



## **Post Traumatic Stress Disorder (PTSD) Prevention Plan**

Manitoulin-Sudbury District Service Board (DSB), along with every other municipality in Ontario, is required to submit a PTSD Prevention Plan to the Minister of Labour no later than April 23, 2017. The submission is in accordance with the Ministry of Labour Act, as published in the Ontario Gazette, Vol. 149. Issue 17.

### ***Notice of Direction Made Pursuant to Subsection 9.1(1) of the Ministry of Labour Act***

*Pursuant to the authority granted to me in subsection 9.1(1) of the Ministry of Labour Act, as the Minister of Labour, I hereby direct, all employers who employ workers to whom section 14 of the Workplace Safety and Insurance Act, 1997 applies, to provide me information relating to their plans to prevent posttraumatic stress disorder arising out of and in the course of employment at the employer's workplace, which may include a workplace prevention plan.*

*I am directing those employers to provide me with information on their workplace posttraumatic stress disorder prevention plans no later than April 23, 2017, one year from the date of the posting of this notice. The information shall be provided in an electronic Word file and shall be submitted to: [ptsdprevention@ontario.ca](mailto:ptsdprevention@ontario.ca). Where submission by this method is not possible, employers may mail information to: Ontario Ministry of Labour, 400 University Avenue, 14th Floor, Toronto, ON, M7A 1T7.*

*Pursuant to subsection 9.1(4) of the Act, I also have the authority to publish the information provided to me and would direct employers not to include any personal information in any of the information filed.*

*Made by:  
Kevin Flynn  
Minister of Labour  
Dated: April 14, 2016  
(149-G230E)*

The Manitoulin-Sudbury DSB's Post Traumatic Stress Disorder Prevention Plan includes legislative requirements, organizational policies, educational program overviews and tactical implementation. As a living document, components may change as programs are added or amended.



## Introduction

*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.*

*PTSD can develop when someone experiences, sees or learns about an event involving actual or threatened death, serious injury or sexual violence. 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.*<sup>1</sup>

“Supporting Ontario’s First Responders Act” (Bill 163) amended the Workplace Safety and Insurance Act to recognize that a PTSD diagnosis in first responders is presumed to be work related. It is the employer’s obligation to “*take every precaution reasonable in the circumstances for the protection of the worker*”<sup>2</sup>. Accordingly, a PTSD Prevention Plan is required. Each plan must include a Prevention component, an Intervention component and a Recovery and Return to Work component.<sup>3</sup>

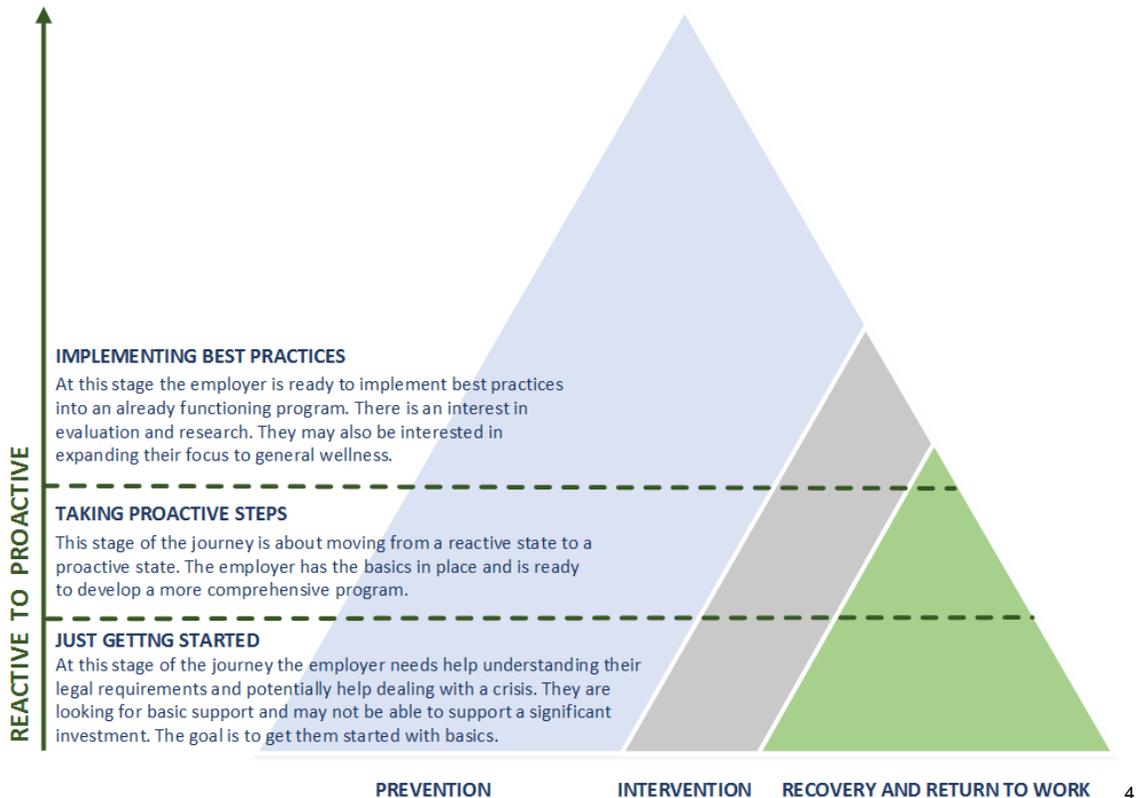
Manitoulin-Sudbury DSB Paramedic Service currently employs 150 full and part time personnel. The organization is committed to protecting the health and safety of these dedicated first responders. The prevention plan outlines a holistic approach that focuses on established foundational elements set out in the PTSD Framework below.

