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PTSD Employer's Resource Guide

This Employer's Resource Guide is a companion guide to the firstrespondersfirst.ca website. This can be used as a support resource for employers as they are working on their action plan items to develop their PTSD Prevention Plan. The content has been developed by Kim Slade, Public Services Health and Safety Association in conjunction with Dr. Ash Bender, CAMH. There is also a PTSD Prevention Plan template available for download on the website, which the employer can use to develop their PTSD Prevention Plan and Program.

This is a living document that will be updated through the remainder of 2016.

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About the PTSD Employer’s Resource Guide

This resource guide is a companion guide to the firstrespondersfirst.ca website. This website is designed to help employers establish a PTSD Prevention Plan and Program using the following PTSD Framework :

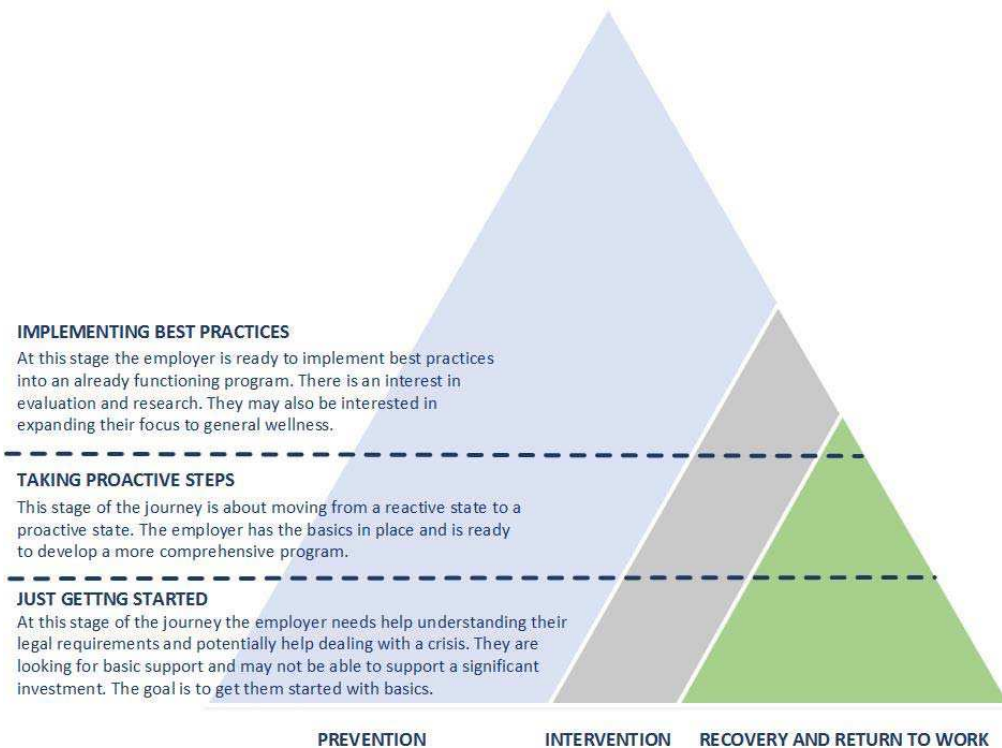


Figure 1: PTSD Framework

How to Use the Website and the Resources



1. Explore the website: firstrespondersfirst.ca
2. Complete the Assessment
3. Receive and Review you Action Plan
4. Use your Action Plan to Get Started on a PTSD Prevention Plan

Introduction to PTSD

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

This framework is used to illustrate a holistic view of PTSD prevention, intervention and recovery and return to work practices in alignment with an organizations current state in their prevention plan development. The framework is fluid and is meant to show that organizations can be at multiple points in the framework as they develop the various components of the PTSD Prevention Plan.

Just Getting Started

The **base of the triangle** represents the foundational elements of a plan, when an organization is Just Getting Started. This represents an organization in a more reactive state with regards to address PTSD and may need help understanding their legal requirements. There is a potential that the organization is dealing with a crisis, or they may simply need basic support. At this stage they may not be ready or able to make a significant investment in PTSD prevention outside of their own organizations resources and capabilities. There is a focus on building awareness and reducing stigma, developing policies, defining roles and responsibilities.



Figure 2: Just Getting Started, the Base of the Triangle

Taking Proactive Steps

The **middle of the triangle** illustrates those organizations who have foundational elements in place in one or more of the focus areas – prevention, intervention and recovery and return to work and their policies and practices are established and working well. At this point the organization is ready to move from a reactive state to a more proactive state. The organization can now recognize signs and symptoms of PTSD, they have addressed and have addressed the

issue of stigma towards workers who suffer from PTSD. The organization knows how to help prevent a worker from developing PTSD but they also know how to help a worker recover and return to work. The organization is ready to strengthen their efforts and implement more proactive solutions.



Figure 3: Taking Proactive Steps, the Middle of the Triangle

Implementing Best Practices

Organizations at **the uppermost segment of the triangle** are ready to implement leading or best practices. They are staying on top of new research and are actively engaged in continuous improvement activities. There is an interest and engagement in evaluation practices and they may be ready to consider address other occupational stress injuries and mental health and wellbeing.

