**COVID-19 Response FACILITATOR Hotwash Agenda**

**[Insert Name of Group/Branch/Unit/Section here]**

## Welcome/Introductions

**SLIDE 1:** Hello everyone. I’m \_\_\_\_\_\_ and I’ll be your facilitator today. With me today is our Planner (name) and Notetaker (name). The hotwash discussion will be recorded in Microsoft Teams to assist notetakers with obtaining accurate data. The recordings will not be published and will be deleted after all hotwash data are analyzed.

***\*Ask that the recording be started***

1. **SLIDE 2:** This hotwash is an hour discussion with the **[Insert Name of Group/Branch/Unit/Section here]** response staff. The purpose of the hotwash is to obtain feedback from you to evaluate the actions, decisions, policies, plans, or procedures in the COVID-19 response. This is a part of the formal process of the Health Department’s COVID-19 response. A report will be drafted up for this ICS group. We will share the report with you and we will ask for your assistance in identifying improvement action items to include in the report. It will be shared with Health Department leadership and no names will be connected or listed in the report.
2. We recognize that our work with COVID-19 response is not over and that many staff and response groups are continuing to respond. We are taking a moment to reflect on our work and the progress we’ve made. This discussion will identify areas of strength and potential areas for improvement so we can become more efficient in our response efforts now and in the future.
3. For this hotwash, please consider your work in this area (with this group) and share your experiences in the response as it relates to the questions we ask–even if your role changed during the response period.

*(Optional) Based on group size and their familiarity with each other (largely skipping this in most hotwashes): We don’t have a lot of time but think it would be nice to quickly go around the ‘room’ and have everyone introduce themselves and the role they had.* (*May need to eliminate this if there are more than 10 – 15 people as it takes up too much of the discussion time*.)

*Once introductions are completed:* Thank you for taking the time to do that.

Just a quick overview of this hour: we’ll be working through a standard set of questions, using the Group’s objectives and purposes as our framework. The intent is to gather from your experiences what was successful and worked well so we can make sure that gets replicated, what was clunky, cumbersome, or even downright frustrating or annoying and then we’ll talk about how that could be avoided in future responses using a modified root cause analysis approach – to dig a little deeper into the whys of things happening.

Also, very important to us moving forward out of this historical and we hope once in a lifetime response, is to capture the ways your work was done that were novel, innovative, creative, or wildly successful that we should make sure are incorporated into 1) future responses but also 2) maybe day-to-day operations at the health department. Out of response often come ways of working that will improve our daily/routine practice and given the broad involvement of the agency, working in ways that have never happened before, this is too great an opportunity to miss the chance to capture these types of gems.

Finally, we’ll briefly talk about a follow-up online survey that will allow you to anonymously provide feedback and some mental/behavioral health resources.

**SLIDE 3: Review Ground Rules:**

We want to take a couple of minutes to review some ground rules.

* Active participation is encouraged.
* Everyone’s views have equal value.
* Try to avoid placing blame.
* Be open to new ideas.
* Be creative in proposing solutions.
* Recommend possible improvement approaches.
* Any additions?

Are there any additions needed? (wait about a minute for any responses – check chat)

**SLIDE 4: Purpose of [Insert Name of Group/Branch/Unit/Section here]**

Now we’ll quickly review the objectives for this group/branch.

**[**Insert Scope of work/Purpose/Objectives here**]**

Anything need to be added or changed?

**SLIDE 5: Official start of hotwash discussion:**

Let’s start off with just some general conversation and then we can move into some specific areas if they have not been addressed already.

**Generally, overall, what went well?**

**What didn’t go well?**

-What were the challenges this group encountered?

We’ll come back to the ‘how do we make sure this doesn’t happen again’.

**Other areas to examine:**

* [List overarching areas of work to examine/discuss here]
* [List overarching areas of work to examine/discuss here]
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**SLIDE 6: Health Equity Response Conversation:**

For communities most impacted by inequities, including populations of color, American Indian, LGBTQIA+, disability communities, and others including populations with access or functional needs: (Access or functional needs can be defined as, but are not limited to, people who might need help with maintaining independence, communication or interpreter services, transportation, supervision such as adult day care needs, or medical care.)

* What positive impact on equity and inclusion did your response area have?
* What adverse impacts or unintended consequences did your response area have?
  + How could adverse impacts have been prevented or minimized?
* What are better ways to reduce disparities and advance equity within the response efforts?
* What could be changed or done differently to ensure positive impacts on equity and inclusion?

**SLIDE 7: Causes or Contributing Factors of Identified Challenges (Root Cause Analysis)**

**Why did these challenges happen?**

So now let’s focus a bit more on the things that were challenging or just didn’t work.

* + Were you missing equipment, supplies, or other ‘things’?

