



Post-Traumatic Stress Disorder (PTSD) Prevention Plan

as adopted by

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Introduction to PTSD

The Municipality of Temagami is committed to addressing Post Traumatic Stress Disorder (PTSD) in our workplace.

Post Traumatic Stress Disorder (PTSD) is a mental health condition caused by witnessing or experiencing actual or threatened death, serious injury or violence. Being affected by these types of events is normal, however if the thoughts or memories of these events start to seriously affect the life of the person long after the event, that person could be experiencing PTSD. Signs that someone may be experiencing PTSD include nightmares, uncontrollable memories, persistent fear and severe anxiety. (Mayo Clinic, 2016) (CAMH, 2016)

Understanding the PTSD Framework

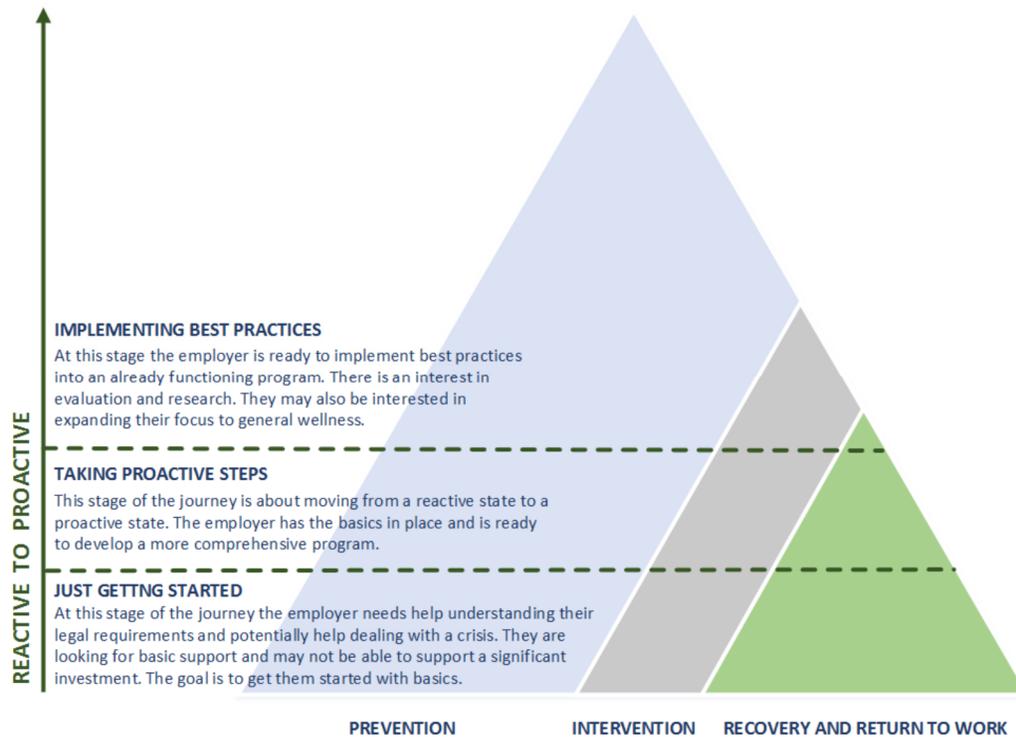


Figure 1: PTSD Framework

This framework illustrates a holistic view of PTSD prevention, intervention and recovery and return to work practices, in alignment with the development of the municipal PTSD prevention plan.

This prevention plan focusing on establishing the foundational elements; building awareness, reducing stigma, developing policies and defining roles and responsibilities. As foundational elements are put in place, the organization will be ready to move from the reactive state to a more proactive state.

Three focus areas related to preventing and managing PTSD in the workplace are Prevention, Intervention and Recovery and Return to Work.

Prevention Focus Area

The Prevention focus area outlines the basic elements of occupational health and safety management such as understanding legal responsibilities, recognizing, assessing and controlling the hazard, developing policies and procedures, outlining roles and responsibilities and incident reporting procedures in an organization. The goal is to establish or integrate PTSD prevention practices for the promotion of a healthy and safe workplace that actively works to prevent harm to a worker mental health.

Intervention Focus Areas

The Intervention focus area on outlining actions that can be taken to improve a situation. This includes ensuring that workers know how to report psychological injuries when they occur and are supported in doing so. It also highlights intervention options that are evidence based and that can be utilized in organizations.

Recovery and Return to Work Focus Area

The purpose of this focus area is to ensure that managers understand how to accommodate a worker who is suffering from PTSD and that there are clearly established roles and responsibilities for supporting workers through this process. Recovery and Return to Work is an important aspect of preventing future or further injury.