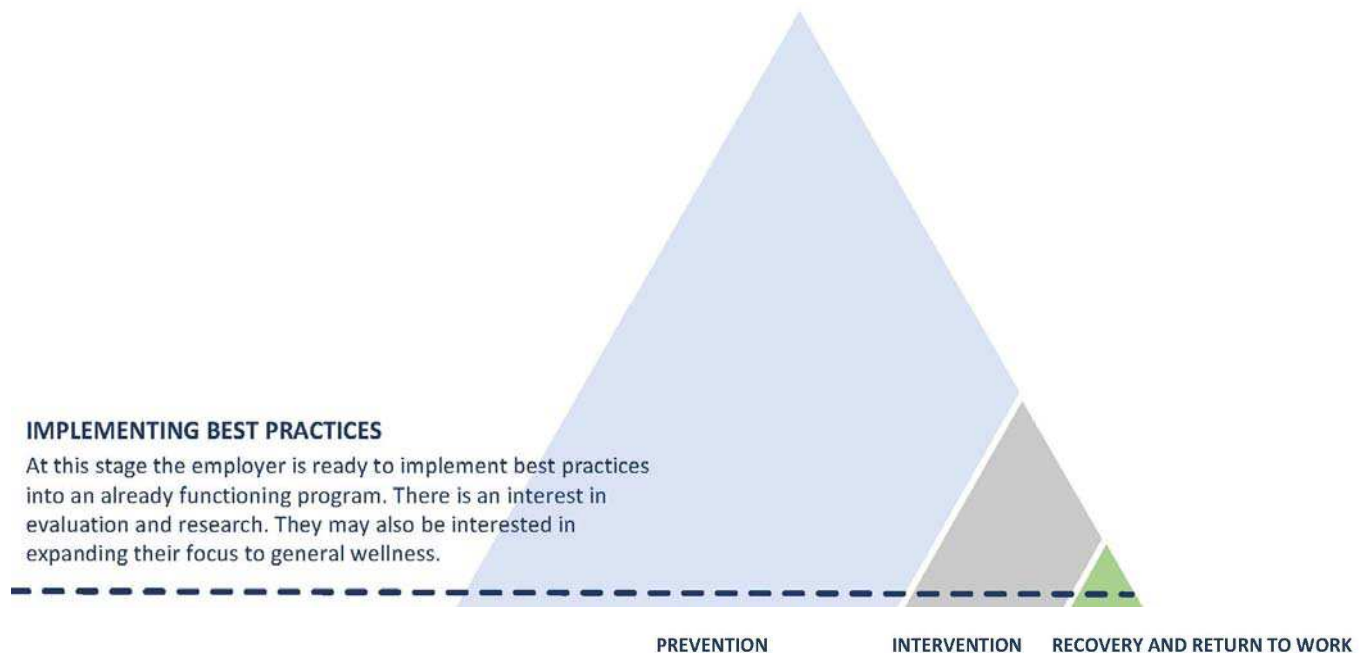


Figure 4: Implementing Best Practices, the Uppermost Segment of the Triangle

Focus Areas

There are three focus areas related to preventing and managing PTSD in the workplace – Prevention, Intervention and Recovery and Return to Work. These are explained below.

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.

The PTSD Just Getting Started Assessment

This assessment is intended for the Employer, or person responsible for developing the PTSD Prevention Plan and Program. It is available online at firstrespondersfirst.ca. You can complete it electronically and then received a customized Action Plan that will provide direction on how you can address any gaps in your PTSD Prevention Plan and Program.

Click the answer to the right that best reflects the current state of your organization.

Assessment Question	No, I haven't started	I am working on this	Yes, it is complete
1. A current state assessment has been conducted to gather organizational prevention, intervention and return to work practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Senior Leadership has reached out to other services in your municipality/region to see if there is interest in working on a plan together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention			
3. Write PTSD policies and procedures for prevention, intervention and return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide prevention training and information to all management staff so they can recognize the signs and symptoms and know how to respond to a worker in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify and communicate organization roles and responsibilities for the PTSD Prevention Plan and Program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention			
6. PTSD injury reporting mechanisms are established and implemented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identify support and intervention options that Managers and Workers can access and use to respond to staff reports of injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Identify roles across the organization that can support injured workers, determine and communicate their responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery and Return to Work			
9. Identify roles across the organization, and other parties, who would be focused on getting the injured Worker back to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Establish internal procedures and protocols to support worker recover and return to work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Managers understand how to accommodate a worker recovering from PTSD and how to reintegrate the worker back into the workplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Prevention

Section 1: Just Getting Started with Prevention

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:

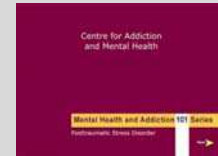
- Recurring, unwanted distressing memories of the traumatic event,
- Reliving the event as if it were happening again,
- upsetting dreams about the event, and
- severe emotional distress or physical reactions (heart racing, hands sweating) to something that reminds you of the event.

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.

Post Traumatic Stress Disorder 101 eLearning, CAMH



http://www.camhx.ca/education/online_courses_webinars/mha101/posttraumaticstressdisorder/Posttraumatic_Stress_Disorder_.htm

This tutorial provides basic information about posttraumatic stress disorder (PTSD), including:

- signs that someone may have PTSD
- how PTSD differs from common reactions to trauma
- how PTSD affects the people who have it and those around them
- how to respond to someone who has been through a traumatic event.