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<sup>1</sup> Slade, Bender, (2016)

<sup>2</sup> Ministry of Labour, (2017)

<sup>3</sup> Flynn, K., (2016)



Specifically, the PTSD Prevention Plan highlights our prevention, intervention, recovery and return to work policies, procedures and practices that considers the mental health, wellbeing and psychological safety of its employees to be an important part of a productive, effective and healthy workplace. Additionally our Organization has established a vision and program for a safe and secure workplace that mitigates stigma associated with mental illnesses. This is an organization-wide program involving all employees.

To achieve success, we will:

- Increase awareness about mental health issues and create an open dialogue between employees and managers, unions and leadership.
- Develop policies, programs and services to help all members of our organization that are consistent with the principles of mutual respect, confidentiality and cooperation across the organization.
- Support managers to help address the mental health, wellbeing and psychological safety of our employees and provide them resources and tools to address demands, conflict, emotional distress or trauma experienced by our workers.

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<sup>4</sup> Slade, Bender, (2016)



## Prevention

Manitoulin-Sudbury DSB Paramedic Service considers mental health, wellbeing and psychological safety of its employees to be important part of a productive, effective and healthy workplace. This is demonstrated by:

- Conducting psychological screening for PTSD resiliency as a part of the organization's selection process of candidate paramedics.
- Delivering educational initiatives including the EVVReCare Program and Road 2 Mental Readiness (R2MR) for all employees and managers.
- Access to generic Employee Assistance Program (EAP)-type resources.
- Developing policies to help all members of our organization; policies that are consistent with the principles of mutual respect, confidentiality and cooperation across the organization.
- Supporting managers to help address the mental health, wellbeing and psychological safety of our employees.
- Establishing a working committee that is a subset of the Joint Health and Safety Committee, focusing exclusively on the prevention of PTSD.
- Providing ongoing mental health education

## Anti-Stigma

Manitoulin-Sudbury DSB Paramedic Service is committed to protecting workers from all forms of harassment and discrimination including stigmas associated with mental illness and PTSD. This is demonstrated by:

- Providing PTSD awareness training and educational initiatives such as Road 2 Mental Readiness (R2MR)
- Supporting managers to help encourage the practice of the concepts delivered in the education by setting the example, communicating policies and addressing concerns in a timely fashion.
- Including Anti-Stigma language in our violence and harassment in the workplace policies that include an effective and fair complaints process

## Intervention

Manitoulin-Sudbury DSB Paramedic Service is committed to supporting paramedics through the use of intervention strategies such as:

- Providing Managers with PTSD awareness training and educational initiatives to assist with the recognition to signs and symptoms of PTSD.
- Mechanisms to report critical incidents that include psycho-social hazards
- Creating screening protocols to assist Paramedics, Superintendents and Managers to identify potential critical events.
- Developing response protocols to assist Superintendents and Managers to assist staff if critical events have been identified.



