Building Mental Health into Operations During a Pandemic

Guidelines to Support Employers Through COVID-19
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Introduction

These guidelines were created to help organizations build a supportive and proactive approach to mental health into their emergency management and business continuity programs. They specifically deal with the potential impact of a pandemic using guidance from the National Standard of Canada on Psychological Health and Safety in the Workplace (the Standard).

Emergency management and business continuity programs typically focus on minimizing the risk of physical injury, property damage, security breaches, and economic loss. But emergencies and disasters can significantly impact mental health and operational procedures in any employment situation.

Organizations should invoke emergency management and infection prevention and control protocols whenever a serious infectious disease outbreak or epidemic occurs. During a pandemic, however, the challenges are extraordinary. Situations can change suddenly and drastically, particularly if governments invoke emergency public health measures. Also, as the impact on businesses and lives continues, the mental health of workers and their families may decline.

How employers manage psychological health and safety (PHS) through events like a pandemic can make significant and lasting differences in the lives of workers and their families. By making PHS part of their emergency response and business continuity plan, organizations can clear up any confusion and prevent important operational processes from being missed.
Why build mental health into emergency management?

Building mental health into your plans can minimize the potential negative impacts on the organization and improve the effectiveness and sustainability of a healthy business recovery. It can also minimize the risk and potential impact of psychological harm to workers. Both are achieved by

- helping workers perform essential work in a healthy and safe manner while complying with emergency measures
- protecting workers’ mental health when they return to work or the workplace as emergency measures are eased
- planning psychological support for workers and their families during and after the pandemic
- reducing the risks and costs associated with stress-related disability
- supporting a safe and healthy return to normal working conditions.
How are emergency management and mental health related?

Research shows that emergencies and disasters can both negatively and positively affect workers’ mental health:

<table>
<thead>
<tr>
<th>Potential positive effects</th>
<th>Potential negative effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Boost in morale and confidence</td>
<td></td>
</tr>
<tr>
<td>• New appreciation for life</td>
<td></td>
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<tr>
<td>• Ability to demonstrate and build resilience</td>
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<tr>
<td>• Greater emotional maturity</td>
<td></td>
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<tr>
<td>• More compassion, sympathy, and understanding toward people in difficult circumstances</td>
<td></td>
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<tr>
<td>• Feelings of shock, helplessness, worry, fear, guilt, fatigue, exhaustion, anxiety, and depression</td>
<td></td>
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<tr>
<td>• Triggering or worsening of physical illnesses</td>
<td></td>
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<tr>
<td>• New mental health symptoms in children or adults</td>
<td></td>
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<tr>
<td>• Recurrence of old trauma or PTSD</td>
<td></td>
</tr>
<tr>
<td>• Transmission of vicarious or secondary trauma through stories, images, work activities, or media outlets</td>
<td></td>
</tr>
<tr>
<td>• Caretaker distress</td>
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</tbody>
</table>

Studies show that workers who are routinely exposed to trauma (e.g., rescue workers, police, body handlers, and fire fighters) experience high rates of PTSD, depression, anxiety, and other mental health problems. Workers who are not routinely exposed to trauma show high rates of distress and mental health problems after an emergency or disaster that are similar to these effects.

Fortunately, good organizational leadership and a supportive work environment “can have a positive impact upon the wellbeing of staff members prior, during and subsequent to an incident” (p. 2).¹
The four stages of emergency management

The four stages of emergency management can help organizations understand how to protect workers’ mental health.

1. Prevention/Mitigation
   - Assess risk of psychological stressors related to work during a pandemic
   - Identify workers who may be a greater risk of mental harm during a pandemic
   - Identify preventative measure to support mental health of workers during a pandemic
   - Assess the potential impact to the business

2. Preparedness
   - Build mental health support into the emergency response and business continuity plan
   - Establish plans to support workers who might be at increased risk of mental harm
   - Establish and/or strengthen mental health support policies, programs and processes
   - Educate and train all staff at all levels on supports available and processes/procedures

3. Response and Continuity
   - Implement the emergency response and business continuity plan and mental health supports for all workers
   - Implement support plans for workers who are at a greater risk of mental harm
   - Communicate clearly, empathetically and often
   - Support workers in adjusting to working in the new normal

4. Business Recovery to Normal Operations
   - Be prepared to support workers in adjusting
   - Provide ongoing support for those who may be experiencing ongoing post-pandemic anxiety, depression or PTSD
   - Use psychological healthy and safe debriefing methods
   - Review and revise policies, programs, processes and procedures as necessary to be better prepared for the future
Stage 1. Prevention and mitigation

The organization develops strategies that focus on preventing incidents and mitigating, limiting, or controlling their consequences, extent, or severity.

Prevention strategies include activities, tasks, programs, and systems designed to avert a threat or hazard, based on information from a risk assessment and impact analysis.

Impact analysis, which generally includes the effect on operations, is foundational to emergency management and business continuity programs. It looks at the potential impact, damage, or loss over time an organization might experience should the activities that support its operations be disrupted. The analysis seeks to identify dependencies so these can be managed.

The Canadian Standards Association’s emergency management standard (CSA Z1600) places the health and safety of all persons as the first consideration when assessing such impacts.

The Standard offers guidance on assessing the risk of mental harm.

Stage 2. Preparedness

Business as usual: Ongoing activities coincide with developing, implementing, and maintaining systems to support operations during an emergency or disaster. The focus is on rapidly assessing the direct effects of the crisis, developing lists of required resources, and procuring resources.

Stage 3. Response and continuity

Activities, tasks, programs, and systems are developed to help preserve life, meet basic human needs, maintain business operations, and protect property and the environment.

Situational analysis may be needed during the response, especially when circumstances evolve.

Stage 4. Recovery

The gradual or complete return to operations is initiated with an ongoing monitoring of successes and possible steps backward, when indicated. This stage may include

- contractual obligations
- core activities
- employee and neighbouring community necessities
- operational continuity
- risk reduction
- environmental remediation
- process improvement.

For more information, see CSA Z1600-17 Emergency and Continuity Management Program.
Using the Standard to inform emergency management and business continuity programs

The Standard is a voluntary management system framework. It is designed to help organizations manage work so that it minimizes the risk of mental harm and promotes the mental health of workers. The Standard includes guidance on managing change and preparing for critical events that can affect individuals and organizations.\(^2\)

4.3.8 Managing change

4.3.8.1

The organization shall establish, implement, and maintain a system to manage changes that can affect psychological health and safety. The system shall address changes that include

a. new products, processes, or services at the design stage;
b. significant changes to work procedures, equipment, organizational structure, staffing, products, services, or suppliers;
c. changes to psychological health and safety strategies and practices;
d. changes to psychological health and safety legal and other requirements; and
e. changes to work arrangements, including modified work arrangements.

4.3.8.2

Such a system should include

a. communication between stakeholders about the changes;
b. information sessions and training for workers and worker representatives; and
c. support as necessary to assist workers in adapting to changes.
4.4.7 Critical event preparedness — Individual(s)

The organization shall establish and sustain processes to

a. identify potential critical events where psychological suffering, illness, or injury is involved, or likely to occur, while respecting confidentiality and privacy of all parties;
b. provide response and support, including consideration of specialized external supports;
c. provide related training for key personnel involved in critical event response; and
d. ensure there are opportunities for debriefing and for revising guidelines for critical events as applicable.

Note: The purpose of this Clause is to help workers who might be dealing with incidents within or external to the workplace. (e.g., bullying, harassment, death of a family member).

4.4.8 Critical event preparedness — Organization

Organizations might undertake or experience events that pose particular risks or are likely to have particular impacts on psychological health and safety. The organization shall establish and sustain processes to

a. ensure the psychological health and safety risks and impacts of critical events are assessed;
b. manage critical events in a manner that reduces psychological risks to the extent possible and supports ongoing psychological safety;
c. incorporate learning from critical events into established plans related to the psychological health and safety system; and
d. ensure there are opportunities for reviewing and for revising guidelines for critical events as applicable.
Understanding workplace mental health needs during a pandemic

Understanding how the pandemic (and related changes) can affect workers’ mental health is critical so that preventive and corrective actions can be taken to support their needs at each stage.

As the Standard outlines, these needs can be supported by assessing and managing the risk associated with workplace factors that affect mental health.

During a pandemic, certain factors are critical. It is essential to monitor how well your organization is doing to manage these areas. While starting a conversation about mental health or encouraging people to reach out for help are valuable, it is more important to ensure your organization is taking measures to understand how workers are coping and how workplace factors are affecting their mental health.

<table>
<thead>
<tr>
<th>Organizational culture</th>
<th>Psychological and social support</th>
<th>Clear leadership and expectations</th>
<th>Psychological demands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth and development</td>
<td>Recognition and reward</td>
<td>Workload management</td>
<td>Engagement</td>
</tr>
<tr>
<td>Balance</td>
<td>Civility and respect</td>
<td>Involvement and influence</td>
<td>Psychological protection</td>
</tr>
<tr>
<td></td>
<td>Protection of physical safety</td>
<td></td>
<td>Other chronic stressors</td>
</tr>
</tbody>
</table>
The Mental Health Continuum Self-Check tool is a useful way to monitor the mental well-being of your workers (and your organization) and help you identify the impact of your efforts to manage workplace mental health.

Using the Mental Health Continuum Model alongside the tip sheets and checklists in these guidelines (and other relevant sources) will provide a solid foundation for helping your workers through this new normal.

