



Stress First Aid for Health Care Workers

Booster Session Workbook

COVER  **HCW**

COVID-19 PROTECTION TO ENSURE RESILIENT
HEALTH CARE WORKERS



Stress First Aid for Health Care Workers

BOOSTER SESSION WORKBOOK

Introduction to this workbook

This workbook was designed to increase knowledge and understanding of how to apply the Stress First Aid (SFA) model to both self-care and coworker support. It is to be used in conjunction with SFA training booster sessions. Self-reflection or discussion questions are included, as well as examples of actions for each core function of SFA, skill application, and quotes from those who have used SFA. These have all been included to help you reflect upon how SFA can best be used in your work setting.

SFA actions are to be used as needed with those who are experiencing either significant distress or impairments in functioning caused by stress reactions. SFA should be incorporated into departmental operations in a natural, seamless way, and implemented when needed. In most cases, it

is not necessary to provide all the SFA actions. SFA functions along with a sampling of associated actions are provided in the table below.

SFA FUNCTIONS	POSSIBLE ACTIONS
Check	<ul style="list-style-type: none">• Assess current level of distress and functioning• Assess immediate risks• Assess need for additional SFA interventions or higher levels of care• Reassess progress (Re-Check)
Coordinate	<ul style="list-style-type: none">• Decide who else should be informed of situation• Refer for further evaluation or higher levels of care, if indicated• Facilitate access to other needed care
Cover	<ul style="list-style-type: none">• Ensure immediate physical safety of stressed person and others• Foster a sense of psychological safety and comfort• Protect from additional stress (ensure respite)
Calm	<ul style="list-style-type: none">• Reduce physiological arousal (slow down heart rate and breathing)• Get to a quiet, peaceful place• Listen empathically to the individual talk about experiences• Provide information that calms
Connect	<ul style="list-style-type: none">• Encourage connection to primary support people• Help problem-solve to remove obstacles to social support• Foster positive social activities within crew
Competence	<ul style="list-style-type: none">• Help mentor back to full functioning• Facilitate rewarding work roles• Arrange for retraining
Confidence	<ul style="list-style-type: none">• Mentor back to full confidence in self, leadership, mission and values• Help restore meaning or faith• Foster the trust of coworkers and family members in the individual



SESSION 1

SFA Review

SFA recognizes that disasters and “critical incidents” are not the only stressors that professionals face and is therefore based on acknowledgment that stress reactions can be ongoing and cumulative, and resulting from multiple sources. It is designed to be attentive to not only “critical potentially traumatic incidents” but also on cumulative work and personal stress, as well as loss, and inner conflict or moral injury. It also acknowledges that workers may be resistant to formal intervention for many reasons, such as stigma and cultural factors.

Stress reactions lie along a spectrum of severity and type. The Stress Continuum Model (below) was adapted from the model developed by United States Marine Corps leaders as a tool for conceptualizing the spectrum of stress states. The **Green Zone** is the state of rest and relaxation. The **Yellow Zone** is the one that most people are in when work and life demands are challenging but transient, and stress reactions are more temporary. The **Orange Zone** is the stress zone in which the risk for failure of role performance and future mental disorders becomes significant. Once an individual goes beyond the normal daily stress reactions into the more significant Orange Zone responses, SFA actions may reduce the likelihood of needing more intensive intervention, which usually takes place when **Red Zone** reactions occur.



The Stress Continuum Model

READY	REACTING	INJURED	ILL
DEFINITION			
<ul style="list-style-type: none"> • Rested • Restored • Relaxed 	<ul style="list-style-type: none"> • Strained • Able to recover • Good pain 	<ul style="list-style-type: none"> • Harmed by stress • Bad pain 	<ul style="list-style-type: none"> • Disease • Loss of quality of life
CAUSES			
<ul style="list-style-type: none"> • Rest and relaxation • Play • Time for self care • Many resources 	<ul style="list-style-type: none"> • Normal daily stress • Not being pushed too far or too hard 	<ul style="list-style-type: none"> • Life threat • Loss • Moral injury • Wear and tear 	<ul style="list-style-type: none"> • Unhealed injuries • Inflammation • Secondary conditions
ACTIONS			
<ul style="list-style-type: none"> • Access resources • Care for self • Care for others 	<ul style="list-style-type: none"> • Alternate exertion with rest • Monitor well-being 	<ul style="list-style-type: none"> • Recognize stress injuries early • Use Stress First Aid 	<ul style="list-style-type: none"> • Seek medical care • Recover • Return

The hallmarks of the Orange and Red Zones are more prolonged or significant distress or lowered functioning, a feeling of lessened control over one's emotional reactions, or no longer feeling like one's normal self.

