Annex 11. Community & Workforce Support: Psychosocial Considerations and Information

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Rationale:

A pandemic has an impact on the public, including those who respond as providers throughout the mitigation and response phases and afterward. Depending upon the availability of antivirals and efficiency of distribution, citizens become eager for information and response mechanisms. Special populations who may be compromised in responding are of particular concern and often among those most vulnerable to disease. These populations include but are not limited to elders, children, those with mental or medical conditions, those from other cultures and different linguistic capabilities. Medical and emergency responders are also at risk due to heightened incidents of exposure. Support is delivered at the individual and community levels to those who require additional help, and at the work site of providers who may become overwhelmed.

Assumptions:

- A pandemic will expose segments of the population who are at particular risk.
- An organized response will require support to those who are compromised in responding appropriately.
- Medical and emergency personnel will be called upon to respond to those who are most vulnerable and/or otherwise compromised to respond independently.
- Community mitigation strategies will require extended exposure of response personnel.
- Information dissemination will need to be multi-lingual, and take into consideration citizens of different cultural practices.
- Except in quarantine or isolation situations, human-to-human contact is the most effective method of support.
- Public health information dissemination from the Maine Center for Disease Control and Prevention (CDC) relies upon the activation of an Information Hotline with public access and individual response capabilities.
- Responses for psychosocial support may take place on-scene and remotely depending upon the parameters of contagion.

Overview:

This Annex outlines the response capabilities for individual, community and workforce psychosocial support during a pandemic. Utilizing the statewide Disaster Behavioral Health Response Team (DBHRT), several approaches may be used in a pandemic response. The goals of the DBHRT are to:

(1) Support those special populations who may have compromised response capabilities

(2) Support the workforce of medical and emergency responders who may have heightened exposure risk

(3) Support the workforce of the CDC Information Hotline
   a. offering instruction on psychosocial support delivery and Psychological First Aid, and
   b. offering debriefing and/or defusing support.

Roles and Responsibilities of Psychosocial Support During a Pandemic

Psychosocial support is provided by the Disaster Behavioral Health Response Team, a statewide team of specifically trained volunteers. The DBHRT will be mobilized by the Coordinator/Director and organized into small units with a Team Leader assigned to each unit. The response function is to respond to special populations first – those who are compromised in fully responding. Information is obtained from county manuals developed to identify areas within local communities that may be particularly vulnerable, e.g., nursing homes, large day care centers, group homes, rehabilitation centers, etc.

Teams will be deployed by proximity to the site where support or extended follow-up is required. County Emergency Management Agency Directors will be consulted and a DBHRT volunteer (usually from the crisis agency within that jurisdiction) may be deployed to the county EMA Emergency Operations Center (EOC) to identify immediate follow-up needs and provide information dissemination. The DBHRT Coordinator will be deployed to the Maine Emergency Management Agency Emergency EOC when the state EOC is fully staffed, and will function as the central point of information dissemination and oversight for the Team. Communication within the Team will be conducted between the Coordinator and the Team Leaders, who will continually maintain oversight of small team units in the field.

Support to communities and to the workforce will be initiated from the Coordinator either upon request from MEMA, from county EMA Directors (confirmed through MEMA), or from the DHHS Commissioner. The tasks that may be requested of the DBHRT include:

- Needs assessment
- Identification of areas of vulnerability within a community
- Identification of impact of loss or trauma
- Identification of effective process(es) for targeted communities or individuals
- Follow-up services recommendations
- Contact/liaison with follow-up services
- Assessment of service delivery options
- Delivery of Psychological First Aid
- Delivery of debriefing and/or defusing services
- Assessment of need for Skills for Psychological Recovery instruction
- Assessment of community and individual resilience capabilities
- Instruction on stress mitigation, personal safety methods and recovery options
- Referral to crisis intervention services when appropriate

Workforce Support and Psychosocial Considerations

The response to an influenza pandemic may pose substantial physical, emotional and social challenges for DHHS workers. Occupational stressors are likely to differ from those of community emergency responders, but to pose substantial challenges for a prolonged period. Employees should be encouraged to maximize personal resilience, preparedness, protective behavioral and stress management. During a pandemic it may be necessary to focus on instruction in these areas and to periodically engage in general debriefing exercises to help alleviate the stress of continued public interaction and response.

The DBHRT will respond in person within communities or, in the event of quarantine or limited public interaction advice, volunteers will respond via telephone or other appropriate means (email response and texting are among possibilities). During the Alert Period, it will be necessary to determine whether volunteers will have early access to immunization in order to plan the response logistics. The DHHS Scalability of Actions based on Severity and Transmissibility will guide the decisions about intervention methods. Logistical planning will inform the development of protocols to be used for interventions, beginning while transmissibility is low to plan for interventions during medium to high severity.