When to See a Doctor

A person should see a doctor if the symptoms last for more than one month and include experiencing at least:

- one intrusive memory symptom
- three avoidance symptoms and
- two hyper-arousal symptoms

(National Institute of Mental Health, 2016)

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:

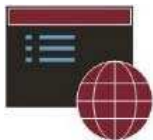
- Irritability, feeling tense or “on guard,”
- Difficulty sleeping,
- Angry outbursts or aggressive behaviours,
- Being on constant guard for danger,
- Feelings of overwhelming guilt or shame,
- Self-destructive behaviours,
- Trouble concentrating or sleeping, and
- Being easily startled or frightened.



What PTSD Might Look Like at Work

Each individual will have their own reaction and coping skills in reaction to traumatic events, but there are some identified examples of how PTSD may manifest at work, including:

- Trouble remembering or concentrating,
- Difficulty retaining information,
- Difficulty managing time or completing tasks,
- Feelings of fear and anxiety,
- Social withdrawal,
- Interpersonal and/or family conflict,
- Unreasonable reactions to situations or stress events,
- Trouble staying awake,
- Panic attacks,
- Absenteeism,
- Muscle tension,
- Difficulty sleeping and fatigue,
- Headaches,
- Increased alcohol use,
- Performance deterioration.



Additional Resources

[OHCOW MIT Tool](#)

[Mental Health Works](#)

[Working Through It: Workplace Strategies for Mental Health](#)

Understanding 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 also required to inform all workers about psychological hazards on the job and train employees how to prevent these hazards and protect themselves. Workers are required to follow policies and procedures set out by the employer.

Developing Policies and Procedures

Policies and procedures related to addressing PTSD should align with any existing mental health and wellness program elements and the organizational values. When you are **Just Getting Started** the policies and procedures you want to consider developing include:

- Organizational PTSD Policy (see [Sample Organizational Policy](#))
- Anti-stigma Policy and Procedure(see [Sample Anti-Stigma Policy](#))

Developing a Policy Statement

A policy statement outlines the organizations commitment to addressing Post Traumatic Stress Disorder in the workplace and support of the workers. Ideally it should be signed and dated by the organizational leaders.

It should include statements that outline that:

- Policies, procedures and programs will be established to address PTSD in the workplace.
- The organization will commit to providing psychological support to its workers and in particular senior leadership support is demonstrated.
- The organization will commit required resources to establish, implement and maintain the program.
- Worker participation is important and required in the development, implementation and improvement of the PTSD Prevention Plan and Program.
- Focus on organizational needs, not individual worker mental health concerns, understand how PTSD fits into the overall workplace psychological health.
- How the policy will contribute to a mentally healthy and psychological safe workplace.

Roles and Responsibilities

- Establishing roles and responsibilities is an important step in **Just Getting Started**. As you move through **Taking Proactive Steps** and **Implementing Best Practices** you may find that you are adjusting and refining your roles and responsibilities documentation.

Senior Leadership Roles

Senior Leadership 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 Committee 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

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.
- 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.

Health and Safety Committee

The organizations Joint Health and Safety Committee, or Health and Safety Representative should be engaged in the development of a PTSD Prevention Plan and Program. (Great West Life Centre for Mental Health in the Workplace, 2005) To actively participate the committee 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.

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.

Unions and Associations

The union should

- Be consulted about policies and procedures.



Intervention

Section 2: Just Getting Started with Intervention

Intervention

An important part of developing intervention strategies when you are **Just Getting Started** is anticipating possible traumatic exposures, and then planning how these things might be addressed in your organization. Here are a few things that you may need to consider:

- How managers and supervisors should respond to signs and symptoms of PTSD.
- Early Intervention and Screening Protocols.
- How to respond to a crisis situation.
- Knowing how to access treatment and support options in the community, through Employee Assistance Programs (EAP), benefits program or OHIP.
- What the processes are to report traumatic incident exposures and PTSD diagnosis to WSIB to access workers compensation.

How to Respond to Signs and Symptoms of PTSD in a Worker

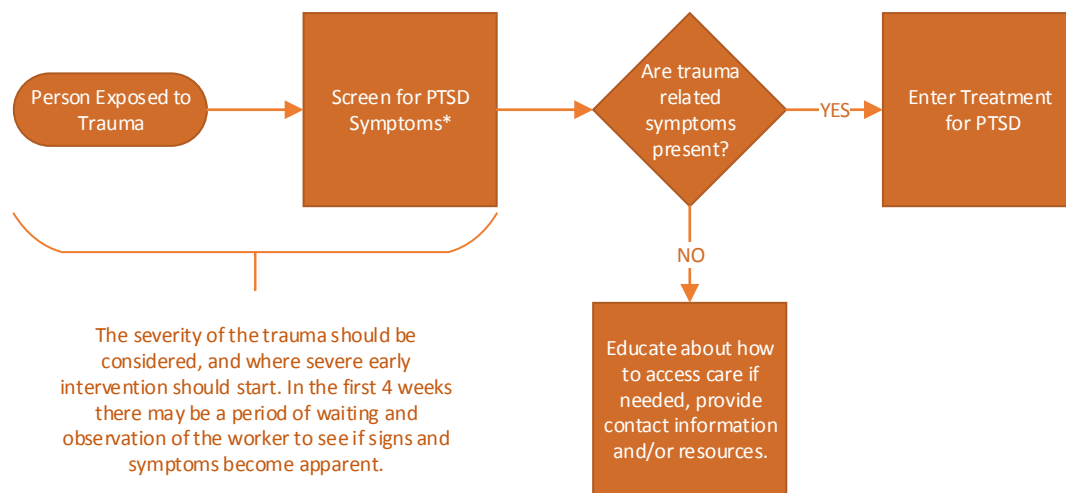
Senior Leadership, Managers and Supervisors are expected to know how to recognize and respond to signs and symptoms of PTSD in a worker or fellow Manager, Supervisor or Senior Leader. If signs and symptoms are found to be presented it is expected that the Senior Leader, Manager or Supervisor will:

