

#FIRSTRESPONDERSFIRST

firstrespondersfirst.ca



Prevention

**Section 1:
Just Getting Started
with Prevention**

#FIRSTRESPONDERSFIRST

firstrespondersfirst.ca

Disclaimer

Content: Although PSHSA endeavors to ensure that the information provided within these materials is as accurate, complete and current as possible, PSHSA makes no representations or warranties about the information, including in respect of its accuracy, completeness or currency. You agree that PSHSA shall not be liable for any loss or damage to you or any other person, howsoever caused, that is in any way related to the information found within these training materials or your use of it.

Intent: The content within these materials is provided for educational and informational purposes. It should not be considered as solicitation, endorsement, suggestion, advice or recommendation to use, rely on, exploit or otherwise apply such information or services.

Copyright and Terms of Use: The intended for internal use only and are not intended for resale. These materials and their content are protected by Canadian and international intellectual property laws, regulations, treaties and conventions. Except as specifically permitted by these terms and conditions, you shall not reproduce, download, modify, distribute, communicate, adapt, incorporate into another work or product, translate, or otherwise use any content from these materials, in whole or in part, or authorize anyone else to do any of the foregoing, without PSHSA's prior written permission. In no circumstances may the information or content within these training materials be reproduced, in whole or in part, for marketing, advertising, promotional, or commercial purposes, except with the prior written permission from PSHSA. These Terms of Use must be retained and communicated in full on any permitted reproductions, disseminations and work products.

Other intellectual property rights: No permission is granted for the use of any other intellectual property right, including official marks or symbols, trademarks, logos, domain names or images.

© Public Services Health and Safety Association 2016

CONTENTS

Section 1: Just Getting Started with Prevention.....	1
PTSD Causes, Risk Factors, Signs and Symptoms.....	1
Causes.....	1
Risk Factors.....	1
Signs and Symptoms.....	1
Intrusive Memories.....	2
Avoidance.....	2
Hyper-arousal Symptoms.....	3
What PTSD Might Look Like at Work.....	3
Understanding Legal Requirements.....	11
Developing Policies and Procedures.....	11
Developing a Policy Statement.....	11
Roles and Responsibilities.....	12
Senior Leadership Roles.....	12
Managers and Supervisors.....	12
Health and Safety Committee.....	13
Workers.....	13
Unions.....	13
Bibliography.....	14

#FIRSTRESPONDERSFIRST

firstrespondersfirst.ca

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 persons 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 include:

- 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.camh.ca/education/online_courses_webinars/mha101/posttraumaticstressdisorder/Posttraumatic Stress Disorder .htm](http://www.camh.ca/education/online_courses_webinars/mha101/posttraumaticstressdisorder/Posttraumatic%20Stress%20Disorder_.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.

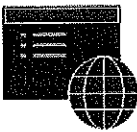


What PTSD Might Look Like at Work

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.

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.

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.

Unions

The union should

Be consulted about policies and procedures.

Bibliography

- André, M. (2012). *In the Line of Duty*. Toronto: Ombudsman of Ontario.
- CAMH. (2016, Feb 23). Posttraumatic Stress Disorder (PTSD). Retrieved from Mental Health and Addiction Information A-Z
http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/Post-traumatic/Pages/pstd.aspx
- Canadian Human Rights Commission. (2016, March 10). *Resources: A Guide For Managing the Return to Work*. Retrieved from Canadian Human Rights Commission:
https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjg-pGV8bbLAhWMcj4KHZJ5BzgQFggBMAA&url=http%3A%2F%2Fwww.chrc-cddp.ca%2Feng%2Fcontent%2Fguide-managing-return-work&usq=AFQjONEUcm7m3PIb6SQVNWVAIskThqpVWhg&sig2=gtkdAU_fY
- Canadian Mental Health Association. (n.d.). *Post-Traumatic Stress Disorder (PTSD)*. Retrieved August 6, 2013, from Canadian Mental Health Commission:
http://www.cmha.ca/mental_health/post-traumatic-stress-disorder/#.UgERF5K1G00
- Centres for Disease Control and Prevention, NIOSH. (2016, 01 21). *Traumatic Incident Stress*. Retrieved from Centres for Disease Control and Prevention, NIOSH:
<http://www.cdc.gov/niosh/topics/traumaticincident/>
- Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (2011, January 1). *Best Practices Identified for Peer Support Programs*.
- Great West Life Centre for Mental Health in the Workplace. (2005). *Workplace Strategies for Mental Health*. Retrieved January 25, 2016, from Psychological Health and Safety: Introduction.
- Headington Institute. (n.d.). *Risk Factors for Vicarious Trauma*. Retrieved August 6, 2013, from Headington Institute: <http://headington-institute.org/Default.aspx?tabid=2649>
- Health Canada, Office of Nursing Policy. (2004). *Trends in Workplace Injuries, Illness and Policies in Health Care*. Health Canada.
- Institute for Work and Health. (2007). *Seven "Principles" for Successful Return to Work*. Retrieved from Institute for Work and health: <http://www.iwh.on.ca/seven-principles-for-rtw>
- International Labour Office. (2010). *Emerging risks and new patterns of prevention in a changing world of work*. Switzerland: International Labour Organization.