- Access to the generic Employee Assistance Program (EAP)-type counseling services.
- Developing a peer support network.

## Recovery and Return to Work

Manitoulin-Sudbury DSB Paramedic Service is committed to supporting paramedics throughout recovery from an exposure to a critical event with the ultimate goal of returning to work in full capacity. This will be accomplished through ensuring psycho-social illness/injury incorporated in current policies and procedures for workplace injuries/illness including:

- Employer response to workplace illness/injury
- Workplace accommodation
- Individualized return to work plans

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## Appendix “A”

Pre-Employment Psychological screening for PTSD resiliency for candidate paramedics as part of the selection process.

Canuckcare is a husband and wife team from Burlington Ontario who specialize in pre-employment personnel selection assessments, and training and supporting Peer Support Training Networks designed specifically for First Responders.

The pre-employment screening will identify personality traits, clinical symptoms, and/or psychological vulnerabilities that are likely to impair a candidate’s performance, and core personality traits that influence a person’s behaviour and performance.

## Appendix “B”

The **EVVReCare Program** is a Peer Support and Self-help Program designed to mitigate Acute Stress Reactions. The focus is on education about stress; definitions of stress, ASD, and PTSD; contributing factors of stress; signs, symptoms and behaviours; resilience to stress; support systems; preventative strategies; self-help strategies; defusing; communication; and when professional intervention would be required.  
<https://www.youtube.com/watch?v=3SA6rMj9tgc&t=279s>

## Appendix “C”

The **Road to Mental Readiness (R2MR)** program was originally created by the Department of National Defence (DND) by the Mental Health Commission of Canada (MHCC) and then adapted for First Responders. It is based on neuroscience, sports psychology and resilience material.

The employee version includes the following seven modules:

- Module 1: Mental Health and Stress
- Module 2: Stigma and Barriers to Care
- Module 3: Mental Health Continuum Model
- Module 4: Mental Toughness and the Brain
- Module 5: Unhealthy Coping Strategies
- Module 6: Resources and Mental Health
- Module 7: Practical Skills and Application

The key concepts are:

- Stigma of Mental Illness
- Barriers to Care
- Mental Health Continuum Model (MHCM)



- The Big Four
- Access to Resources

The Manager version includes the following eleven modules:

- Module 1: Mental Health and Stress
- Module 2: Stigma and Barriers to Care
- Module 3: Mental Health Continuum
- Module 4: Mental Toughness and the Brain
- Module 5: Shield: Promoting Positive Mental Health in Employees
- Module 6: Shield: Ad Hoc Incident Review
- Module 7: Sense: Early Recognition
- Module 8: Support: Caring for the Injured
- Module 9: Support: Special Considerations
- Module 10: Resources and Mental Health Treatment
- Module 11: Practical Skills and Application

The key concepts are:

- Stigma of Mental Illness
- Mental Health Continuum Model (*MHCM*)
- The Big Four
- Stress Management
- Ad Hoc Incident Review (*AIR*)
- Barriers to Care
- Leader Actions along the MHCM: (*Shield, Sense and Support*)
- Access to Resources

## Appendix “D”

Our generic EAP-type program is provided through the Desjardin Insurance group and is called “Corporate Assistance Program” which offers basic help to employees who may need it.

### **Basic referral service for employees**

It all starts with a referral by the manager. Employees can each receive up to 4 hours of counselling by phone or online about:

- Relationship issues
- Stress, fatigue, or overwork
- Drug or alcohol abuse



## Appendix “E”

Ontario Public Service Employees Union Local 679 and Manitoulin-Sudbury DSB  
Collective Agreement Jan. 1, 2016 – Dec. 31, 2019, Appendix “D” Letter of  
Understanding RE: Occupational Stress Injury

*Both the employer and bargaining unit recognize the impact of occupational stressors on the health and wellbeing of paramedics. Give the desire to promote an organizational culture of ongoing wellness, the parties agree to establish a collaborative working committee to explore opportunities to mitigate challenges related to occupational stressors, promotion of resiliency, supporting of all personnel, and challenging the stigma associated with risks to mental health. This working committee shall be a subset to the JHSC, but will include the R2MR instructional team members. The committee shall establish within the first six (6) months a Peer Support program that achieves the needs of the Manitoulin-Sudbury DSB staff.*

## Appendix “F”

Manitoulin-Sudbury DSB will be providing continuing mental health education during subsequent training sessions.

