



Guidance for
Medical Social
Workers;
Responding to
Covid_19 Pandemic.

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INTRODUCTION

This guidance document aims to support the professional response of Irish Medical Social Work Departments to the Covid_19 pandemic. It is informed by the limited literature available on role of social workers in epidemics, broader research on the implications of epidemic/pandemic work on frontline staff and by preliminary consultation with healthcare staff in Italy. This guidance will be modified and updated as our professional experience and knowledge expands in the weeks and months ahead.

Social work is a profession based on valuing the importance of human connection and relationships. The social work experience of responding to the SARs epidemic demonstrates that Covid-19 epidemic will interrupt social work practice as we know it and will demand that we reshape our usual ways of working (Gearing & Saini 2007; Leong et al 2004; Rosoff 2008; Rowlands 2007).

Medical Social Workers (MSWS) may be asked to deal with unprecedented levels of distress, grief and loss among our patients and families. Our hospital colleagues may be dealing with new and overwhelming pressures, as they, like us, worry about their patients, their own health and that of their family and friends. MSWS may have to adapt to a rapid increase in their workload, while moving from face to face contact to conducting highly sensitive assessments and interventions over the phone. New demands will be placed upon Head Medical Social Workers (HMSWs) in order to put the appropriate measures and work conditions in place in order to support their teams.

It is completely normal for HMSWS and MSWs as individuals to feel anxious, deskilled and overwhelmed in the face of such demands. It is important to remember that collectively; as leaders and practitioners, MSWs can play a pivotal role in patient, family and staff support throughout the Covid_19 pandemic. Now more than ever, HSMSWs and MSWs need to have clear understanding of our roles so that we can contribute effectively during the pandemic. We cannot stop the spread of the virus, but we can ensure that the values and principles of social work remain enshrined in the model of care patients and families receive.

IMPLICATIONS FOR SOCIAL WORK LEADERS:

Concerning evidence shows the impact of epidemics upon the mental health of patients and those who care for them (Leong et al 2004; Maunder et al 2008; Tam et al 2004). SARs has been referred to as 'a mental health catastrophe' (Mak et al, 2009); given the long term mental health difficulties experienced by many surviving patients and staff members. Along with other frontline professionals, MSWs are at risk of experiencing psychological stress as a result of the new and challenging nature of the Covid_19 workload. It is essential therefore that healthcare leaders consider the promotion of staff well-being as being of equal importance as the service response to patients, families and staff. Failure to do so will doubtlessly impact upon individual MSWs, team morale and future workforce planning.

Pro-active leadership is required during the management of disease outbreak (Nicholas et al 2008, Robertson et al 2004, WHO 2020). Fortunately, the experience of MSWs in SARs outbreaks in

hospitals in Toronto and Singapore (Gearings & Saini 2007, Rowlands 2007) helps inform what constitutes effective social work leadership during a pandemic. A recent survey (BASW, March 2020) of one thousand British social workers was conducted by the British Association of Social Workers and demonstrates staff need to feel physically well and clinically informed in order to perform well.

In light of the above, Head MSWs & Social Work Leaders should consider the following:

- Clear guidance around safe working practices, including specific guidance for vulnerable staff (pregnant/underlying health conditions) and staff with dependents should be provided.
- Recognition that all Covid_19 pts require MSW input.
- An immediate move to meetings and work by video call or phone.
- Development of a checklist of questions to service users prior to meeting to establish if they have any presenting symptoms.
- Workforce planning – expect high rates of illness among staff of all grades and plan accordingly in advance. Recently retired social workers/ social workers on leave may be available to provide support, provide mentorship/supervision or fill staffing gaps should they arise. Liaise with HR departments at earliest opportunity around issues which may arise, i.e. Garda vetting, registration etc.
- Clear commitment to social work well- being. Covid_19 will pose personal and professional challenges for social

workers. All MSWs should be reminded of the availability of Employee Assistance/Psychosocial support and contact details should be visible and easily available in workplace. Buddy and mentor support systems should be implemented for all MSWs and HMSWs. Less experienced staff will require additional support.