DISCUSSION: Is Orange or Red Zone stress common in your work setting, and if so, what is likely to cause it?

The Stress First Aid Model

SFA actions are designed to catch the early warning signs of severe stress reactions regardless of their cause. SFA can help health care workers evaluate needs, get assistance and support when needed, and assist one another during and after cumulative stress, significant loss, adversity, inner turmoil, or exposure to a potentially traumatic event. The use of SFA strategies promotes supportive actions in the workplace and provides follow-up over time. For instance, you can adjust circumstances to reduce stress, give the person time to recuperate or to compose themselves, or help mentor or coach them to identify preferred ways to best deal with stress reactions. SFA also includes making a plan to leverage resources that promote healing, wellness, connection and a return to fully effective functioning.

SFA consists of seven core functions: **Check, Coordinate, Cover, Calm, Connect, Competence** and **Confidence**. The core functions will each be described in more detail throughout these booster sessions. Quotes from health care workers in the appendix will further illustrate how they might be practiced in health care settings.



Seven C's

1. **CHECK**
Assess: observe and listen
2. **COORDINATE**
Get help, refer as needed
3. **COVER**
Get to safety ASAP
4. **CALM**
Relax, slow down, refocus
5. **CONNECT**
Get support from others
6. **COMPETENCE**
Restore effectiveness
7. **CONFIDENCE**
Restore self-esteem and hope

Potential Obstacles to Self-Care and Coworker Support

The values and ideals that draw people to healthcare jobs can sometimes contribute to obstacles to self-care. Check the obstacles to self-care that you regularly experience.

Situational	Personal
<input type="checkbox"/> Too many responsibilities on and off the job	<input type="checkbox"/> The feeling that if you say “no” you will be looked down upon
<input type="checkbox"/> Unexpected emergencies	<input type="checkbox"/> Concern about being perceived as weak
<input type="checkbox"/> Limited time in one’s schedule	<input type="checkbox"/> Self-criticism, not being able to modify high expectations under stressful circumstances
<input type="checkbox"/> Always putting the job first	<input type="checkbox"/> Never feeling that you can “unplug”
<input type="checkbox"/> On-call or shift work	<input type="checkbox"/> Wanting to be perceived as perfect
<input type="checkbox"/> Lack of sleep	<input type="checkbox"/> Always prioritizing others over self
<input type="checkbox"/> Lack of coworkers who could fill in if you need a break	<input type="checkbox"/> Low morale

Attitudinal	Behavioral
<input type="checkbox"/> “It would be selfish to take a break from this work.”	<input type="checkbox"/> Working too long by oneself without checking in with colleagues
<input type="checkbox"/> “I’m okay, I’m fine, I’m not even tired.”	<input type="checkbox"/> Keeping stress to oneself
<input type="checkbox"/> “The needs of those I’m supporting are more important than my own needs.”	<input type="checkbox"/> Ignoring declines in functioning
<input type="checkbox"/> “I’m not doing enough.”	<input type="checkbox"/> Underestimating needs
<input type="checkbox"/> “I can contribute the most by working all the time.”	<input type="checkbox"/> Relying only on alcohol/substances to relax for extended periods of time
<input type="checkbox"/> “I don’t want anyone to know how affected I am.”	<input type="checkbox"/> Becoming more disengaged/isolated
<input type="checkbox"/> “Only I can do x, y, and z.”	<input type="checkbox"/> Overworking
	<input type="checkbox"/> Not doing enough self-care to balance out the demands of work
	<input type="checkbox"/> Not seeking help/expertise

Other:

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DISCUSSION: What are the most common obstacles to self-care in your life?

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SESSION 2

Check

The Check and Coordinate functions in SFA are ongoing, foundational actions for providing SFA. Check involves an increased willingness to improve your awareness about stress reactions in yourself and your coworkers in an ongoing way, whether they arise from stressors at work or at home.



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Get support from others
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Restore effectiveness
7. **CONFIDENCE**
Restore self-esteem and hope

DISCUSSION: Which of these stress indicators have you most commonly seen or experienced in the last few months?