**Mental Health Continuum Model – Signs and Indicators**

<table>
<thead>
<tr>
<th>HEALTHY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal fluctuations in mood</td>
<td>Nervousness, irritability, sadness</td>
<td>Anxiety, anger, pervasive sadness, hopelessness</td>
<td>Excessive anxiety, easily enraged, depressed mood</td>
</tr>
<tr>
<td>Normal sleep patterns</td>
<td>Trouble sleeping</td>
<td>Restless or disturbed sleep</td>
<td>Unable to fall or stay asleep</td>
</tr>
<tr>
<td>Physically well, full of energy</td>
<td>Tired/ low energy, muscle tension, headaches</td>
<td>Fatigue, aches and pains</td>
<td>Exhaustion, physical illness</td>
</tr>
<tr>
<td>Consistent performance</td>
<td>Procrastination</td>
<td>Decreased performance, presenteeism</td>
<td>Unable to perform duties, absenteeism</td>
</tr>
<tr>
<td>Socially active</td>
<td>Decreased social activity</td>
<td>Social avoidance or withdraw</td>
<td>Isolation, avoiding social events</td>
</tr>
<tr>
<td>No trouble/impact due to substance use</td>
<td>Limited to some trouble/ impact due to substance use</td>
<td>Increase trouble/impact due to substance use</td>
<td>Significant trouble/impact due to substance use</td>
</tr>
</tbody>
</table>

**What is mental health?**

A state of well-being in which individuals realize their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community.

In this positive sense, mental health is the foundation of well-being and effective functioning for an individual and a community.†

† World Health Organization (emphasis added).
Tips for managers: How workers may be struggling during an emergency or disaster

During an emergency or disaster, such as a pandemic, people can have a variety of feelings, concerns, and experiences. For example, they may

- be a caregiver to someone who is directly affected
- have an existing mental health condition
- have been exposed to trauma
- have experienced trauma (past, vicarious, or secondary)
- be in isolation or quarantine
- be experiencing heightened stress due to multiple roles
- be working with clients or others in a heightened state of stress or reactivity
- be experiencing increased financial stress or worries about losing their job
- be high-risk themselves or worried about high-risk family members and friends
- be grieving the loss of someone
- be in shock because of the event
- be experiencing uncertainty, fear, panic, or anxiety
- be experiencing sleep disturbances and a perceived poor state of health
- be experiencing increased difficulty with managing the symptoms of chronic disease, chronic pain, or disability
- be experiencing greater distraction and difficulty concentrating
- be working in unfamiliar conditions or with additional protective equipment
- be working with inadequate protective equipment.
Activities to protect the psychological well-being of staff exposed to a disaster or emergency at work

Reducing stigma about mental illness

- Raise awareness about mental health issues in general.
- Tell people that it’s OK and normal to feel stressed during a disaster or emergency.
- Have senior leaders (or other individuals in similar roles) openly share their experiences with workers about feeling traumatized and needing support.

Psychosocial training

- Listening skills and how to recognize trauma in others
- Knowledge about the signs and symptoms of distress and mental illness
- Guidance about interventions and where to go for support
- Access to mental health supports
- Education about trauma and its outcomes
- Information on the effects of cumulative stress
- Training for managers and supervisors on interpersonal skills and empathy

All these actions should be undertaken at the prevention and mitigation stage. However, if your organization has not yet addressed them, you can and should take action now.

The Mental Health First Aid (MHFA) and The Working Mind (TWM) programs complement one another to provide such training. The tip sheets and checklists in this document can also help you to support the PHS of workers during a disaster or emergency.
Stress and productivity

The human stress response is meant to keep us safe from threats or danger. Stress hormones are released that give us the burst of energy we need to fight, flee, or hide. Normally, when a threat or danger has passed, our body can rid itself of these hormones and heal through rest.

Chronic stress is a biochemical response caused by repeated, severe stressors or by the insecurities, fears, cognitive distortions, threats to the ego, loss of control, and unpredictability in daily life. In either case, the body does not have the opportunity to rid itself of the stress hormones and damage can occur.

When stress hormones flood the brain, it affects our higher functions. These include:

- thinking
- speaking
- reasoning
- problem solving

The longer stress continues, the greater the impact on the brain. Functions such as memory, hearing, behaviour, and emotions may be affected.

In emergency and disaster situations, we are no longer dealing with the normal stresses of life. When sudden change and uncertainty is forced upon us, experiencing increased stress, fear, and anxious thoughts is common. These are normal reactions to abnormal situations.

Many people can operate under high stress for some time, but they are not likely to be operating at peak performance. Since stress is a physiological response and is cumulative, our body does not distinguish its source (whether work, home, or emergency related). It’s all just stress.

By building mental health into emergency management and business continuity plans, you can help yourself and your workers lower stress and reduce the risk of disability from mental illness. Doing so will also support workers in maintaining peak energy levels and optimal productivity in their professional and personal lives.†

† Bear in mind that people may respond differently based on various factors, including the stressors they are dealing with, their level of resiliency, their coping skills, and their access to resources and support.
Tip sheets and checklists for supporting psychological safety during a pandemic response

Supporting workers’ mental health doesn’t have to be complicated, but it does need to be thoughtful. Workers may be dealing with stressors in their personal lives that are beyond your control, in addition to those related to the workplace that are within your control.

Also, remember that workers who live with mental illness may experience a pandemic differently. Supporting workers who disclose a mental illness (prior to or during a pandemic) may look slightly different (e.g., more one-on-one interactions, check-ins, accommodations) than other members of the workforce. With the right supports, people living with mental illness can function well.

The Standard outlines 13 interrelated workplace factors that may affect PHS. These elements can help improve support for workers’ mental health and the well-being of your organization. A 14th factor – “other chronic stressors as identified by workers” – should also be considered.

As outlined in the following sections, during emergencies and disasters (including a pandemic), certain factors are more critical:

1. **Clear leadership and expectations**
2. **Protection of physical safety**
3. **Psychological and social support**
4. **Psychological protection**
5. **Workload management, balance, and psychological demands**

**Note:** The guidance that follows includes information from the following pandemic planning resources:

- **Flu and Infectious Disease Outbreaks: Business Continuity Plan** (Canadian Centre for Occupational Health and Safety [CCOHS])
- **Guidance on Preparing Workplaces for an Influenza Pandemic** (Occupational Health and Safety Administration, U.S. Department of Labor)
- **Business Pandemic Influenza Planning Checklist** (Centers for Disease Control and Prevention)
1. Clear leadership and expectations

Uncertainty contributes significantly to increased stress and anxiety. Clear leadership and expectations can help reduce the risk of mental health impacts and contribute to a sense of trust in the organization’s direction.

How well leadership addresses the response to a pandemic in relation to key workplace factors can have a significant impact (positive or negative) on the mental health of workers and the organizational culture.

Workers who live with mental illness may experience higher levels of anxiety because of uncertainty, particularly if there is confusion about expectations.

Key questions to ask in relation to a pandemic response

- In their jobs, do workers know what they are expected to do?
- Is leadership in the workplace effective?
- Are workers being informed in a timely manner about important changes at work?
- Do supervisors provide helpful feedback to workers on their expected and actual performance?
- Does the organization provide clear, effective communication?
Tips for building clear leadership and expectations into pandemic response plans

- Identify a pandemic coordinator and establish the chain of command and the emergency contact list. Identify who is responsible for what and what level of authority and autonomy people have for decision making.

- Establish and execute a communication strategy and plan.

- Communicate often, with particular attention to
  - providing essential information that workers and other stakeholders need to know (appropriate to the work setting)
  - ensuring that communication is civil, respectful, and empathetic
  - making sure that communication is culturally and linguistically appropriate.

- Anticipate that changes in the way business is done may affect the culture of the organization.
  - Expect that there may be fear and anxiety, rumours, and misinformation, and plan communications accordingly.
  - Invite feedback so workers can express their concerns and suggestions.
  - Identify questions and concerns and determine how to respond appropriately.
  - Respond, even if you don’t have an answer right away. Transparency can go a long way.

- Celebrate successes and reward and recognize people for their effort, not just their results.

‡ Be conscious of using outdated, prejudicial language that can perpetuate stigma around mental health. See the Language Matters guide from the Mental Health Commission of Canada.
Communicating with empathy

How you communicate is as important as what you communicate. Communicating with empathy – the ability to recognize, understand, and share the thoughts and feelings of another person – requires listening with an intent to understand. Doing so enables you to make an informed and considerate response, which increases the likelihood of a positive outcome.

What to communicate

- the organization’s pandemic response plan
- the flow of communication for the timely dissemination of information (e.g., platforms, hotlines, dedicated websites) and for questions, suggestions, direction, and response
- health and safety information, including signs and symptoms of COVID-19 and what to do
- policies for preventing the spread of influenza in the workplace and evacuating employees, if necessary
- policies for civility and respect in the workplace and for prevention and response to workplace harassment, bullying, or violence (particularly important when xenophobia is present)
- information on mental health, indicators of declining mental health, and what to do
- sources of information, support, and resources (including those in the community)
- when and how the workplace will operate (physical workplace, work from home, in the field)
- policies for a flexible worksite and work hours and alternative staffing arrangements
- resource allocation
- accommodations for high-risk workers
- compensation to workers for absences and the return to work (that are unique to a pandemic)
- expectations on complying with applicable laws and guidelines
- expectations on complying with organizational policies and processes, where appropriate
- clarity about modifications to existing policies and processes

Remember that things may not go back to normal for some time or, in some cases, that things may have permanently changed. Continual communication and the clarifying of expectations are important throughout all four stages of the emergency (and beyond).
2. Protection of physical safety

Physical safety is the most basic human need. Whether workers have to be around other people or they work from home, during a pandemic most will consider their physical safety the top priority.

