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Staff Respite Units for Healthcare Providers during COVID-19

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Abstract
The COVID-19 pandemic has posed significant challenges for the community at large, and especially for healthcare providers (HCP). They faced new and unprecedented stressors, which affected both their work and home lives. The pandemic has been pervasive and requires a strong and sustainable workforce who risked possible personal infection, feared infecting loved ones felt overwhelmed by dying patients, and endured long working hours. Staff Respite Units were created to offer HCP the opportunity to find a serene place within their busy, stressful clinical settings, and to support them in various ways - hydrate, think, meditate, laugh, connect, and show them that they were supported and valued. The Staff Respite Units were based on addressing Maslow's Hierarchy of Needs. Six Staff Respite Units were deployed in a major tertiary healthcare center in Ontario Canada, comprised of two general hospitals, a cancer care hospital and rehabilitation institutes. The need for the centers was evident as shown through staff attendance: > 100 visits per day at larger sites, >3000 visits per week, and >17,500 per month, and positive feedback from staff. Specific strategies and resources were found to be effective in providing support for the overwhelmed mind, tired body, and grieving HCPs. Our experience with Staff Respite Units from the use of the Incident Management System (IMS), the education of Staff Respite Unit staff, selection of supportive activities and HCP feedback can be used as a framework for other healthcare systems or industries during critical times.

Keywords*:* COVID-19 Pandemic, Health Care Providers, Staff Wellbeing, Best Practice, Staff Respite Units, Grief

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Introduction

Since December 2019, the novel coronavirus disease (COVID-19) has spread rapidly across the globe. Within weeks of its identification, the World Health Organization (WHO) declared it a pandemic (WHO, 2020), which has had devastating effects on health care providers (HCP). HPCs encompass a variety of healthcare professionals, including; physicians, nurses, social workers, occupational therapists, physiotherapists, dentists, dental hygienists, midwives, medical technicians, personal support workers, paramedics, public health nurses respiratory therapists, other first responders, lab personnel, environmental support workers as well as other professionals working within the health sector settings (Public Health, 2020). As of June 2020, there were 5,815 confirmed cases of COVID-19 among Ontario's HCP (Public Health, 2020). Employees in long-term care sectors were considered to be at higher risk of contracting the virus in Ontario (Public Health, 2020). Due to the nature of their work, HCPs may experience psychological distress associated with observing human suffering, alongside high rates of morbidity and mortality (Spoorthy et al., 2020; Wu et al., 2020). At the commencement of 2020, HCPs in Canada, were nervously anticipating the spread of COVID-19, once Wuhan China announced that COVID had been spreading in that country and affecting global travel (Lai et al., 2020). Some have past experience with mental health distress in HCP during the SARS epidemic (Styra et al., 2008). HCPs must be concerned about maintaining their own wellbeing, as well as ensuring the health of their loved ones, while continuing to provide care for patients. Additionally, they grapple with a myriad of issues, including social distancing and work related demands, in addition to the uncertainty pertaining to vaccine development, or the duration of the COVID-19 pandemic. It is imperative that the mental health and wellbeing of HCPs are addressed during public health emergencies, especially during a devastating pandemic.

A public health pandemic, like COVID-19 can interrupt regular hospital operations in order to address immediate and life threatening conditions. This can result in noticeable disruptions such as: staff service reductions, shortages in personal protection equipment (PPE), rationing of supplies, and redeployment. Not only does this affect service delivery, but it also affects the personal lives of staff. This includes limited access to essential services such as parks and recreation, schools, child-minding services, and disruption of staff networks of social and emotional support. In particular, frontline hospital staff have been working under arduous conditions while dealing with complex grief as a result of the COVID-19 pandemic. Complex grief can be defined as; long lasting and debilitating feelings with difficulty recovering, as well as prolonged feelings of disbelief and an inability to see the end of the trauma (Boelen, 2016). While grief is a normal reaction to distress or painful events, complex grief can have a long-lasting effects on HCP. COVID-19 related stress has led to greater insecurities, such as; risk to HCP stability, burnout, and hypervigilance, exacerbation of pre-existing mental illness, life safety risk, job security and fears of contaminating loved ones. Social distancing regulations cause additional complexities by limiting interactions with colleagues or other social support networks. HCP are not able to adequately bond or offer emotional support to patients given the distance imposed by PPE, the unpredictability of the virus and the lack of treatment options. Moran (2017) suggests that in mass casualty events, "perhaps the clearest lesson to emerge from recent incidents is that the physical and

psychological effects on healthcare staff at receiving hospitals are severe, under-reported, and underappreciated" (p. 1)**.** This is in light of the fact that HCP prioritize the needs of their patients.