Job Accomodation Network. (2016, 01 21). Accomodation and Compliance Series: Employees with Post Traumatic Stress Disorder (PTSD). Retrieved from Job Accomodation Network: <https://askjan.org/media/ptsd.html>

Leka, S, & Jain, A. (2010). Health Impact of Psychosocial Hazards at Work: An Overview. Switzerland: World Health Organization.

Mayo Clinic. (2016, 01 15). Diseases and Conditions: Post-traumatic stress disorder. Retrieved from Mayo Clinic: <http://www.mayoclinic.org/diseases-conditions/post-traumatic-stress-disorder/basics/definition/con-20022540>

Mental Health Commission of Canada. (2013, January). A Leadership Framework for Advancing Workplace Mental Health. Retrieved January 23, 2016

Mental Health Commission. (2013, March 3). Workplace Strategies for Mental Health Facts and Figures. Retrieved August 6, 2013, from Workplace Strategies for Mental Health: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=2&d=2>

National Institute for Health and Care Excellence. (2005, March 5). Post Traumatic Stress Disorder: Management: NICE Guidelines [CG26]. Retrieved from National Institute for Health and Care Excellence: <https://www.nice.org.uk/guidance/cg26/chapter/1-guidance>

National Institute of Mental Health. (2016, 01 21). National Institute of Mental Health. Retrieved from Post-Traumatic Stress Disorder: <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

Occupational Health and Safety Agency for Healthcare in BC (2016, March 10). Best Practices for Return to Work/ Stay at Work Interventions for Workers with Mental Health Conditions. Retrieved from Provincial Health Services Authority: https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj-YDm8LbLAhVH5iYKHQinDzkQFggBMAA&url=http%3A%2F%2Fwww.ccohs.ca%2Fproduct%2Fwebinars%2Fbest_practices_rtw.pdf&usq=AFQjCNFLs-yoXY845DJRzc8hh91_xC21w&sig2=egZHbTKB6Vt

Phd., A. M. (2014, July 16). Post Traumatic Stress Disorder and the Workplace: What Employers and CoWorkers Need to Know. Retrieved from Gift from Within - PTSD Resources for Survivors and Caregivers: <http://www.giftfromwithin.org/html/PTSD-Workplace-What-Employers-Coworkers-Need-To-Know.html>

Risk Analytica. (2011). The Life and Economic Impact of Major Mental Illnesses in Canada. Toronto: Mental Health Committion of Canada.

- Suderland, K, & Mishkin, W. (2013). Guidelines for the Practice and Training of Peer Support. Retrieved from Mental Health Commission of Canada;: <http://www.mentalhealthcommission.ca>
- Thomas, J. C. (2002). Handbook of Mental Health in the Workplace. California: Sage Publications.
- Work Safe Victoria. (2016, March 10). Return to Work. Retrieved from Work Safe Victoria: <http://www.worksafe.vic.gov.au/return-to-work>
- Workplace Safety and Insurance Board. (2012). By the Numbers: 2012 Statistical Supplement. Retrieved August 6, 2013, from www.wsibstatistics.ca: <http://www.wsibstatistics.ca/Schedule1/home.html>