

MINTO FIRE



POST TRAUMATIC STRESS DISORDER PREVENTION PLAN

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Purpose of the Plan

Minto Fire is committed to protecting our workers in all areas of health and safety, including mental health initiatives. This plan is part of our entire approach to preventing injury to our workers and endeavoring to keep everyone safe. Post traumatic stress disorder (PTSD) is one illness we will address with this plan by promoting prevention strategies, as well as intervention, recovery and return to work strategies to deal with all issues associated with PTSD. The following content can also be used to address a wide variety of mental health illnesses that may be relevant within Minto Fire.

The following sections of the plan will detail how we will work to educate and train staff to understand all aspects of PTSD. We will define the roles and responsibilities of all personnel including the required training and education that will be offered. The Plan will detail response to incidents, recovery and return to work procedures. We are endeavouring to cover all aspects of our strategy in the plan, but understand some issues will arise outside of the plan that we will adapt to and ensure our firefighters are covered.

Minto Fire takes all Occupational Stress Illness seriously and will work to educate all staff on all aspects of mental health including PTSD. We will continue to update this plan on a regular basis to stay current on best practices in the industry. As a result, all staff will continue to review training requirements and stay current on the subject. Finally, we will work with the municipality to educate all involved on the stressors faced by our staff and keep them apprised on possible future requirements.

DEFINITIONS

Critical Incident	an event that is experienced as sudden, unexpected, incomprehensible, shocking, and personally upsetting. A critical incident has the potential to result in physical and/or emotional distress affecting employees and families.
Critical Incident Stress	the emotional, physical, cognitive and behavioural reactions, signs and symptoms experienced by a person or group in response to a critical incident. It is a normal response to an abnormal situation. It can lead to psychological stress and anxiety which subsequently may result in poor work performance, family stress, personality shifts and a variety of other problems
Employee Assistance	A program utilized through VFIS and Homewood Health to provide members and qualified family members with support in all areas of life, including stress management
Intervention	the organized and professional response to critical incidents. The goal of an intervention is to assist affected individuals to share their experiences, express emotions, learn about stress reactions and symptoms, and to help individuals to resume normal activities. An intervention is conducted as a confidential, voluntary and educative process. <u>It is not therapy</u> . If the critical incident involved physical harm, an intervention would include the participation of medical personnel.
Program (EAP)	
PTSD	a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD.

Overview

Goals and Objectives

The goal of the plan is to specifically outline to all Minto Fire staff the methods of how we are addressing PTSD within our organization.

The specific objectives of the plan are to:

- Define the legal requirements.
- Explain the risk factors and signs and symptoms of PTSD injuries
- Outline the prevention training plans
- Outline the organization's intervention practices and procedures so that all Officers and Firefighters understand the available intervention options
- Review the duty to accommodate.
- Establish roles and responsibilities within the organization

The following is an outline of the details of the plan and the structure it will take. We intend to look at 5 aspects in the plan: prevention, intervention, recovery, return to work and review of the plan.

We will also incorporate the training aspect into the plan in various subjects. It will describe the method with which we are going to train our personnel and who is responsible for each division to be trained.

Legal Requirements

Under the Occupational Health and Safety Act, Section 25 (2)(h) to take every reasonable precaution to protect workers from harm. Employers and supervisors are required to inform all workers about psychological hazards on the job and provide training to employees on how to prevent these hazards and protect themselves from harm. Workers are also required to follow policies and procedures set out by the employer. As well, the following excerpt from Bill 163, An Act to amend the Workplace Safety and Insurance Act, 1997 and the Ministry of Labour Act with respect to posttraumatic stress disorder:

9.1 (1) The Minister may direct employers who employ workers to whom section 14 of the Workplace Safety and Insurance Act, 1997 applies, to provide information to the Minister relating to the employer's plans to prevent posttraumatic stress disorder arising out of and in the course of employment at the employer's workplace.

Prevention

The prevention of PTSD is the first step to dealing with the disorder, and arguably, the most important. All personnel must be trained in the aspects of PTSD to enable them to recognize and take the appropriate steps to deal with the early signs. If each staff member is trained and fully understands the ideals of PTSD, we can possibly avoid getting further into the disorder. Signs and symptoms of PTSD are the first item to be taught under prevention. It is key that each firefighter understands the signs and symptoms in order for early recognition to be successful.

As well, defining the roles and responsibilities of both supervisors and firefighters is important to establishing a good prevention program. Along with clear roles and responsibilities is the importance of incident reporting. This includes reporting all possible exposures to PTSD situations and the manner in which it was dealt with. The responsibility for exposure reporting lies equally with the Officers and the Firefighters. It is important to stress the point of equal responsibility so situations do not go unrecorded or not dealt with accordingly.

Risk Factor for PTSD

- Having a job that increases your risk of being exposed to traumatic events, such as firefighting.
- 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 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 from PTSD must last more than a month and be severe enough to interfere with work or personnel relationships. To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

There are 3 types of symptoms for PTSD. They include:

- Avoidance (staying away from places, events or objects)
- Arousal and reactivity (easily startled, feeling tense, difficulty sleeping, anger)
- Cognition and mood (trouble remembering, negative thoughts about oneself)

Prevention Training Plan

Each firefighter will be trained with information on preventing PTSD and the above signs and symptoms. The training will assist them in recognizing the symptoms not only in themselves, but also co-workers. It will be a 2 - 4 hour session on the basics of the disorder and the help that is available to them through the department. This training will be mandatory for each firefighter. Each new recruit will be given the training as well during their initial recruit training.