- 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

While some people may recover from an exposure to a traumatic event, others may develop chronic problems over many years. Your workplace may want to implement regular screening protocols based on the type of work or exposures your workers may be experiencing. 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.

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. Early intervention is important for effective treatment and the severity of the initial traumatic event should be considered when determining the need for early intervention. Below is a sample screening protocol that you may want to consider for your organization: (National Institute for Health and Care Excellence, 2005).



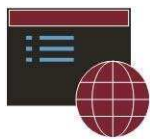
*this includes observation of work related or intrusive memories, avoidance, or hyper-arousal signs and symptoms and/or self screening methodology

Figure 5: Sample Screening Protocol

After the Event, Minimizing Stress for the Worker

An important part of managing the crisis is helping your workers minimize their stress when they return to work. You may want to consider the following actions 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.
- Instituting debriefing sessions that focus on helping workers put their experiences in perspective and validate what they have seen, done, thought and felt.
- Providing ongoing education or workshops that provide information on PTSD, stress management and actions workers can take to take care of themselves.
- Offering group peer support activities.



PTSD Self Assessments

The PTSD Association of Canada has a couple of PTSD checklist that may be useful for your organization, however it is important to note that only a trained mental health professional can provide you with a valid diagnosis of any mental health condition.

<http://www.ptsdassociation.com/assessment/>

Important Messaging for Workers about What to Expect

Traumatic events can be very difficult to understand. You can use the following tips to help 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) National Mental Health Information Centre and are designed to help civilians who volunteer during disaster relief, however the tips are relevant to all traumatic events. (Occupational Health and Safety Administration, 2016)

- 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.



Self-Assessment: Do I have PTSD? When to Call a Doctor

The assessment below is another option which aligns with the “When to call a Doctor” information provided in the Section 1: Just Getting Started with Prevention

Directions: Read each of the statements below. If you have been experiencing these symptoms for more than one month mark the box at the beginning of the statement. When you are done you can print this off and take it to your doctor, or share with your supervisor so that they can help you access the support you need. You should call a doctor if you have been experiencing the symptoms for more than one month and you are experiencing at least:

- One intrusive memory symptom
- Three avoidance symptoms and
- Two hyper-arousal symptoms

Intrusive Memory Symptoms

Select (☒) all that apply. In the last month have you experienced any of the following intrusive memories:

- | | |
|---|---|
| <input type="checkbox"/> Recurring, unwanted distressing memories of the traumatic event. | <input type="checkbox"/> Upsetting dreams about the event. |
| <input type="checkbox"/> Reliving the event as if it were happening again. | <input type="checkbox"/> Severe emotional distress or physical reactions (heart racing, hands sweating) to something that reminds you of the event. |

Avoidance Symptoms

Select (☒) all that apply. In the last month have you experienced any of the following avoidance symptoms:

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

Hyper-arousal Symptoms

Select (☒) all that apply. In the last month have you experienced any of the following hyper-arousal symptoms:

- | | |
|---|---|
| <input type="checkbox"/> Irritability, feeling tense or “on guard.” | <input type="checkbox"/> Feelings of overwhelming guilt or shame. |
| <input type="checkbox"/> Difficulty sleeping. | <input type="checkbox"/> Self-destructive behaviours. |
| <input type="checkbox"/> Angry outbursts or aggressive behaviours. | <input type="checkbox"/> Trouble concentrating or sleeping. |
| <input type="checkbox"/> Being on constant guard for danger. | <input type="checkbox"/> Being easily startled or frightened. |

How to Respond to A Crisis Situation

Peer Support: Just Getting Started

Having a peer support program in place is a recognized, evidence based practice used in organizations. It is important to remember that while peer support is an important part of dealing with PTSD, it is not a substitute for professional medical support. This section reviews some of the basics of peer support and how to get a program started in your workplace, recognizing that when you are starting out with your PTSD Prevention Plan and Program you may not have the resources to establish a full peer support team.

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 focus of a peer support program is to establish positive coping strategies, using common language which fosters trust and credibility between team members.