Physical and psychological safety have a significant relationship. Hundreds of workers, concerned that their job puts them at risk of contracting the virus, have refused to return to work since the start of COVID-19. Although authorities have not upheld many work refusals, the process must be adhered to and the concerns that prompt them must be addressed.

As the Standard states, a risk to psychological health can arise when workplace needs for physical and psychological safety are unmet. In contrast, in taking proactive steps to meet these needs, managers and co-workers can work together to develop and implement measures that recognize and accommodate legitimate rights, risks, and health and safety needs to a reasonable degree.

“Physical safety is present when a worker’s psychological, as well as physical safety, is protected from hazards and risks related to the worker’s physical environment” (p. 23).

Key questions to ask in relation to a pandemic response

- What is your organization doing to identify and address how the physical work environment impacts mental health?
- Do your workers feel safe (not concerned or anxious) about their physical work environment?
- Does work scheduling allow for reasonable rest periods, given the balance between the physical, psychological, and social demands on the worker and their access to available resources to help them cope?
- Are all health and safety concerns taken seriously? What process is in place for dealing with health and safety concerns and providing feedback to workers?
- Do managers and workers clearly understand the right to refuse unsafe work? Do workers have any hesitation about exercising that right, and do managers respond appropriately?
- Do workers get sufficient training to perform their work safely, particularly with respect to necessary changes to the physical work environment, practices, procedures, equipment, and personal protective equipment (PPE) during COVID-19?
- Has the organization assessed the psychological demands of its jobs and the job environment to determine whether these present a hazard to workers’ health and safety, particularly with respect to changes required as a result of the pandemic?
Using standards for guidance

The Standard outlines 13 workplace factors that affect PHS. Since all the factors are interconnected, all should be reviewed.

The National Standard of Canada on Occupational Health and Safety: Hazard Identification and Elimination and Risk Assessment and Control (Z1002) provides additional context that can help identify psychological hazards in the physical environment: psychosocial hazards.

Psychosocial hazards “include work organizational factors (stressors) that can threaten the mental and physical health of employees” (p. 50).4

Psychosocial factors

- “can affect a worker’s psychological response to his or her work and conditions within the workplace, including such things as relationships with colleagues and supervisors”
- “are outcomes of the work organization [and] are perceived or actual characteristics of the work environment that can influence the behaviour and stress levels of workers and management”
- “can undermine the effort to ensure a safe workplace such that normally low-risk situations can become high risk” (p. 50).5

It is helpful to consult with workers about the perceived physical and psychological hazards and risks in their physical work environment. According to Z1002,

“The identification of psychosocial hazards occurring as a result of work organization and psychological factors should include, but not be limited to,

a. stress and related illness; and
b. hazards or hazardous situations due to human errors or mistakes, e.g.,
   i. design errors caused by failures to identify hazards or hazardous situations;
   ii. design features of the workplace, product, process, or service included without due consideration of relevant psychosocial factors, work organization requirements, and application of the design features to the work; and
   iii. user errors caused by incorrect actions, memory lapses, misunderstanding of rules, etc.” (p 50).6

Z1002 describes the factors that influence psychosocial hazards as

- job content factors
- work organization factors
- cognitive factors
- social factors
- human reliability.
Some key considerations for identifying psychological hazards in the work environment during a pandemic

<table>
<thead>
<tr>
<th>Work organization factors</th>
<th>Considerations during a pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workload</strong></td>
<td>Workload can increase in the physical work environment as a result of additional protocols, customer or stakeholder demands, or having to deal with the unexpected. As workload increases, the level of cumulative stress a worker experiences may increase.</td>
</tr>
<tr>
<td></td>
<td>Workload also relates to the level of job complexity. More complex jobs may require more support or more time to complete them in response to changes in the work environment, work organization, and the impact of the pandemic on workers’ other roles in life.</td>
</tr>
<tr>
<td></td>
<td>Workload should be carefully monitored and managed to avoid burnout and compassion fatigue. Ask workers regularly about how they are feeling. Encourage them to be open and honest. Additional supports (e.g., flexible scheduling, temporary help, redistribution of workload, tools) may be needed to help with their workload and reduce the risk of human reliability issues (e.g., slips, lapses, mistakes, violations) that can arise.</td>
</tr>
<tr>
<td><strong>Design of equipment, workstations, and processes</strong></td>
<td>Changes to the design of equipment and workstations to facilitate business during a pandemic can be both comforting and stressful for workers. While workers can feel a sense of support that management is taking measures to protect them, changes to the environment can be a constant reminder of the hazard and the stress. Workers will need time to adjust physically and psychologically.</td>
</tr>
<tr>
<td></td>
<td>Changes in where and how work is done can increase stress for some workers, particularly those who rely on consistency as a method for managing symptoms of mental illness, chronic disease, or chronic pain. Just as consulting with experts can help ensure the design is logical in terms of business needs, consulting with workers can help ensure the design supports their ability to do the work successfully and identify any needs for adjustment or accommodation.</td>
</tr>
<tr>
<td>Work organization factors</td>
<td>Considerations during a pandemic</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
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<tr>
<td><strong>Training and instruction</strong></td>
<td>Workers need education and instruction on mental health, stigma, the effects of chronic stress and cumulative trauma, indicators of declining mental health, and psychologically healthy and safe interactions – in addition to company policies and processes and how to access company benefits and other mental health supports.</td>
</tr>
<tr>
<td></td>
<td>Workers need clear instruction, training, and support when introducing new practices, equipment, and PPE to cope with the stress of working through change. This will be particularly important for workers who live with mental health conditions, which can be triggered by change and heightened stress.</td>
</tr>
<tr>
<td><strong>Suitability of the design of protective systems</strong></td>
<td>Adding or altering protective systems (e.g., guarding, shielding, ventilation, automation, locks, interlocks) for increased protection can be both comforting and stressful to workers. While they can feel a sense of support that management is taking measures to protect them, changes to the environment can be a constant reminder of the hazard and the stress. Workers will need time to adjust physically and psychologically.</td>
</tr>
<tr>
<td></td>
<td>Consult with workers and experts for input to help determine the design for protective systems. Just as consulting with experts can help ensure that a design is logical in terms of business needs, consulting with workers can help ensure that it supports their ability to successfully do the work and identify any needs for adjustment or accommodation.</td>
</tr>
<tr>
<td><strong>Maintenance of protective systems</strong></td>
<td>Preventive maintenance for protective systems will help avoid the failure of systems that could increase the risk of harm to a worker. Communicating to workers about preventive maintenance can help support them in feeling safe and trustful of the organization.</td>
</tr>
<tr>
<td>Work organization factors</td>
<td>Considerations during a pandemic</td>
</tr>
<tr>
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</tr>
<tr>
<td>Work pace and duration</td>
<td>Apart from the overall stress some workers experience during a pandemic, changes in work environments, practices, processes, equipment, and protective systems can affect their energy levels, physical and mental health, and safety (for themselves and others). To accommodate these needs and support workers in meeting the required quality standards, work pace and duration may need adjustments. Boring and repetitive tasks can intensify feelings of fatigue, whereas a work pace that is too fast or too long can increase stress and the risk of errors and accidents. Fatigue is a serious risk in the workplace and is known to cause or contribute to many workplace injuries. It is a particular concern for safety-sensitive positions and for workers who drive to and from the workplace. But fatigue can affect the mental health of all workers, no matter what type of job they have. Managers and workers should be aware of the indicators of fatigue and have plans in place to support the worker. Reasonable rest periods should be included to allow workers to rest and rejuvenate. The more demanding the work is, the more important rest periods are. One way to help reduce the risk of fatigue is to make changes to the physical work such as avoiding dim lighting, high temperatures, or excessive noise. See the <a href="#">tips for reducing the risk of fatigue</a> for more information. For more information, see the <a href="#">fact sheet on Fatigue</a>, and the Fatigue and Work <a href="#">infographic</a> from CCOHS.</td>
</tr>
<tr>
<td>Task variability</td>
<td>Changes in work environments, practices, and processes can change the variability of tasks within a worker’s job. Variability can also affect memory.</td>
</tr>
</tbody>
</table>
Clarify the right of workers in Canada to refuse unsafe work (in accordance with applicable occupational health and safety legislation), and ensure that staff members understand their roles and the procedures they should follow if a work refusal is initiated.

Remember that exposure to hazards (actual or perceived) can increase the risk of worker stress and negatively affect their mental health, just as protecting them from hazards and reducing risk can lower worker stress and improve mental health. Identify hazards and risks in the worker’s physical work environment (at the workplace, working at home, commuting to and from work). Consider the various types of hazards a worker could be exposed to, including physical, biological, chemical, ergonomic, and psychosocial hazards.

You may need to:

- review existing risk assessments and job demand analyses to see whether additional hazards are needed or the risk level is elevated
- consult with workers and other key people in the workplace for input
- seek guidance from the health and safety representative or committee and, if in place, the PHS committee
- look for recommendations from credible resources and qualified professionals in health and safety and in workplace mental health.

