Access speaker bios here: https://files.asprtracie.hhs.gov/documents/protecting-the-well-being-of-disaster-responders-speaker-bios.pdf
Access the recording here: https://attendee.gotowebinar.com/recording/5990825901644068955

Protecting the Well-Being of Disaster Responders

September 22, 2026

ASPR
Administration for Strategic Preparedness and Response

TRACIE
Healthcare Emergency Preparedness Information Gateway

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

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Rachel Lehman

Acting Director, ASPR TRACIE

ASPR TRACIE: Three Domains

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

Select ASPR TRACIE Resources

Disaster Behavioral Health Resources Page

- Disaster Behavioral Health: Resources at Your Fingertips
- Post-Mass Shooting Programs and Resources Overview
- Self-Care for Healthcare Workers Modules
- Tips for Retaining and Caring for Staff after a Disaster

Topic Collections

- Mental/Behavioral Health (non-responders)
- Responder Safety and Health TC

Experiences from the Field

- *The Exchange* Issue 4: Disaster Behavioral Health and Resilience
- Understanding Stress and Taking Care of Each Other (and, In Turn, Ourselves)

Moderator

Romeo Fairley, MD, MPH, FACEP

Visiting Associate Professor of Emergency Medicine, University of Chicago Anschutz Medical Center; Chair, Disaster Preparedness and Response Committee, ACEP

Kiersten Henry, DNP, ACNP-BC, CCNS, CCRN-CMC

Strategic Advocacy Specialist, American Association of Critical-Care Nurses; Critical Care Nurse Practitioner, MedStar Montgomery Medical Center; Nurse Practitioner, Maryland-1 (MD-1) DMAT

Photos: Kiersten Henry, used with permission from ASPR PAO

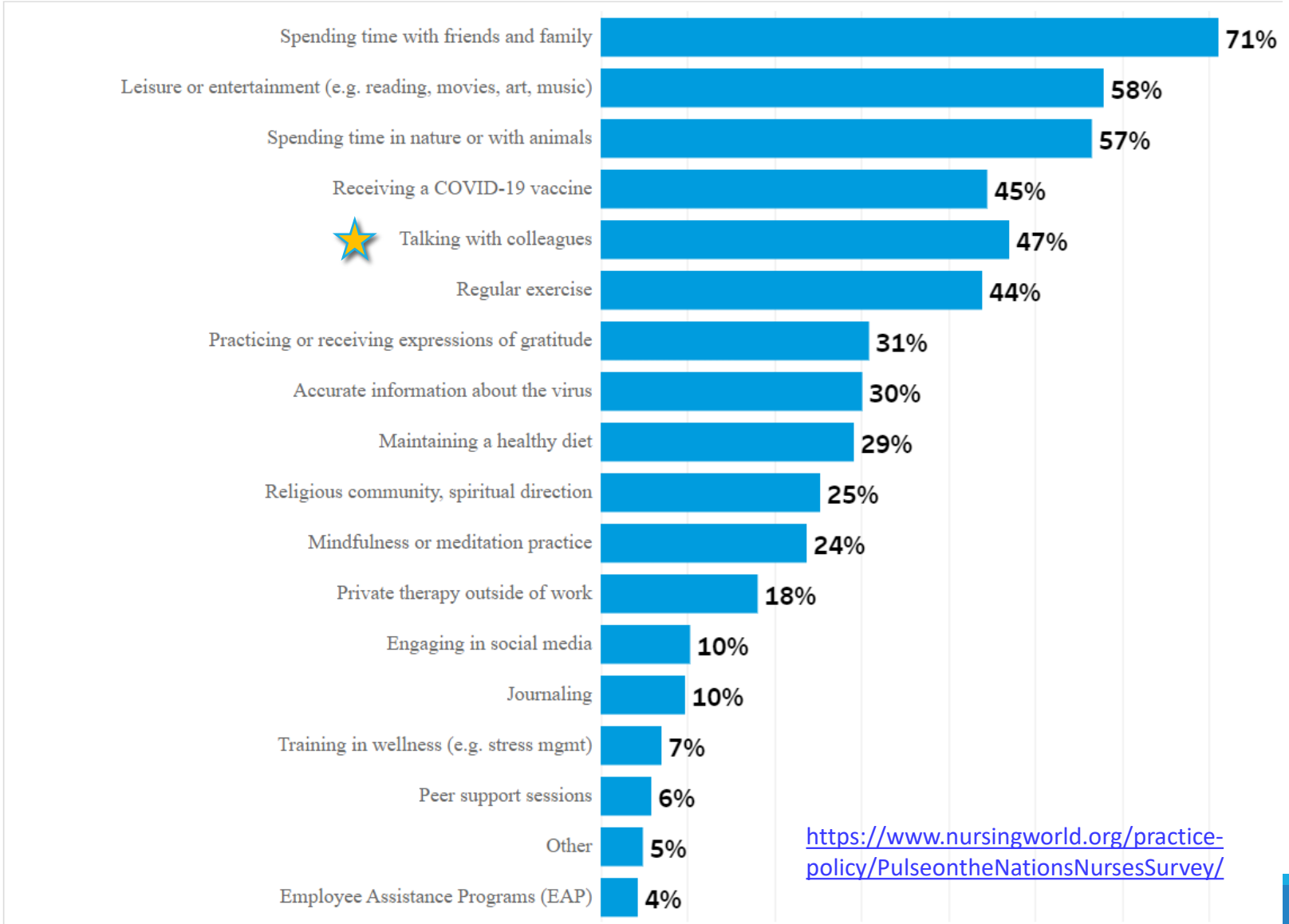
American Nurses' Foundation Nurse Well-Being Surveys during COVID-19 Pandemic

https://www.aacn.org/-/media/aacn-website/nursing-excellence/anf/anf-survey_infographic_full.pdf?la=en&hash=AE3047FD95E7053BCF10C6CD96DC6EEA0D82EB61
https://www.nursingworld.org/practice-policy/PulseontheNationsNursesSurvey/