Physical	Emotional
<input type="checkbox"/> Aches and pains	<input type="checkbox"/> Emotional extremes
<input type="checkbox"/> Weight loss/gain	<input type="checkbox"/> Anxiety/panic attacks
<input type="checkbox"/> Indigestion/digestive issues	<input type="checkbox"/> Crying easily or unexpectedly
<input type="checkbox"/> Sleep disruption /sleeplessness	<input type="checkbox"/> Depression
<input type="checkbox"/> Immune system problems	<input type="checkbox"/> Short temper
<input type="checkbox"/> Medical symptoms of undetermined cause	<input type="checkbox"/> Frustration
<input type="checkbox"/> Stress induced seizures	<input type="checkbox"/> Increased drinking
<input type="checkbox"/> Increased use of sick leave	<input type="checkbox"/> Giving up
	<input type="checkbox"/> Hypervigilance

Mental	Social
<input type="checkbox"/> Loss of interest in things that once mattered	<input type="checkbox"/> Marital/partnership stress
<input type="checkbox"/> Decrease in the quality of work/productivity	<input type="checkbox"/> Increased isolation
<input type="checkbox"/> Decreased motivation	<input type="checkbox"/> Increased complaining
<input type="checkbox"/> Decreased patience	<input type="checkbox"/> Less tolerance
<input type="checkbox"/> Increased work errors	<input type="checkbox"/> Irritability / impatience / intolerance
<input type="checkbox"/> Increased lateness/absenteeism	<input type="checkbox"/> Social engagement with others dropping off
<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Closed off body language
<input type="checkbox"/> Distorted thinking	<input type="checkbox"/> Reduced interpersonal boundaries
<input type="checkbox"/> Reduced self-awareness	<input type="checkbox"/> Less volunteerism
<input type="checkbox"/> Trouble keeping up with workload	<input type="checkbox"/> Uncharacteristic negative changes in social behavior
<input type="checkbox"/> Other:	
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Potential Check Actions for Self-Care	Potential Check Actions for Peer Support
<ul style="list-style-type: none"> • Give yourself permission to take care of yourself • Make a conscious effort to keep tabs on yourself • Become aware of your own personal indicators of Orange or Red Zone stress • When Orange or Red Zone stress indicators occur, take steps to mitigate them • Inform key family, friends, or coworkers about your stress unique stress indicators and make a plan as to what to do when they occur 	<ul style="list-style-type: none"> • Pay attention to changes in behavior, emotional tone, and work performance • Offer basic resources like food, water, etc. to open a conversation. • Reference the stress continuum model. • Find the right way to check on someone (e.g., email / texting versus talking or calling). • Check in during known challenges, or on anniversaries of difficult events. • Start a general conversation to get the person talking. Then look for verbal and non-verbal signs as to how they are doing. • Start with something positive then reference specific concerns you have. • Ask, "Is everything all right? I'm checking on you. I've noticed..." • Look for opportunities where there is safety, privacy and time to open conversations.

Use the **OSCAR** tool to help you check in:

O bserve	Actively observe behaviors; look for patterns	Be on the lookout for changes in coworkers' behaviors or functioning (e.g., increased withdrawal / more mistakes).
S tate O bservations	All attention to the behaviors; just the facts without interpretations or judgments	"I have noticed over the past few days that you seem lost in thought and really quiet (frustrated/irritated)."
C larify Role	State why you are concerned about the behavior. Validate why you are addressing the issue.	"As a coworker (friend, supervisor) I am concerned."
A sk Why	Seek clarification; try to understand the other person's perception of the behaviors.	"Am I right? Am I wrong? Help me understand what's going on. I would like to help if I can."
R espond	Clarify concern if indicated. Discuss desired behaviors. State options in behavioral terms	"Thank you for trusting me enough to share that (issue). I really do want for you to be comfortable in working together. I respect that you have a lot going on. I also respect your privacy. If not me, would you be willing to talk with (trusted resource)?"

DISCUSSION:

Which of these examples appeals to you for self-check and checking on coworkers?

What are some other ways you could check in with yourself or your coworkers?

SET A GOAL: Between now and the next booster session, what one action will you take to check in with yourself or check on a coworker?

What will you do to overcome potential obstacles to this action?

(Examples: remind myself that self-care matters, put a plan to check in with a coworker in my mobile phone calendar so I won't forget).

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SESSION 3:

Coordinate

Stress First Aid is a good step towards identifying when you or your coworker is having a stress response, but it may not be enough. Like Check, the Coordinate function in SFA is an important foundational function of SFA because it allows you to gather and consider additional resources or assistance that might be needed if SFA actions are not a sufficient support.