On March 23rd, 2020 the University Health Network (UHN) established six Staff Respite Units, to provide staff with peer-to-peer support and a space to reset and refocus. The fundamental objective of the Staff Respite Units is to provide support to staff implementing self-care into their work routine to improve resiliency and prevent burnout. The philosophical foundation of Staff Respite Units is grounded in Maslow's Hierarchy of Needs. Maslow uses the shape of a pyramid to depict the basic psychological needs of humans on different levels of the pyramid and identifies the specific needs that need to be met for one to reach self-actualization (Karnatovskaia, 2015). The Staff Respite Units offer a multitude of services and resources to address the needs of HCP. To adequately address the psychological impact and wellbeing of HCP throughout the COVID-19 pandemic, the University Health Network (UHN) utilized Staff Respite Units assist in mitigating stress, anxiety, and complex grief among HCP.

The purpose of this article is to highlight some of the initiatives undertaken by the University Health Network (UHN), consisting of Toronto General, Toronto Western, Princess Margaret, Toronto Rehab, and the Michener Institute, to address mental wellbeing and grief among HCP. This article will demonstrate the use of Staff Respite Units as a *Best Practice Model*, and will describe how the model can be adopted in other healthcare facilities or other industries. The article will conclude by providing three recommendations to Healthcare service providers or other sectors, exploring strategies on providing resources to staff during states of emergency.

Incident Management System

UHN's COVID-19 response activated the Incident Management System (IMS) (Ministry of Solicitor General, 2017), also referred to as the Incident Command System (ICS); which assigns and deploys specific functional roles and units within a reporting structure that culminates in an Incident Commander. UHN is a multisite hospital with both a corporate and site-based command team.

The ICS was developed in the United States in the early 1970's in response to catastrophic fire emergencies in California (Ministry of Solicitor General, 2017). A "system" was developed to assign and expedite resources in an organized structure that was scalable to the impact and demands of the emergency. The ICS was adopted throughout North America with five basic management streams: Command, Operations, Planning, Logistics, and Finance with command as the mandatory function to be established for any incident (Ministry of Solicitor General, 2017). Ontario IMS principles and concepts are consistent with the ICS but adapted to suit Ontario's unique governmental structures and emergency legislation/regulations. All hospitals, public health, first responders (Fire, Police, Ambulance), and the Ministry of Health and Long Term Care (responsible for administering the health care system to the province of Ontario) have adopted IMS into their emergency planning procedures.

Hospitals are replete with resources that may be deployed to carry out other duties if required in an emergency, and with clinical services and research activities closed or reduced, staffing was abundant. Deployed emergency functions included staff assessment units, a redeployment centre, door screening teams, staff resiliency units, peer-to-peer support line, personal protective equipment (PPE) coaches, mental health support services, and treatment units.

Although it is pivotal for any comprehensive emergency response plan to include a mental health strategy for HCP, caring for patients takes priority.

The Staff Respite Units are site based with leadership established at the site level and report to the Staff Resiliency Director (corporate position) who reports to the corporate level Planning Chief (UHN assigns their HR VP to this role) who reports to the UHN Incident Commander. All site Staff Respite Units are assigned a primary and alternate lead who is put on an emergency notification system for rapid communications (tested biannually). Each lead has a job action sheet available online via an IMS SharePoint site, defining who they report to, key actions, and a plan outlining the set-up of the space, staffing, and supplies. This creates accountability and links the centre to a greater structure that supports their operations with staffing and supplies. All sites are equal and have a designated Staff Respite Unit with onsite leadership. This model worked exceptionally well in respecting the culture at each site and giving it room to grow and create a unique identity.