AMERICAN NURSES FOUNDATION

COVID-19 Survey Series: Mental Health and Wellness 3

Activities to strengthen well-being:



https://www.nursingworld.org/practice-policy/PulseontheNationsNursesSurvey/

Prepared for Future Pandemics: Assessing Nursing Staff's Mental Capability and Psychosocial Support Needs—A Nationwide Cross-Sectional Study

- Dutch study of 679 nursing staff across healthcare sectors
- 90.4% felt mentally capable of providing care during a future pandemic
- Top 5 forms of psychosocial support identified as helpful during a future pandemic
  - Group conversations with colleagues in a team setting (such as post-shift debrief) – 56.7%
  - Moral case deliberation meetings in which ethical workplace dilemmas are discussed with colleagues (37.8%)
  - Pairing up with a colleague during work, with check-ins throughout the shift and end of shift reflection (32.1%)
  - Personal conversations with a coach who is trained to provide psychosocial support for healthcare professionals (24%)
  - An information session or clinical lesson, within the team by a professional on how to manage stress-related issues

Noorland SA, De Groot K, Francke AL, Bruggeman-Everts FZ, Dückers MLA. Prepared for future pandemics: Assessing Nursing Staff's mental capability and psychosocial support needs-a nationwide cross-sectional study. *Nursing Outlook*. 2026;74(5):102883. doi:10.1016/j.outlook.2026.102883

AACN Standards for Establishing and Sustaining HWEs

Skilled Communication

We **must** be as proficient at communication skills as we are with clinical and other job related skills

True Collaboration

We **must** be relentless in pursuing and fostering true collaboration

Effective Decision-Making

We **must** be committed partners in making policy, directing and evaluating clinical care, and leading organizational operations

Appropriate Staffing

Staffing **must** ensure the effective match between patient needs and nurse competencies

Meaningful Recognition

We **must** be recognized and recognize others for the value each brings to the work of the organization

Authentic Leadership

We **must** fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement

Table 3. Resilience Strategies During Surge Capacity Utilizing the Healthy Work Environment Framework[38,39,77-82]

Standard	Implementation Strategies During Surge
Skilled Communication	- Leaders provide frequent, transparent communication regarding topics of concern (such as staffing, PPE, and patient care strategies) - Leaders facilitate means for communication with families and caregivers during times of limited visitation, providing appropriate technology and resources - Team members practice closed loop communication, particularly when working with staff from other areas. (Good, 2020)

Authentic leadership	- Ensure basic physical needs of staff such as safety (including PPE), food, hydration, rest
	- Ensure access to resources for wellness and self-care
	- Provide support to families of staff through day-care, logistical support, and vaccination
	- Provide just-in-time resources to decrease the stress response during prolonged surge:
	  - Create a staff recharge room located away from the patient care area
	  - Pet therapy (either in person or by use of a live stream "puppy cam") has been anecdotally reported to decrease stress in staff working in intensive care units during the Covid-19 pandemic.

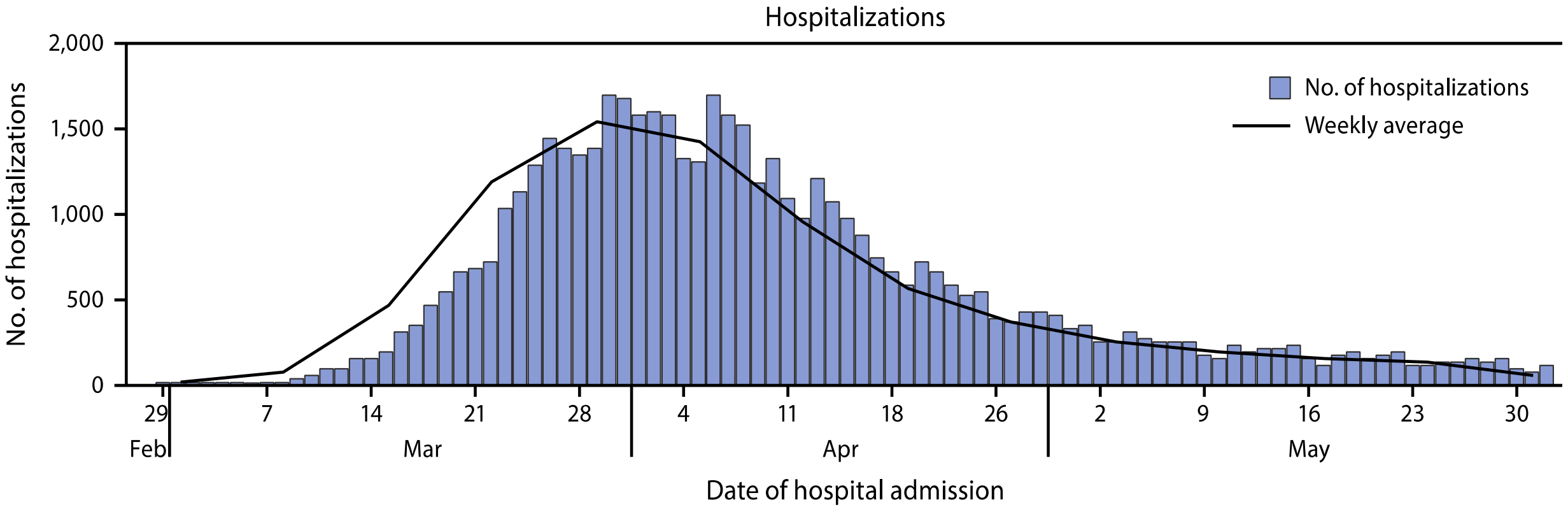
Meaningful Recognition	-Just-in-time recognition strategies are as valuable as grand gestures. - Create unit-themed stickers or challenge coins to distribute to recognize team members - Gratitude boards for staff to recognize one another. - Letters/cards from community members and local school children show gratitude from the public. Family and community support was a significant factor in nurse well-being during the Covid-19 pandemic as surveyed by the American Nurses Foundation (2020).
Appropriate Staffing	- Ensure sufficient rest between work periods - Team staffing (figure 4) with clear delegation of responsibilities - Team huddles at shift change and prescribed intervals - Identify team leads with strong clinical skills, knowledge of organizational policy, and strong interpersonal skills (Cassidy, 2020)
Effective Decision Making	- Engage team members in discussion of policies and procedures that impact them
True Collaboration	Employ just-in-time strategies for supporting the interdisciplinary team: - Utilizing "the Pause" after a patient death. Pausing for a moment of silence after resuscitation attempt or the expected death of a patient allows team members to reflect and honor the patient, providing a transition prior to returning to patient care. - Post-shift huddles to review the events of the day, including challenges and "wins".