Seven C's

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Restore effectiveness
7. **CONFIDENCE**
Restore self-esteem and hope

Potential Coordinate Actions

- Set up a variety of resources in advance (e.g., local clinicians, mentors, coworker teams, chaplains, life coaches, hotlines, support groups and self-help groups).
- Share your own or others' experiences with help-seeking, and/or normalize help-seeking.
- Suggest why you think it would be beneficial for them to talk with EAP or other support



What are at least two trusted resources you would refer a stressed coworker to?

- ☐ Mentor/supervisor/coworker:
- ☐ Support group:
- ☐ Trained peer:
- ☐ Chaplain:
- ☐ Alternative healer:
- ☐ Employee assistance program:
- ☐ Human resources:
- ☐ Mental health:
- ☐ Medical:
- ☐ Other:

DISCUSSION:

What are some reasons you might self-refer or refer a coworker for additional care?

What are some of the barriers or challenges to connecting with resources?

What can be done about those challenges?

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SET A GOAL: Between now and the next booster session, what one action will you take to become more knowledgeable about possible resources for yourself or your coworkers? (Examples: Talk with at least one EAP or HR person this month to find out what they have to offer. Ask a coworker if they know of any good resources for stress).

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What will you do to overcome potential obstacles to this action?

(Examples: remind self of the importance of knowing about good resources).

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SESSION 4:

Practicing SFA Core Actions

This week will begin the use of scenarios to discuss how SFA actions can be used with those who are experiencing either significant distress or impairments in functioning caused by stress reactions. Remember, SFA should be used in a natural, seamless way, and implemented when needed. In most cases, it is not necessary to provide all the SFA actions. SFA functions along with a sampling of associated actions are provided in the table below.



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Confidence	<ul style="list-style-type: none"> Mentor back to full confidence in self, leadership, mission and values Help restore meaning or faith Foster the trust of coworkers and family members in the individual

SCENARIO

Scenario

- A respected member of your staff has had a hard couple of years. He had an injury, financial problems, and lost a close friend to a motor vehicle accident. Recently, he separated from his spouse and had to move out of the family home.
- He has been drinking a lot and often appears to be under the influence of alcohol when not at work.
- He is distracted and expresses a sense of hopelessness that things will improve.
- Today, he arrives to work late.
- When you begin to talk with him about your observations he says, “What difference does it make? Nothing really matters anyway. It doesn’t matter if I’m here or not.”

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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- Which SFA action(s) do you think would be helpful?
(Cover, Calm, Connect, Competence, Confidence)

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- Does this scenario relate to any similar work scenarios?

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SESSION 5:

Practicing SFA Core Actions

This week will continue the use of scenarios to discuss how SFA actions can be used with those who are experiencing either significant distress or impairments in functioning caused by stress reactions. Remember, SFA should be used in a natural, seamless way, and implemented when needed. In most cases, it is not necessary to provide all the SFA actions. SFA functions along with a sampling of associated actions are provided in the table below.

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SCENARIO

Scenario

A nurse who you know has been having marital issues has trouble with entering data into an electronic record. She throws a stack of papers on the floor and runs to the bathroom.