PTSD Causes, Risk Factors, Signs and Symptoms

PTSD can develop when someone experiences, sees or learns about an event involving actual or threatened death, serious injury or sexual violence.

Causes

It is believed that PTSD is caused by a complex mix of:

- Life experiences, including the amount and severity of trauma you have experienced since early childhood.
- The way your brain regulates the chemicals and hormones your body releases in response to stress.
- Inherited mental health risks such as an increased risk of anxiety or depression and inherited aspects of your personality or temperament.

Risk Factors

- Having a job that increases your risk of being exposed to traumatic events, such as first responders, corrections and military personnel.
- Experiencing intense or long-lasting trauma.
- Feeling horror, helplessness or extreme fear.
- Seeing people get killed or hurt.
- Having experienced other trauma earlier in life, including childhood abuse/ or neglect.
- Having other mental health problems such as anxiety or depression.
- Lacking a good support system of family and friends.
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or

loss of a job or home.

- Having biological (blood) relatives with mental health problems including PTSD or depression.

PTSD can increase the risk of other mental health problems such as:

- Depression and anxiety,
- Issues with drugs or alcohol use,
- Suicidal thoughts and actions.

Signs and Symptoms

Symptoms often start within 1 month of an event, or repeated events. In some cases, symptoms may not appear until months or years later. The symptoms can make it hard for the affected person to live their everyday life and can be accompanied by depression, substance abuse, or other anxiety disorders. Following are three types of symptoms associated with PTSD: (Mayo Clinic, 2016) (National Institute of Mental Health, 2016)

Intrusive Memories

Also called re-experiencing symptoms, these memories can start from the person's own thoughts, or can be triggered by words, objects or situations that are reminders of the traumatic event. Intrusive memories include:

- Recurring, unwanted distressing memories of the traumatic event
- Reliving the event as if it were happening again, upsetting dreams about the event, and severe emotional distress or physical reactions (heart racing, hands sweating) to something that reminds you of the event.

Avoidance

Avoidance symptoms may cause a person to change their routine including avoiding things that remind them of the event as well as negative changes in thinking and moods. This includes:

- Trying to avoid thinking about the event,
- Avoiding places, objects, activities or people that remind you of the event,
- Increased negative feelings about self or others,
- Feeling emotionally numb or an inability to experience positive or negative emotions,
- Feeling hopeless about the future,
- Losing interest in activities that were enjoyable in the past,
- Feeling strong guilt, depression or worry,
- Memory problems including not remembering important aspects of the traumatic event, and
- Difficulty maintaining close relationships.

Hyper-arousal Symptoms

These symptoms are changes in emotional reactions that are usually constant and can make a person feel stressed, angry, overwhelmed and "on guard." The

symptoms include:

- Irritability, feeling tense or “on guard,”
- Difficulty sleeping,
- Angry outbursts or aggressive behaviour,
- Being on constant guard for danger,
- Feelings of overwhelming guilt or shame,
- Self-destructive behaviour,
- Trouble concentrating or sleeping, and
- Being easily startled or frightened.

Legal Requirements

Under the Occupational Health and Safety Act, employers and supervisors are required to take every reasonable precaution to protect workers from harm. They are required to inform all workers about psychological hazards on the job and train employees how to prevent these hazards and protect themselves. Of particular importance is the necessity in Section 5(2)(j) of the Industrial Establishment Regulation to include steps to prevent further illness. In many cases an employee with PTSD will require time off from work.

Workers are required to follow policies and procedures set out by the employer.

Goals and Objectives of the Plan

The municipality supports a vision and programs for a safe and secure workplace that addresses stigma associated with mental health and commits to building psychological health, wellbeing and psychological safety into all aspects of **Municipal** operations, processes and procedures, particularly as this relates to incidents of traumatic mental stress and post-traumatic stress disorder for municipal emergency response employees.

The organization recognizes the need to provide resources to establish, implement and maintain a PTSD Prevention Program.

Short Term Goals (By December 2017)

Provide / offer training and education to inform all workers about psychological hazards on the job and train employees how to prevent these hazards and protect themselves.

Review existing mental health and wellness programs to determine if components of the PTSD prevention plan will align with any existing mental health and wellness programs. Incorporate Anti-stigma Policy and Procedure statements into the Municipal health and wellness programs (eg. Workplace Harassment and Violence Policy and Procedures)

Develop additional departmental policies and procedures as required to support the PTSD Prevention Plan)

Evaluate the strengths and weaknesses of both Employee Assistance Programs (EAP) with regards to the provision of services for PTSD, to confirm the employees of the EAP are equipped to deal with the traumatic events that first responders are exposed to.