Dichter J, et al. Mass Critical Care Response during COVID-19: Implementation of contingency strategies a preliminary report of findings from the Task Force for Mass Critical Care. *CHEST*. https://doi.org/10.1016/j.chest.2021.08.072

Michael Redlener, MD

Associate Professor of Emergency Medicine, Icahn School of Medicine at Mount Sinai; Deputy Medical Director, The Fire Department of the City of New York

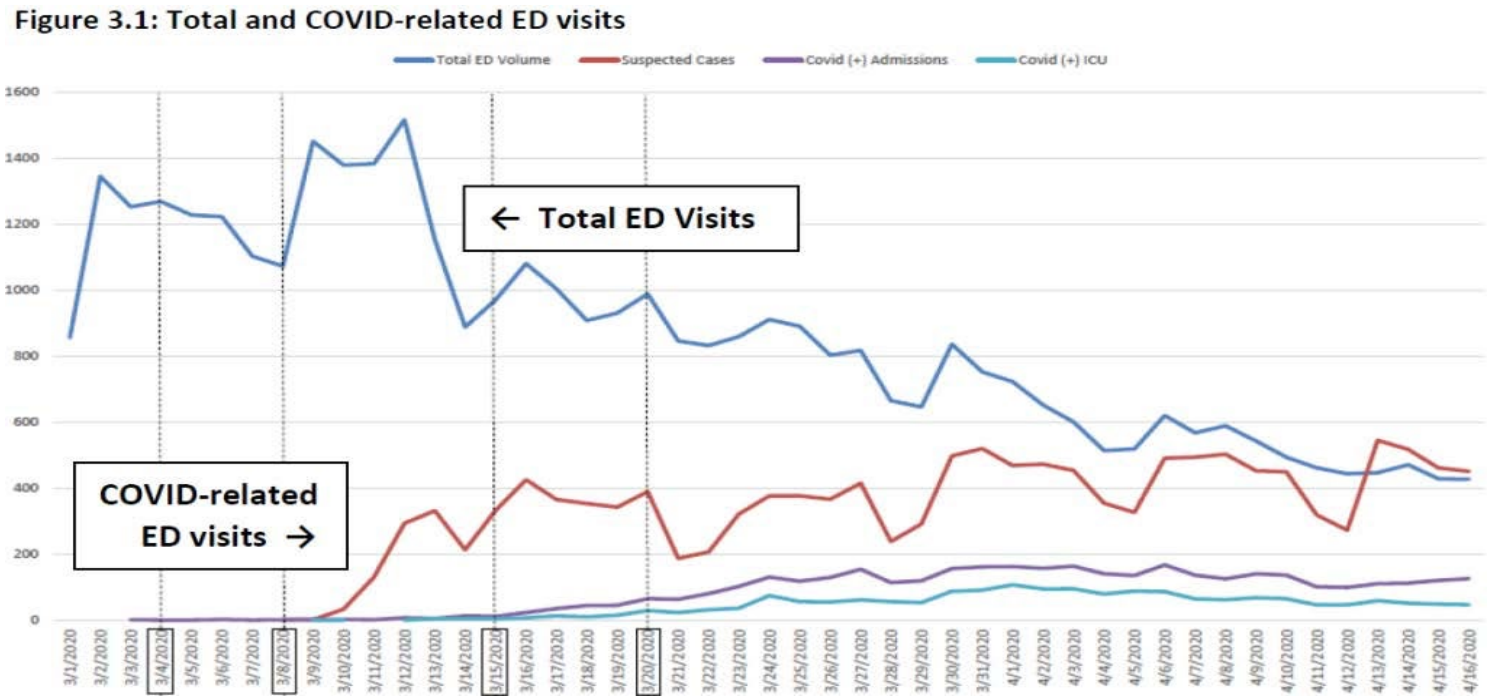
New York City Hospitalizations

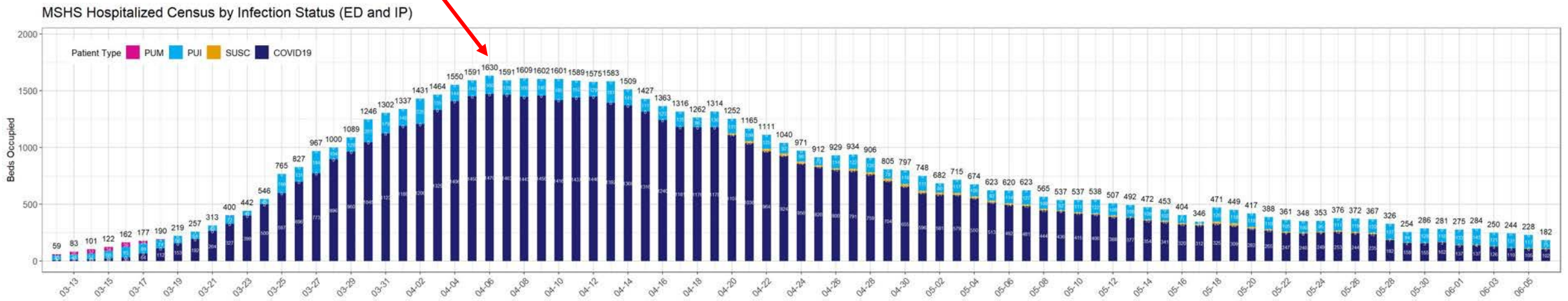


Census

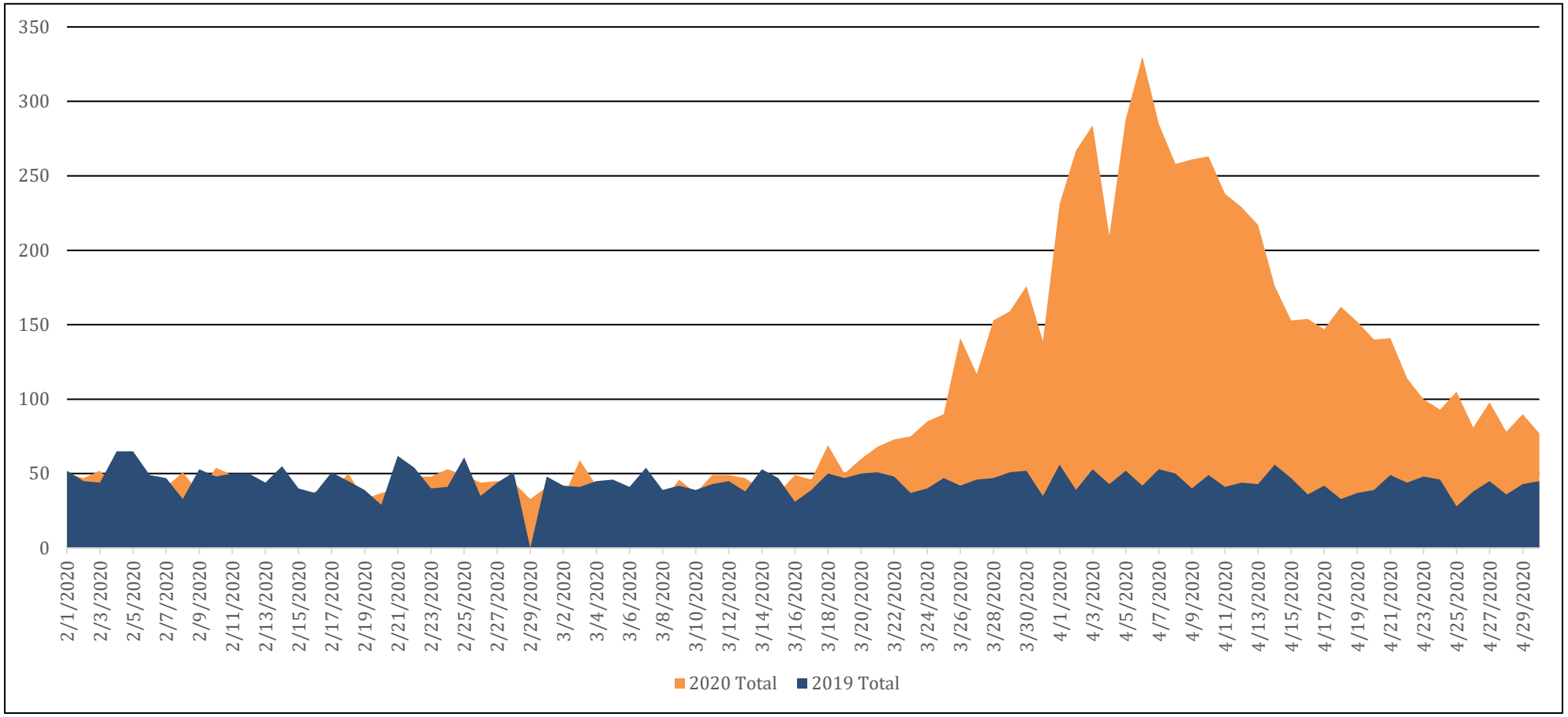
First case in NYC @ Sinai:
2/29/20 (treat and release)