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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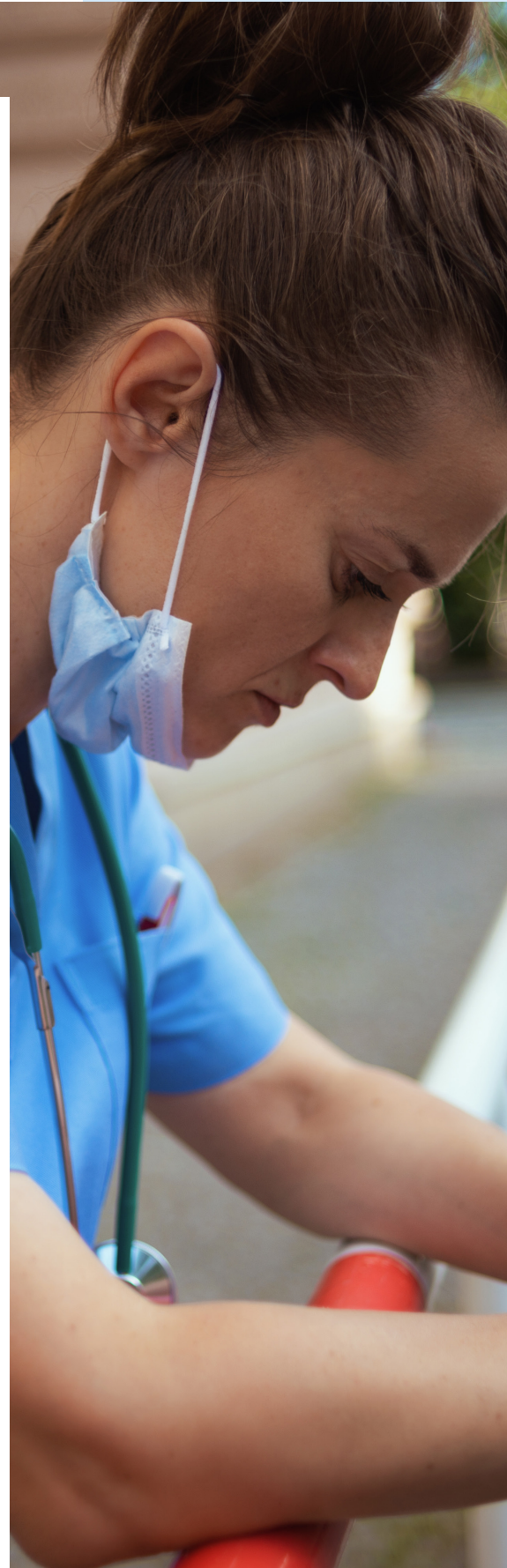
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SESSION 6:

Practicing SFA Core Actions

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SCENARIO

Scenario

A well-respected staff member who has recently been transferred to your unit becomes upset when other staff make jokes and comments that seem to bother him. He begins to become more irritable and isolative and tells you that he finds the behavior of the other staff offensive.

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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SESSION 7:

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SCENARIO

Scenario:

- Your pediatric ICU unit responds to a child who is injured from suspected physical and sexual abuse.
- Your team includes a nurse who has been on the job for about one year.
- When the child's vitals take an emergent turn for the worse and the nurse is asked to assist, she freezes.
- You call her name, but she doesn't respond. You then tap on her shoulder and she responds immediately, re-engaging in the task at hand.
- A few shifts later, she tells you "I just don't know if I can keep doing this."
- As you talk further, she tells you, "I froze in that instance. What if I freeze again and someone dies because I don't react fast enough?"

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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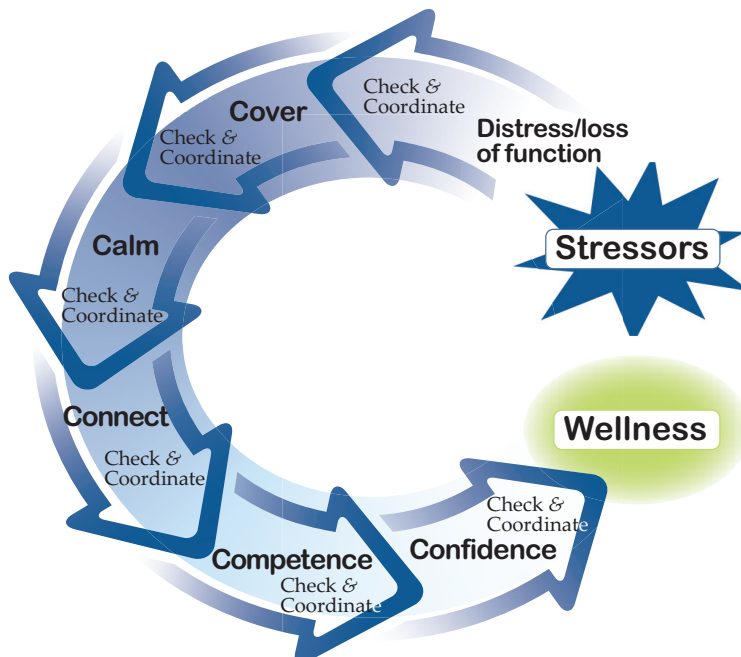
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WEEK 8:**Review and Next Steps****Stress Continuum**