Following are some of the benefits of using peer support to address PTSD in the workplace

- Peer support is focused on the person. It provides the worker with emotional and social support from others who share a common lived experience. The experience may not be specific to the traumatic event, but in relation to the job, emotional pain or mental health challenge that is experienced. It is important for those suffering from PTSD to maintain social relationships.
- Peer support can help workers cope with memories of the trauma through the process of sharing stories and learning how to deal with emotions such as anger, shame, guilt or fear.
- Peer support provides a focus on hope and recovery.
- Peer support can help the worker learn how to talk about what is happening to them and support them in seeking help.
- Peer support team members bring credibility of lived experience - they can speak the same language, they understand the organization and how it operates and they know what services are available to the worker within their organization.
- Peer support builds trust with other people, which is important when addressing PTSD.

The Mental Health Commission of Canada has established [Guidelines for Practice and Training of Peer Support](#) which may be helpful for your organization.

Just Getting Started with Peer Support

If you are Just Getting Started, here are some approaches you may want to consider:

1. Utilizing the Service Chaplain as a source of peer support.
2. Utilizing a volunteer Peer Support Mentor from the Joint Health and Safety Committee. This person should be provided training to help them fulfill their duties which includes:
 - a. basic skills to be a peer support mentor,
 - b. listening skills,
 - c. psychological first aid, and
 - d. referral options for workers within the organization.

The benefit of utilizing this approach is that this person is already familiar with your health and safety program and they are a member of team. When selecting this person they should be viewed as being a credible resource, are respected by peers and undergo a selection process.

It is important that the peer supporters are monitored so that they feel supported in their role and can also get the help they may need to deal with the trauma related experiences. This could include the provision of access to a behavioural health expert, opportunities to improve peer supporting skills, monitoring of their own health and wellbeing.

Below are links to some peer support and psychological first aid training programs:

[Mental Health Commission of Canada: Mental Health First Aid](#)

[Mental Health Commission: Road to Mental Readiness \(R2MR\)](#)

[Heros are Human: The Tema Conter Memorial Trust: MANERS Program](#)

[Living Works Education Inc](#)

[BizLife Solutions: HEART Program](#)

Accessing Treatment and Support Options

Understanding the Strengths and Limitations of your Service's Employee Assistance Program

An important part of developing your prevention plan is understanding the strengths and weaknesses of your service's Employee Assistance Program (EAP). While many organizations offer this to their workers, the employees of the EAP are not always equipped to deal with the traumatic events that first responders are exposed to. It is important that you understand the service strengths and limitations so that you can address any gaps in your prevention plan. You need to find out about the specific provision of service for your workers with regards to PTSD.

Some of the items that you will want to check with your EAP Provider about include:

- How does the EAP provider screens the calls and if they are equipped to provide service in this area?
- How many hours of counseling they can receive and if this can be increased for PTSD cases?
- What qualifications do available counselors have to address PTSD symptoms?
- What knowledge and experience or training has been provided to the people who are taking employee calls have with regards to the signs and symptoms of PTSD?
- Is the service is available 24/7?
- What type of assistance is available to help you manage a critical incident?
- Does the provider provide training for managers on how to spot an employee in crisis and is this included in the package. If it is not included can we pay for it as needed?
- Does the provider provide peer support training, training for peer support mentors, is this included in the package, or can you pay for this as needed?
- Does the EAP have other clients in the first responder community?
- Is there an opportunity to improve the level of service if other members in the first responder were to access the EAP as a single account/client?

Once you understand the strengths and limitations of your Employee Assistance Program provider, you will be able to identify the next steps you need to take to provide additional support to your workers. In some cases you may want to contact your colleagues in the first responder community to establish a more robust program.

Communicate the strengths and limitations of your EAP program to your workers 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.

Understanding availability of Support within your Community

There are community supports available to your workers and when you are just getting started in developing your plan these resources can be a very valuable first step. There are a number of distress and crisis centres throughout Ontario and many of these centers offer services which would be beneficial to a worker suffering from PTSD.

You should reach out to your local distress centre and identify the services that they provide. Most of the centers are open 24 hours a day, 7 days a week.

Some of the questions you can ask your local distress centre include:

- Do you provide specific services in support of PTSD? If yes what are these services?
- What are the qualifications of available counselors to address PTSD symptoms?
- Are the help line staff equipped to recognize the signs and symptoms of PTSD and then provide appropriate support and direction for the worker?
- Do they provide training or resources for managers on how to spot an employee in crisis and is this included in the package. If it is not included can we pay for it as needed?
- Do they provide peer support training, training for peer support mentors, is this included in the package, or can you pay for this as needed?

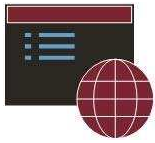
As part of your Prevention Plan you should communicate the services available through your local distress centre. To find your local distress centre contact information visit this website:

<http://www.dcontario.org/>

The Government of Canada also has a Mental Health Helpline. Information about this service can be found on their website: <http://www.mentalhealthhelpline.ca/>

PTSD Treatment Options Available through OHIP

It is important to understand the treatment options which are covered by OHIP, you will need to contact your local healthcare provider to understand the treatment options available to you in Ontario.



Information about OHIP

Some information is available on the Ministry of Health and Long Term Care website at the following link:

http://www.health.gov.on.ca/english/providers/program/ohip/outofcountry/us_preferred_providers/restreatment_facilities.html

The Ministry of Health and Long Term care has entered into preferred provider arrangements with US psychiatric hospitals to provide mental health services related to PTSD. Please note that these services require prior approval from the MOHLTC before it can be covered under OHIP.