The six Staff Respite Units were set-up on March 23, 2020, within days of when the WHO declared the COVID-19 outbreak a pandemic. The goal was to be proactive in supporting staff. The Respite Units ran seven days a week at Toronto General Hospital, Toronto Western Hospital, Princess Margaret Cancer Care Centre, University Centre, Lyndhurst/Rumsey Centre, and Bickle Centre. UHN has plans in place to support staff in case of emergency, such as a mass casualty incident (Code Orange), and therefore, the Staff Respite Units were in development at the time the COVID-19 response and had fundamental logistics in place and a working group in progress since May 2019.

The Staff Respite Unit is considered a recovery function for a rapid onset critical event, such as a mass casualty or active shooter, for example. However, infectious disease events present a unique set of stressors that are prolonged, pervasive, threaten personal safety, and require a strong and sustainable workforce. Rules of social distancing and personal protection precautions seemed to preclude the creation of Staff Respite Units. However, the units were approved for activation with precautionary measures by the Infection Prevention and Control (IPAC) department.

Room Regulations - Staff Respite Unit Precautions

The respite locations developed a set of rules to be implemented before activation and included:

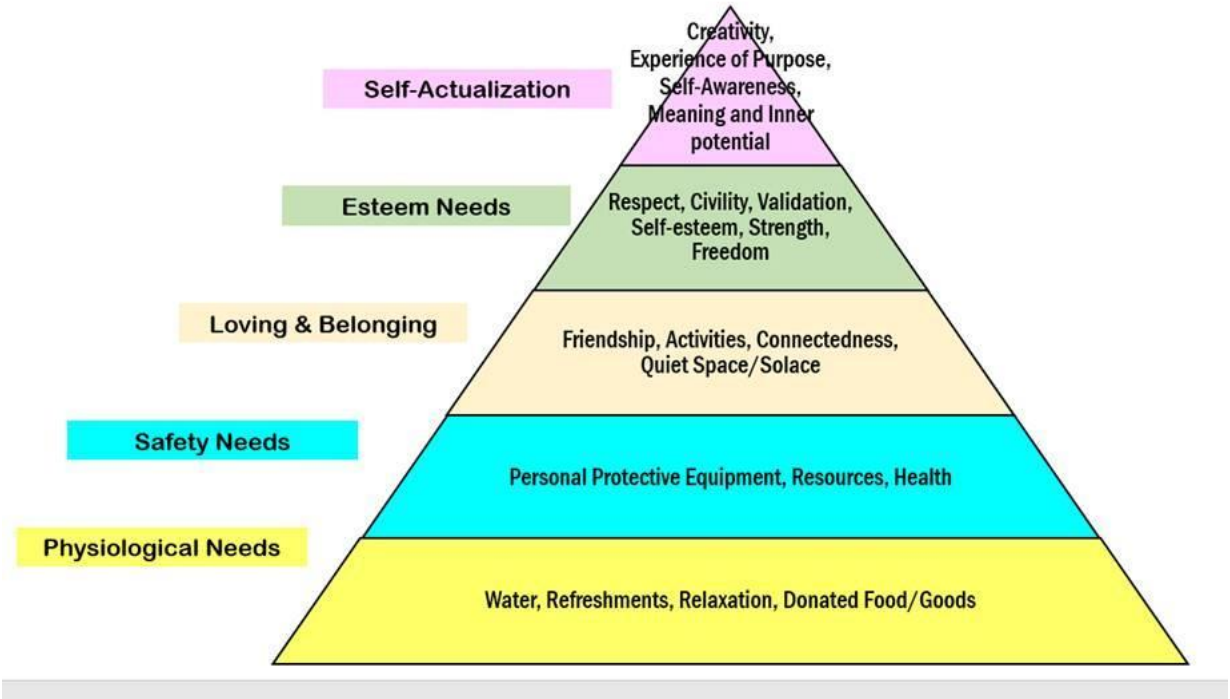
- hand sanitization upon entry/exit to staff respite unit and if mask was touched
- masks must be worn at all times (except when eating & drinking)
- removing PPE – gowns, face shields, gloves
- maintaining 6 feet of distance from others
- room capacities (determined based on size of room)
- wiping down coloring pens, mats, massage balls after each use
- thorough wipe down of all surfaces
- a check-in table at the front used to distribute massage balls and coloring pens, to be returned, wiped down, and returned to use afterwards
- directional floor tape to indicate walking direction and reduce convergence.
- taping physical distances to maintain social-distancing requirement
- rules that were checked and approved by the Infection and Control Department