Peak #1: 4/6/20





Out of Hospital Cardiac Arrest February – April 2019 v 2020



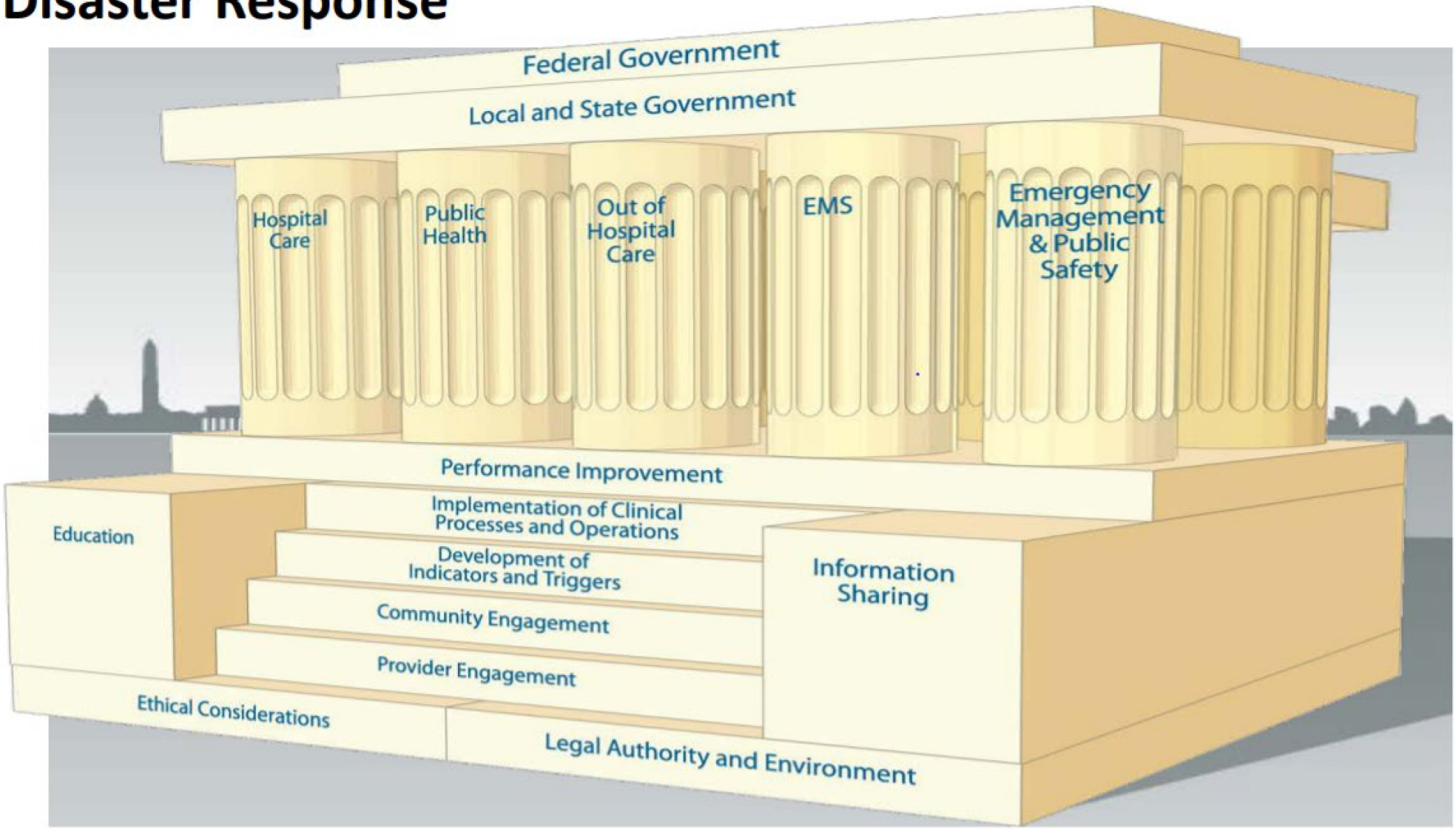
DISCUSSION PAPER

Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2

John L. Hick, MD, Hennepin Healthcare and University of Minnesota; **Dan Hanfling, MD,** In-Q-Tel; **Matthew K. Wynia, MD,** University of Colorado; and **Andrew T. Pavia, MD,** University of Utah