- Recognition that the experience of quarantine may be a particularly stressful experience for staff.
- Inter Hospital Co-ordination. Buddy systems between larger hospitals with high staffing levels should be created with smaller hospital MSW teams. It is essential that smaller hospital teams are not left feeling isolated.
- Knowledge, learning and practice wisdom should be collated and shared among teams. MSW practice will be enriched and improved by the experience of colleagues across hospital sites.
- Ensure updated information is maintained on organisations providing Covid_19 specific support.
- HMSW will need to practice good self –care for their own well-being. In doing so, they set the tone that self-care is highly valued and should be practiced by all social workers. HMSWs who provide a sense of professional calm, teamwork and actively seek feedback from staff will promote a sense of well- being, morale and increased productivity.
- It is critical that just as our hospital colleagues have recognised the need to upskill and refresh skill sets to prepare for the pandemic, so too must social workers. Key skills required to meet the needs of a changing patient population should be clearly identified and learning resources sought if required (see section on key skills).

- Use of technology among team – video communication to share information and learning.
- Finally, the scope of the MSW role in response to Covid_19 must be proactively led by each HMSW in hospital wide communication.

MEDICAL SOCIAL WORK: CHANGING NATURE OF WORKLOAD:

Aspects of our work and the way we carry it out, will naturally change over the course of the pandemic. It is vital that MSW teams proactively educate hospital colleagues on the broad role of social work supports available to patients and families. Failure to do so will result in MSW intervention being limited to practical supports and discharge planning. Education on the role of MSW with Covid_19 patients can take place via variety of methods, i.e. hospital internet or apps, email communication, ward posters and every staff contact via phone. Social work leaders should ensure that social workers pro-actively contact the wards with Covid_19 patients on a daily basis to review the emotional, physical, practical and social well- being needs of the patients and families. Assure hospital colleagues, while staff may be less visible, the MSW team are very much available to patients, families and staff.

In order to reduce disease transmission rates, MSWs will be advised to practice social distancing and conduct as much **as much work as is possible** over the phone. This can be challenging for MSWs who are used to developing face to face relationships with patients and family members, however it is important to remember that as professionals, we are skilled

communicators across a variety of platforms. Some of the phone work may relate to bereavement, or feelings of grief and loss.

Phone work, particularly when emotive issues are being discussed, demands a different style of working.

- Revisit your basic training in rapport building and communication skills – use of empathy, active listening skills, being comfortable with silence, pausing to allow someone experience tearfulness or distress, use of reflection etc. Pamela Trevithick's 'Social Work Skills and Knowledge' is an excellent resource to refresh communication skills, in light of the changing nature of our work.
- There may be social workers on your team with significant experience in managing emotional and sensitive discussions over the phone, i.e. social workers with experience in bereavement, palliative care or mental health services. Using social distance guidelines, shadow an experienced colleague completing this work if you feel it would be helpful.
- Social workers who work in single posts or in small hospital teams should consider seeking a buddy or mentor support through their colleagues in larger hospital teams. Larger hospital teams should assign buddies to each social worker to ensure well-being is prioritised.
- MSWs may be less confident with online communication tools. Even without access to a PC or conferencing software, smart phones hold the capacity for instant connection at a most basic level. Upskilling in communication technology is encouraged.
- Risk assessment is a key aspect of the social work role which needs to be protected and nurtured within a changed engagement structure. Risk assessments are context specific

and each agency/organisation will need to identify the types of assessments that must be prioritised and potentially adapted to ensure a comprehensive assessment outcome, even within the limitations of infection control measures.

- Across all contexts, risk assessments in child protection, adult safeguarding and domestic violence should be universally relevant. It is vital than within a pandemic response environment, we keep those in sharp focus and develop skills and strategies that adapt to the environment, while protecting the efficacy of our engagement. All agencies/organisations must develop robust frameworks for risk assessment that mediate the impact of reduced interpersonal contact.
- Patients with additional communication challenges (language barriers, disability, cognitive impairment) will continue to present and plans must be made at local level to address their needs.
- Vulnerable or marginalised patients (experiencing serious illness, mental health problems, homelessness, low level of supports, newly unemployed) will become more vulnerable within an overloaded health system. It is essential that MSW departments recognise our essential role in advocating for the most marginalised and vulnerable. The well-being of all remains our concern, despite pandemic planning.