Communicate the strengths and limitations of the EAP programs to employees so that they are aware of the services and/or processes they will have to go through if they utilize this as a support resource.

Long Term Goals: (by December 2021)

The initial scope of the policy is to develop PTSD policies, programs and services for municipal emergency response workers (EMS, Volunteer Firefighters) working in an environment with high potential for being at a traumatic incident. The hope is to eventually broaden the scope of the policy and make these supports and tools available to help all members of our organization, consistent with the principles of mutual respect, confidentiality and cooperation across the organization.

Evaluate training programs provided, and determine the need to develop department specific PTSD awareness and orientation training and Resiliency training programs

Evaluate the PTSD Prevention Plan programs within 5 years of implementation, or earlier in the event of a reported workplace (PTSD) injury. Timing of the review will be determined by the CAO, in consultation with staff and members that were involved in the creation or most recent program review (Department managers, H&S rep, Union rep.).

Training

To address the short term goal of providing training and education to inform workers about psychological hazards on the job, Ambulance and Fire services have committed to offering the Road to Mental Readiness (R2MR) program to all staff.

Road to Mental Readiness (R2MR) program objectives are to reduce the stigma of mental illnesses, increase awareness of mental health, and offer resources and strategies to maintain positive mental health and increase resiliency in a first responder workplace setting.

- R2MR training includes the mental health continuum model/ a self-assessment tool which provides participants with various indicators of positive, poor, and declining mental health.
- R2MR teaches participants cognitive behavioral therapy techniques that help individuals cope with stress and improve their mental health and resiliency. The Big 4 are positive self-talk, visualization, tactical breathing, and SMART goal setting.

The four-hour R2MR primary course provides learners with applications they can put into practice to develop and maintain their wellbeing. It strives to balance education with a health focus while developing education that assists with understanding mental illness. The goal of this training is to improve short term performance and long term mental health outcomes and also to reduce barriers to care and encourage early access to care.

The eight-hour R2MR Leadership course provides the tools and resources required to manage and support employees who may be experiencing a mental illness. This leadership training takes a strong foundation of promoting and maintain resilience in oneself and now applies this information to the leadership role. Core concepts are taught more in-depth in a way that reflects the leadership responsibility. Additional building blocks are added, namely leader actions, along the Mental Health Continuum Model.

Fire Service:

- Initial training of eight-hour R2MR Leadership course was provided October 1, 2016 (offered to all fire department members).
 - Fire Chief, Deputy & Captains will be required to take the R2MR leadership training or comparable training for Critical Incident Stress Intervention (Group Crisis

Intervention training).

- Additional 4-hour training sessions will be offered to the volunteer firefighters, with the hope all volunteer members will attend the training sessions.
- Members unable to attend R2MR training will be required to take an eLearning course, offered through the Center for Addiction and Mental Health. Posttraumatic Stress Disorder 101 provides a basic information tutorial about posttraumatic stress disorder.
[http://www.camhx.ca/education/online_courses_webinars/mha101/posttraumaticstressdisorder/Posttraumatic Stress Disorer .htm](http://www.camhx.ca/education/online_courses_webinars/mha101/posttraumaticstressdisorder/Posttraumatic%20Stress%20Disorder.htm)

Ambulance Service:

- Temagami Ambulance staff will receive the 4 hour training session for front line responders; managers will receive the 8 hour leadership course. This has been completed February 2017

Roles and Responsibilities

Council and senior leadership of the Municipality are committed to supporting managers to help address the mental health, wellbeing and psychological safety of its employees and provide them resources and tools to address demands, conflict, emotional distress or trauma experienced by our workers

Failure to follow the policy will result in disciplinary action in accordance with the Municipal Employment Policy and Procedure Manual.

Senior Leadership

Council and senior management should:

- Understand the impact that PTSD, and other occupational stress injuries have on the organization.
- Identify what health and safety programs already exist and how a PTSD Prevention program can be integrated into existing systems. This should consider:
 - Management Training,
 - Employee Engagement,
 - Anti-stigma Awareness,
 - Communication Strategies,
 - Civility and Respect,
 - Critical Incident Response and Management and/or peer support, and
 - Employee Assistance Programs (EAP) or other benefits that support a mental health and wellness program.
- Train individuals in strategies for resiliency and health behaviour
- Identify gaps that need to be addressed using an assessment.
- Determine how the organization should monitor trauma exposures.
- Establish policies, procedures, initiatives and services to support the program and monitor implementation.
- Set the tone and lead by example, reducing stigma and encouraging conversations and take every reasonable precaution to protect workers.
- Enforce the policies, procedures and program.
- Engages Managers, Supervisors and Joint Health and Safety Representatives in

- the development of policies and procedures
- Maintain the plan and program, evaluate it and look for opportunities to improve it.
- Reduce stigma by participating in positive conversations.

