Tips for Retaining and Caring for Staff after a Disaster

September 19, 2016

When disasters strike, the ripple effects are significant. Survivors may be injured or displaced, or may have loved ones in similar situations. The emotional, physical, and financial tolls can be jarring, and no one in the community is immune. Healthcare providers and staff who maintain facility operations are no exception, and yet they are a critical component of the response phase and expected to care not only for their own loved ones, but community members and the facility, too. Leadership plays a vital role in ensuring staff feel cared for and safe. Remind your team that their jobs are important and secure. Provide regular and clear communication regarding how leadership is working to continue and restore operations.

This tip sheet assumes that a facility is operational after an event and that certain pre-planning and continuity of operations considerations are already in place. Here we share general promising practices—categorized by immediate and short-term needs—for facility executives to consider when trying to retain and care for staff after a disaster.

Immediate Needs

It will be easier to encourage employees to return to work if they know that certain immediate needs will be met. First, try to help your employees (and their loved ones if applicable) receive access to any medical care necessary to address injuries incurred as a result of the incident. Next, try to be as flexible as possible with scheduling just after an event. Consider providing a “concierge service”—the ability for staff to meet with one person in one convenient place who can help employees meet the following immediate needs:

- **Shelter.** If staff have lost their homes or their residences are uninhabitable, consider providing them with shelter within or close to the facility. Nearby schools, hotels, houses of worship, and other local stakeholders may be willing to donate space and/or materials. Make sure employees have access to a current list of local shelters as soon as it is available. After Hurricane Sandy, one health system (comprised of 16 hospitals) placed 62 employees’ families into temporary housing.

- **Transportation.** It may be difficult for displaced staff to get to and from work after a significant flood or other disaster. Consider partnering with churches or schools to use buses and drivers to transport employees to and from work. In South Carolina, fire personnel used boats to transport

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staff through floodwaters to the hospital. Consider setting up a regular shuttle service or volunteer carpool service. After storms, gas can be in short supply. Facilities in Florida have had a tanker come to the hospital, allowing staff to fill their tanks.

- **Food, water, and personal hygiene.** In the immediate aftermath of a disaster, it may be challenging for staff and their loved ones to access food and water. Work with your facility’s cafeteria to ensure food and water is available for staff (and for their loved ones being cared for). Try to ensure staff has access to showers/wipes, antibacterial gels, and other toiletries as available and requested. If their loved ones are staying elsewhere, consider providing employees with potable water, food, and other items to take to them. Some facilities have coordinated the delivery of groceries so that staff had a box of food and drink when they left work. Try to promote the consumption of healthy foods and beverages.

- **Child (or older adult) “daycare.”** Healthcare providers will be more likely to report to work if they know their loved ones are cared for and safe. Consider providing on-site child care (and on-site care for older adults, if possible) for all shifts. If practical, work with the local school system to set up temporary transportation to and from local schools to minimize disruption in children’s routines.

- **Pet care.** Recent experience has shown that survivors may be reluctant to evacuate their homes because they do not want to leave their pets behind. Employees may volunteer to “foster” their colleagues’ pets in the short term (or make sure the pets have been let out and have an adequate supply of food and water). If practical, identify nearby shelters that accept pets and share this information with your team.

- **Behavioral health care.** Some of your employees may have literally “lost everything.” On-site disaster behavior health professionals (e.g., an available member of your facility’s employee assistance program [EAP] who is certified in Psychological First Aid) can help staff get through the initial shock of the event, and provide them with additional resources and services as necessary. Leaders trained in “Building Workforce Resilience through the Practice of Psychological First Aid” can also help leaders guide their teams through stressful disaster response operations. Ensure staff have the time and a safe place to grieve/share stories. Consider scheduling optional meetings where staff can share challenges they are encountering. Provide a designated email address and/or collection box at each facility labeled “Staff Concerns/Questions” to allow those who wish to remain anonymous to share information. Consider setting up a 24/7 hotline or offer links to professional mental health sources.

- **Funding.** Consider working with your Board of Trustees and other community leaders to commit funding or raise money that can be used to provide assistance to employees and their families. The Board of Trustees from

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4 http://www.modernhealthcare.com/article/20151009/NEWS/151009909
5 https://www.avma.org/KB/Resources/Reference/disaster/Pages/PETS-Act-FAQ.aspx
6 http://www.nctsn.org/content/psychological-first-aid

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After his staff and facility experienced a tornado, a hospital Chief Executive Officer noted, “Take time to laugh and cry with each other. Healthcare workers always stand ready to help our community in a time of need and sometimes that is at our own expense.”
a hospital system in New Jersey committed $1 million to team members affected by Hurricane Sandy.\textsuperscript{10} The same group distributed $350 gift cards to “severely impacted team members” to assist with the purchase of necessities.