During the COVID-19 pandemic, HCP have witnessed high rates of mortality and the suffering of their patients. Given the nature of their profession, health care providers require barrier free opportunities for rest, nourishment, and a connection with others. Studies (Moran, 2017)) emphasize that healthcare teams must care for patients under tragic and exceptional circumstances thereby subjecting them to grief and loss. A *Staff Resiliency Working Group* was established to conceptualize, plan, and develop the Staff Respite Units in 2019 to minimize the effects of an emergency circumstance by providing staff support services that sustain the workforce such as building resiliency, supporting mental health, and increased acknowledgement of the potential effects of the exceptional demands on the workforce. As COVID-19 became a worldwide threat, our institution established six Staff Respite Units, which included a peer-to-peer staff support telephone line. Creating and reinforcing room regulations and managing infection control were essential parts of the planning and the implementation process of the initiative.

Theorizing the Need

The theoretical foundation of the Staff Respite Units is grounded on Maslow's Hierarchy of Needs. Staff Respite Units emphasize the need to support the wellbeing of health care providers. As noted in Figure 1 (Maslow's Hierarchy of Needs), we must meet basic needs in order to move to psychological and self-fulfillment needs. Feeling safe and nourished, with a sense of community is vital before one is able to contemplate higher needs. Having this framework in mind, the Staff Respite Units offer food and beverages, resources to address psychological needs, and importantly, a safe place to rest. By first addressing the basic needs of staff, the objective is to enable staff to strive towards self-actualization, which entails building confidence to seek therapeutic support to overcome grief, loss, and supporting other psychosocial and emotional needs.

Figure 1: Maslow's Hierarchy of Needs



Staff Respite Unit

The initial concept of Staff Respite Units was to offer staff rest, a nutritional area, and an activity space, but they evolved into sources of inspiration, imagination, and camaraderie. File folders were provided to staff who wanted to finish their projects at a later visit: these were labeled and kept by the respite staff at the reception area. Art and poetry competitions flourished with staff posting and displaying their creations. Watercolor paper and paint, origami instructions, and paper were provided. Art was showcased on walls and tables, and prizes were awarded. Staff delighted in these "exhibitions" and would take photos of themselves in front of their art. Art, games, puzzles, poetry filled the Staff Respite Units with images, words, and colors, creating a place of discovery, conversations and personal disclosure. This burgeoning of relatable, fun, and meaningful self-expression created positive energy amongst staff, an unexpected phenomenon as a result of the challenges faced upon them in the workplace.