During a pandemic, it will be critical to determine the virus exposure risk, which may be different for different workers. The factors to consider include a worker’s position, tasks, the degree of interaction with other people (e.g., co-workers, volunteers, vendors, customers, patients, members of the public, government representatives) and personal factors.
## Classifying Employee Exposure to Pandemic Influenza at Work

<table>
<thead>
<tr>
<th>Level of risk</th>
<th>Occupational exposure</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Very high</strong></td>
<td>Jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.</td>
<td>Healthcare employees... performing aerosol-generating procedures on known or suspected pandemic patients (for example, cough induction procedures, bronchoscopies, some dental procedures, or invasive specimen collection). Healthcare or laboratory personnel collecting or handling specimens from known or suspected pandemic patients (for example, manipulating cultures from known or suspected pandemic influenza patients).</td>
</tr>
<tr>
<td><strong>High</strong></td>
<td>High potential for exposure to known or suspected sources of pandemic influenza virus.</td>
<td>Healthcare delivery and support staff exposed to known or suspected pandemic patients (for example, doctors, nurses, and other hospital staff that must enter patients’ rooms). Medical transport of known or suspected pandemic patients in enclosed vehicles (for example, emergency medical technicians). Performing autopsies on known or suspected pandemic patients (for example, morgue and mortuary employees).</td>
</tr>
<tr>
<td><strong>Medium</strong></td>
<td>Jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.</td>
<td>Employees with high-frequency contact with the general population (such as schools, high population density work environments, and some high volume retail).</td>
</tr>
<tr>
<td><strong>Lower (caution)</strong></td>
<td>Occupations... that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. Even at lower risk levels, however, employers should be cautious and develop preparedness plans to minimize employee infections.</td>
<td>Employees who have minimal occupational contact with the general public and other coworkers (for example, office employees).</td>
</tr>
</tbody>
</table>
Regarding personal factors that affect risk, you may need to ask workers that believe they need accommodation to self-identify to protect them from hazards or stressors in the physical work environment. Because the worker has a right to privacy, do not ask for personal health information. Instead, ask them about abilities, limitations, and support needs, and assure them that their privacy and confidentiality will be respected.

If a worker has disclosed (before or during the pandemic) that they live with mental illness, some additional care may be needed.

Schedule time with the worker to discuss

- their feelings about their physical work environment
- the challenges they might be anticipating or experiencing
- what the employer is doing to protect workers’ health and safety in the physical work environment
- how you can help them to cope.

Use involvement and influence (another key workplace factor from the Standard): Talk with workers about co-creating solutions that will work for them, while considering other challenges they are dealing with. Being involved in decision making and having some influence over the way work is done is important for supporting a sense of control, particularly in uncertain times. This is important for all workers, but especially so for those who live with mental illness.

Follow the hierarchy of risk control outlined in the Standard (and the following table).

Use this hierarchy to help identify the types of risk controls your organization needs. The examples in this table can help support the protection of workers from physical and psychological hazards and risks in the physical workplace environment.

### Hierarchy of risk controls

<table>
<thead>
<tr>
<th>Risk control level</th>
<th>Examples of risk controls</th>
</tr>
</thead>
</table>
| Elimination of the hazard | Physical: n/a  
Psychological: Empathize about the stress of the situation and reassure workers that you are committed to protecting their health and safety. Remind them that most people who become infected will recover, and encourage them to think ahead. Be ready to answer any questions they may have. |
| Control the risk or control access to the hazards | Physical: Lockdown procedures, physical barriers, work at home, transportation arrangements, travel restrictions  
Psychological: Talk with workers about the need for the physical controls and any feelings or concerns they may have about them. Invite workers to be creative in finding ways to protect physical safety. |
<table>
<thead>
<tr>
<th>Risk control level</th>
<th>Examples of risk controls</th>
</tr>
</thead>
</table>
| **Substitution of the hazard with something less hazardous** | **Physical:** Access to vaccine, when available  
**Psychological:** Determine your policy around vaccination for workers. Assess your company benefits. Consider hosting voluntary flu clinics when a vaccine becomes available. |
| **Making changes to how the work is organized and done** | **Physical:** Flexible work arrangements, flexible scheduling, staggered shifts, physical distancing, provision of tools and/or equipment to facilitate safe work (e.g., contactless services for customers and vendors)  
**Psychological:** Provide guidance, consult with workers. Ask for their input and suggestions. Follow up with them on the positive and negative impacts of the changes, and adjust as needed. |
| **Modifying procedures and practices** | **Physical:** Infection prevention and control protocols, use of common areas and equipment, communications  
**Psychological:** Don't just expect workers to know what to do or to figure it out. Remember that stress can affect the memory and decision-making abilities. Communicate clearly about changes. Provide guidance in writing and post reminders. Make it easy for workers to remember and to find information when they need it. Consult with workers. Ask for their input and suggestions. Follow up with them on the positive and negative impacts of the changes, and adjust as needed. |
| **Administrative/training** | **Physical:** Education about the virus, how to protect themselves and others from infection, what to do if they have been exposed or are infected; training on selection, use, storage, and disposal of protective equipment; communication, education, and training on new equipment, tools, policies, practices, and methods  
**Psychological:** Build mental health education into communications, education, and training. Acknowledge fears, feelings, and concerns. Address stigma. Provide training on how to reach out for support and how to help one another. Determine a schedule and budget for mental health training. |
| **Protective equipment** | **Physical:** Provision of masks, respirators, gloves, face shields, protective clothing, etc.  
**Psychological:** Acknowledge that wearing PPE is not the most pleasant experience. Remind workers of why PPE is necessary for them and others in the workplace, if necessary. Provide training on how to use PPE. |
| **Emergency response plans** | **Physical:** Availability of appropriate first aid equipment  
**Psychological:** Communication of procedures to follow in case of emergency, with consideration of how to prevent exposure or the spread of a pandemic influenza. |
Protection for workers who may be at higher risk of negative impacts on mental or physical health

Workers who live with physical and/or mental health conditions may be at increased risk of physical or mental injury from exposure (actual or perceived) to a pandemic influenza virus in their physical work environment. Consider how to protect them and how to provide accommodation, if necessary, without stigma. This protection may include the following:

- encouragement to self-identify (provide a confidential, non-threatening process and space for them to reach out and talk about their fears and concerns)
- adjustments to workloads or schedules
- expedited or increased benefits for mental health supports and treatment
- systematic check-ins, buddy systems
- additional supports to help with the management of symptoms
- the availability of temporary or backup workers in case of necessary absence or leave
- communication of support and accommodation with affected workers
- consideration of how to protect the mental and physical health and safety of other workers that may be impacted by the support or accommodation plan

Workers who live with a contamination obsession and cleaning and washing compulsion may have a significantly increased risk of negative impacts to mental and physical health during a pandemic. They may have more intense sensory experiences, a heightened estimation of the threat, and excessive worry. Compulsive cleaning can lead to excessive exposure to cleaning and disinfection agents, which can result in chemical injuries such as dermatitis, respiratory inflammation, and other injuries. As well, it can lead to a superimposed (i.e., additional) infection through damaged skin, often through a different microbial agent that is resistant to the treatment being used for the initial infection.

Your pandemic response plan should seek to help workers feel confident in the measures being taken. Include the following:

- education using credible information sources
- training on safe cleaning and disinfection techniques
- identifying mental and physical indicators of mental illness
- accommodation and expedited access to mental health support for workers at high risk
These resources can help you determine how to accommodate a worker with mental health needs:

- [Mental Health in the Workplace: An Accommodation Guide for Managers and Staff](https://www.cmha.ca/en/mental-health-at-work/2020-guides) (Canadian Mental Health Association, Ontario)

- [Supporting Employee Success: A Tool to Help Employees Be Successful at Work](https://www.workplacestrategies.com/) (Workplace Strategies for Mental Health)

For complex situations, consider engaging the help a professional who is qualified in disability management.

**Dealing with isolation and a return to the physical workplace**

Even as businesses move into the recovery stage, employers should be aware of the psychological effects of quarantine and isolation and have a plan to address their impacts, particularly if their continuation is part of the recovery plan or the new normal.

Isolation can have a negative impact on workers' mental health. Self-isolation and quarantine, working at home and away from others, and working in the physical workplace while distanced from others can all increase feelings of loneliness and the susceptibility for mental health conditions. Many people who work in complete isolation report loneliness as the hardest part of the job.

Prolonged isolation can increase some people’s fear and anxiety around re-entering the world beyond isolation, even though they may want to do so. That can make the thought of returning to work or the physical workplace stressful. Thankfully, the negative effects of isolation can be reversed.

Isolation can also have a positive impact on personal growth, including emotional growth, feeling closer to friends and family, and having a better perspective on what is important in life.

With guidance from Dr. Keith Dobson, clinical psychologist and professor at the University of Calgary, the Mental Health Commission of Canada (MHCC) has prepared a tip sheet to help combat the effects of social isolation: [Social Connection in the Era of Physical Distance](https://www.mhcommission.ca/eng/resources/social-connection).
Also consider creating a plan to help workers deal with isolation. Ideas that organizations are using include the following:

- Communicating with workers about the possibility that isolation may be required again and what support they will need to help them prepare. This support may include help on dealing with the mental health impacts of isolation or with the financial impacts it might have on them or others in their family. Consider work from home environments, ergonomics, and support to employees.
- Considering how your organization might support workers financially during isolation, particularly if their household income has been reduced.
- Engaging specific workers to conduct check-ins with co-workers, including those who are off sick.
- Supporting workers in isolation at home or remote worksites through the delivery of catered food to help them with feeling connected and to ease the stress of imbalance.
- Planning for social activities after the isolation orders are lifted.
- Providing counselling support to help ease workers’ stress about returning the workplace.

Safety Considerations for Workers in Temporary Work at Home Situations

During a pandemic, some or all workers may be required to work at home. Remember that this is not a normal work from home arrangement. Some workers may have a variety of challenges that make working at home very stressful, while others may find it preferable. Either way, having a less than ideal ergonomic set up can increase strain on the body, resulting in pain and difficulty focusing.

Providing suitable equipment and materials to support the worker in their productivity (e.g., allowing workers to take computer workstation equipment home) is therefore recommended. But since additional equipment in the home can encroach on a workers’ living space, it is also important to give them information on ergonomics and how to reduce their risk of injury. Refer to the Temporary Work at Home Ergonomics Guidelines.