A hospital association in Mississippi established a fund for hospital employee families after a tornado devastated the facility and community.\textsuperscript{11}

- **Communication.** Consider using social media to keep employees apprised of any service updates throughout the response and recovery phases. Tools such as Facebook and Twitter can be used to announce upcoming events (e.g., staff meetings, fundraising events). One hospital system used Facebook to provide staff and community members with service updates after a tornado devastated the facility.\textsuperscript{12} Residents, the media, and some practitioners used Twitter to share news related to Superstorm Sandy specific to the evacuation of Langone Medical Center.

- **Charging stations.** Make sure staff (and their loved ones, as necessary and practical) are able to charge their mobile devices. This can help them stay in touch with their loved ones, colleagues, and contractors.

- **Flexible scheduling.** There will be staff who cannot make it home, and staff who cannot make it in. In Florida, some facilities stagger work times, allowing employees to meet with contractors and repair teams.

### Short-Term Needs

Once employees have been able to adjust to their “new normal” and gain a better understanding of the recovery process that lies ahead, healthcare facilities can continue making it easier for team members to report for duty. In addition to maintaining care that was provided in the immediate aftermath, facility executives may consider providing the following:

- **On-site post-disaster services liaison(s).** Consider staging someone on site (e.g., from FEMA or the American Red Cross) who can help your staff document their personal loss and create a recovery plan. If closure of the facility is imminent and employees are facing temporary unemployment, you may wish to convene meetings where employees can learn more about Disaster Unemployment Assistance through the Department of Labor\textsuperscript{13} and loans available through the Small Business Association.\textsuperscript{14}

- **Clothing and laundry services.** Staff who evacuated their homes may not have access to clothes other than what they were wearing at the time the disaster hit. Encourage employees to help one another—in one state, employees brought snacks and toiletry items in for those who were...


\textsuperscript{11} http://www.winstonmedical.org/about-us/tornado/

\textsuperscript{12} https://www.facebook.com/winstonmedicalcenter/?ref=ts

\textsuperscript{13} https://www.benefits.gov/benefits/benefit-details/597; https://www.fema.gov/media-library/assets/documents/24418

\textsuperscript{14} https://www.sba.gov/loans-grants/see-what-sba-offers/sba-loan-programs/disaster-loans
stranded and unable to go home for supplies. Consider relaxing the dress code to help staff deal with laundry challenges. Work with the on-site or subcontracted laundry service provider to collect, track, and launder staff items.

- **Maintaining morale** can help you retain and demonstrate your commitment to the health of employees. Encourage your team to seek help from the EAP or other behavioral health professional if they need to. Consider appointing an employee whose primary duty is to focus on staff wellness and morale. This helps demonstrate your commitment to your team, and can be integrated into the culture of the organization as it moves forward. Find meaningful/genuine ways to acknowledge the work of your employees (e.g., thank you notes, other forms of recognition, and deliveries of coffee and healthy snacks). Encourage and help staff and their loved ones to get back to routine activities as soon as practical. Find ways to create “fun” for the employees and ways for them to appropriately “let off steam” and continue to build a team environment to know they are supported.

- **Home improvement help and materials.** Some staff may have sustained damage to their homes, but can still live in them. Many hospitals in Florida keep a supply of tarps on hand and distribute them to employees after hurricanes. Others even establish a response team from plant operations or facilities management to help “shore up” employees’ homes. Some colleagues and/or team of first responders may be able to help others “dig out” or clean up once the threat has dissipated.

- **Paychecks and donating leave.** Some employees may live “paycheck to paycheck” and others may have relatively low personal leave balances. Rebuilding after a disaster is costly and takes time. Consider paying staff as soon as possible and encouraging colleagues to donate vacation time. Shortly after Hurricane Sandy, employees who were scheduled to work received a full paycheck, even if they were not able to make it in. Also after Hurricane Sandy, staff contributed more than 1,000 vacation hours to their colleagues. Some facilities in Florida have worked with credit unions to establish “ATMs,” allowing employees access to cash. Consider pay incentives for extra work performed by those able to report for duty.

- **Use other professionals and volunteers.** Network with healthcare facilities not affected by the event to borrow staff, with a “no-hire pledge” in place. Identify nurses and other practitioners whose place of employment was damaged, and bring them on to assist with certain tasks (e.g., administrative); their knowledge of clinical language and facility processes will help. Volunteers can free up your staff to perform their regular jobs by serving as runners, performing administrative duties, and even making or delivering sandwiches. Train temporary employees and use downtime procedures for untrained staff.

The aftermath of a disaster can be traumatic. People may want to return to work, but may be hampered by injury, caring for loved ones, or unable to access transportation. These tips can help healthcare facility executives provide support for those who care so much for others, ensuring the continuity of a healthy, safe workforce and a resilient community at large.