The New Orleans Institute: Trauma-Based Disorders
River Oaks Hospital, New Orleans LA
<http://riveroakshospital.com/programs/trauma-based-disorders/trauma-based-disorders/>

Diagnoses: **Post-Traumatic Stress Disorder, Dissociative Identity Disorder, Major Depressive Disorder, etc. with/without Substance Abuse**
Gender: **F/M**
Level of Care: **Residential**
Typical length of Stay: **30 to 90 days**

Partial Hospitalization Program for Post-Traumatic Stress Disorder
Rogers Memorial Hospital, Oconomowoc WI and West Allis WI
<https://www.rogershospital.org/treatment-service/posttraumatic-stress-disorder-partial>

Diagnoses: **Post Traumatic Stress Disorder**
Gender: **F/M**
Level of Care: **Day Treatment**
Typical length of Stay: **30 to 90 days**

Reporting an Injury

Internal Reporting Procedures

As part of your organizational prevention plan you should establish reporting procedures for PTSD. When you are doing this it is important for you to consider existing accident and incident reporting procedures and explore if it can be expanded to include mental health concerns like traumatic mental stress or Post Traumatic Stress Disorder.

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, JHSC or H&S representative and trade union (if applicable) if an employee is critically injured, disabled from performing their own work or receives medical attention resulting from an incident.

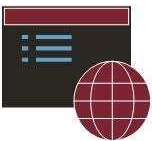
The details required in these reports, and the parties who must be notified are based on the severity of the injury and are outlined in the OHSA and in Section 5 of the Industrial Establishment Regulation. Of particular importance is the necessity in S 5(2)(j) to include steps to prevent further illness.

Reporting to the WSIB

Reporting a Post Traumatic Stress Disorder through required channels is handled in the same manner as other injuries or illnesses. 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.

In many cases an employee with PTSD will require time off from work, but in some instances, it may be possible to accommodate them with alternate work as they are receiving treatment. The same WSIB form 7 is used regardless of whether the ill/injured employee losses time from work(lost time injury), or only seeks medical attention(No Lost Time Claim). The employee will be sent a Form 6 by the WSIB for completion following the employers submission of the claim.

To report a PTSD injury on your Form 7 you will select “other” and then add PTSD or Post Traumatic Stress Disorder. You’ll receive a confirmation number when you submit online, verifying that your form has been submitted. You can easily review all of the claims you’ve submitted online in the past 90 days. The online version will automatically complete over half of the form for you



WSIB: Employers Responsibilities

For a complete explanation of Employer Responsibilities when reporting an accident please visit the WSIB website and review [Policy 15-01-02](#).



Recovery and Return to Work

Section 3: Just Getting Started with Recovery and Return to Work

Recovery and Return to Work is an important part of a holistic PTSD plan. Return to Work for an worker who has suffered PTSD can involve careful balancing of the needs of the Worker and the needs of the workplace and/or Employer. The Employer has a duty to accommodate, which means that they are required to *“identify and change any rules, practices, expectations or procedures to meet the needs of employees so that they can perform to the best of their potential. This right to equality must be balanced with the employer’s right to run a productive workplace.”* (Canadian Human Rights Commission, 2016)

This section will provide you information about:

- Return to Work Considerations for a PTSD Plan.
- Tips for accommodating a worker who is suffering from PTSD.

Legislative Requirements

Workplace Safety and Insurance Act (WSIA)

The WSIA is monitored and enforced by the Workplace Safety and Insurance Board. It establishes a system which ensures that workers are compensated for work-related injuries and occupational diseases. Participating employers, in return, are given immunity from civil suits for worker injury/disablement. The purpose of this act is to accomplish the following in a financially responsible and accountable manner:

- Promotion of health and safety in workplaces.
- Ensuring wherever possible the successful return to work of employees following work-related injuries or occupational illnesses.
- To facilitate re-entry into the labour market of workers and spouses of deceased workers.
- To provide compensation and other benefits to workers and to the survivors of deceased workers.

The Employer has the duty to modify the work or the workplace to accommodate the needs of the workers to the extent of undue hardship. The Employer must re-employ the injured/ill Worker if they have worked continuously for the Employer for one year and the employer normally employs 20 or more workers. If possible, and the Worker is medically able to perform the essential duties of the job they must be returned to their pre-injury position. If the Worker is unable to perform essential duties of their job, but is able to work they must be offered work appropriate to their functional abilities within the terms set out in the Act s. 40(1-2) and s. 41 (5-6).

Ontario Human Rights Code (OHRC)

The OHRC is the overarching legislation that requires employers to accommodate employees who are seeking accommodation due to disability up to the point of undue hardship.

Accessibility for Ontarians with Disabilities Act (AODA)

This legislation establishes mandatory accessibility standards in order to achieve accessibility for all people with disabilities by removing and preventing barriers for people with respect to goods, services, facilities, **accommodation**, employment, buildings and structures. The AODA adopts the broad definition of disability found in the OHRC. Specific to accommodation of a worker this standard applies to those who employ workers and offer accommodation.

Return to Work Considerations for a Prevention Plan

It may seem strange to include Recovery and Return to Work in your PTSD Prevention Plan development process, however there are some benefits to understanding more about this process and including it upfront when you are thinking about prevention. While some may argue that Recovery and Return to Work is outside of the scope of a Prevention Plan and Program is it an important aspect of being prepared to support a Worker and help them stay at work, recover and/or return to work. This guide intends to provide a holistic health and safety management approach and therefore includes Recovery and Return to Work.