It may also be helpful to tell workers about the benefits of physical fitness and its relationship with mental health, while providing access to supports to help maintain both. For example:

- their wellness spending account, if they have one
- virtual stretching, exercise, and meal preparation classes
- regular breaks and separating work and living spaces (as much as possible)
- healthy foods
- health specialists
Protecting Workers from Psychological Hazards Posed by Interaction with Others in the Workplace

If a worker's job involves interaction with others (e.g., co-workers, volunteers, members of the public, vendors, customers, patients, government representatives), it is important to understand its psychological impact on the worker and the culture of the organization.

The most common psychological hazard from others in the physical work environment is seen in discrimination, harassment, bullying, or violence. Since workers need to feel safe, employers should post communications about policies on civility, respect, anti-harassment, and violence, and ensure that protective systems are in good working order.§

Two additional key aspects in the physical environment with respect to infection are environmental and attitudinal protection.

Environmental protection relates to infection from others in the workplace. Fear and anxiety about such infection can be heightened by having to

- work in or use common areas (e.g., retail stores, lobbies, washrooms, elevators, stairwells, hallways, lunchrooms, rest areas, first aid rooms, vehicles)
- work with high-touch surfaces (e.g., door handles, elevator buttons, railings, toilets, faucets, coffee pot handles, tools, equipment, chairs, desks, tables, keyboards, touch screens, cash registers, credit and debit terminals, telephones, products)
- enter the workplace or the homes of others to carry out work
- travel with others to carry out work at one or more locations.

During a pandemic, the effect of isolation can heighten the fear and anxiety people feel about others who are not in their “bubble.”

Workers need to feel a reasonable level of confidence that the organization’s infection prevention and control protocol is sufficient to protect them from such infection and from carrying the virus home to members of their household. Ways to help address this issue:

- Have a written infection prevention and control protocol.
- Train workers on the details that apply to them.
- Talk with workers about their fears and concerns around infection in the physical workplace.
- Communicate with others the details that apply to them.
- Follow the protocol.
- Uphold accountability.

Attitudinal protection is closely linked with the workplace factors of civility, respect, and psychological protection. While negative attitudes toward others can increase fear, stress, anxiety, and depression, positive attitudes can help to boost morale and support resiliency.

§ These issues are addressed in more detail in the tips under Psychological Protection.
One of the most common concerns workers report is others’ disregard for health and safety precautions, which can put workers at greater risk of illness, involvement in conflict, or being the target of abuse, harassment, bullying, or violence.

In addition to clarifying the protective measures your workers must adhere to, clarify the measures that those who interact with them must adhere to. Clearly communicate these expectations and why they are important (e.g., to protect your workers, others in the workplace, and themselves), and uphold them. This includes expectations around civility and respect and the consequences of non-compliance.

Upholding protective measures for everyone sends a clear, positive message that you value the physical and psychological health and safety of your workers and others.

At the same time, it is important to prepare your workers for others coming into the workplace, especially if they are not familiar to the workers (e.g., a visitor from your organization’s head office or the head office of a supplier, vendor, funding partner, authority).

Protecting Workers from Psychological Hazards Posed by Commuting to and from Work During a Pandemic

Talk with workers about their fears and concerns. Explore options to help ease their stress, such as working from home, flexible hours, or a change to start and end times to allow commuting during less busy times. Remind workers about how to protect themselves during and after their commutes.
3. Psychological and social support

No matter where stress comes from, it can affect how well people function in various aspects of their lives, including work. Stigma tends to hold many people back from reaching out for help till they are so ill they have difficulty functioning, especially when they are in roles where mental toughness is expected or they feel that others depend on them.

Providing psychological and social support can help workers overcome stigma and cope with the stresses of life during a pandemic. It can also reduce the risk of mental harms from other workplace factors.

These supports may look slightly different for people with lived experience of mental illness (e.g., more one-on-one interactions, accommodations). According to Anxiety Canada, the impact of social isolation and physical distancing can be a welcome reprieve for workers who live with certain mental health conditions (e.g., social anxiety), while a request to return to the workplace can be significant source of anticipatory stress. Employers should provide clarity, support, and if necessary, accommodation to help them function well in relation to their abilities.

Workers may need psychological and social support through various stages of a pandemic to help them cope. Even people with strong resiliency can be worn down by the chronic stress of living and working through such conditions.
Types of psychological and social support

- person to person (e.g., a worker talking to their supervisor, a health and safety committee member, a peer supporter, or someone with an MHFA certificate)
- group based (e.g., a peer support group)
- universal (e.g., flexibility in the work schedule to help balance personal obligations and needs)
- informative (e.g., information about available supports to help workers manage anxiety)
- educational (e.g., webinars and courses about the effects of stress or coping with the psychological effects of isolation, financial worries, social stigma, anxiety about infection)
- skills based (e.g., training on new procedures, civility and respect in the workplace, new skills)
- benefits based (e.g., access to counselling and psychiatric services, paramedical services)
- program based (e.g., accommodation, access to financial support, employee assistance programs [EAPs], community-based mental health programs)

Take an inventory of the available psychological and support programs and talk with workers about any challenges they might be experiencing, the types of support they need, and what they can access through the organization and in the community. Some programs may need to be tweaked to meet workers’ needs during a pandemic.

Most of the improvements needed are in the realm of psychological and social support:

- reducing stigma about mental illness
- improving knowledge of signs, symptoms, and interventions
- providing guidance on where to go for support
- improving access to mental health support
- providing an environment with supportive relationships and proactive managers who utilize good interpersonal skills

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Key questions to ask in relation to a pandemic response

- **Does the organization offer services or benefits that address workers’ psychological and mental health?**
- **Do workers feel supported by the organization when they are dealing with personal or family issues?**
- **Do workers feel they are part of a community and that the people they are working with are helpful in fulfilling job requirements?**
- **Does the organization support workers who are returning to work after time off due to a mental health condition?**
- **Does the organization have a process in place to intervene if a worker looks distressed at work?**
- **Do people in the organization have a good understanding of the importance of workers’ mental health?**
Tips for building psychological and social support into pandemic response plans

- Follow the 6 Tips to Respond to Employee Anxiety About COVID-19 (Canadian Mental Health Association, National)
- Communicate often with workers about psychological and social support before, during, and after a pandemic.
- Provide guidance on self-care for workers who are in leadership and managerial roles to support their success.
- Use the resources in The Working Mind COVID-19 Self-Care and Resilience Guide.
- Offer guidance to workers in leadership and managerial roles on how to help their teams:
  - How Can I Help My Team (The Working Mind)
  - CAMH’s Mental Health Playbook for Business Leaders (Centre for Mental Health and Addiction)
- Remind workers to assess their mental health and take action as needed with resources like the How and I Doing? poster (The Working Mind).
- Encourage workers to assess their mental health and reach out for help, if needed, by providing access to the Mental Health Continuum Self-Check tool.
- Train workers to recognize the indicators of declining mental health and learn what they can do about it.
- Encourage workers to talk about their feelings, fears, and support needs.
- Help workers come forward to share their concerns and feelings by creating safe spaces for them. Having leaders and senior workers do so demonstrates to workers that it is safe for them as well.†

† Leaders and senior workers should also understand that stories can be their own contagion. Exercise some discretion. Be careful about what and how you share. Saying too much can be triggering or traumatizing for others.
Provide workers with education and training on managing stressful situations and making the transition from a stressful situation in a psychologically safe way. Examples:

- **The Pause**
- **The Working Mind COVID 19 Self-Care and Resilience Guide**
- **Tips on Talking to Someone in Crisis During COVID-19** (MHCC)
- **Coping with Stress, Anxiety and Substance Use During COVID-19** (Canadian Centre on Substance Use and Addiction infographic)
- **Being in an Abusive Home During COVID-19: Tips and Resources** (MHCC and Health Canada)

Let workers know about the benefits available to help them cope with the financial impacts of the pandemic (through the federal government’s [Benefits Finder](https://www.canada.ca/en/employment-social-development/services/employment-income-benefits/benefits-finder). Consider hosting a webinar where financial and legal advisers can answer workers’ questions about benefits. Even in the business recovery stage, this may be important to workers with ongoing financial burdens.

Identify what services or benefits your organization provides to address workers’ psychological and mental health, and assess whether they are adequate to meet their needs. In some cases, it may be helpful to arrange for additional or extended benefits or services to help workers manage (e.g., a worker experiencing PTSD and benefiting from psychological therapy may only qualify for a limited number of sessions and be unable to continue [especially if under financial stress], which can be detrimental to the worker’s recovery).

Inform workers about the psychological and mental health benefits and services available through the organization (e.g., benefits package, EAP) and the community. EAP can be useful in helping employees with mental health support, financial and legal counselling, and help with family matters and other aspects of well-being.