March 5, 2020

Conceptualizing a Systems Framework for Catastrophic Disaster Response



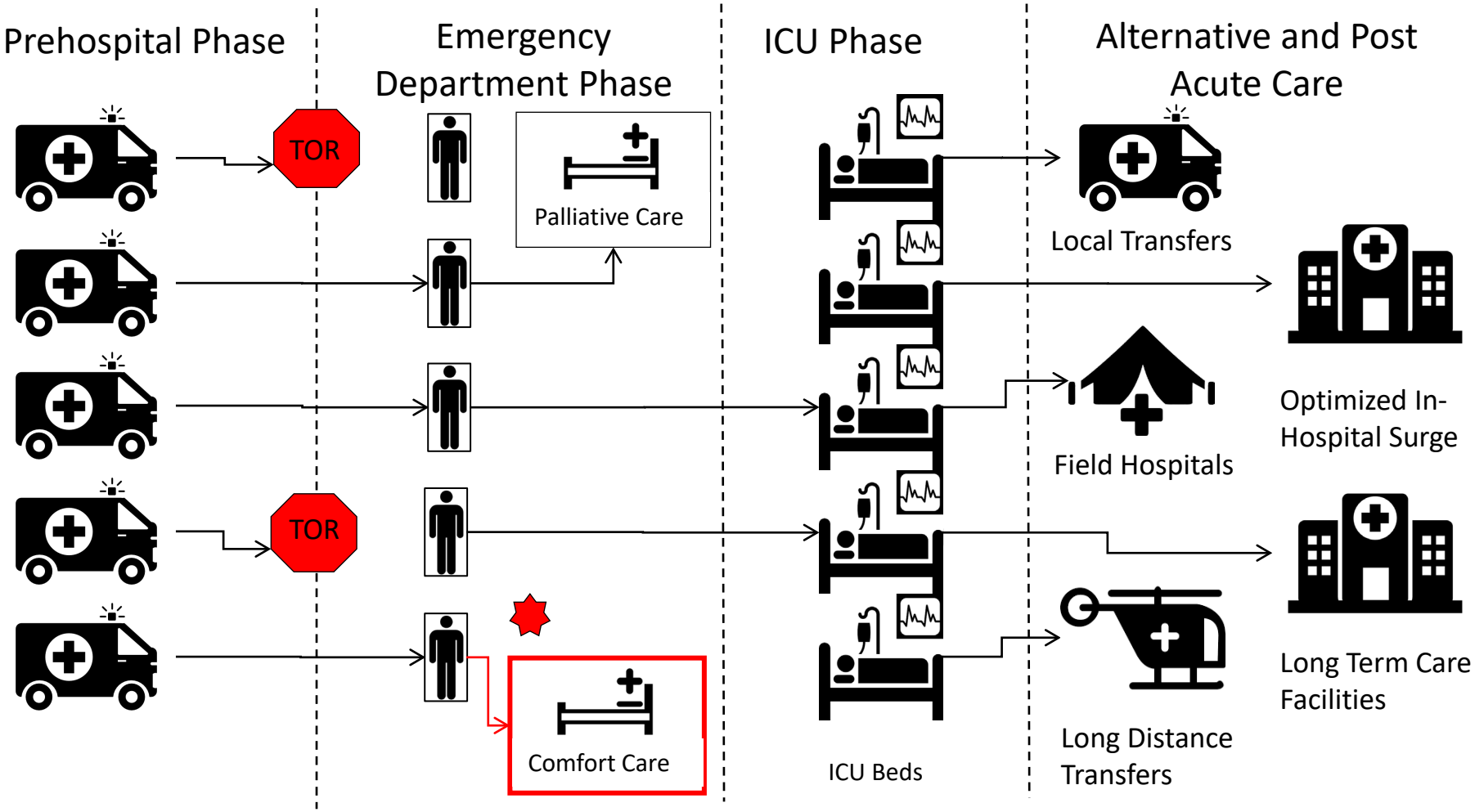
From, IOM, 2012

Crisis Standards of Care

State and Regional Oversight

Health System Oversight

Hospital Operations



Out of the night that covers me, Black as the pit from pole to pole, I thank whatever gods may be, For my unconquerable soul. In the fell clutch of

Circumstance, I have not winced nor cried aloud. Under the bludgeonings of chance, My head is bloody, but unbowed. Beyond this place of wrath and tears, Looms but the Horror of the shade, And yet the menace of the years, Finds and shall

find me unafraid. It matters not how strait the gate, How charged with punishments the scroll, I am the master of my fate, I am the captain of my soul.

IN RECOGNITION OF ALL THE HEALTHCARE WORKERS AT THE MOUNT SINAI MORNINGSIDE AND WEST EMERGENCY DEPARTMENTS WHO RISKED THEIR LIVES TO HELP THOSE IN NEED DURING THE COVID-19 PANDEMIC OF 2020.