Managers and Supervisors

Department Managers and Supervisors should:

- Be involved in the workplace assessment and participate in identifying controls.
- Participate in training to be aware and be ready to address the day to day aspects of PTSD prevention and management.
- Receive training on how to recognize signs and symptoms of PTSD and understand the causes and risk factors as well as understand how to support workers suffering from PTSD.
- Participate and contribute to establishing policies, procedures, initiatives and services to support the program.
- Provide advice on how to monitor/screen trauma exposures in the workplace.
- Identify individuals at risk of PTSD.
- Be prepared through training, coaching or other means to engage workers in discussions about psychological health and safety.
- Encourage active discussion with workers about mental health and psychological safety.
- Implement processes to report concerns and provide support to workers in need.
- Help identify control methods that support PTSD prevention such as workplace rotations for highly exposed individuals.
- Enforce the policies, procedures and program.
- Reduce stigma by participating in positive conversations.

Health and Safety Representative

To actively participate the H&S Representative should:

- Understand the factors of the job that impact psychological health and safety, in particular PTSD they should develop awareness about what it is, as well as the symptoms causes and risk factors.
- Be involved in the workplace assessment.
- Assist the organization in developing a process for identifying workplace mental health and wellbeing issues, and in particular PTSD.
- Help identify controls that can be put in place to address psychological health and safety, in particular PTSD.
- Help reduce stigma related to mental illness by participating in identify needs for education, training, and resources to address PTSD, and participating in delivering these to the organization.
- Participate in training to enable support of the workforce as required.
- Engage in the development of a communication plan and strategies related to addressing PTSD and psychological health and safety.
- Reduce stigma by participating in positive conversations.

Workers

Workers should:

- Comply with policies, procedures plan and program.
- Participate in training and education about PTSD, and resiliency.
- Report concerns, incidents to that they can be investigated and addressed.
- Listen to coworkers and encourage engagement in the program if needed.
- Reduce stigma by participating in positive conversations.

Intervention

The nature of emergency services is responding to, and providing assistance to individuals having one of the worst day of their lives. First Responders, as part of their job, are exposed to traumatic events. Many individuals in these environments may suffer both short and long term effects as a result of their exposure to the traumatic event.

An important part of developing intervention strategies is anticipating possible traumatic exposures, and then planning how these things might be addressed.

After the Call (event)

Each emergency service (EMS, Fire) will develop a reporting process when a call is attended where there is a high potential of post critical incident stress to any of the emergency response workers involved /attended the incident. Procedures shall include:

- Notification process to inform department managers/duty officers that workers have attended a critical incident event
- Instituting debriefing sessions after the event that focus on helping workers put their experiences in perspective and validate what they have seen, done, thought and felt.
- Offering group peer support activities (Crisis Intervention Teams).

Minimizing Stress for the Worker

Traumatic events can be very difficult to understand. It is important to communicate with all Workers, Supervisors and Managers about how to manage their own feelings before, during or after a traumatic event. These tips come from SAMHSA's (Substance Abuse and Mental Health Services Administration)

- No one who sees a traumatic event is untouched by it.
- It is normal to feel sadness, grief and anger about what happened and what you saw.
- It is natural to feel anxious about your safety or the safety of those who are important to you.
- Acknowledge your feelings, it will help you move forward more quickly.
- Everyone have different needs and different ways of coping. This is normal.
- It is healthy to reach out for, and accept help if you need it.

An important part of managing the crisis is helping workers minimize their stress when

they return to work. The following actions will be considered in the when you are developing your Prevention Plan:

- Allowing time off for workers who have been involved in the traumatic event.
- Transitioning workers back into the workplace by initially assigning them to less-demanding jobs.
- Developing protocols to provide workers with stigma free counselling so that workers can address the emotional aspects of what they have experienced.
- Providing ongoing education or workshops that provide information on PTSD, stress management and actions workers can take to take care of themselves.