- The federal government’s [Wellness Together Canada](https://wellnesstogether.ca/) portal offers a number of resources at no cost to Canadians:
  - wellness self-assessment and tracking
  - self-guided courses, apps, and other resources
  - group coaching and communities of support
  - counselling by text or phone
- More free resources are available on the MHCC’s [COVID-19 Resource Hub](https://mhc.ca/covid-19-resource-hub). (Since workers may need help finding and accessing community resources, it’s a good idea to become familiar with what is available. Distribute links or provide copies to specific resources that may be helpful.)
Provide additional supports to help workers in difficult circumstances. In-person, online, and phone access to individuals that are qualified in the following areas is available:

- self-care coordination
- spiritual care counselling
- peer support (information about certification programs and connecting with peer supporters from Peer Support Canada)
- MHFA
- interpersonal communications
- crisis intervention
- suicide prevention

Tell workers how to get help in a crisis:

- Adults, text WELLNESS to 741741 (for immediate support)
- Front-line workers, text FRONTLINE to 741741
- call 911

Provide suicide awareness information and suicide prevention training:

- suicide awareness and prevention (MHCC)
- ASIST suicide intervention training (LivingWorks)

Equip managers and supervisors to provide a supportive atmosphere (e.g., provide anti-stigma education and training and training on empathetic listening and communication skills). While these workers should be using these skills at all times, during a pandemic additional training or resources may be needed (and may be critical to maintaining positive relationships in the workplace). For example:

- webinars related to raising awareness of mental health and stigma
- Tips on Talking to Someone in Crisis During COVID-19 (MHCC)
- The Working Mind, an evidence-based live training program designed to address and promote mental health and reduce stigma in the workplace (MHCC)
- Managing Mental Health Matters, a free online program to help managers, supervisors, and other leaders learn how to effectively recognize and manage mental health-related issues in the workplace (Workplace Strategies for Mental Health)
- Crisis training for essential workers, three courses from The Working Mind: Caring for Yourself, Caring for Your Team, Caring for Others

Use available guidance on how to accommodate a worker with mental health needs:

- Mental Health in the Workplace: An Accommodation Guide for Managers and Staff (Canadian Mental Health Association, Ontario)
- Supporting Employee Success: A Tool to Help Employees Be Successful at Work (Workplace Strategies for Mental Health)
Fact Sheet: Psychologically Safe Debriefing

During a pandemic, one or more workers may experience a traumatic event inside or outside the workplace. Studies show that psychological support for workers following a traumatic event can be helpful in aiding the recovery process. For example, there is strong research support that cognitive behavioural therapy is an effective intervention.

Leaders and managers should follow up with workers to support their well-being after exposure to any potential stressor or workplace incident (and any time the stress level is high in the team) after the immediate threat has passed. The three key things to communicate:

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<tr>
<th>Statement</th>
<th>Purpose</th>
<th>Actions</th>
</tr>
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</table>
| These are challenging times. Whatever you’re feeling is OK. | Acknowledge and listen | • Acknowledge that something happened.  
• Review the facts without going into details.  
• Listen and provide an opportunity for discussion. |
| Here are some ways that can help keep us safe right now... | Inform and remind | • Help your team check-in with themselves about their mental health.  
• Emphasize the importance of taking care of themselves.  
• Remind them about using healthy coping strategies.  
• Share available resources. |
| How else can I support you? | Respond and follow up | • Observe your team and follow up with members in the upcoming hours, days, and weeks.  
• Walk the talk by modeling healthy coping strategies and seeking help if needed. |
The team (or individuals in it) may or may not benefit from psychological debriefing, a formal version of providing emotional and psychological support immediately following a traumatic event. The goal of such debriefing is to prevent the development of PTSD or other negative outcomes.

Psychological debriefing is often done in the days immediately following the event. It may last one to three hours and is frequently conducted in groups overseen by a qualified professional.

The value of psychological debriefing is subject to ongoing scrutiny. While some studies show that it can be helpful among a homogeneous group of workers (i.e., first responders), it can be harmful if done improperly or among a non-homogeneous group. It may also be harmful in the long run by interfering with the natural recovery process because going through the event again psychologically can cause retraumatization.

If psychological debriefing is needed, be sure to use a qualified professional and ensure that ongoing psychological support is available to help workers deal with their symptoms. Consider providing extended access to company or community benefits so that workers’ progress is not cut short.

Tend Academy provides guidance on low-impact debriefing, a method used in the helping professions that is psychologically safe for each party involved. This method also has value for other professions.

Organizations may use more casual debriefing (often evolves with or without the receiver’s permission) or scheduled debriefing (with a formal meeting that could involve one-on-one or peer support). In either case, the process must avoid retraumatization.

**Tips to help prevent retraumatization**

- **Self-awareness.** Be aware that the stories you tell can create trauma for someone else.
- **Fair warning.** Allow the listener to prepare. Do you just need to vent, talk to someone informally, or do you need a scheduled meeting?
- **Consent.** It’s best to ask. The other person may not be in a position or be ready to hear what you have to say. Give that person the opportunity to consent, schedule a more appropriate time and place, or guide you to someone else.
- **Limited disclosure.** Decide how much to share, starting with the least traumatic part first. You may find that you don’t need to share all the details.

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**Without such prevention, participants may end up feeling “slimed” (being vicariously exposed to the gory details of a traumatic event).**
Fact Sheet:
Supporting a Worker in Shock or Grief

When tragedy strikes one of your workers, knowing how to respond isn’t easy. For most of us, once the initial condolences are given, we tend to turn away or become quite superficial with the person – not because we want to but because we don’t know what to do or say. Yet, this kind of response, which is based in fear, leaves the worker to suffer in silence, perhaps feeling isolated and invisible. It deepens the hurt, the loneliness, and the risk of declining mental health.

While some people may want to suffer in silence, belonging is a core human need. When our world has been rocked by a personal tragedy, such as the death of a loved one (especially if it was work-related or catastrophic) or news of a life-altering injury or disease, we need the care and comfort of others.

In our workplaces, we need to be equipped to respond appropriately. Such a response will help the worker through their grief and may be pivotal in helping them return to work and eventually restore a sense of balance in their life. It also sets up an atmosphere of trust among all workers that the organization’s leaders care and will have their backs should disaster strike. When workers trust the organization and its leaders, they are more loyal and more productive.
When a Worker Learns of a Personal Tragedy

1. **Drop what you are doing and respond, unless it is safety-sensitive and someone could be injured.**
   - If it isn’t safety-sensitive, it can wait.
   - Show care, compassion, and kindness.
   - Give the worker time and space to talk, and perhaps cry. Don’t force them to talk but be willing to listen. Offer a private place if they need to talk, and tissue.

2. **Offer to provide a ride.**
   - The worker will likely not be in a mental or emotional state to travel safely, whether they are driving or taking public transit. Offer a taxi and pay for it as a company expense.

3. **Offer companionship for the ride.**
   - When someone has received tragic news, offer to accompany them or to have someone else accompany them to the hospital or wherever else they need to go. Even if there is no conversation, just having someone there for support is helpful. The companion can leave once the worker is safely at their destination.

4. **Contact human resources to initiate applicable company policies and access to helpful services.**
   - EAP, peer support, access to company nurse or doctor, bereavement, short-term disability, financial supports, legal support, etc.

5. **Call a meeting with your team.**
   - Stop the rumour mill before it starts. When a worker experiences a tragedy, and word gets out, (especially if the tragedy occurred at work or they received the news there) no one will be able to focus on their work very well. Other workers may have an increased risk of physical injury and mental health impacts. Some may want to help, but most won’t know how. One thing is certain: everyone will be watching to see how the organization and its leaders respond. People will need your guidance and leadership.

6. **Talk to them about the situation – not the details.**
   - You must protect the confidentiality of the worker. Talk about what the organization’s response will be, and how it can help. Give them enough time to air their own concerns as well. Depending on the situation, you may need to make a decision on whether to continue carrying on business that day. Also, let them know about the services available to help them deal with the emotional and psychological effects.

7. **Deal with any legalities.**
   - If the tragedy was a workplace accident or occupational injury in your workplace, there will be legal requirements, which may include securing the scene, contacting relevant authorities, investigation, and risk control. Make sure the legal duties are complied with and documented.
**Within 48 hours**

1. **Follow up with the worker.**
   - This step is demonstrate support, not pry, crowd, or harass the worker. Ask if the worker needs anything, then offer what you can (e.g., EAP, peer support, access to medical, legal, or financial professionals, help with personal tasks).
   - Ask if it’s OK to share any details with co-workers, who may be concerned. Let the worker tell you what details you can share. Always respect the worker’s privacy.

2. **If the worker wants you to share information with co-workers about funeral arrangements, do so promptly and make sure the details are correct.**
   - You don’t want people missing a funeral because you gave the wrong information (it happens).
   - Be prepared for co-workers’ time off to attend the funeral. If possible, pay them for their time. Attend the funeral if you can, especially if the worker is your employee.

**Helping the worker return to work**

1. **Show care, compassion, and patience.**
   - The worker may not be able to return to work right away, particularly if they have lost a spouse, parent, child, sibling, or very close friend or the situation has changed their lives dramatically.
   - You may need to help the worker arrange for short-term disability or a leave of absence on compassionate grounds. The situation may affect their financial stability, so try to offer any help the organization can (e.g., access to EAP or community services, fundraisers, donations).

2. **Prepare a return to work plan with the worker.**
   - Review the organization’s return to work program and the physical and psychological demands of the job. Try to anticipate the type of help the worker may need. For example, some workers may be OK to return full time, others may need to graduate their return. Some may want to throw themselves into their work because it helps them, while others may have tremendous difficulty focusing.
   - Talk with the worker to determine the best approach and what supports might help for their return to work, so that it is safe and healthy — physically, emotionally, psychologically, and spiritually.
   - Document the plan, but be flexible. Agree on the best way to check in and monitor their progress and what to do and who to contact should an emergency or heightened concern about their well-being occur. Adjust the plan, as needed.
   - Include other relevant workers in the plan, so that workload is appropriately distributed and everyone is supporting the worker’s return and adjustment to their new reality. Doing so will also help determine if these co-workers need any additional support.
Ongoing

1. **Monitor and check in.**
   - Watch for signs and symptoms of the grief cycle and be ready to respond appropriately if the worker is experiencing an emotional downturn (this can take months and even years).
   - If you have concerns about their well-being, approach them with caring and compassion and follow up on the agreement in the plan. If the worker has lost a loved one, they will never be over it.
   - Be patient and forgiving as they go through the ups and downs of the grief cycle.
   - Let them know what support is available on an ongoing basis, including EAP and community resources, being able to talk with you when they need to, or engaging with peer support.