Spring-2017: Canadian Mental Health Association (CMHA)

- Review of PSYCH101
- Why mental health patients may not engage
- How to engage with potential mental health patients
- Importance of building relationships
- Mental health patients may not know/believe they are ill - how to identify/interact with these types of mental health patients
- How to interact/assess mental health patients in a non-crisis situation (paramedics are good in crisis situations)
- How to be a mental health patient advocate (identify needs, provide connections)
- How to be proactive with mental health patients so future crisis can be avoided
- Identify community resources for mental health patients
- Provide resources for paramedic

## Appendix “G”

Our Workplace Harassment policy includes protection from stigma associated with mental illness and an effective and fair complaints process.



## Policy C.4.03 Workplace Harassment

### POLICY

The DSB believes in providing and maintaining a work environment in which all employees are free from workplace harassment, sexual harassment and discrimination. Such actions are not tolerated and, where possible, are to be redressed.

Retaliation or reprisals are prohibited against any employee who has complained under this statement of policy and procedure, or has provided information regarding a complaint. Any retaliation or reprisals are subject to immediate corrective action, up to and including termination. Alleged retaliation or reprisals are subject to the same complaint procedures and penalties as complaints of discrimination and harassment.

The DSB recognizes that individuals may find it difficult to come forward with a complaint under this statement of policy and procedure because of concerns of confidentiality. Therefore, all complaints concerning workplace or sexual harassment or discrimination, as well as the names of parties involved, shall be treated as confidential. The DSB's obligation to conduct an investigation into the alleged complaint may require limited disclosure. No record of the complaint will be maintained on the personnel file of the complainant. If there is a finding of improper conduct that results in disciplinary action, it will be reflected only on the file of the person who engaged in such conduct, in the same way as any other disciplinary action.

“Harassment” is defined by the code as “engaging in a course of vexatious comment or conduct that is known or ought to be known to be unwelcome.”

“Sexual Harassment” can be defined as one or a series of incidents in which an employee is subject to conduct, comment, gesture, persistent leering, jokes and/or contact of a sexual nature that could reasonably be considered intimidating, hostile or offensive, including coercion of sexual relation. The display of pornographic material may also be deemed to be sexual harassment. Sexual harassment may be accompanied by threats of social and/or economic penalty such as loss of employment, denial of promotion or any other employment opportunity.

### PROCEDURE



## Management Responsibilities

Management is responsible for the maintenance of a harassment-free workplace, including stigma associated with mental illness, where prevention is at the core. Along with being responsible for their own behaviour and in administering the complaint procedure appropriately they are also responsible for monitoring and addressing the behaviour of their subordinates.

1. The CAO, Supervisors and Managers are obliged to prevent and/or discourage harassment as well as to respond to complaints. This means that, upon becoming aware that harassment may be occurring, anyone in a management position is expected to deal with the situation.
2. The HR Department or designate is responsible for communicating this policy to all Supervisors and employees and for ensuring that complaints are responded to immediately in the manner outlined below.
3. The CAO may delegate responsibility for investigating complaints.

## Employee Responsibilities

All employees are expected to respect all other employees as individuals and to not deny them of or threaten their dignity and/or rights. Any employee who feels that he/she is subject to harassment, should be in the first instance encouraged to directly communicate his/her displeasure and disapproval with the alleged harasser's behaviour.

1. The person must be clearly told that the behaviour is unwelcome, viewed as harassment and must cease.
2. Keep a written record of the alleged nature of the harassment, date(s), time(s), behaviour(s) and witness(es).
3. If the request by the complainant is ignored, or if it is considered an uncomfortable option or an inappropriate course of action, the complainant may refer the complaint to the CAO or his/her designate. At this point, the complaint is formalized.