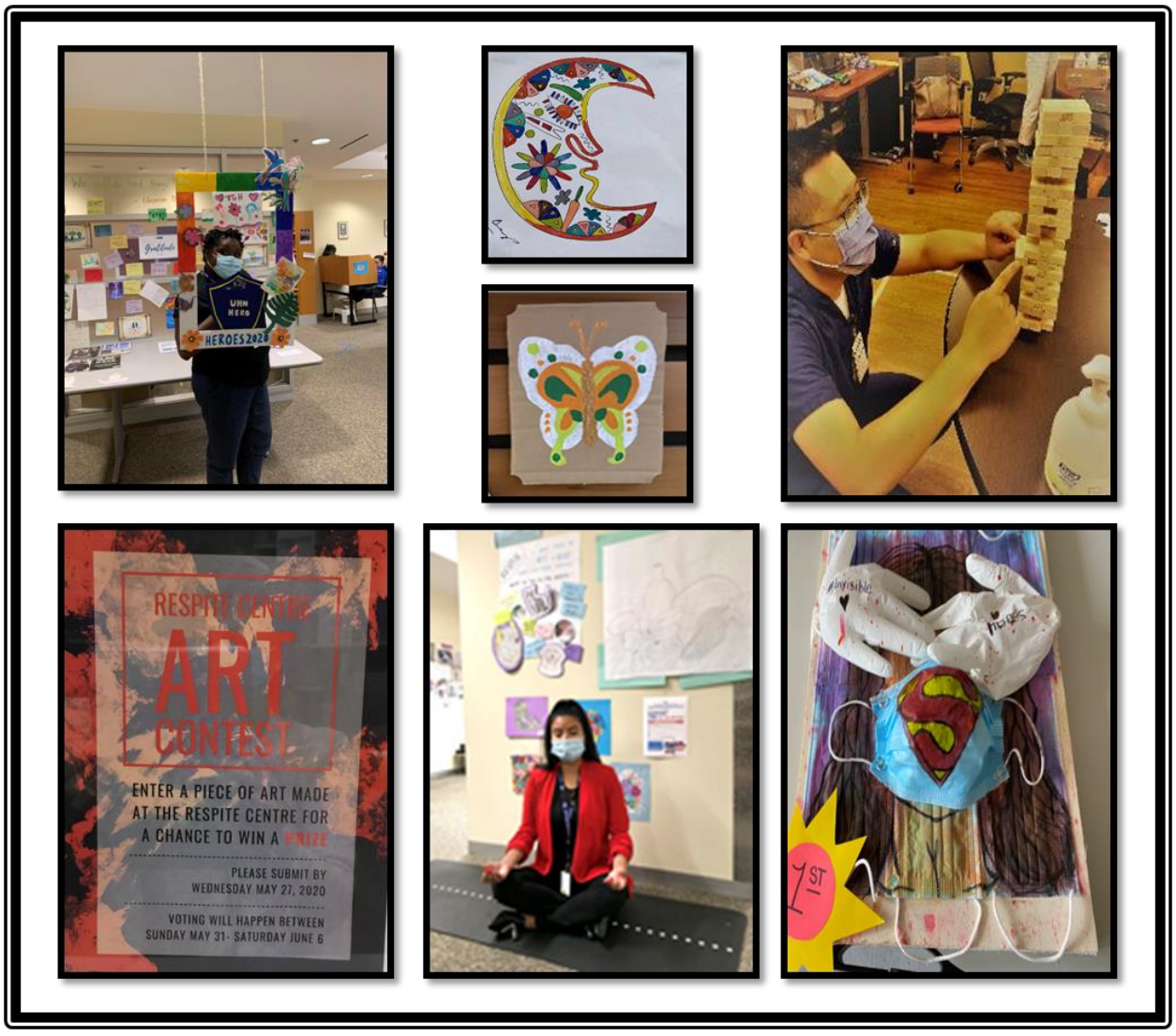
Location Criteria

Staff Respite Units were located away from inpatient areas. Space allocation required the following:

- reception-greeting/room with regulations/hand hygiene protocols
- refreshment table – tea/coffee/energy bars/drinks
- art activities – tables and chairs
- private quiet space area
- meditation/yoga area
- nearby washroom
- access to a sink for coffee/tea/art

The philosophical foundation of the Staff Respite Units is to address the multifaceted needs of staff while providing a safe space to retreat**.** Each Staff Respite Unit offered various programs with an assigned staff lead, overseeing redeployed staff, ensuring a quiet place for staff to breathe and take a break from a chaotic, busy day. Staff feedback suggested that breaks were compromised and omitted during busy shifts. As a result, Staff Respite Units provided a welcome place to take time out or to have some moment out of chaotic busy days. Staff Respite Units offer multifaceted programs from arts and crafts to meditation and peer to peer conversations (Figure 2).

Figure 2: Staff Respite Unit Activities and Art Contest



Staff Feedback on Respite Unit Benefits

> "The Respite Centre for me is the epitome of calmness, the music and lightning calms the senses on entering the room. As a nurse educator I have 8-9 related projects on my mind. …gives me permission to focus and refresh" (Aideen Carrol, Staff Respite Unit user) (Figure 3).