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CAUSES			
<ul style="list-style-type: none"> • Rest and relaxation • Play • Time for self care • Many resources 	<ul style="list-style-type: none"> • Normal daily stress • Not being pushed too far or too hard 	<ul style="list-style-type: none"> • Life threat • Loss • Moral injury • Wear and tear 	<ul style="list-style-type: none"> • Unhealed injuries • Inflammation • Secondary conditions
ACTIONS			
<ul style="list-style-type: none"> • Access resources • Care for self • Care for others 	<ul style="list-style-type: none"> • Alternate exertion with rest • Monitor well-being 	<ul style="list-style-type: none"> • Recognize stress injuries early • Use Stress First Aid 	<ul style="list-style-type: none"> • Seek medical care • Recover • Return

Stress First Aid Model**Seven C's**

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Restore self-esteem and hope



Summary

Stress First Aid fosters self-care and coworker support, but it invites you to use the framework in a personalized way, taking into account your preferences and your capacity to engage in self-care and supportive actions.

Rather than prescriptively requiring that you offer support in a particular way, it instead highlights the importance of coworker support, which is protective because of the unspoken understandings that result from working together. It is frequently only in moment-to-moment encounters that the right support can happen, if a person is aware of its importance and empowered to decide how best to give that support. This model empowers you to be creative in the way you engage in support of your employees and coworkers. It asks that you avoid taking for granted all the small ways that you show kindness, empathy, and support, and reminds you of the cumulative potential impact of these behaviors in the lives of each other.

SFA gives a framework to identify what research has suggested are potent protective actions which are helpful in many different ongoing adverse circumstances. It also highlights the importance of organizations engaging in discussions and problem-solving around work stress and empowers employees and leaders to work towards reducing both acute and cumulative stress.



Discussion

Next Steps

1. Will SFA be helpful to your team?

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2. If so, how will SFA best be implemented in the weeks and months ahead?

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3. How can you start incorporating SFA principles into meetings and behaviors?

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4. What are next steps for:
 - a. SFA team development
 - b. Organizational support
 - c. Employee training

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5. What obstacles do you anticipate?

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6. What resources do you need to move forward?

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SCENARIO

Alternative Scenarios for Additional Practice

As you use SFA scenarios to discuss how SFA actions can be used with those who are experiencing either significant distress or impairments in functioning caused by stress reactions, here are some additional scenarios to extend your conversations about SFA.

Scenario A

- Your unit has been responding to a particularly strong viral outbreak that results in a rash of illnesses on the ward and two staff members falling seriously ill with pneumonia.
- You notice that the conversation during lunch focuses on the lack of trust in leadership and whether the agency even cares about their safety.

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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- Which SFA action(s) do you think would be helpful?
(Cover, Calm, Connect, Competence, Confidence)

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- Does this scenario relate to any similar work scenarios?

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Scenario B

- You are training a nurse. Up to this point, she has been a quick study and eager to learn.
- She is becoming increasingly frustrated and throws the papers she is holding and starts to walk away.
- Another nurse makes a snide comment as she passes by and she makes a rude gesture to her.
- You know that the nurse has had two deaths in her immediate family in the past month and is dealing with her child's learning issues at school.

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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- Which SFA action(s) do you think would be helpful?
(Cover, Calm, Connect, Competence, Confidence)

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- Does this scenario relate to any similar work scenarios?

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SCENARIO

Scenario C

- You and your team hold a small celebration on the day that an intern returns to work.
- Six months earlier, he was injured in a workplace violence incident and has just returned to work.
- Later during the day, the you notice that the intern is unusually quiet, but when asked if everything is ok, he assures you that he is fine, but just a little tired.
- As he walks into the same hallway where the workplace violence incident occurred, you notice that he is breathing very rapidly and sweating.

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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- Which SFA action(s) do you think would be helpful?
(Cover, Calm, Connect, Competence, Confidence)

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- Does this scenario relate to any similar work scenarios?

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Scenario D

- You notice that one of your coworkers is withdrawn, avoids contact with other staff and has stopped participating in off-duty activities.
- When you talk with her, she confides in you that she recently discovered that her 17-year-old son has an addiction and she is not sure what to do. She and her husband argue because they do not agree about what to do.
- She tells you she doesn't sleep well because she frequently checks to make sure her son is breathing.
- When you ask her about work pressure, she tells you that she is struggling to complete a special project that her supervisor asked her to do. She says, "I guess I am just a failure all the way around."

Answer the following questions:

- What kind of stress injuries may be present?
(Wear and tear, loss, moral injury, traumatic stress)

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- How would you approach this person?

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- What other information would you want to know?