## Harassment Complaint Procedure:

1. Employees are encouraged to attempt to resolve their concerns by direct communication with the person(s) engaging in the unwelcome conduct. Where employees feel confident or comfortable in doing so, communicate



- disapproval in clear terms to the person(s) whose conduct or comments are offensive. Keep a written record of the date, time, details of the conduct, and witnesses, if any.
2. The complainant must provide the CAO or her/his designate, with a signed and dated written complaint detailing the alleged harassment.
  3. Within five (5) working days from the date of receipt of the written complaint, the CAO or his/her designate shall advise the respondent (alleged harasser) of the allegations and shall provide him/her with a copy of the written complaint.
  4. The CAO or his/her designate will investigate the complaint by separately interviewing both parties involved, and other persons that may have witnessed the alleged harassment. At the conclusion of the investigation, the CAO or his/her designate shall attempt to resolve the complaint. In fashioning this resolution, the respective Supervisors of the complainant and of the respondent may be consulted.
  5. The investigation of the CAO or his/her designate shall be concluded within forty (40) days from the date that the formal complaint was received. The CAO or his/her designate shall review the report from the investigation and shall render a final decision regarding the action to be taken (i.e. resolution).
  6. If there is a finding of harassment, a record of the decision and the discipline applied shall be retained on the respondent's personnel file, in confidence, for a period of two (2) years from the date of the decision, or, if applicable, until the respondent's file is deemed closed as per the terms of the Employment Standards Act, whichever comes first. The degree of discipline imposed on the respondent would be based on an assessment of the severity/frequency of the harassment, damage to the victim, previous record of harassment, work record, etc. The discipline may go as far as dismissal.
  7. If harassment is not evidenced, there will be no negative consequences drawn against the complainant, respondent or witness.

## **REFERENCES**

Ontario Human Rights Code



## Appendix “H”

Our Hazard Management Program includes policies outlining screening protocols to assist Paramedics, Superintendents and Managers to identify potential critical events and mechanisms to report critical incidents that include psycho-social hazards.

### Policy G.8.2.4. Psycho-Social Hazards

#### PURPOSE

To provide direction on how to recognize and report psycho-social hazards and events

#### APPLICATION

Paramedics, EMAs, Management

#### PROCEDURE

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

*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 for PTSD include:*

- *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.*<sup>i</sup>

This complex mix of causes and risk factors should be considered when attempting to recognize psycho-social hazards and events as each individual will have a different life history and risk factors and therefore each individual will react differently to critical events.

In conjunction with the above list of causes and factors, the following critical incident screening tool can be utilized in identifying potentially critical incidents.

The Screening Tool may include (but not be limited to) any situation that causes profound emotion, or is an extremely unusual circumstance. Examples are listed below.

- Calls that may include death or violence to a child >18
  - Traumatic MVC (or other severe events ie: hangings)
  - Traumatic VSA
  - Assaults (domestic, abuse)
  - Drowning
  - Threat to self or co-worker
  - Critical injury of self or co-worker
  - Death of co-worker
  - Any MCI
  - Serious injury or death of a civilian due to Paramedic operation ie: ambulance strikes civilian
  - Physically/emotionally demanding calls wherein patient loses life
  - Incidence that attracts extensive media coverage
  - Personal identification with victim or circumstances OR events where the victims are friends or family of personnel
1. It is the responsibility of all staff including Paramedics, Supervisors, Managers and Ambulance Communication Officers to utilize the screening tool and report the incident to the Superintendent on duty so that intervention strategies can be implemented.
  2. The Superintendent will contact the paramedics who were involved to assess their well-being, provide First Aid and transport/arrange for transport to medical care if required. (The Superintendent will also notify partners and allied agencies of a potential exposure for their staff if attendance at the event was known and circumstances allow.)
  3. If appropriate, the Superintendent may temporarily remove the Paramedics from Deployment or shift as needed. Temporary alternative duties can be considered. Severity and number of Screening Tool items recognized should be used to inform the decision for removal of



Deployment.