Figure 3*:* Staff Enjoying the Staff Respite Units

Below is a list of the services offered by the Staff Respite Units:

- refreshments
- computer use
- self-directed yoga
- meditation
- painting
- humorous quotes
- rock painting
- gratitude wall
- SGN (some good news board based on YouTube series "SGN")
- wool art
- origami
- clay
- dream catchers
- colouring
- cognitive games, such as puzzles and sudoku
- messages of encouragement and thanks

- conversations between staff
- a place to enjoy a drink/lunch

Promoting Staff Respite Units

To promote the Staff Respite Units to the employees of UHN, the following methods were used:

- Visual aids created by way of poster that included location, hours of operation
- Staff Respite Unit hours reflected the operational protocol of the UHN including night and weekend shifts
- extended hours (14 hours per day at some of the larger sites) to accommodate the demand and need for services
- decreased hours once the city of Toronto went into a reopening process and employees were redeployed to their respective roles
- brochures were made available; listing both internal and external services to promote well-being both for HCP and their loved ones,
- inter-departmental communication via leadership to team members about opening of the Staff Respite Units and the services being offered.

Methods

To evaluate the usefulness of the Staff Respite Units during the COVID-19 pandemic, a survey questionnaire was distributed to visiting staff, which was initiated at the time these centers opened on March 23rd, 2020. The survey allowed HCP to provide their feedback on their experiences using the Staff Respite Unit. The survey consisted of the following three questions:

1. How has your mood been impacted as a result of visiting the Staff Respite Unit?
2. Would you recommend the Staff Respite Unit to someone else?
3. What was your overall experience with the Staff Respite Unit?

The three questions listed above were aligned with the key objectives of the program. The survey provided space for additional comments, allowing HCP to provide anecdotes. HCP were also asked to fill out a hand-written, anonymous survey and place it in a lockbox, which was emptied bi-weekly. Data collected from the lockbox were entered on a spreadsheet by an Administrator, who was deployed to support the Center.

The Staff Respite Units were meant to be temporary, with an initial focus to be closed once the pandemic was under control and there was a return to a "new normal". However, there has been overwhelming feedback received from staff for Staff Respite Units to remain open permanently. Staff Respite Units have proven to be of therapeutic value and have evolved organically in various facets that enhance self-care and a sense of community. They will remain open for the next phase of the pandemic, guided and supported by the *Staff Resiliency Working Group* and operated by the existing *Wellness Center* and redeployed staff.

Results

Since the opening of the Staff Respite Units on March 23rd, its visitor count has continued to rise to over 3000 visits weekly. Each time a staff enters the Respite Unit a visit is recorded. Staff may return to the Unit that same day, recording as another visit; and sometimes the repeated visit is for a different reason, such as relaxation, arts and crafts or a stretch break. 157 HCP responded to the survey questionnaire, with 98% rating their overall experience with the Staff Respite Unit

of Good or Excellent. 92% indicated their mood to be impacted positively and 97% said yes to recommend the Staff Respite Unit to someone else. Comments from the staff expressed how the Staff Respite Units addressed their basic, psychological, and self-fulfillment needs; specifically creativity (Table 1).

Table 1: Basic, Psychological, and Self-fulfillment Needs: Staff Quotes

Basic needs	Psychological needs	Self-fulfillment needs (specifically creativity)
"Best part of the hospital. This is the only place where I can sit and relax".	"I use this place to relax and my mood changes to happiness".	"There is always something new to do here Great range of activities".
"This place is serenity during super tough times".	"I feel calm devoid of anxiety The Staff Respite Unit helps me recharge my batteries".	"I am loving the pictures that are drawn out for us to paint. Yoga was very relaxing! Thank you for the origami roses".
"Staff Respite Unit is a beautiful space to rest and refresh when I have to work 12 hours+ days".	"I feel cared for and supported as a staff member with the Staff Respite Unit in place".	"The images on the screen are peaceful and add to my personal yoga & meditation".
"Nice to have a break and snacks; good coffee and conversation".	"It was therapeutic for me to chat for a few minutes and have a chuckle!"	"I am really enjoying painting again; I don't have time to do this at home".
"Wonderful to have a nice place to eat lunch again! All my used spots are unavailable or uncomfortable".	"The staff make me feel good and positive".	
"Thank you for this Respite Corner that takes us away from our chaotic world into a land of serenity".		