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- Which SFA action(s) do you think would be helpful?
(Cover, Calm, Connect, Competence, Confidence)

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- Does this scenario relate to any similar work scenarios?

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SCENARIO

Stress First Aid Examples from the Field

Self Care

Coworker Support for Each Action

Check

"A coworker had just returned to work after the death of her son. He had been killed in a car accident caused by driver who was under the influence. After responding to a patient with serious injuries due to a driver who was reported to be intoxicated, I told her what a great job she had done and asked her if she wanted to take a quick break with me to grab a snack."

"We had been caring for a pediatric patient for 9 months when she developed an infection and died within a few days. The next day, the nurse who had been caring for her called in sick with a bad cold. I gave her a call just to let her know that I was thinking of her. She said she was sure that her immune system had taken a hit due to the stress of the past several weeks and that she questioned why she continued to do this work. I listened and encouraged her to simply focus on taking care of herself. I reminded her how comforted the child's family had been by the extraordinary care and compassion she had shown them and their daughter."

Coordinate

"One of our team members reported to work and was unusually quiet and distracted. During her break, I asked if everything was okay. She explained that her 2-year old child had just been diagnosed with autism and she just did not know where to begin to get the needed services. I told her that I knew someone on another shift who had a child with autism and she and her husband had become resource 'experts' who had offered to help others. I offered to make an email introduction to her. At her next shift, she told me how helpful the referral had been."

"I noticed that a newly assigned nurse was much quieter than usual. I checked in with her and she confided in me that it had been her lifelong dream to work with burn survivors, and that she found the work rewarding, but wondered what I did to manage the stress. I invited her to yoga class and to eat with some of the other members of the staff, so she could see how we deal with and talk about our stress."

Cover

"Having a person you can talk with if you have a bad day is very important. That cover in your personal life is necessary, because so many times we're still thinking about what happened at work when we get home."

"I like to give a briefing before there might be potentially unsafe situations: 'This is something we could encounter. This is what we're going to do if these things happen. Let's problem-solve ahead of this situation.'"

"I recently had a realization that I have to set boundaries for myself to keep myself safe and healthy. At the end of the day work is important, certainly, but not so important that we can't take care of ourselves."

"I had an old supervisor tell me our work is like sweeping sand. No matter how much you sweep, it's going to be there. That helped me realize I can put my work down and go home, because I can come back tomorrow and start sweeping some more."

Self Care

Calm

“As a social worker on a burn unit, I often remind other professionals how important it is to have time just for themselves to recharge. It is so easy to become over-involved with this work and never allow yourself any down time. One of the things I find helpful is not to check work emails when I am at home.”

“What helps calm me is breaking down responsibilities into manageable pieces, making lists and being organized.”

“Taking a break from work to clear one’s head is beneficial. During this break, several different strategies can be used: a short nap, physical exercise, meditation, stretching, having a conversation with a friend, laughing, getting a drink of water, and avoiding caffeinated beverages that contribute to agitation or anxiety.”

Coworker Support for Each Action

“When one of my coworkers was having a really tough day, I encouraged her to find ways to ‘consciously’ decompress after work so she could be present in the rest of her life.”

“If something is going wrong on a unit, someone will say ‘orange huddle.’ That means, ‘everyone take breath, we’re coming together. It’s not blaming or shaming, there’s an issue, we feel it, someone saw it, something is happening, it’s tense. Let’s all take a breath, this is the shift from hell, we’ll make it through.’”

“After we had a couple of particularly tough shifts, I brought pistachio nuts in for the staff on duty. Shelling pistachios takes time and makes people slow down, so it gave us a chance to unwind and talk about what happened. Doing something supportive doesn’t have to look like a mental health intervention. In fact, the best actions are often the least noticeable ones.”

“I noticed that one of my co-workers was withdrawn, avoided contact with other members of the shift and was short (and often abrasive) with others. When we took a break, I asked her if everything was ok and she confided that she recently discovered that her 17-year-old son has an addiction to opiates and she is not sure what to do. She was very upset and afraid that her co-workers would think badly about her if they found out. I listened and assured her that she was not alone. I also shared with her an app I use for relaxation.”

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Self Care

Coworker Support for Each Action

Connect

“The people I reach out to are honest. It’s about calling a spade a spade, not dancing around it. They’re able to give their perspective on my problem and say something like: ‘You need to pick up the pieces and move on.’ It serves to provide another’s perspective, and foster honesty. Or they might say, ‘That’s not normal for you.’ I am skeptical of self-diagnosis. I think you need to get a second opinion from someone who knows you—a fresh perspective.”

