

Tips for Retaining and Caring for Staff after a Disaster

Updated May 2022

When disasters strike, the ripple effects are significant. Survivors may be injured or displaced or may have loved ones in similar situations. Public health emergencies which may not have a clear “end point” (e.g., the COVID-19 pandemic) can take a significant toll on healthcare worker mental health and resilience. The emotional, physical, and financial tolls of these events can be jarring, and no one in the community is immune. Healthcare 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. [Healthcare leadership plays a vital role in ensuring staff feel cared for and safe.](#)

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. This document was originally published in 2016 after significant flooding in Louisiana and has been updated to incorporate the challenges associated with retaining healthcare staff during the COVID-19 pandemic.

Supporting Staff During COVID-19 Stressors

Healthcare is an inherently stressful field and many healthcare workers experienced negative mental health effects while caring for patients during the pandemic. Retaining healthcare workers became a significant challenge due in part to stressors unique to the field, including fear of becoming infected by COVID-19 (particularly at the onset, as information was changing very quickly), fear of getting loved ones sick, and psychological trauma due to the emotional demands of caring for patients during the surge. As staff contracted the virus and had to miss work for extended periods due to various guidelines, overscheduling also became an issue. Nurses, physicians, and respiratory, physical, and occupational therapists were in high demand across the country; many experienced compassion fatigue, moral injury, and even burnout as a result of these various stressors. Not how long the pandemic would last has continued to be another source of stress.

Immediate Needs

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.

- Shelter
- Transportation
- Food, water, hygiene
- Care for loved ones
- Behavioral health care
- Funding
- Communication/charging stations
- Flexible schedules

Ways to Support Staff in a Pandemic or other Public Health Emergency

Healthcare organizations can support their staff during pandemics by making resources available to address stressors, starting with the most basic requirements on Maslow’s hierarchy of needs. Examples include helping staff cover basic needs such as food, child and adult care, lodging, and transportation. In the early phase of the COVID-19 pandemic, many healthcare organizations supported staff by providing temporary housing and meal vouchers, ensuring staff had a safe, convenient place to rest and access to food while not potentially exposing their loved ones and roommates to the virus. As the pandemic progressed, some executives conducted rounds with staff and provided transparent communication and wellness-centered messages and offerings (e.g., well designed break rooms/areas), and access to support groups and tele-behavioral health services. Despite these advances and innovations, many healthcare staff have [suffered burnout and resigned from the field](#) over the past two years.

Lessons continue to be documented and incorporated into the recruitment and retention of healthcare staff. One healthcare executive from Ochsner Health in New Orleans explained how they used the [Plan, Do, Check, Act cycle](#) to maintain situational awareness and ensure staff safety. The [2022 Surgeon General’s report Addressing Health Worker Burnout](#) lists the following ways to support the workforce and includes strategies for carrying out these goals:

- Protect the health, safety, and well-being of all health workers.
- Eliminate punitive policies for seeking mental health and substance use care.
- Reduce administrative and other workplace burdens to help health workers make time for what matters.
- Transform organizational cultures to prioritize health worker well-being and show all health workers that they are valued.
- Recognize social connection and community as a core value of the health care system
- Invest in public health and our public health workforce.

Immediate Needs after a Disaster/Mass Casualty Incident

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 staff (and their loved ones if applicable) receive access to any medical care necessary to address injuries incurred as a result of a natural disaster or mass casualty

Related ASPR TRACIE Resources

- [ASPR TRACIE Mini Modules to Relieve Stress for Healthcare Workers Responding to COVID-19](#)
- [COVID-19 and Healthcare Professional Stress and Resilience \(Speaker Series\)](#)
- [COVID-19 Behavioral Health Resource Collection](#)
- [COVID-19 Workforce Resilience/Sustainability Resources](#)
- [Disaster Mental Health Resources for Healthcare Workers during COVID-19](#)
- [Healthcare Provider Shortages: Resources and Strategies for Meeting Demand](#)
- [Issue 12: COVID-19 and Healthcare Professional Stress and Resilience](#)
- [Promoting Healthcare Provider Performance and Well-being in the Age of COVID-19: Exploring Novel Strategies](#)

incident (MCI). Next, try to be as flexible as possible with scheduling just after an event. Consider providing a “concierge service” where staff can meet with one person in one convenient place who can help them 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, for example, [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 disaster or during protests affecting traffic. 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 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. Some facilities in Florida have had a tanker come to the hospital after a hurricane, allowing staff to fill their tanks. Some hospitals provided staff with rideshare gift cards they could use if they did not feel safe driving too close to active protests.
- **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 to ensure staff had access to boxed meals during longer shifts. 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 childcare (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 from the facility to and from local schools to minimize disruption in children’s routines.
- **Pet care.** [Disaster 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

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.”

initial shock of the event, and provide them with additional resources and services as necessary. 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. Act upon that feedback, as practical. 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 a hospital system in New Jersey committed \$1 million to team members affected by Hurricane Sandy. The same group distributed \$350 gift cards to “severely impacted team members” to assist with the purchase of necessities. Hospitals may consider creating funds for staff who suffered significant damage to or entirely lost their homes
- **Communication.** Consider using social media to keep employees apprised of any service updates throughout the response and recovery phases. Tools such as Facebook, Instagram, LinkedIn, and Twitter can be used to announce upcoming updates and events.
- **Charging stations.** Create ample areas for staff (and their loved ones, as necessary and practical) 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. Consider staggering shifts to allow employees to more flexibility (e.g., to meet with insurance, repair teams, and to care for relatives).

Related Resources

- ASPR TRACIE’s [Disaster Behavioral Health](#) topic collection
- ASPR’s [Creating a Caring Workforce Culture: Practical Approaches for Hospital Executives](#)
- Mount Sinai’s [Pandemic Workforce Wellbeing](#) Toolkit

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 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](#) and [loans available through the Small Business Association](#).

Short-Term Needs

- Disaster service liaison
- Clothing/laundry
- Onsite break rooms
- Behavioral health care
- Care for loved ones
- Nourishment
- Transportation
- Home improvement
- Paychecks/leave
- Volunteers

- **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 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.
- **Onsite break rooms.** Dedicated spaces for healthcare staff to take breaks from the cognitive and emotional demands of their jobs [proved essential during COVID-19](#). Healthcare leadership can support their staff by ensuring staff have space for quiet during their shifts.
- **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., via mental health rounding teams, 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.** In the event of a natural disaster, some staff may have sustained damage to their homes, but can still live in them. In hurricane-prone states, hospitals may consider keeping a supply of tarps on hand and distributing them to employees after hurricanes. Healthcare systems may consider establishing 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. Shortly after Hurricane Sandy, [staff contributed more than 1,000 vacation hours to their colleagues](#). 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, whether the disaster is acute like a hurricane or longer-term like COVID-19. People may want to return to work, but may be hampered by injury, caring for loved ones, especially when schools close, 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.