KEY SKILLS AND KNOWLEDGE REQUIRED:

Covid_19 patients will present with the same life concerns, worries and risks as the general population. We are uniquely positioned to recognise and support the needs of the most marginalised and vulnerable patients presenting with Covid-19. Responding to

disease outbreaks requires specific skills (Nicholas & Gearing 2008, Rowlands 2007). Just as our hospital colleagues are revising and upskilling in specific clinical skills to meet the needs of Covid_19 patients, so too must the social work profession. Additional learning, reading and upskilling at individual and departmental level should take place in key areas such as:

- Health care leadership in epidemics
- Disease knowledge
- Crisis Intervention.
- Stress and distress management for patients and families.
- The impact of isolation on patients.
- Supporting attachment and connection between patients & families.
- Practical skills in anticipatory grief and bereavement work.
- Knowledge of self-care strategies.
- Advocacy skills
- Supporting families to explain illness to children

Thankfully, there is a broad depth of shared knowledge and experience in and between social work teams. A resource pack will be developed and shared by the Head MSW group to ensure that collective learning, research and practice wisdom from the different hospitals can benefit all MSWs in practice. Three key strands of work were identified as emerging in epidemic social work practice from the limited available research:

- **Supporting sick and dying patients**
- **Supporting families and friends of Patients**
- **Supporting Hospital Colleagues.**

SUPPORTING SICK AND DYING PATIENTS:

Covid_19 patients will present with varying degrees of illness. Initially, some relatively well patients may be admitted. It is currently hoped that if government efforts to 'flatten the curve' continues, moderate and severely unwell patients will be treated in the acute setting. If the surge increases dramatically, hospitals will most likely only accommodate the most severely unwell. The health profile of the patient population will naturally impact upon our workload, as to whether we work directly with the patient, or deal primarily with the family.

The literature (Abad et al, 2004) shows that isolation and separation from family can be a harrowing experience for patients and families. This may escalate as the illness becomes more severe.

Social workers understand the importance of human relationships and connection. This understanding allows us to empathise and seek alternative ways for patients and families to feel connected while they are physically apart. This is not simply a practical task, i.e. ensuring the patient has access to a phone. It involves supportive counselling work, finding creative ways to help a patient and family to manage the overwhelming feelings that may be associated with separation and in doing so, helping to restore a sense of calm and coping.

Paediatric social workers can review the available research in the HMSW resource pack from the experiences of children, staff and social workers during the SARs crisis. Literature has been reviewed and contact established with healthcare staff in Italy to learn of their

experiences in order to develop guidance. This consultation has supported the measures outlined in **Appendix A** to support patients.

SUPPORTING FAMILIES:

Family work is a cornerstone of MSW intervention and will be a significant part of our role in the Covid_19 pandemic. Families are likely to experience a range of emotions and concerns during the patient's admission including:

- Distress around separation from their loved one (heightened in families of children in isolation)
- Fear of disease progression and possible infection in other members of the family.
- Financial cost and pressure of illness.
- Pre - existing situations in family life, i.e. risks, addictions, relationship difficulties may all be magnified by the diagnosis of Covid19.
- Supporting family communication with children.
- In the event of bereavement, there is a risk of complicated grief due to the interruption of usual death bed and grief practices.

MSWs can encourage families to restore a sense of balance and calm to the crisis situation by gently reviewing current and alternative coping strategies, recognising existing strengths and building upon them. We must also prioritise supporting family members to feel connected to the patient, even if they cannot be physically present with them. This is sensitive work which requires

a high degree of empathy and support. (Rowlands 2007) Please see **Appendix B** and **Appendix C** for further information.