The Institute for Work and Health did a comprehensive systematic review on the most effective workplace-based Return to Work practices in 2007 and identified *7 Principles for Return to Work*. This review found that workplace based return to work interventions can have positive impacts on duration and costs of work disability.

Another study done by the Occupational Health and Safety Agency for Healthcare in British Columbia, *Best Practices for Return to Work/Stay at Work Interventions for Workers with Medical Conditions* highlighted similar principles. The majority of interventions in this systematic review focused on the individuals and the researchers highlighted the need to study more workplace based interventions. There is a belief that more effective workplace based interventions could improve the length of time the worker is away from work and support positive outcomes for the workers who are still working.

The principles outlined below come from both of these systematic reviews and provide a good starting place to establish the Recovery and Return to Work portion of your PTSD Prevention Plan and Program. For each of the items listed below, you may want to review how your current organization approach to Return to Work and identify if there are opportunities to include some or all of these practices.

Return to Work Principles

1. The workplace needs to have a strong commitment to health and safety which is demonstrated by the behaviours of the workplace parties.

- This is demonstrated by Sr. Leadership invest in resources and time to promote safety and coordinate return to work; labour support for safety policies and return to work programming, commitment to safety issues is the norm across the organization.
- This includes have a clear, detailed and well-communicated organizational workplace mental health policy that supports the return to work and stay at work process. This includes many of the items already covered when you are *Just Getting Started*.

2. The Employer makes an offer of modified work to the injured/ill workers so they can return early and safely to work activities suitable to their abilities.

- The literature highlights that work accommodations are an integral part of the return to work process and the context of their implementation determines their effectiveness.

See Tips for Accommodating a Worker who is Suffering from PTSD

3. Those planning Return to Work needs to ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors.

- The systematic reviewed highlights that the return to work process is a “socially fragile process.” To reduce resentment towards the returning work, steps must be taken to anticipate and address concerns that co-workers and supervisors have to ensure better outcomes. This can include education and encouraging cooperation with the process.
- Offering training on PTSD and other mental health conditions is important. Raising awareness can address issues around stigma about mental health conditions and facilitate return to work.
- Of importance, disclosure needs to remain in the hands of the worker. Regardless of disclosure evidence suggests that reducing stigma and silence around PTSD can facilitate successful accommodation and return to work.

4. Supervisors are trained in work disability prevention and are included in the return to work planning.

- Supervisors are important to the success of the return to work program because they are closest to the worker and they can manage the immediate return to work environment. This means that that in the case of PTSD, Supervisors and Managers need to understand how to accommodate a worker suffering from PTSD which may involve training and education.
- It may be important to train the supervisor on how they can assist the worker when they return to work specifically how to listen to the employee's limitations, helping identify tasks which may be challenging, evaluating the effectiveness of the interventions and the environment.
- The literature highlights the need for the application of a systematic, structured and coordinated return to work process and plan and indicates that having this in place optimizes and improves return to work outcomes
- Involving the Supervisor or Manager in the return to work process also helps them feel more equipped to accommodate the worker when they come back to work.

5. The Employer makes early and considerate contact with the injured/ill worker.

- The literature suggests that early contact is core to successful return to work programs, but it should consider the workers specific situation. This contact should be made by the immediate supervisor and focus on the workers well-being and mental health.
- The Supervisor may want to refer back to *Important Messaging for Workers about What to Expect* which provides tips on how to communicate with workers who have experienced traumatic events, including reminding them that:
 - 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.
 - They should 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.
 - The literature highlights that for this to be successful the workplace environment should be characterized by a shared sense of goodwill and confidence.

6. There is a person in the workplace who is responsible for coordinating return to work. This person can help provide an individualized plan that focuses on the workers initial and ongoing needs.

- It is important that the person coordinating return to work has clear mandates and feel empowered to be flexible with creating different work accommodations.
- Assisting the injured worker remain or return to work while they recover while also ensuring that the workers return to work date is sensible, flexible and safe for the worker.
- Help the worker return to the workplace post injury.
- Connect and consult with the injured worker, treating health professional, and WSIB representative and make sure that every understands what to expect and what is expected of them.
- Monitor the workers progress towards returning to work.
- Take steps to prevent further injury/illness.
- Help resolve issues or disputes related to the return to work.

7. Employers and Healthcare Providers communicate with each other about the workplace demands, as needed, and with the Worker consent.

- The literature highlights the importance of the workplace facilitating access to evidence based treatment.
- Healthcare providers can play a significant role in the return to work process as the injured worker is often looking to them for advice and guidance on how to return to work.
- It is important that all of the players understand the Worker's job and the ability to accommodate.
- Permission must be provided from the Worker for this type of contact to take place and the type of contact will vary based on individual circumstances and healthcare providers.

Tips for Accommodating a Worker who is Suffering from PTSD

This section is designed to provide you some tips on how to accommodate Workers who have PTSD. Research has found that PTSD does have an impact on impaired occupational functioning, particularly as it relates to reduced productivity, presenteeism and absenteeism. This is not an exhaustive list of accommodations, there may be other ideas or options you may wish to use.