Responding to Signs and Symptoms of PTSD in a Worker

Senior Leadership, Managers and Supervisors are expected to know how to recognize and respond to signs and symptoms of PTSD in a worker or fellow Manager, Supervisor or Senior Leader. If signs and symptoms are found to be presented it is expected that the Senior Leader, Manager or Supervisor will:

- Keep the communication lines open with the worker and ask how they or other team members can provide support to the worker. If the worker is not ready to talk wait for them to open up. If they do start to share, do not interrupt, it is often difficult for people with PTSD to ask for help, particular if there is a concern about stigmatization.
- Deal with signs and symptoms directly and as soon as possible. If signs and symptoms are recognized it is best to open the dialogue and provide support so that the worker knows they are supported in the workplace.
- Provide information about the options the worker has to address PTSD. Help the worker access support and help resources, if they request or need assistance.
- Encourage the worker to talk to someone they trust about what has happened, this could be team members identified in the workplace to provide peer support, family members, friends, or a manager/supervisor.
- Share with the worker that what they are experiencing is a normal reaction. Provide information about signs and symptoms and when they should speak to a professional or seek additional help.

Early Intervention and Screening Protocols

Early intervention is important for effective treatment. While some people may recover from an exposure to a traumatic event, others may develop chronic problems over many years. The severity of the initial traumatic event should be considered, incorporated observation of the worker to see if signs and symptoms become apparent when determining the need for early intervention. We will explore the need to develop procedures to implement regular screening protocols based on the exposures workers may be experiencing.

Screening protocols can help identify workers who are potentially at risk of developing PTSD. For individuals who are exposed to a traumatic event, some evidence suggests that screening should be given at 1 month following the event.

Peer Support Program

Having a peer support program in place is a recognized, evidence based practice used by a number of organizations.

Peer support is an intervention that leverages shared experience to foster trust, reduce stigma and create open channels of communication for seeking help, sharing information and seeking support resources.

The municipality does not have a peer support system, however the municipality would consider providing resources and support for workers that are interested in obtaining peer support / crisis intervention training. The Mental Health Commission of Canada has established *Guidelines for Practice and Training of Peer Support* which may be helpful for identifying available training opportunities.

Accessing Treatment and Support Options

Employee Assistance Program

For Temagami Ambulance personnel An Employee Assistance Program, for employees of the Municipality is provided through the Municipal insurance policy.

Firefighter's current benefits program, through *VFIS of Canada* will be expanded through an arrangement with *VFIS* and *Homewood Health* to provide a Member and Family Assistance Program that supports employee/firefighter well-being, capability and effectiveness member support services.

Additional Community Resources / Support:

The following community supports offer a variety of mental health services:

- **CONNEX ONTARIO** www.connexontario.ca – 3 helplines (drug or alcohol, gambling, mental health) Mental Health hotline: 1-866-531-2600
- **Canadian Mental Health Association Nipissing:** 705-474-1299 <http://nipissing.cmha.ca/>
IN CRISIS /Immediate assistance: North Bay hospital: 705-495-8198 1-800-352-1411
- **Canadian Mental Health Association - Cochrane and Temiskaming** <http://www.cmhact.ca/>
New Liskeard branch: 705-647-4444 **Temiskaming crisis response hotline:** 1-888-665-8888
- **Temagami Family Health Team – Temagami:** Website: <http://www.temagamifht.com/> 705-569-3244 Psychological assessments, counselling services available 2 days/week
- **Community Counselling Centre of Nipissing** 705-472-6515 website: www.cccnip.com
Psychological Assessments, Marriage + Family Counselling,
- **Northeast Mental Health Centre:** website: www.onekidsplace.ca 705-474-8600 Adolescent and Family issues

PTSD Treatment Options Available through OHIP

Contact your local healthcare provider to understand the treatment options available to you in Ontario.

Reporting an Injury

Internal Reporting Procedures

Employees shall use existing departmental Injury & Accident reporting procedures when reporting mental health concerns like traumatic mental stress or Post Traumatic Stress Disorder (PTSD).

Following the notification of an injury/ illness, Section 51 and 52 of the Occupational Health and Safety Act(OHSA) requires notification to the Ministry of Labour, H&S representative if an employee is critically injured, disabled from performing their own work or receives medical attention resulting from an incident. Of particular importance is the necessity in Section 5(2)(j) of the Industrial Establishment Regulation to include steps to prevent further illness. In many cases an employee with PTSD will require time off from work

Reporting to the WSIB

There are not special requirements set out by the WSIB at this time. When an injury or illness occurs, the employer must submit a Form 7 Report of Injury/Illness within three days. To report a PTSD injury on your Form 7 you will select “other” and then add PTSD or Post Traumatic Stress Disorder