SUPPORTING HOSPITAL COLLEAGUES:

Research (Gearing & Saini 2007, Rowlands 2007) clearly shows that MSWs found that the support of hospital colleagues proved to be a significant part of their role throughout the SARS crisis.

Informal and formal debriefing, active listening and stepping in to support the emotions of patients and families were all valued by healthcare staff.

Promoting staff well-being promotes patient well-being and enhanced team functioning. With our professional commitment to use of reflection and self-care skills, MSWs are well positioned to provide the support described in the literature. MSWs can provide listening support, share their own knowledge of self-care techniques with colleagues, normalise staff reactions and direct staff to formal psycho-social supports/Employee Assistance Programmes. The MSW department may be well positioned to work with Occupational Health Departments around the promotion of staff well-being.

Research found that a stress adaptive model was helpful in supporting staff to understand their own reactions and aided them in understanding that their emotional and physical responses to overwhelming stress and pressures were entirely normal and not pathological. This proved to be a protective factor in the future well-being of staff members (Nicholas et al 2009).

APPENDIX A: GUIDANCE DOCUMENT FOR MSW STAFF: SUPPORTING PATIENTS WITH COVID -19:

The treatment and isolation requirements associated with Covid -19 may be traumatic for patients and those who love them. MSWs can provide direct support to patients and help them cope with their feelings of isolation and distress:

- It is important that you review the literature on the impact of isolation and quarantine on patients. This will give you an informed perspective on the range of emotions the patient may be experiencing. Paediatric social workers will need to work with families around the unique issues which arise following
- If the patient has communication difficulties, due to dementia, stroke etc., it may be impossible for you to speak with them over the phone. You can ensure that the family have access to a hospital passport which they can then provide to hospital staff. Hospital passports provide brief and key information about the patient so that hospital staff are supported to understand and communicate with them. There are a variety of hospital passports which you can adapt and email to family members.
- General Passport: <https://www.esht.nhs.uk/wp-content/uploads/2017/10/This-is-me-My-Care-Passport.pdf>
- Paediatric Passport: <http://www.muhi.ie/index.php/for-patients/my-personal-health-passport>

- Intellectual Disability: <https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/> (HSE have a copy/awaiting same)
- Dementia Specific: https://www.alzheimers.org.uk/sites/default/files/2020-03/this_is_me_1553.pdf
- Patients from vulnerable groups, such as those who are homeless, have mental health difficulties, foreign nationals etc. may have very low levels of support and may require intensive support. For patients without family or support, the social worker may be the key support throughout their admission.
- Parents may need support to explain their illness to their children.
- Illness takes place within a biography and isolation disrupts normal life. Despite poor health, the patient may still have worries, practical concerns and/or risks in their own lives and relationships, which their diagnosis may further magnify. As is always the case when working with seriously ill people, it is important to ask the patient what their primary concerns and worries are and plan your intervention accordingly.
- Advocacy remains a key part of the social work role. The patient may feel very powerless in isolation. MSWs must continue to promote the basic values of our profession and support the patient's right to information and self - deliberation as much as possible. MSWS, families and

healthcare staff must continue to prioritise the patient's wishes in care planning.

- The patient may have fears about their own mortality. Family members may find it difficult to discuss these fears. Provide space for the patient to discuss these concerns. They may wish to learn more about their prognosis, they may wish to discuss concerns with family but struggle to do so. Equally, they may not wish to know more than the treatment plan for the day. Draw on the experience of your palliative care colleagues if this work is new for you so that you can sensitively explore these issues with the patient.
- Support the patient in contacting family and friends via phone. Older or vulnerable patients may struggle with aspects of technology, i.e. Face time and may need some assistance with initiating the contact. If you become aware that this is an issue, please mention it to ward staff.
- Patients in isolation may wish to benefit of spiritual support through the Hospital Chaplaincy service. Ask patients if they would find this helpful. Religious services may be available through local or national radio. Explore this option with the Hospital Chaplaincy team.
- It is **very common** for a patient in isolation to experience fear, worry, frustration and low mood. Patients are often reluctant to burden family members or friends with their worries. Reassure the patient that these are very normal feelings and provide support around coping strategies.