Given the demands and feedback from the Respite Unit users, the need to create new activities evolved. As such, several new activities were developed over time based on donated supplies. To address the needs identified, redeployed staff contributed to the activities based on their skill sets and expertise. This resulted in additional activities being offered and individuals frequenting the center, particularly to partake in these additional services. Table 2 contains a snap-shot of a busy week at the Staff Respite Unit with 4414 visits in total, with one the Staff Respite Unit being closed due to an internal COVID -19 outbreak.

Table 2: Attendance of Weekly Staff Respite Unit Activities

Respite unit visits	Monday May 4	Tuesday May 5	Wednesday May 6	Thursday May 7	Friday May 8	Saturday May 9	Sunday May 10	Total	Last week	Trend
Toronto General	184	168	161	156	205	70	55	999	909	+10%
Princess Margaret	160	160	139	175	145	33	26	838	706	+19%
Toronto Western	Temporarily closed									
Toronto University	57	106	82	105	120	55	36	561	476	+18%
Toronto Bickle	81	82	109	71	100			443	456	-15%
Toronto Lyndhurst	90	105	93	100	124	61		573	566	+1%
								4414	3304	+0%

Discussion

The evaluation of outcomes from the Staff Respite Unit activities showed that the majority of participants benefited from sharing experiences and sought out external and internal resources, including the peer-to-peer support line. The Staff Respite Unit seeks to help manage negative emotions caused by stress and traumatic experiences caused by the pandemic. The pandemic is complex and staff may be focused on the lower level of Maslow's Hierarchy in regards to achieving safety, hydration and security. The Respite Units' goal is to support HCP to move through each level (based on Maslow's theory). Some HCP have to deal with their own grief, that of their staff/coworkers, and their patients. Questions to be asked include: How can one deal with the complexities of grief throughout this pandemic? Would grief and loss hinder HCP from moving up Maslow's hierarchy of needs? Keeping in mind that complex grief involves prolonged and debilitating feelings, with difficulty recovering, as mentioned above. The Staff Respite Units facilitate HCP moving up along Maslow's hierarchy to address a higher level of needs, or prevent distress caused by COVID and COVID-related patient care demands due to the support available in the centers and supportive atmosphere.

The survey results demonstrated how staff has benefited emotionally from using the Staff Respite Units. Studies have shown how the use of self-care strategies, including relationship building, taking breaks, and

engaging in mindful practices can minimize burnout, compassion fatigue, and job attrition (Docherty-Skippen et al., 2019). Taking into consideration the current situation with numerous deaths from COVID-19 and the "collective grief" from job loss, normal life, and lack of connections, regular self-care is a promising healing strategy during this difficult time. The Staff Respite Unit resources, activities, and connections with others, seek to alleviate the above mentioned grief and other emotional stressors.

The Staff Respite Units are greatly appreciated by HCP at our institutions, ensuring that basic needs are being met at work during this pandemic. It has proven to be a calm environment, to mitigate complex grief and loss. We would like to encourage other hospitals/systems and industries to consider this intervention during the pandemic or on an ongoing basis. This is a novel idea that evolved organically with improvements and enhancements based on feedback solicited from HCP who used the service. All objectives of this initiative are being met, based on HCP satisfaction with the program and comments that it has benefitted their overall well-being.

Limitations

It is important to know that Respite Unit activities are reflective of only one healthcare system in which it was provided. Given the multidisciplinary nature of healthcare, funding structures, diversity of patient populations, as well as being a major tertiary system, it may be more difficult to replicate in a smaller system with less resources. Reversely, it may be easier in a smaller system, where there may be fewer barriers relating to Respite Center staffing, resources, and physical space limitation. Furthermore, where smaller centers have found space for a Respite Center during the COVID pandemic, the Respite Center may be eliminated once the demand from COVID is abated. Staff availability may be difficult as they return to their regular duties. Additionally, within the first six months of the pandemic, there was a large amount of donations from the generosity of vendors and private donors that have since dwindled and expired over time.