Policies and processes

1. **Before tragedy strikes, make sure the organization’s policies and processes address such situations.**
   - support services (in-house and in the community)
   - bereavement
   - access to EAP services
   - access to community services
   - absenteeism
   - performance
   - disability management
   - return to work
   - orientation and training
   - health and safety

Education, training, and coaching

1. **Orientation**
   - Make sure your orientation program includes information on the organization’s policies and processes on personal tragedies as well as how the organization supports workers and how workers can access such services. Post this information in the workplace for easy reference.

2. **Education and training for all workers**
   - Provide education to dispel stigma around mental health and to equip all workers with knowledge on how to respond appropriately to personal tragedy.
   - Train workers on how to improve coping skills and build resiliency to better maintain their mental health and stability following adversity.

3. **Leadership training and coaching**
   - Train and coach workers in leadership positions on how to lead their teams and projects in a psychologically safe and healthy manner.††

†† The information in this fact sheet was developed in 2018 by Hale Health and Safety Solutions Ltd., in consultation with Sharon Freeman, Toronto Threads of Life coordinator at Steps for Life.
4. Psychological protection

According to the Standard, psychological safety is shown “when workers feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job, or their career, [and when] the organization actively promotes emotional well-being while taking reasonable steps to minimize threats to worker mental health” (p. 22).13

Key questions to ask in relation to a pandemic response

- What is the organization doing to minimize unnecessary stress at work?
- How do immediate supervisors show they care about workers’ emotional well-being?
- What is the organization doing to prevent workers’ harm from harassment, bullying, discrimination, violence, or stigma?
- Would workers describe the workplace as being psychologically healthy?
- Does the organization deal effectively with situations that can threaten or harm workers (e.g., harassment, bullying, discrimination, violence, stigma)?

Participation in the Workplace

During a pandemic, the changes to work and life in general can increase the overall workload and expectations on many workers and result in layoffs or furloughs for others. While some workers may be reluctant to speak up, those who live with mental illness may experience significant anticipatory anxiety.

High stress levels often interfere with judgment and communication, especially when workers at all levels feel pressure to meet demands.

Fear and anxiety about the workplace safety or simply being around other people may be expressed as social stigma or xenophobia.

Just as workers should express their concerns and suggestions with empathy, civility, and respect, so too should those in leadership and managerial roles listen and respond in kind.

Since the COVID-19 pandemic began, an increase in abuse and violence has been reported, including incivility, discrimination, harassment, bullying, and cyberbullying. Domestic violence has also increased.
Addressing Social Stigma and Xenophobia During a Pandemic

Xenophobia is “fear and hatred of strangers or foreigners or of anything that is strange or foreign.”

During a pandemic, many people express xenophobia through social stigma: blaming and shaming certain groups of people for the problem.

These attitudes, which arise out of a sense of fear and anger, are fueled by rumours and misinformation. They often involve stereotypes about people who may have the virus or are considered responsible for its spread.

According to the Mayo Clinic, “Blaming and shaming groups in this way can be hurtful and dangerous. It makes people targets for misplaced anger and hostility. It also creates hardships and divisions that hamper the response to the pandemic” (para. 3).

Research also shows that blaming and shaming the people who express this kind of social stigma is not effective for reducing or eliminating it. Social stigma during a disease outbreak is a common human reaction based on protecting oneself and one’s family (although that doesn’t make it right).

Expressions of social stigma include

- microaggressions
- excluding or shunning people in social situations
- denying people opportunities
- denying people access to services
- verbal, emotional, and physical abuse.

Research shows that social stigma during infectious disease outbreaks hampers efforts to get the outbreak under control, because stigmatized people might avoid getting tested or seeking medical treatment out of fear of being targeted.

Social stigma also amplifies the risk of isolation among stigmatized people, making them more vulnerable to anxiety, depression, and PTSD and less likely to express themselves in the workplace and reach out for help.

The effects of social stigma are even greater for a stigmatized worker who lives with mental illness.

Social stigma during COVID-19: Who is at risk of being stigmatized?

- people of Asian descent
- people returning from travel
- health-care workers and emergency responders
- other essential workers who deal with the public (e.g., bus and taxi drivers, grocery store and retail clerks, food bank workers, delivery people)
- people with the disease and their family and friends
- people released from quarantine
Tips to Reduce the Risk of Social Stigma in the Workplace

- Avoid blaming and shaming — toward anyone.
- Include information on xenophobia and social stigma in policies for civility and respect and for workplace harassment and violence.
- Educate and give workers (and those who interact with them) the facts on the cause of the virus, its indicators, and how it is spread, along with the effects of xenophobia and social stigma. See the CCOHS’s COVID-19 tip sheet: Preventing Stigma.
- Communicate expectations to workers on civility and respect toward others they interact with.
- Encourage workers to respectfully speak up against social stigma and to report it.
- Provide training for supervisors on how to address incidents of social stigma in a psychologically and physically safe way.
- Reach out to workers who may be stigmatized, and discuss their fears and concerns and how to support them in the workplace.
- Encourage a sense of community in your workplace to support those in stigmatized groups.
- Demonstrate gratitude to all essential workers during the pandemic.
Tips for building psychological protection into pandemic response plans

- Provide education and training for workers in leadership and managerial roles on interpersonal communication and emotional intelligence. Doing so can help to avoid circumstances that could lead to the perception of discrimination or harassment. It can also improve communications and morale and have a positive impact on workers’ mental health.

- Be aware of the indicators for conflict, xenophobia, discrimination, harassment, bullying, and violence in the workplace as well as how to recognize them in person and online.

- Encourage workers to express their concerns about conflict, xenophobia, discrimination, harassment, bullying, and violence in the workplace. Create a safe environment that enables them trust that they can share.

- Be ready to practise psychologically safe and healthy conflict resolution. See Resolving Conflict (Workplace Strategies for Mental Health).

- Proactively communicate and uphold policies and programs for civility and respect, harassment, sexual harassment, bullying, and violence in the workplace (including cyberbullying and stalking).

- Know how to talk to someone in crisis during COVID-19. See Tips on Talking to Someone in Crisis During COVID-19 (MHCC)

- Be familiar with how to access supports, both through your organization and in the community, that can help workers deal with conflict and abuse. This information will be useful when talking with a worker who needs assistance.

- Let workers know how they can reach out for help (in person, by phone, or online).

- Let everyone in the organization know what they can do when someone says they need help. Don’t be afraid to call 911, if needed.

- Show workers how to protect their privacy when working at home.

- Provide workers who are in an abusive home with tips and resources to protect their physical and psychological well-being:
  - Being in an Abusive Home During COVID-19: Tips and Resources (MHCC and Health Canada)
  - The Violence at Home Signal for Help (Canadian Women’s Foundation)
5. Workload management, balance, and psychological demands

During a pandemic the many changes workers must deal with, on the job and in their lives at home, bring additional pressures and stresses. While some may develop positive coping strategies, others may have more difficulty and turn to negative coping strategies such as increased substance use, avoidance, or addictive behaviours.

Workers who live with mental illness may find that these challenges increase their risk of mental harm. Not only could the means of managing their mental illness be interrupted or hampered, added stress and fatigue could aggravate symptoms of anxiety or depression.

Giving workers information about mental health stigma and coping skills is important, as is encouraging them to talk about what they are experiencing and to reach out for help. But the effect of such actions will be limited unless the organization also addresses workplace issues around balance, workload management, and the psychological demands that affect workers’ ability to cope.

As [CAMH’s Mental Health Playbook for Business Leaders](#) states,

> An imbalance between work and family life is a strong risk factor for mental illness – it’s been shown to be more detrimental to mental health than work-related stress. Being able to reconcile work duties with outside-of-work duties, such as family obligations, leads to fewer absences from work. While having time-flexible working arrangements, such as being able to take time in the day for a medical appointment, gives employees a greater sense of control and reduces their general stress. (p. 8)

Balancing family life and worklife is not simply an issue of time management. It is essential to maintaining energy and avoiding fatigue.
Dealing with Fatigue

As outlined in the CCOHS’s fact sheet on fatigue,

*Fatigue is the state of feeling very tired, weary or sleepy resulting from insufficient sleep, prolonged mental or physical work, or extended periods of stress or anxiety...*

*Acute fatigue results from short-term sleep loss or from short periods of heavy physical or mental work. The effects of acute fatigue are of short duration and usually can be reversed by sleep and relaxation.*

*Chronic fatigue syndrome is the constant, severe state of tiredness that is not relieved by rest. The symptoms of chronic fatigue syndrome are similar to the flu, last longer than six months and interfere with certain activities. The exact cause of this syndrome is still unknown.*

*Employers and supervisors should be concerned about the impact of fatigue in the workplace as it can be considered a form of impairment, making fatigue a workplace hazard. . . .*

*Research has shown that the number of hours awake can be similar to blood alcohol levels.*

Research shows that quality, accuracy, pace, and other important aspects of work are hampered without reasonable rest. Concentration declines after about 90 minutes of focus, and the risk of human error increases in times of emergency.

During a pandemic, remaining focused can take much more mental effort than normal. Distractions in the work environment; uncertainty and worry about finances, loved ones, and the future; grief; and the physical and psychological effects of changes in the work, home, and community environments, etc., can be mentally draining and significantly impair a worker’s ability to concentrate. If additional work is required, particularly under tight deadlines, the worker’s resiliency can be eroded, leading to declining mental health and possibly physical health impacts.

Physical fatigue can increase discomfort and pain and can affect mental health and the feelings a worker may have toward management and others in the workplace.