System Design to Protect Well-Being

Health System Clinical Triage Teams

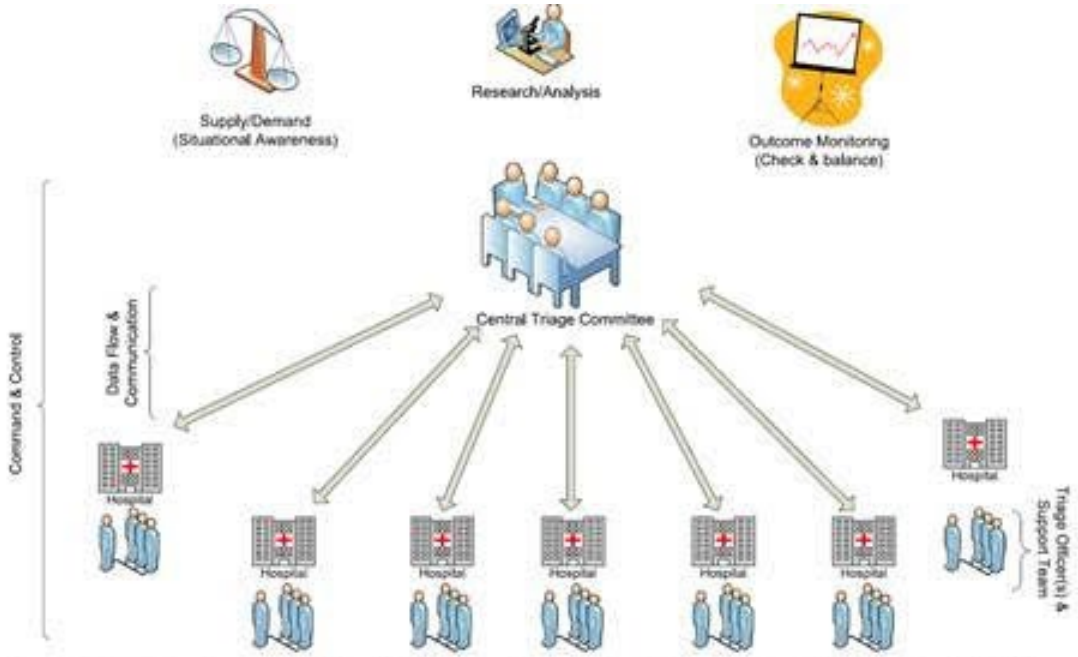
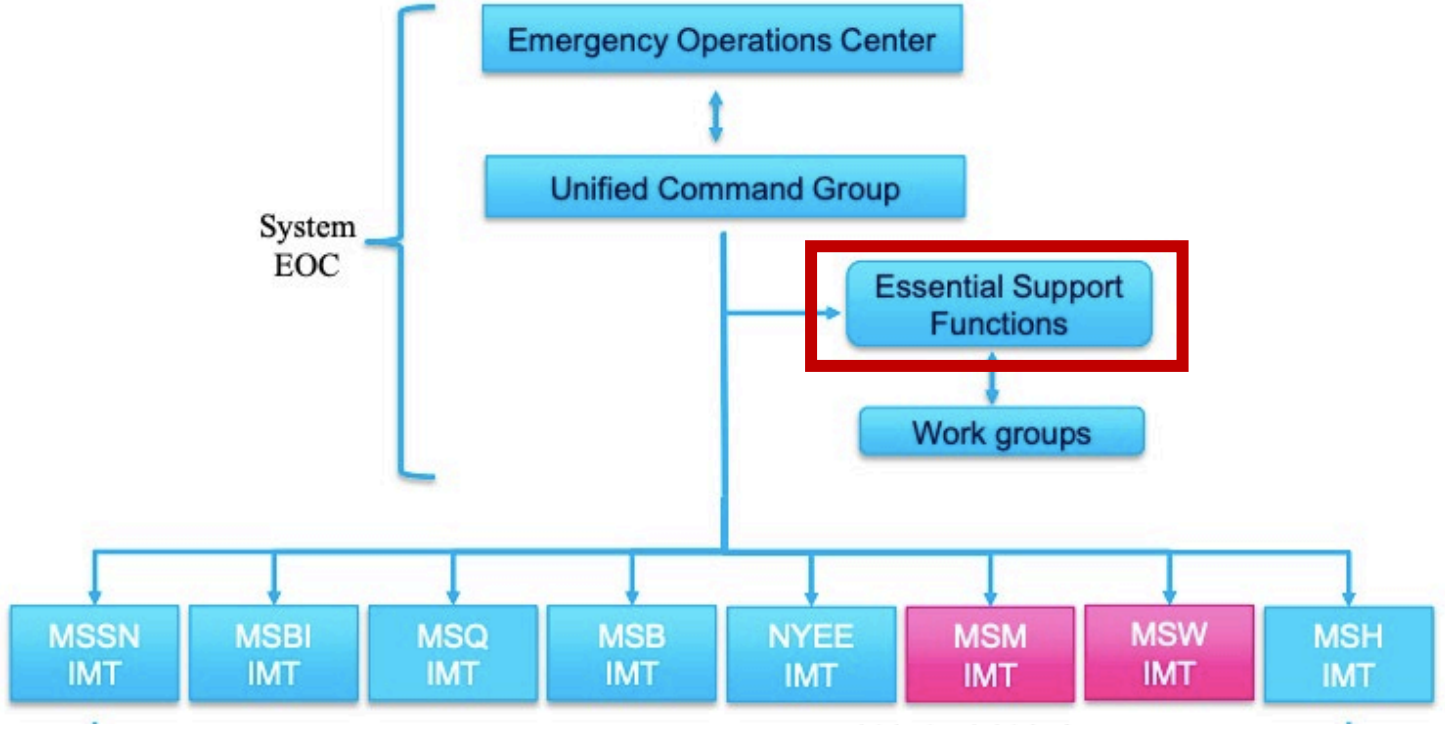


Figure 3 – Triage infrastructure: the optimal relationship between the state or regional central triage committee and the triage officers at individual hospitals. The central triage committee must have situational awareness (knowledge of the resources supply and demand) and the capacity to conduct research in order to modify triage protocols and monitor triage outcomes. A bidirectional communication network between the central triage committee and hospitals is required to achieve situational awareness, monitor outcomes, and communicate modifications to the triage protocols. At the individual hospitals, the triage officers are supported by a staff or team.

"…this document provides clinical and ethical guidance intended for use throughout the health system to ensure fair, clinically informed decisions about scarce resource allocation during the COVID-19 pandemic."

System Design to Protect Well-Being

Command Structure at the Mount Sinai Health System



EOC Commander / Unified Command Group (UCG)

- Human Resources and Labor Pool
- Infection Prevention
- Nursing
- Perioperative Services
- Pharmacy
- Radiology
- Real Estate & Engineering
- Quality & Regulatory Affairs
- Risk Management & Patient Safety
- Supply Chain
- Well-Being and Resilience
- Volunteer Services
- Laboratory & Blood Bank
- Admitting
- Ichan School of Medicine (Research)

Mitchell Radin, PsyD, LP

Senior Clinical Psychologist and Founder/Clinical Director of the Critical Incident Support Team, Hennepin Healthcare

WORKFORCE WELLBEING AS

Surge Readiness

Why sustaining the workforce between crises is a readiness question, not a wellness add-on

Mitchell Radin, PsyD | Hennepin Healthcare

1 We're Built for the Surge

✓ During the Crisis

- Rapid activation
- Coordinated response
- Presence under pressure — this is the training

! After the Crisis

- No protected time to reset
- Basic needs go unmet
- Confidence in the system quietly erodes

The crisis isn't where this breaks down. It's what comes after, once the room has moved on and the infrastructure isn't there.