Conclusion and Recommendations

The objective of the Staff Respite Unit is to minimize the effects from the public health emergency as a result of the COVID-19 pandemic, by providing staff support services that sustain the workforce, build resiliency, support mental health, and acknowledge the effects of the exceptional demands on the workforce. The COVID-19 pandemic continued longer than expected, and remains unpredictable. As such, it is vital to address the health and wellbeing of health care providers. This requires allocating funds through grants or other means in order to sustain the Respite Units for the duration of the pandemic. The delivery model may be scaled down as resources become less available. For example, exploring the possibility of mobile units that can be made available at varying locations with resources and occasional refreshments. We provide the following three recommendations to sustain Respite Units.

Recommendation 1

Ensure hospital infection and prevention control (IPAC) procedures are implemented into the Staff Respite Unit regulations using an iterative process to adapt to the ever changing nature of the pandemic. For example, using IPAC measures as it relates to hand hygiene, mandatory masking, physical distancing, and equipment and surface cleaning.

Recommendation 2

The Infection Prevention and Control (IPAC) department play a key role in supporting the Respite Units by providing directions about procedures and regulations that are implemented by Respite Unit staff to sustain the integrity of the space and safety of staff. Respite Unit should be incorporated into the organization's contact tracing process when staff test positive. Specifically, a COVID contact tracking system has to be in place for everyone using the Respite Units. This has to be monitored and enforced through coaching and support by Respite Staff working in the Unit.

Recommendation 3

Provide user-friendly services and equal opportunities for everyone to access activities and refreshments that are provided. At the Respite Units, we ensured shift work and extended hours were covered to meet healthcare providers' various work hours. As such, Respite Unit activities were also tailored to meet diverse needs and various interests of its users. A Role Profile was also created to ensure the Respite Unit staff understand their roles and responsibilities. Visits are tracked upon entry, and employees solicit feedback that provide volume and insight into the quality of the experience. Additionally, it is pivotal to redirect donated refreshments to the Respite Units given hospital budgetary constraints. Donations from the public are highly appreciated and contribute to staff morale, hydration and overall health.

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Dr. Heather Gordon is the Workplace Wellness Manager for UHN and Director of Staff Resiliency, Emergency Preparedness. She has a clinical background in social work (SW) with 22 years of practice; 9 of those years in outpatient clinics at UHN. She continues to contribute to the field of SW by teaching Master of Social Work Students online with Yeshiva and Dalhousie University**.** In October 2019, she graduated from the Doctor of Educational Leadership program at Western University. She recently co-led the development of a Wellness framework targeting enhanced employee well-being and quality of life for UHN. In response to COVID-19, Heather has been collaborating with internal and external stakeholders to address the Wellness needs of TeamUHN. She will continue to calibrate her responses to meet new demands and opportunities.

Rima Styra, MD, MEd, FRCPC, Consultation-liaison Psychiatrist, Medical Psychiatry Program, UHN and Associate Professor of Psychiatry, University of Toronto, Toronto, ON, Canada

Dr. Rima Styra is an Associate Professor of Psychiatry at the University of Toronto and works as a consultation-liaison psychiatrist in the Medical Psychiatry Program at the UHN. She has a Master of Education from OISE, University of Toronto. She has a secondary cross appointment in the Cardiac Surgery Department and is a member of the Toronto General Research Institute. Her research is focused on the interface between mental health issues and cardiac disease as well as the outcomes in healthcare workers and the public during outbreaks such as SARS and COVID-19. She has been funded by University of Toronto COVID-19 Action fund and has recently completed a survey of HCWs in academic and community hospitals in Toronto.

Natasha Bloomberg, BA, Senior Emergency Preparedness Specialist, UHN, Toronto, ON, Canada

Natasha Bloomberg has worked at UHN for over 25 years and is a Senior Emergency Preparedness Specialist. She facilitates the Staff Resiliency Working Group, the Family Information and Support Working Group and designs and implements large scale multi-site emergency exercises to validate processes and integrate resources. Integrated multidisciplinary and multisite working groups are key to sustaining critical components of the emergency management plan. Large multisite teaching hospitals present an opportunity for integrating resources, uniting staff across sites, and building strong support systems for emergency response. Natasha has a Bachelor of Arts degree from the University of Toronto.