This topic focuses on**: Tangible factors:** material, equipment, methods, facilities, or physical environment are inappropriate for tasks to be accomplished, or other items failed in some way

* + Did you have enough staff or staff with the right skills to do what you needed to do?

This topic focuses on**: People factors:** workforce-related, inadequate staffing levels and inadequate training

* + Anything that affected your work that was outside your control/management?

This topic focuses on**: Economic or external factors**: changes to economy, political influences, and things that we have little control over but affect response

* + Were there policies and procedures or were there state, MDH, or local policies, statutes, laws, rules that aided or prohibited work getting done?

This topic focuses on**: Organizational factors:** Systems, policies, and procedures people use to make decisions and do their work?

* + Did the way you were structured within ICS impact your work and if so, how and why?
  + Any challenges related to leadership, communicating with them, getting decisions made, anything else with decision making/decisionmakers?

This topic with these two questions focuses on: **Managerial factors:** organizational structure, communication methods, and roles and responsibilities

* + How did technology aid or hinder the Group’s work?

This topic focuses on**: Information and technology factors:** availability of necessary information, technology platforms, and software

**SLIDE 8: Now we want to spend a few minutes talking about innovation.**

**Innovation/Best or Promising Practices of [Insert Name of Group/Branch/Unit/Section here]:** During COVID-19 many innovative practices were developed and implemented. Innovative practices could relate to technology, staffing, partnerships, policies, processes, communication, equity, data, infrastructure and other work. What innovative or new practices were tested, adopted and/or implemented by the **[Insert Name of Group/Branch/Unit/Section here]**?

What did your Section/Group/Unit/Task Force do that has never been done before?

* Why did you do it?
* Would you do it again?
* Do you think others should do it?
* Is there a benefit to continuing this practice? Beyond COVID? And where would this apply?
* Could this practice be part of the existing (pre-COVID-19) agency structure? Where or how might it be implemented/supported?
* Is there or could there be a written description of this practice?

**SLIDE 9: Wrap-Up/Close out**

We have a couple of additional items to run through, but want to first thank you for your time, your honesty, and your willingness to be part of this hotwash. This is how we continuously work to improve response work for future incidents. Again, we appreciate your time.

To close out, we have 2 final items to share with you.

* **Online Survey**

We know that some people are more comfortable writing down their thoughts and comments or that you may have something you want to share later. We will be sending you a link to an online survey so you can anonymously share your thoughts on what worked, didn’t work, and needs improvement for the work you did with COVID-19.

When you go to the follow-up hotwash survey, please select [**\_name of hotwash group\_**] for item # 1 in the survey: [insert survey url here is doing an online survey]

* **Responder Resources**

This has been and continues to be hard work. We thank you for your role(s) in COVID-19 response and want you to know that there are resources available to you to help you manage and cope with emotions and feelings you may have, are, or will experience. You can only help others if you take care of yourself!

In addition to the Employee Assistance Program available to all state employees, we wanted to share some resources with you. The links to these resources can be found in the agendas you received prior to this Hotwash. Let me highlight a few of the resources that we’ve provided for you.

***Facilitator Note: Pick a few resources to call out***

**WellnessMN** <https://wellnessmn.org/>

Focuses on Behavioral Health Staff Wellness, providing tools and resources that support the individual, the team, and the organization for all responder levels to the COVID-19 Pandemic. Website offers factsheets, tips, recordings of past presentations, and a list of upcoming live facilitated webinars. Resources are continually being added. Check the website weekly.

