

Covid-19

----- Guidance for practices



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Please be aware that this is a rapidly evolving situation.

Caring for yourself and your general practice team in the Covid-19 pandemic

Your practice team are working in unprecedented times. The challenges are greater than the 'normal' challenges we regularly experience before Covid-19. You may face life determining decisions around the availability of appropriate care with reduced resources and many patients requiring medical intervention.

There are also extreme pressures on colleagues, staff and our own resources to manage a changing daily routine. You will experience, as others do, a concern for personal safety and the safety and well-being of family, friends, colleagues as well as patients.

As part of your Covid-19 response you will likely be having difficult conversations with parents, families and carers which may involve moral and ethical dilemmas. The [Vital Talk website](#) is an excellent website to support this with clear guidance and scripts that may be helpful to use.

This set of circumstances may result in [moral injury \(a term that originated in the military\)](#) which is defined as the psychological distress that results from actions, or the lack of them which violate someone's moral or ethical code. The United States' Department of Veterans Affairs likens it to psychological trauma involving 'extreme and unprecedented life experience' that can lead to 'haunting states of inner conflict and turmoil'.

Moral injury is not a mental illness but may contribute to the development of mental health difficulties for health workers as they may work in a situation of helplessness, a significant number of life and death decisions and little time to process what is occurring.

The outcome of moral injury may result in either psychological injury or psychological growth and these outcomes are likely to be influenced by the support that is available and sought before, during and after the challenging incident.

Mitigating and supportive interventions

1. Preparedness – via open and transparent communication with staff about the challenges ahead.
2. Supportive discussions based around difficult decisions and regular contact to check in on well-being.
3. Early opportunities to process experiences in groups with lead from senior staff e.g. peer support programmes, or with professional support.
4. Senior staff, supervisors and team leads also need to ensure that they have space and time to debrief and share their experience of supporting others.
5. Following the crisis period on-going reflection and support will help individuals to seek learning and create some meaning from the traumatic experiences.

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The stresses of responding to Covid-19 fight-or-flight mode with feelings of fear, anxiety and guilt as we manage 'living with not knowing' and at not being able 'to do' enough.

There is more detailed information around about supportive measures and professional services that are available:

- Self help advice on [emotional and psychological wellbeing](#) from Red Whale GP Update
- [BMA Professional Support](#)
- [RCGP Professional Support](#)
- [Londonwide LMCs GP Support](#)
- [Practitioners Health Programme](#)

Caring for yourself

1. Attend to the basics of self-care: eat/drink/rest/go to the loo; connect with others online at work and outside work, and; exercise regularly/practice yoga/deploy mindfulness.
2. Control what you can. Decide what degree of social media/news helps you or increases anxiety.
3. Create a structure to your day, including regular breaks and pleasurable activities. If possible, maintain some of your normal routine, eg regular run or online coffee with friends. Take a longer break at the weekend or when it fits into your week.
4. Accept that worry is a normal part of this time. Use mindfulness online apps/distraction techniques/ask for support from friends/colleagues and professionals if feelings are becoming overwhelming. The Headspace app is currently [available free to NHS staff](#).
5. Journal – write or discuss three good things from the day and feeling associated. Duke Patient Safety Center are currently offering healthcare professionals [access to WISER, a set of tools for reflection](#).

Supporting your team

1. Early intervention and support:
 - Remote regular 'check ins' or [huddles](#). Roughly the same time every day for a fixed period of time so space is made for this crucial time and people are aware that this time is set aside for a 'check in'. The size and content of the team may vary - GP colleagues/senior practice management/nursing staff. A trusting environment to share concerns, discuss decisions and acknowledge difficult conversations around limited resources is vital. Use an online system for this such as Zoom, Skype or Teams.
 - Signpost colleagues and staff to specific support and guidance link to our info page.
 - Ongoing awareness and active monitoring of mental health and well-being of staff and teams, eg avoidance - being 'too busy' to check in with others is a core symptom of trauma.

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2. Aftercare:

- Maintain check-ins which may be needed less frequently, but it is important to acknowledge that there may be later presentations of psychological distress and deterioration in mental health.
- Run specific group debriefing sessions with professional support may help with reflection and learning and processing.
- Individual therapeutic intervention around trauma, bereavement and loss may be necessary.
- Everyone may observe changes in others and may or not feel able to address the concern to the individual. Sharing concerns about a colleague with a more senior member of the team may be helpful and a way of achieving help for the colleague of concern.

Support from companies for NHS workers

- There are a number of companies offering support, including free taxis, dedicated food shopping time and discounts.
- NHS England and Improvement have collated and validated these offers and [produced a list which they plan to regularly update](#).