Mental fatigue can cause difficulty in higher cognitive functions, such as thinking, reasoning, decision making and problem solving. If it continues, it can lead to chronic stress and a greater risk of burnout.

Fatigue can

- reduce mental and physical functioning
- impair judgment and concentration
- lower motivation
- slow reaction time
- increase risk-taking behaviour

Fatigue can be a perpetuating cycle. It might be brought into the work environment from the worker’s personal life or be brought into the personal life from work.
Signs and symptoms of fatigue

- weariness
- depression
- tiredness
- giddiness
- irritability
- loss of appetite

- reduced alertness, concentration, and memory
- digestive problems
- lack of motivation
- increased susceptibility to illness
- sleepiness, including falling asleep against your will (“micro” sleeps)
- headaches

In addition to its impact on physical and mental health, fatigue can also increase the risk of infection from pandemic influenza.

According to the Standard,

*Balance is present in a work environment where there is acceptance of the need for a sense of harmony between the demands of personal life, family, and work. This factor reflects the fact that everyone has multiple roles: as workers, parents, partners, etc. This complexity of roles is enriching and allows fulfillment of individual strengths and responsibilities, but conflicting responsibilities can lead to role conflict or overload.* (p.8)

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**Key Questions to Ask During a Pandemic**

- **Does the organization encourage workers to take their entitled breaks (e.g., lunch, sick time, vacation days, earned days off, parental leave), and are workers taking them?**
- **Are workers able to reasonably meet the demands of personal life and work?**
- **How can the organization promote life-work harmony?**
- **Are workers comfortable talking to their supervisors when having trouble maintaining harmony between their life and work?**
- **Do workers say they have energy left for their personal life at the end of most workdays?**

Achieving balance requires matching workers’ physical, psychological, and social demands with appropriate resources and workload management.
The key is that workers need to balance their energy for optimal psychological and physical functioning in their professional and personal lives.

- Define flexible work, limits on connectivity, and work hours.
- Encourage workers to take breaks and time off for well-being.
- Empower workers to adjust and take time for themselves.
- Understand the psychological demands of the work.
- Define essential work and what can be deferred.
- Redistribute tasks to help balance workloads.
- Focus on effort and results, not time spent.
- Encourage teams to establish and respect boundaries.
- Provide education, training, and tools (e.g., refreshers on stigma reduction, indicators of mental illness, coping strategies, MHFA).
- Rotate shifts and stagger time-off requests and vacations.
- Encourage the use of available benefits to support well-being.
- Foster the use of EAP and community and virtual resources to address health and well-being.
- Establish a safe space for dialogues about challenges and needs.
- Connect workers with mental health supports for themselves and their families.
- Make sure workers get the rest they need by providing tools and resources (instead of expecting them to self-manage) and upholding clear expectations around rejuvenation (often a problem owing to a lack of clarity and stigma).
- Offer accommodation, if needed.
- Utilize cross-functions to minimize duplication or extra effort.
- Mentor to prepare workers for the future.
Tips for Reducing the Risk of Fatigue Among Workers

- Consult with workers about their overall stress load, the psychological and physical demands of the job, and making adjustments to support a greater sense of balance.

- To learn more about accommodating a worker with mental health needs, consider these resources:
  - Mental Health in the Workplace: An Accommodation Guide for Managers and Staff (Canadian Mental Health Association, Ontario)
  - Supporting Employee Success: A Tool to Help Employees Be Successful at Work (Workplace Strategies for Mental Health)

- Provide education for all workers (including senior leadership) on the risks associated with fatigue, including how to avoid it and how to get help with recovery.

- Encourage workers to take adequate rest periods, including breaks, wellness days, earned days off, and vacation time.

- Give additional time off with no penalty to reward workers for their efforts.

- Offer expanded access to wellness benefits to support the well-being of workers and their families, where feasible.

- Remind workers to assess their mental health and take action, as needed, with resources like the How and I Doing? poster (The Working Mind).

- Encourage workers to assess their mental health and reach out for help, if needed, by providing access to resources like the Mental Health Continuum Self-Check tool.

- Optimize the physical workplace environment through good lighting, comfortable temperatures, reasonable noise levels, good ergonomics, and an appropriate work pace and duration.

- Support workers in strategizing with their teams and superiors on managing their energy and time, including respect for boundaries and the need for rest and rejuvenation. This process can include:
  - establishing team norms and written agreements on priorities and how to respond when asked to do more‡‡
  - determining what work is essential and what can wait
  - clarifying expectations around the quality and timing of deliverables
  - identifying suitable and available resources to support workers, as needed
  - implementing cross-functional meetings and agreements between departments to avoid overburdening workers.

‡‡ Remember that every “yes” means “no” to something else. If a worker’s “yeses” tend to interfere with their personal time and obligations, these may be perceived as a sacrifice, which can perpetuate imbalance.
Establish agreements on
- communication modes, timing, and frequency that work well for employees
- expectations on timing and methods of response
- start and end times, core hours, flexibility in work hours
- reachability during work hours
- estimation of time and effort for projects and blocking time for focus (given the circumstances the worker is dealing with)
- building white space into schedules to allow for a reasonable amount of “the unexpected”
- building in time for rest breaks
- minimizing meetings and maximizing their effectiveness
- protecting time blocks, especially for focus and rest.

Consult with workers on their availability and capacity to meet existing work demands and new requests before agreeing to timelines with external stakeholders and customers. This helps to manage expectations and protect workers.

Provide education about sleep hygiene.

Offer education about good nutrition, while providing access to nutritious food in the workplace and sufficient time to eat and rest.

Monitor indicators of fatigue in yourself and among your workers.

Develop a plan for supporting workers who may be struggling with fatigue. For example:
- Optimize or modify schedules.
- Allow napping in a safe space, where feasible.
- Encourage the use of employer-sponsored and community services to support workers in dealing with the causes and symptoms of fatigue. Assist with access, if needed (e.g., EAP, employee benefits, sleep clinics, counselling services, financial services, legal services, assistance with caring for others).

Provide guidance on managing work and rest cycles (e.g., the Pomodoro Technique).

Compassion Fatigue, Vicarious Trauma, and Secondary Trauma

When a worker’s job includes routine or secondary exposure to trauma, they can be at risk of compassion fatigue, burnout, and PTSD. While common among workers in the helping professions, this risk can also affect workers in other professions with indirect exposure to trauma. It may be significantly greater during a pandemic as people deal with the trauma associated with infection.

Vicarious trauma refers to a shift in a person’s worldview that occurs when working empathetically with traumatized people.

Secondary trauma “can occur in professionals who work in high-stress and trauma-exposed fields” through indirect exposure to trauma. It can also occur in people who do not work in such professions “but are deeply impacted” by hearing or seeing trauma experienced by others (para. 5).
Tips for Reducing the Risk of Compassion Fatigue During a Pandemic

- Empathetic communication can make a significant impact.
- Understand the psychological demands of the work and involve workers in managing their workload to support a life-work balance and meet the needs of the organization.
- Direct workers to resources like Tools to Reduce Vicarious Trauma, Secondary Trauma and Compassion Fatigue (Tend Academy) to help reduce their risk.
- Offer access to training on psychologically healthy debriefing methods like Low Impact Debriefing (Tend Academy).
- Inform workers about mental health support services, available through the workplace and in the community. For example:
  - self-care coordinators
  - spiritual care coordinators
  - peer support teams
  - MHFA training
  - access to mental health care providers

A worker who has experienced mental harm as a result of trauma, vicarious trauma, secondary trauma, or compassion fatigue may need additional care and time to recover. Maintain communication with the worker (or their representative) and consider providing extended access to mental health support, where necessary.

Also consider engaging the services of a disability management specialist who is qualified in workplace mental health support.
Providing Psychological and Social Support for Workers During a Pandemic: A Checklist for Organizational Leadership

☐ Take preventive measures to ensure that workers’ physical and psychological safety are protected from hazards and risks related to the physical environment. For example:
  - Implement the Standard's hierarchy of risk controls in relation to its key workplace factors.
  - Identify the infrastructure and resources needed in an emergency to sustain critical activities and support the attainment of recovery objectives in a healthy and safe manner (i.e., people, equipment, protective equipment, facilities, suppliers, technology, information, records).

☐ Be prepared to discuss and implement accommodation requirements for high-risk workers.

☐ Equip managers and supervisors to help them provide a supportive atmosphere (e.g., through anti-stigma education, training on empathetic listening, and communication skills).

☐ Tell workers about credible sources of information, proper protection techniques (e.g., cleaning and disinfection), and the mental and physical indicators of mental illness.

☐ Encourage workers to self-identify and seek help.

☐ Establish safe spaces where workers can talk to someone about their concerns and needs.

☐ Set up physical areas in the workplace where workers can safely pause, practise deep breathing, and other forms of self-care.

☐ Consider providing access to expedited or increased benefits for mental health support and treatment.

☐ Provide qualified experts to provide advice and care for debriefing after a stressful event or really tough day. §§

§§ See the debriefing fact sheet in this report on the populations in which debriefing works best.
Tips for the Recovery Stage: Strategies to restore business to an acceptable level

In their recovery to normal operations stage, organizations will need to be cautious and strategic, both to prevent additional outbreaks and to manage mental health impacts. Some people will be more nervous around others in returning to the physical work environment or working with certain people.

Tips to consider when preparing to return to normal:

- Set specific recovery targets and procedures for implementing relevant activities.
- Consider the needs of workers in their personal life.
- Stagger the return to work.
- Ensure that protective equipment is available for everyone.
- Disinfect equipment being returned to the workplace.
- Proactively follow up and adopt healthy debriefing methods.
- Incorporate lessons learned into the revision of policies and procedures.
References