“We had a well-respected nurse who had become more irritable but who wouldn’t open up to anyone. We knew a good friend of hers on another service and let this friend know that we had some concerns. She made more time to do things with the nurse.”

“A staff member was drinking all the time. He had been on staff with someone who died, but it was hard to get him to talk to us. He had a kitchen remodeling project underway, so I went over and hung out in his home and helped him. While we worked on it, he opened up and I was able to get him some help.”

“During the pandemic, we would write our name on the department whiteboard if we thought we were in the green zone that day, to give permission for coworkers to approach us for support without worrying about being a burden. We could erase our name during the shift if we were no longer in the green.”

“You walk into the break room and someone has left a treat for you, and it’s just those little actions that show that somebody’s thinking about you. They validate that you are a significant person and that you are important.”

“Every season I give my office a healthcare item for that season. For winter they get a hand warmer and lip balm. It’s not much, but it is a little something to let them know I care.”

“We go take a walk, just about a 15-minute walk just to get out of the office.”

Self Care

Coworker Support for Each Action

Competence

“When I’m under too much stress, I revert to doing something that is easy for me. It gives me a sense of accomplishment, like tidying the garage, or shoveling snow for a widowed neighbor. It doesn’t take much thought, but it gives me a sense of accomplishment.”

“Switching specialties was a struggle for me. I utilized all the resources I could and was not afraid to ask my supervisor or other coworkers for help and guidance. I was honest about my lack of confidence in my abilities, and I sought out (and continue to seek help) from other specialists.”

“When a new staff member becomes a part of our burn unit team, we all work really hard to mentor and support that person. This work can be exhausting both physically and emotionally. There are so many difficult sights, smells and procedures. Some people try this work only to find that it is not for them. We make it possible for them to leave with support and hopefully without shame.”

“We help people when they’re exposed to different things, such as teaching techniques to stay focused on the present and not ruminate on memories.”

“If someone is second-guessing how they did something, I will share how I’ve done something similar. I think when we can share our experience, how it affected us and how we dealt with something, it probably helps the person to understand, “all right, I’m going to be okay.” It’s not permanent and it’s a normalizing thing, and it’s part of the process.”

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Self Care

Coworker Support for Each Action

Confidence

"Sometimes you have to do some self-talk, because there's only so much you can do and you're not going to change someone trying to blame things on you, so you have to be comfortable in saying, 'I know that I did everything that I could.' No matter how somebody else sees it, I have to get to the point where I'm okay with others thinking that I didn't do my job. I know I did my job."

"You can be the most skillful person in the entire world but if you don't have faith in yourself you are doomed. You're never going to get through it. And vice versa, you can be overconfident but not able to learn from mistakes to be more effective. There is a fine line between the two. The better you are at one, the better you will be at the other one. Even small triumphs can help with confidence."

"We had a particularly endearing child die of an unexpected complication after being in the hospital for a while. A number of people felt responsible, so I got them in a room for an After-Action Review. The ground rules were that they had to keep it to what they saw and did at the scene (to get all the puzzle pieces together) and to keep emotion out of it. Through the discussion they were able to see that they weren't responsible."

"There was a time where I dropped the ball. It was not earth-shattering, but it was significant. I was completely unable to connect the dots until one day my supervisor talked to me and said, 'During that same time period, your mom had been terminally ill and then passed away.' As obvious as it should have been, I was not able to see the connection until he said that to me."

"We have a lot of people who've never had something go wrong, and then once that happens, they're having a hard time because they're so worried about things that they weren't worried about before. A lot of times you have to help people tone it down for themselves and say that they don't have to be perfect. That's where mentorship comes into play. Just because you have experience doesn't mean that you come with all the tools that you need in this exact job."

"Sometimes a person in need of Confidence won't listen to anyone but the person who has been through a similar situation. It gives you a role model to show you how to potentially go through things."

"Recently a burn survivor returned to the unit to visit and thank us. When she left the unit she was in a wheelchair and now she was walking without assistance. Listening to her describe how she was rebuilding her life reminded us that what we do makes a difference. It is easy to lose sight of that because some of what we do to encourage healing and prevent infection can be excruciating to the patient. It helps to be reminded that there is a positive outcome for our patients."



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COVID-19 PROTECTION TO ENSURE RESILIENT
HEALTH CARE WORKERS