust that to be the case.”

“I think the biggest issue is the biggest issue everywhere and that’s stigma. You don’t want to be the person in your workplace that comes out and says, “This is too mentally stressful for me.” Even though people will say that, they’re not going to say it right out loud. They’re not going to say it in that direct way. They’ll find other ways or things to put that on, other reasons.”

“I think that sometimes people don’t want to share what they’re going through because they feel like they’re the only one that feels that way and they feel like it’s a fault in them and not in what’s happening. It’s not a human thing. They just feel like they have disappointed someone or let them down. Then, what happens is we lose those staff members. They decide that they don’t want to be a part of our team anymore because they don’t want to do this. With public health, it’s difficult enough to find people that care enough and are dedicated enough and have these skill sets that we need without losing them unnecessarily. We really, really need resources to be able to help these folks be able to cope with whatever they’re dealing with.”

Strategies

- Create a culture that prioritizes psychological health and authenticity. Communicate that it is OK to take a scheduled break, and demonstrate with your own behavior. Model good self-care practices to help create a culture that prioritizes workers’ psychological health.

- Widely advertise that various mental health services are available *and confidential*. The Substance Abuse and Mental Health Services Administration helpline is available 24/7 for free, confidential calls. Employee Assistance Programs are also confidential. Many people are hesitant to take advantage of these services because they concerned it is not confidential.
- You can not force someone to take advantage of these resources. However, advertising existing resources and intentionally crafting a culture that prioritizes psychological help can encourage people to use the resources that are available.

Resources for Psychological Health and Wellness (printable)

1. SAMHSA Mental Health in my Community (flyer). <https://store.samhsa.gov/product/Mental-Health-in-My-Community-Information-Graphic/SMA13-4725>.
2. SAMHSA Learn the eight dimensions of wellness (poster). https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953?referer=from_search_result.

6.6.3 KEY CONSIDERATION 3: SOCIAL DISTANCING LIMITS THE ABILITY TO PROVIDE RESOURCES

- With a hurricane imminent, resources are going to be dedicated to getting people into a shelter. This is already a complex problem that is further complicated by COVID-19.
- Traditional social support interactions will be erased with social distancing. *If people are scared of the storm and scared to talk to their neighbors, how will they cope in the shelter?*

“One of the really important psychological supports that we do rely on both within or without a disaster is going to be ability for faith-based activities, socialization one way or another, so we’re quite hampered by that. We rely a lot during, if you would call it “normal disasters” to have a chance to be face to face, to be together, and all that goes with that, so we’re missing that. So, the question then would become, to some extent, how to account for doing some of that safely and how to offset it if you don’t have immediate access to those things.”

“I think probably even when you’re in that congregate area, you’ll probably want to discourage people from just wandering around and trying to keep down the exposure or crossing paths or coming too close to other people. Generally, some people mill around or walk around just to entertain themselves, but keeping people parked around a location around their cot or limited movement where they go to the bathroom and come right back, don’t wander around the room too much. I mean that has additional psychological impact on the population relative to a normal season when you don’t have COVID.”

Strategies

- In the short-term, individuals should be able to use the resources discussed in this report while wearing a mask and maintaining social distance. However, providing resources to

protect others' psychological health becomes increasingly more complicated in a long-term sheltering scenario.

- For the short-term, breathing exercises and yoga provide a way to relieve stress without much movement through the shelter.
- If individuals have access to the internet, they can access additional resources to help with coping. This includes reaching out to others to obtain social support from a distance.
- For physical resources (i.e., toys, books), having a "check-in and check-out" process may help. When the resource is checked back in, it is sanitized.
- Providing quiet, semi-private or private spaces may allow individuals to seek out support that they would normally not do in public spaces.

In general, psychological health will almost always fall second to physical health. However, psychological health and ill-being has the potential to further complicate an already delicate and complex process. If shelter staff and volunteers are stressed and unable to recover, they face a higher likelihood of burnout and turnover. This turnover may remove critical human knowledge and resources from the system. Similarly, if clients are stressed and uncooperative, it will be difficult to protect their and others' physical health.

- Finding low-cost, high-impact strategies for protect individuals' psychological health can have major impacts on the shelter environment.

"Sometimes, we get assistance from our parks and rec department. They like to brag to us that because they're parks and rec, they can make games out of anything. They really can. They've been really tremendous in doing that. Sometimes, we get books in the library and things like that. I think the greater concern this year would be handling shared objects. If you have toys, books, or whatever, trading those between families and so forth. Yes, that's another really valid concern that kids are going to be kids and they are going to mix and mingle somehow. They are going to need to do something. That's not an unreasonable expectation. We have not addressed that."

"I've worked in a couple different factories and they have what's called a tool shed. You check in and check out tools. I wonder if there can be a shelter that can be a bin, a plastic storage bin or something. You check in and check out games and toys. They get sanitized as they go back in before they get checked back out before they circulate, but actually have a procedure for checking in and checking out things that are meant to entertain the kids and to keep them clean from being passed around."