Distress management techniques include, sharing feelings with MSW, considering who is the best person within family/friends they might confide in, keeping a journal of their thoughts and feelings, spiritual or religious practices, reading or listening to mindfulness content (available free on Youtube or through some apps), meditation and relaxation exercises etc. You may have additional measures to explore. Ensure that you avoid advice giving but rather explore how patients usually cope with adversity and check in with them around suggestions they may or may not wish to try.

- Patients can feel overwhelmed and very lonely during isolation. The 'Beyond the Door' technique is a simple visualisation (adapted from work completed with Ebola patients in isolation) which social workers can teach hospital staff and family members to use to help patients feel connected to their loved ones during isolation. The family members complete a simple visualisation with the patient over the phone and remind the patient to remember that outside the hospital door/cubicle curtain, not too far away, the family are thinking of the patient all of time and sending love to them. MSWs and other staff members can re-connect patients to this by simply reminding the patient that 'Take a look at that door/ curtain. Beyond that door/curtain, not too far away, everyone who cares about you is sending you love. You are not alone.' This is a simple but powerful technique that allows staff and family to send a quick and comforting message to patients, who may experience distress in isolation. This can also minimise distress when family members are ending a visit.

APPENDIX B: SOCIAL WORK INTERVENTION WITH FAMILY MEMBERS OF COVID_19 PATIENTS:

- Paediatric social workers should ensure they review the HMSW resource pack to familiarise themselves with the range of concerns which arise for the families of children in isolation due to infectious disease. MSWs working with adults should ensure that families understand how to discuss diagnosis/prognosis with children in the family.
- Explain range of social work supports and interventions available.
- Discuss Hospital Passport with family if appropriate
- Encourage regular connection via phone and through technology. Remind family members to spread their calls throughout the day. Family members may also wish to leave letters, cards, artwork from children for the patient.
- Ask the family to consider providing the resources to the patient as outlined in Appendix A
- Explain the 'Beyond the Door Exercise' to the family member. This exercise is adapted from techniques which were been successfully used to support isolated patients in Ebola outbreaks. Advise the family member that this is a simple technique which staff and family members can use to help the patient feel connected to their loved ones. It may help you to role play this with a colleague to ensure you are comfortable describing the technique to a family member.

'Beyond the Door Visualisation' Explaining to families:

- *This is a simple technique you can use over the phone with Mary to help her feel connected with you.*
- *Over the phone, Ask Mary look toward the door of the room, or the curtain of their cubicle.*
- *If she is well enough to do so, ask her to focus on slowing her breathing, by taking a few deep breaths. Tell Mary that, 'Beyond that door, not too far away, I am here, thinking about you, sending you all my/our love. Just beyond that door, you should be able to feel it from where you are, you are not alone. I want you to remember that if you feel worried or lonely later, you are not alone.' You may prefer to explain this in your own way – the exercise will help Mary visualise the love and connection in her life, when you are not physically there with her. Hospital staff can also prompt Mary by reminding her that 'beyond that door, everyone you live is thinking about you and sending you love.' This is a simple but effective technique that hospital staff and family members can use together to help the person feel connected to those outside, at a time when they cannot physically be with them.*
- *If visiting is deemed appropriate by the treating team, you will be required to wear some protective clothing. We are all used to providing comfort through touch, this is still possible by wearing protective clothing. Staff will ask you not to touch the patient's face, but you may, while wearing gloves, hold their hands, rub their hands and feet. If asked to leave the room by staff, remember the simple visualisation, 'we are*

just beyond the door, sending our love to you.' Staff will repeat this simple phrase to help your relative stay connected and close to you.

'Beyond the Door Visualisation' Explaining to staff.

Mary is struggling a little with isolation, we are asking staff and family to remind her that beyond the hospital door/curtain of her cubicle, everyone she loves is thinking of her and sending her love. Can you please remind her of this, if you get a chance?