2 A Locked Bathroom Door . . .

A locked bathroom stall serving as the closest accessible recovery space is not evidence of resilience. It is evidence that we've normalized inadequate support infrastructure, investing extensively in patient care while neglecting the systems needed to sustain the people who provide it.

What erodes confidence isn't the event itself. It's discovering, afterward, that the basic infrastructure was never there.

3 The Symptom Isn't the Problem

WHAT WE TREAT

Surge capacity. Burnout. Overwhelm.

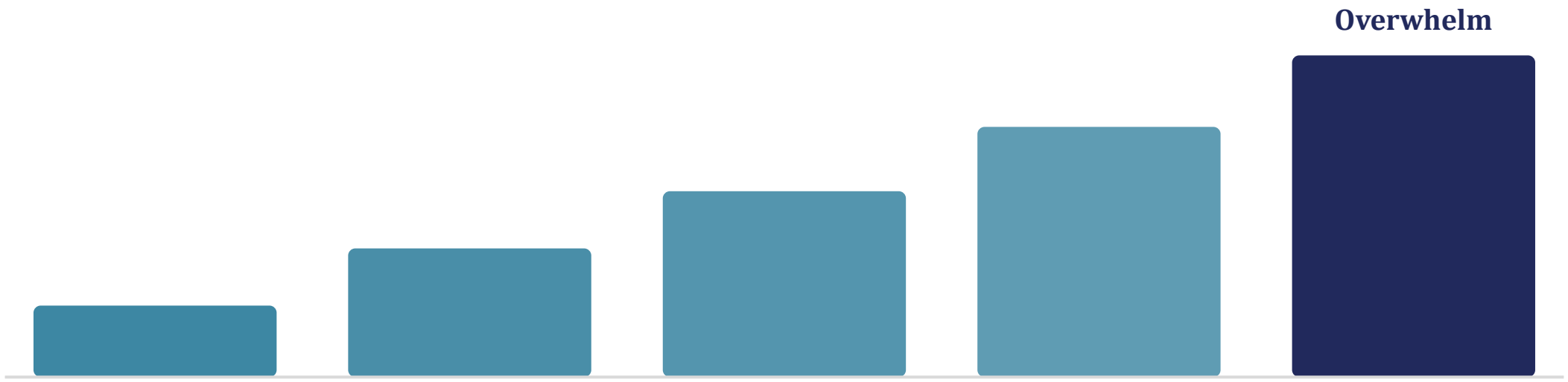
WHAT'S ACTUALLY MISSING

The framework and resources to meet basic human needs under sustained strain. The surface problem is usually a stand-in for one we don't yet have the perspective or support to solve directly.

Treat the symptom and the underlying need stays unmet — it just resurfaces at the next event.

4 Rarely One Event

Overwhelm is rarely one event. It's a series of unmetabolized experiences that scaffold on each other, event after event, because we're trained to keep functioning in the moment rather than recognize the cumulative impact of what we're experiencing.



A resilience plan built to catch one bad day will miss the years of days that came before it.

5 This Doesn't Look Like Burnout

↓ The Sign We're Trained to Watch For

- Pulls back from patients
- Calls in sick more often
- Talks about leaving

↑ What We Actually See

- Takes on more shifts
- First to volunteer for the hardest cases
- Seems fine, then quietly resigns

By the time someone fits the profile we're watching for, we've already missed the people this describes.

6 The Two-Ledger Problem

TRACKED

Visible on the readiness budget

- Surge staffing plans
- Equipment and PPE stockpiles
- Mutual aid agreements

UNTRACKED

Never shows up as a line item

- Experienced responders lost before the next event
- Loss of institutional memory the surge plan depends on
- Trust in the system that needs to be rebuilt from scratch each time

A readiness plan is only as good as the people still there to run it.

A workforce eroded between crises has less capacity when the next one hits.

Sustaining the workforce isn't a cost competing with readiness. It is readiness.

Moderated Roundtable

Kiersten Henry, DNP, ACNP-BC, CCNS, CCRN-CMC

Strategic Advocacy Specialist, American Association of Critical-Care Nurses; Critical Care Nurse Practitioner, MedStar Montgomery Medical Center; Nurse Practitioner, Maryland-1 (MD-1) DMAT

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Mitchell Radin, PsyD, LP

Psychology Manager and Clinical Director of the Critical Incident Support Team, Hennepin Healthcare

Michael Redlener, MD

Associate Professor of Emergency Medicine, Icahn School of Medicine at Mount Sinai; Deputy Medical Director, The Fire Department of the City of New York

Leadership Strategies that Support Resilience and Well-Being

Anticipating and Addressing the Human Impact of Trauma in Healthcare Emergencies

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Applying Pandemic Workforce Resilience Lessons to Future Healthcare Emergencies

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Securing Leadership Buy-In for Workforce Well-Being and Resilience Initiatives

Question & Answer

Contact ASPR TRACIE

1-844-5-TRACIE

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