4. The Superintendent will follow the Peer Support Network notification process.
5. The Peer Support Network will implement and follow their internal processes.
6. The involved Paramedics will complete and submit all Incident Reports and Workplace Illness/Injury documents for exposures to all events described in the Screening Tool (using the Screening Tool descriptors) that has potentially caused an Occupational Stress Injury regardless of receiving medical attention or not (according to Policy C.8.07., Accident and Injury Reporting/WSIB Claim)
  - a. All “loss of time”, “temporary removal from deployment” or “temporary alternative duties” events require the above mentioned reports
7. The Superintendent will notify Scheduling, Management and HR as required.
8. Management will conduct follow-up on the involved Paramedics wellbeing.

## REFERENCES

<sup>1</sup> Public Services Health and Safety Association, PTSD Prevention Plan Template

Manitoulin-Sudbury DSB, Policy C.8.07., Accident and Injury Reporting/WSIB Claim, Policy and Procedures Manual

## Appendix “I”

Our Peer Support Network currently in planning stages.

Canuckcare is a husband and wife team from Burlington Ontario who specialize in pre-employment personnel selection assessments, and training and supporting Peer Support Training Networks designed specifically for First Responders. Their research based program includes:

- Initial consultation and setup
- Team member recruitment and screening
- Team training
- Management training
- Ongoing team support

Peer Support Network Policies and procedures will be developed and implemented within the year 2017.



## Appendix “J”

Our Workplace Accommodation policy facilitates the employee’s ability to

### Policy C.4.09 Workplace Accommodation

#### **POLICY**

Provided a person with a disability is able to perform the essential duties of their own job or other available work and requests accommodation in order to do so, the DSB will try to the best of its ability to accommodate that person.

#### **PROCEDURE**

Employees who wish to raise a potential accommodation issue shall do so by submitting a request for accommodation, in writing, to their immediate supervisor. Request for accommodation due to pregnancy shall also follow this procedure.

The request shall:

- describe the condition or circumstances causing the accommodation issue; and
- describe, in detail, the accommodation sought to address the need,
- and whether it is permanent or temporary in nature.
- to facilitate the assessment and determination of the accommodation, the employee will be required to provide documentation from the treating approved medical practitioner identifying any medical restrictions and limitations, and prognosis.

Employees seeking accommodation are expected to provide their complete cooperation in providing any information or medical assessments relevant to determination of the accommodation request.

The CAO/designate will jointly assess the accommodation issue in light of the information provided. During the assessment phase, the DSB reserves the right to require further information, including relevant medical information or opinions. The DSB further reserves the right to require the employee to participate in a formal needs assessment by a qualified medical practitioner or other trained professional in order to assist in determining what accommodation is needed, the cost of such accommodation, and how it can be provided.

Accommodation will be provided on a case by case basis depending on operational requirements. The accommodation may be in other operating departments/sections. Every effort will be made to provide accommodation but there may be times when this is not possible. If it is determined by the DSB that it



is not possible to accommodate a worker, the situation will be discussed with the worker.

The CAO/designate will jointly finalize a decision regarding the accommodation issue. The employee's immediate supervisor shall communicate the decision to the employee.

If the employee is not satisfied with the written decision regarding the request for accommodation, the employee may appeal the decision to the CAO for further review. The decision of the CAO shall be final and binding upon the parties.

#### **REFERENCES**

Ontario Human Rights Code  
Occupational Health and Safety Act

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## References

Flynn, K., 2016, *Notice of Direction Made Pursuant to Subsection 9.1(1) of the Ministry of Labour Act*, The Ontario Gazette, Vol. 149. Issue 17,

Manitoulin-Sudbury DSB, Policy C.4.03 Workplace Harassment, Policy and Procedures Manual

Manitoulin-Sudbury DSB, Policy G. 8.2.4. Psycho-Social Hazards, Policy and Procedures Manual

Manitoulin-Sudbury DSB, Policy C.4.09 Workplace Accommodation, Policy and Procedures Manual

Ministry of Labour, 2017, *Occupational Health and Safety Act*, R.S.O., 1990, c. O.1, Queens Printer of Ontario

Slade, K., Bender, A., 2016, *PTSD Employer's Resource Guide*, Public Health and Safety Association

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