- The family may require support around practical and financial issues, fear of disease transmission, distress, stress management or anticipatory grief.
- The family may be fearful of upsetting the patient or sharing their diagnosis with them. Draw on the support of your palliative care colleagues in your own or other hospitals to ensure you feel comfortable and skilled exploring these issues.
- Bereaved families need concrete, clear information on the management of remains and funeral arrangements, given the changes in funeral practices. Please ensure your hospital can provide clear guidance on bereavement protocols.
- So much of human connection and comfort is based on touch. Patients and families can find the use of protective clothing distressing at visiting time. Please reassure the family that even while wearing gloves, there are opportunities to provide comfort through touch (i.e. it may be

possible to rub patient's hands and feet). Discuss with nursing staff to clarify this.

- Families can bring comforting or sentimental items for the patient to hold. Favourite pillows, blankets and scents can all provide comfort.

APPENDIX C: BEREAVEMENT WORK:

In the sad event of the imminent death of a patient, the family may need support. Depending on infection control procedures, a limited number of people may be allowed to be present with the dying patient. Additionally, they may be required to wear PPE which may disrupt their contact with the patient. Ensure that you are familiar with local policies and procedures. Covid_19 disrupts usual grieving practices and this can cause additional distress to a grieving family. Human connection is at the heart of bereavement work – return to your core social work skills to support the family through the dying and initial stages of bereavement. This work may include:

- Helping the family understand the diagnosis. You may need to seek further or specific information from the treating team.
- Actively listening – allowing patients and families to share their pain.
- Use of silence – ‘sit with grief’ – sitting in silence, if needed, to give someone the time and space to express their pain and grief, in person or over the phone, is an important part of bereavement work.
- Summarising and paraphrasing – In crisis and moments of deep grief, people find it difficult to put language on their emotion. A gentle summary can help them feel heard.

- Provide emotional support around their distress – normalise their feelings and emotions, ‘this is the most normal way to feel and react in the most abnormal of circumstances.’ This can reassure families and allow them feel less overwhelmed, to allow them consider the choices they need to make.
- Depending on hospital policy, families may need to choose who is present with the dying patient. Those who are present with the patient can reassure others that they bring the love and support of the entire family unit into the patient. Draw on nursing staff to ensure that family members understand how they may use touch despite the protective clothing used, i.e. may they rub patients hands and feet? They may wish to read out messages from other family members.
- Those who cannot be present may experience a very different type of distress – normalise this pain. Human connection is much more than physical proximity - explore ways that they may feel connected to the person without being physically present with them (sitting in the person’s favourite chair/garden/spot in the house, writing messages to the person to send into hospital/ listening to the person’s favourite music etc.).
- In the event that family members cannot be present (due to illness or changed visiting restrictions) and if they wish to do so, seek written words/ email or transcribe words from them, to ensure that staff can deliver messages of love and

comfort from the family. Telephone support may also be an option if the patient is well enough to speak.

- Provide information and support on communicating with children around bereavement, if there are children in the wider family unit (including nieces/nephews/grandchildren).
- Supporting the family in the new and current restrictions around funeral planning. For some families, they may be satisfied with the arrangements currently available to conduct a funeral. Other families may find this distressing. If this is the case, normalise these feelings. Mourning and burial rituals are an important part of how we grieve. Explore options with families, based on their own feelings and preferences. Families may choose to have a small service in accordance with current guidelines, undertakers may be able to provide technology support to others who wish to view the service. Families are also free to plan a memorial or celebration of their loved one's life at a later stage, when restrictions are lifted.
- Online memorials are helpful for some families.
- The Hospital Chaplaincy team may be able to offer spiritual comfort and support.
- Please be aware of the cultural bereavement norms of the patients and families and support families in finding ways to honour these norms (or plan to do so in the future)

- Bereavement rituals in Ireland are often based around physical visiting to offer sympathies. Encourage families to reach out to friends and wider family via phone/technology for this support. Provide details on any national listening services, bereavement helplines etc.
- Ensure the family receive relevant information on any financial assistance which may be available to assist with funeral costs and ensure you link them in with local supports as required.

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