Instruction may be required to help achieve effective, uniform and prolonged response to public inquiry and frustration if vaccines are in short supply or unevenly distributed. During the H1N1 pandemic, the shortage of vaccine supply resulted in segments of the population being deemed more vulnerable and therefore able to access vaccine supplies sooner. The resulting frustration for those not included in those population segments posed significant challenges for Information Hotline workers. Support to hotline workers may require on-going evaluation of the impact of calls on workers, back-up support for difficult callers and debriefings at the end of work shifts. Evaluation, back-up and debriefing skills are within the scope of the DBHRT volunteers and would be made available if requested. There may be a need for psychosocial oversight of the Information Hotline function to determine what interventions would be most appropriate. On-going training and instruction that accommodates the trends callers present may also be required.

National Resource:

A national Disaster Distress Line has been created. It is available 24/7 with interpreters and is designed so that it electronically attaches to local crisis resources. Responders are trained crisis workers who provide psychological distress support (not information) to disaster victims. It is currently operative and is available to states immediately after a disaster strikes. It is in the process of being publicized (2012), and templates should soon be available. The purpose is to help stated avoid having to set up their own support lines.

SAMHSA-FEMA	**Disaster Distress Line**	**800-985-5990 or Text talk: 66746**

Annex 11: Community and Workforce Support: Psychosocial Considerations and Information Needs

Maine Inter-Pandemic Period

Mitigation and Preparedness
ME Level 0, I, II

1. Increase volunteers for DBHRT by providing trainings
2. Update contacts lists
3. Develop instructional materials for DBHRT for Information Line backup
4. Review roster for statewide distribution focus

Maine Pandemic Alert Period

Heightened Preparedness: On Standby
ME Levels III, IV

1. Put DBHRT on 'standby'
2. Establish routine communication w/ Pan Flu Coordinator re on-going response activities
3. Clarify community - DHHS response expectations
4. Develop plan for community coverage utilizing statewide volunteer capability
5. Develop teams
6. Notify Team Leaders
7. Establish communication expectations
8. Advise DBHRT on go-bag contents
9. Review/edit applicable forms
10. Ascertain volunteer eligibility for early immunization
11. Identify team(s) to debrief workforce staff
12. Publicize the Disaster Distress Line

Maine Pandemic Period

Activate Response Plan
ME Levels V, IV

1. Deploy teams to "active" status
2. Establish intervention protocols
3. Coordinate DBHRT information dissemination
4. Work w/ Team Leaders to develop shifts
5. Contact county EMA Directors to determine support needs
6. Review/update shifts development by Team Leaders
7. Determine DHHS workforce support needs
8. Assist with information for public dissemination
9. Education and refer public to the Disaster Distress Line as needed
10. Coordinate community/individual follow-up response activities
11. Establish Team Leader check-in process
12. Debrief Team Leaders/identify debriefing team

Maine Post Pandemic Recovery

Recovery Activities
ME Levels VII

1. Lower alert to "recovery standby" status
2. Identify communities/individuals for follow-up
3. Assign DBHRT to follow-up by community proximity
4. Debrief workforce personnel
5. Assist in after-action report

Annex 11. Community and Workplace Support Summary Matrix:

Annex #11 **Psychosocial Considerations and Information Needs**	**Maine Inter-Pandemic Period: Awareness** **Mitigation/ Preparedness** **ME Level 0, I, II**	**Maine Pandemic Alert Period: Standby** **Heightened Preparedness** **ME Levels III, IV**	**Maine Pandemic Period: Activate** **Response** **ME Levels V, IV**	**Maine Post Pandemic Recovery Period** **Recovery** **ME Levels VII**
Monitoring	Preliminary standby →	Standby →	Activate→	Recovery standby
DBHRT Deployment	Encourage preparedness→	Assignment of teams Development of shifts→	Support interventions including backup and debriefing →	Assist with after-action report
Provide Community Support	Preliminary coordination by geographic capability →	Identification of areas of concern, high impact→	Assisgnment of support teams; monitoring response needs→	Coordinate follow-up requests; identify areas of concern for further response
Provide Workforce Support	Develop plan for Info Line and field support →	Clarify needs of Info Line workforce and field operations→	Provide debriefings and/or defusings; provide interventions →	Participate in after-action evaluations and reports development
Provide Responder Support	Identify receptive departments →	Establish workforce response teams→	Provide debriefings and/or defusings	