**Resources for Individuals:**

[Reducing Burnout with Sustainable Compassion](https://wellnessmn.org/wp-content/uploads/2021/02/Reaching-for-Calm-21-Brown-Bag-210209.pdf)  
[Tips for Managing Stress During the COVID-19 Pandemic Wallet Card](https://store.samhsa.gov/product/Tips-for-Managing-Stress-During-the-COVID-19-Pandemic-Wallet-Card/PEP20-01-01-013)  
[Helper pocket card](https://img1.wsimg.com/blobby/go/dfc1e1a0-a1db-4456-9391-18746725179b/downloads/General%20Helper%20Card.pdf?ver=1622779682389)  
[First Responder Toolkit](https://firstrespondertoolkit.com/)  
[COVID-19 Sleep Checklist](https://www.wrair.army.mil/sites/default/files/2020-04/COVID-19_Sleep_Checklist_WRAIR.pdf)  
[Psychological PPE](https://www.metrohealthready.org/wp-content/uploads/2021/01/PSYCH-PPE-ON-TEMPLATE-updated-002.pdf)  
[Embracing Gratitude: A long-term approach](https://www.metrohealthready.org/wp-content/uploads/2020/08/Graditude-One-Page-MetroCoalition.pdf)  
[Managing Burnout: The Time is Now](https://www.metrohealthready.org/wp-content/uploads/2020/10/MANAGING-BURNOUT.pdf)  
[Coping Mechanisms and When They Become Harmful](https://www.metrohealthready.org/wp-content/uploads/2020/10/COPING-ON-TEMPLATE.pdf)  
[The Stress Continuum Model](https://www.metrohealthready.org/wp-content/uploads/2020/08/Stress-Continuum-One-Page-MetroCoalition.pdf)  
[Shedding Stress and Harmful Emotions](https://wellnessmn.org/wp-content/uploads/2021/11/One-pager-Shedding-Stress-V.2.docx)  
[Build Your Wellbeing](https://wellnessmn.org/wp-content/uploads/2021/11/One-pager-Wellbeing-V.2.docx)  
[Managing the Stress of Holiday Gatherings during COVID-19](https://wellnessmn.org/wp-content/uploads/2021/12/CSTS_FS_Managing-the-Stress-of-Holiday-Gatherings-during-COVID-19.pdf)  
[Externalizing the Impact of Emotion](https://wellnessmn.org/wp-content/uploads/2021/12/One-pager-Externalize-Emotion.docx)  
[Anger and Irritability](https://wellnessmn.org/wp-content/uploads/2021/12/SPR01_Anger-and-Irritability.pdf)  
[Depressed Mood](https://wellnessmn.org/wp-content/uploads/2021/12/SPR06_Depressed-Mood.pdf)  
[Helpful Thinking Handout](https://wellnessmn.org/wp-content/uploads/2021/12/SPR19_Helpful-Thinking-Handout.pdf)  
[Helpful Thinking Worksheet](https://wellnessmn.org/wp-content/uploads/2021/12/SPR20_Helpful-Thinking-Worksheet.pdf)  
[Breathing](https://wellnessmn.org/wp-content/uploads/2021/12/SPR02_Breathing.pdf)  
[Children: Good Coach Bad Coach](https://wellnessmn.org/wp-content/uploads/2021/12/SPR09_Children_Good-Coach-Bad-Coach.pdf)  
[Children: Helpful Thinking](https://wellnessmn.org/wp-content/uploads/2021/12/SPR10_Children_Helpful-Thinking.pdf)  
[Chronic Stress](https://wellnessmn.org/wp-content/uploads/2021/12/SPR05_Chronic-Stress.pdf)  
[Payoff Matrix](https://wellnessmn.org/wp-content/uploads/2021/12/SPR28_Payoff-Matrix.pdf)  
[Managing Reactions Worksheet](https://wellnessmn.org/wp-content/uploads/2021/12/SPR22_Managing-Reactions.pdf)

**Wellness Resources for COVID-19 Response Hotwash Attendees:**

* Employee Assistance Program (EAP)
* [First Responder Toolkit](https://firstrespondertoolkit.com/)
* [Helpful Thinking During the Coronavirus (COVID-19) Outbreak - PTSD: National Center for PTSD (va.gov)](https://www.ptsd.va.gov/covid/COVID_helpful_thinking.asp)
* [Moral Injury on the Frontlines in Public Health: Balancing the Needs of our Communities and Ourselves](https://jphmpdirect.com/2021/08/19/moral-injury-on-the-frontlines/)
* [Understanding Compassion Fatigue (samhsa.gov)](https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4869.pdf)
* [COVID Coach App](https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp) -Link to download app. The COVID Coach app was created for everyone, including Veterans and Service members, to support self-care and overall mental health during the coronavirus (COVID-19) pandemic.
* [Tips for Healthcare Professionals: Coping with Stress and Compassion Fatigue (samhsa.gov)](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-01-01-016_508.pdf)
* [SAMHSA’s Disaster Distress Helpline (1-800-985-5990)](https://www.samhsa.gov/find-help/disaster-distress-helpline)
  + Multiple languages
  + ASL button/video phone
  + [Parents and Caregivers impacted by the COVID-19 pandemic | Facebook](https://www.facebook.com/groups/519158609386244)
  + 24/7 access to crisis counselors for community members when needed. To message a crisis counselor follow the link: [http://m.me/DDHpeersupport](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fm.me%2FDDHpeersupport&data=04%7C01%7Cjanice.maine%40state.mn.us%7Cdf2fea9916524633e16f08d926ce1021%7Ceb14b04624c445198f26b89c2159828c%7C0%7C0%7C637583488889737855%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=Afot4Iz7jLFMD0jDSpaswW3P%2B5xua2kGozcW0Th3Lj4%3D&reserved=0) (Facebook Messenger)

* [Crisis Text Line (text MN to 741741)](https://www.crisistextline.org/)
* [Suicide Prevention Lifeline (1-800-273-TALK)](https://suicidepreventionlifeline.org/)