6.6.4 GENERAL SUMMARY OF THE ROUND

Key issues in Round #3 addressed the barriers to providing support to shelter staff, volunteers, and clients. The most widely identified barrier is a general lack of resources – lack of time, money, space, and personnel. Previous Workshops were devoted to some of these topics (Workshop #3 Transportation and Sheltering Logistics during the 2020 Hurricane Season and Workshop #5: Workforce: Evacuations, Shelter Staffing, Workforce Structure, Capacity, PPE, and

Telemedicine), and we encourage readers to view those After-Action Reports as well. Beyond these resources, identified barriers included stigma's around psychological health and social distancing requirements. These barriers are not trivial; creative solutions are needed to continue to discover ways to protect workers' health and well-being despite these limitations.

6.7 ROUND FOUR: 2-MINUTE QUESTION BURST

6.7.1 QUESTIONS RAISED

- *What strategies are already being implemented to look at the self-care and the psychological needs of shelter staff and volunteers?*
- *“With more law enforcement in the shelters - particularly with the last two weeks and the societal attitudes that are rapidly shifting about law enforcement - how is that going to play out? Will that make things worse rather than better?”*
- *How will do you deal with people who are non-compliant with mask use and other policies?*
- *What are all the reasons why people are against masks? Knowing these points and identifying strategies to address these viewpoints and how-to response would be beneficial.*
- *“How will local emergency ops folks find the resources that you are putting together? How will they access them?”*
- *How do you communicate sheltering information to people who haven't needed shelters before, but now due to the mass disruption in the economy they might need to this time?*
- *What resources are in our inventory that can be physically given to volunteers, shelter workers, and to individuals staying in the shelter?*
- *What will be the major stress points that could be potential tipping points for staff and volunteers?*
- *What happens when you run out of PPE, but people are still showing up and you cannot turn them away?*

6.9 PRINTABLE RESOURCES FOR IMMEDIATE USE

The below resources are printable flyers, brochures, business cards, etc., that can be printed and used immediately. They are also referenced in the text of this After Action Report according to the concern that they address.

- Compassion Fatigue Awareness Project:
 - *The 10 Laws Governing Healthy Caregiving:*
<https://www.compassionfatigue.org/TheTenLawsHealthyCaregiving.pdf>.

- Caring for yourself in the face of difficult work pocket card:
<https://www.compassionfatigue.org/Pocket%20Card%202020.pdf>.
- World Health Organization –*Coping with Stress during the 2019-nCoV Outbreak*:
www.who.int/docs/default-source/coronaviruse/coping-with-stress.pdf?sfvrsn=9845bc3a_2
- Substance Abuse and Mental Health Service Administration (SAMHSA):
 - *Coping with Stress during Infectious Disease Outbreaks*:
<https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885>
 - *How to Cope with Sheltering in Place*:
<https://store.samhsa.gov/product/How-To-Cope-With-Sheltering-in-Place/SMA14-4893> <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4893.pdf>.
 - *Coping with anger after a disaster or other traumatic event*:
https://store.samhsa.gov/product/tips-survivors-coping-anger-after-disaster-or-other-traumatic-event/pep19-01-01-002?referer=from_search_result.
 - *Psychological First Aid for First Responders*:
<https://store.samhsa.gov/product/Psychological-First-Aid-for-First-Responders/NMH05-0210>.
 - *Tips for Survivors of a Disaster or Other Traumatic Event - Managing Stress*:
<https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-Managing-Stress/SMA13-4776>.
 - *Have You Experienced a Disaster? Poster pertaining to adult reactions*:
https://store.samhsa.gov/product/have-you-experienced-disaster-poster-pertaining-adult-reactions/PEP19-01-01-003?referer=from_search_result
 - *Have You and Your Family Been Affected by a Disaster? Poster pertaining to youth and child reactions*: https://store.samhsa.gov/product/Have-You-and-Your-Family-Been-Affected-by-a-Disaster-Poster-pertaining-to-youth-and-child-reactions/PEP19-01-01-004?referer=from_search_result.
 - *Understanding Child Trauma*: https://store.samhsa.gov/product/Understanding-Child-Trauma/SMA16-4923?referer=from_search_result
 - *Tips for Survivors of a Disaster or Other Traumatic Event - Coping with Retraumatization*: https://store.samhsa.gov/product/Tips-for-Survivors-of-a-Disaster-or-Other-Traumatic-Event-/sma17-5047?referer=from_search_result.
- *SAMHSA Disaster Distress Helpline Brochure*:
<https://store.samhsa.gov/sites/default/files/d7/priv/pep12-ddhbro.pdf>
- *SAMHSA Disaster Distress Helpline Wallet Card*:

<https://store.samhsa.gov/product/Having-Trouble-Coping-After-a-Disaster-Talk-With-Us-/PEP12-DDHCARD>

- National Institute of Mental Health (NIMH), *Five Things you Should Know about Stress*:
<https://www.nimh.nih.gov/health/publications/stress/index.shtml>.

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