Questions to Consider when Accommodating Work

When considering how to accommodate a worker you may want to identify the specific circumstances related to that worker, some questions include:

- What is the worker experiencing (signs and symptoms) and what are the limitations?
- How will these limitations impact the work that the worker needs to do?
- Are there specific job tasks that will be problematic as a result of these limitations?
- What accommodations can help address or eliminate these limitations?
- Has the worker been asked about possible accommodations, can they help identify specifically how the organization can assist?
- Does the Workers Sr. Leadership team, Supervisor or Coworkers need training on PTSD to help facilitate a successful return?
- Is the Worker currently receiving care or treatment and if so are they continuing to follow a treatment plan (if this is known)?

Potential Individual Accommodations

There are a range of treatment options for workers suffering from PTSD which should be administered through professional medical support or clinical practice.

The table on the next page outlines some potential individual accommodations relate to when the worker is at work and requires support to stay at work, or returning to work. As you move into Taking Proactive Steps and Implementing Best Practices you can explore other types of interventions.

Potential Accommodations Chart

Signs and Symptoms	What this could look like at work	Impact on job tasks	Potential Accommodations
Intrusive Memories	<p>Reduced concentration</p> <p>Difficulty managing time and tasks</p> <p>Increased errors in work</p> <p>Difficulty completing complex tasks</p> <p>Reduced organizational skills</p>	<p>Difficulty completing tasks with deadlines, time pressures or high expectations</p> <p>Inability to complete tasks in which error rate is impacted by reduced concentration</p> <p>Inability to complete complex tasks or multi-task</p>	<p>Reduce distractions in the workplace</p> <ul style="list-style-type: none"> ▪ Sound proofed areas ▪ Use of white noise ▪ Soothing music ▪ Uninterrupted work time <p>Manage completion of work</p> <ul style="list-style-type: none"> ▪ Flexible scheduling ▪ Breaking large projects into smaller chunks, with easily achievable goals ▪ Provide memory aids such as schedulers, organizers, use of auditory or written cues ▪ Weekly meetings with supervisor or mentor to assist with determining goals, reminding of important deadlines, create daily to do lists <p>Restrict tasks with immediate risk for injury if concentration lapses</p>
Avoidance	<p>Social Withdrawal, irritability</p> <p>Relationship problems</p> <p>Difficulty maintaining close relationships</p> <p>Feelings of guilt, depression or worry</p>	<p>Reduced motivation and productivity</p> <p>Increased stress, emotional outbursts</p> <p>Interpersonal difficulties with customers, supervisors and co-workers</p> <p>Decreased ability to deal with conflict or</p>	<p>Encourage use of stress management techniques</p> <p>Allow support animals</p> <p>Allow telephone calls to doctors or others for needed support</p> <p>Use a mentor or supervisor to alert employee if behaviour is becoming unprofessional or inappropriate</p> <p>Encourage the worker to walk away from frustrating situations and confrontations</p>

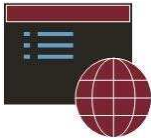
Signs and Symptoms	What this could look like at work	Impact on job tasks	Potential Accommodations
		<p>other emotionally charged events</p> <p>Reduced capacity to cope with stressful situations</p>	<p>Provide awareness training to supervisors and co-workers</p> <p>Provide partitions or closed doors to allow for privacy</p> <p>Assign supervisor or mentor to be available to answer employees questions</p> <p>Allow for a flexible work environment – scheduling, breaks, leaves for counseling, work from home</p> <p>may not be able to complete tasks with frequent customer contact</p>
Hyper-arousal	<p>Excessive fatigue</p> <p>Exaggerated startle response</p> <p>Hypervigilance</p> <p>Increase in self-medication practices</p>	<p>Reduced concentration, activity and productivity</p>	<p>Allow for flexible start time</p> <p>Provide a place for the employee to sleep during breaks if needed</p> <p>Allow the worker to work one consistent schedule</p> <p>Allow for a flexible work environment</p> <p>Provide goal-oriented workload</p> <p>Identify and remove environmental triggers such as particular smells, or noises</p> <p>Allow a support animal</p> <p>Allow for breaks and provide a place where the worker feels comfortable to use relaxation techniques or contact a support person</p>

Supportive Management Techniques

When you are planning how to manage Recovery and Return to Work for your Workers, it is important that you support the Managers and Supervisors so that they can utilize effective techniques which help keep the worker on track to recovery.

Below are a list of tips that may help Managers and Supervisors implement an individual Return to Work plan:

- Be prepared to provide day to day guidance and feedback, focused on tasks.
- Provide written and verbal instructions.
- Provide positive praise and reinforcement.
- Recognize when the worker is experiencing hyper-arousal symptoms, stress or withdraw and provide necessary support. Remind the Worker of mechanisms they can use such as utilizing quiet space, strategies to deal with conflict.
- Establish long term and short term goals, breaking down complex tasks.
- Provide clear expectations of responsibilities and outline the consequences of not meeting those performance standards.
- Plan how to evaluate the effectiveness of the accommodations.



WSIB and Return to Work

The Workplace Safety and Insurance Board provides [Return to Work Services](#) for Ontario Workplaces. Information about this process can be found on the WSIB site at the following link:

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