As well, each firefighter's spouse/partner will have training made available to them through the same agency. The training will not be mandatory, but will be highly recommended as a best practice for each of the individuals. The training will be similar as previously mentioned, but will describe resources available for the spouses/partners to utilize if they recognize symptoms in a firefighter in their home environment. Minto Fire will still be involved and will ensure the resources get to the individual involved. In future years, a refresher seminar will be offered to ensure the spouses/partners are updated on the program and the disorder.

For the first round of training, the services will be provided by the Critical Incident Stress Foundation led by Renee Jarvis. Her instructor team will provide the program written by the Foundation and recognized by the Canadian Mental Health Association. She will also be responsible for training our peer support team, talked about later in the plan.

Exposure Report Forms

After every possible incident that could be deemed a critical incident, the Officer in Charge will ensure all firefighters fill out a Minto Fire Exposure Report form. These forms will be placed in each firefighters file. The forms will be used to document the history of exposures for each firefighter. This may be useful in any future treatments or provide a history for future claims. The forms can be found in the dispatch room of each Station or from any Senior Officer.

Intervention

All Minto Fire personnel will be expected to intervene in one way or another to an individual who is exhibiting the signs of PTSD. The method in which a member intervenes depends on their level of responsibility in the organization and their level of training. A Captain or Senior Management member is expected to intervene more intrusively than a firefighter whose job it is to report instances where they suspect someone is suffering from PTSD.

Because of this added role, Supervisors consisting of Training Officers, Captains, Deputy Chiefs, Fire Chief and Administrative Support personnel will be expected to take training in PTSD intervention. It will be a 3 - 4 hour course provided by the same outside institution as the basic awareness training being offered. All personnel listed above will be required to take the training.

Supervisory personnel are expected to know how to recognize and respond to signs and symptoms of PTSD in a firefighter or fellow Officer. If signs and symptoms are found to be present it is expected that the Supervisor shall:

- Keep the communication lines open with the firefighter and ask how they or other team members can provide support to the firefighter. If the firefighter 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, particularly 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 firefighter knows they are supported in the workplace.
- Provide information about the options the firefighter has to address PTSD. Help the firefighter access support and help resources, if they request or need assistance.
- Encourage the firefighter to talk to someone they trust about what has happened, this could be team members identified in our fire service to provide peer support, family members, friends, Chief Officer or Captain.
- Share with the firefighter 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
- Have access to Minto Fire's Employee Assistance Program (EAP) and be able to give reference information to the firefighter in need. This would include the anonymous phone number which the firefighter may use to seek out help and assistance from the EAP provider. At present the EAP program is through VFIS in partnership with Homewood Health Sciences

Intervention for a Firefighter in Crisis

When a firefighter experiences unusually strong emotional reactions which have the potential to interfere with their ability at an event or later, the Incident Commander shall;

- notify the Fire Chief or his/her designate.
- ensure a Senior Officer escorts the firefighter from the scene.
- escort the firefighter to hospital if required
- escort the firefighter home and remain with the firefighter, and speak with the Firefighter's family
- Notify a peer support team member from within Minto Fire
- ensure that the Incident is reported to the Fire Chief or designate in order for it to be recorded and if necessary, reported to the MOL

Employee Assistance Program (EAP)

Minto Fire has engaged the employee assistance program through VFIS' Volunteer Firefighter Member and Family Assistance Program. The program is associated with Homewood Health which is local for our firefighters. Its ease of use makes it very accessible for all firefighters. It consists of a toll free number that can be accessed 24/7. It offers the firefighter help in many different disciplines and is totally confidential. This program will be offered to all firefighters before any crises are faced, as well as during a crisis event to remind each firefighter of the help available to them.

Notification of Injury/Illness

- Section 51 and 52 of the Occupational Health and Safety Act (OHSA) requires notification to the Ministry of Labour, 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. The Joint Health and Safety Committee will also be notified.
- Reporting PTSD requires the same procedures as reporting any other injury or illness. When an injury or illness occurs, the employer shall submit a **Form 7** Report of Injury/Illness within three days.
- The firefighter shall complete **Form 6**.
- The firefighter is required to see a physician and the physician will complete a **Form 8**.
- After every incident involving a possibility of a trigger for PTSD, a Minto Fire Exposure Report Form shall be filled out and submitted

Peer Support Team

A peer support team will be established within Minto Fire as well as within other departments in Wellington County. Our peer support personnel will be selected after all of the above training is completed. Each member will be carefully selected by Senior Management staff and then vetted by the selected training provider. The training will take place with other County

Fire departments from a provider certified in peer support training. All peer support teams will be available through our mutual aid agreements to provide support to our department after a crisis has taken place. The protocols and procedures will be written by the teams after training has taken place.

Recovery/Return to Work

Town of Minto is committed to creating a personalized return-to-work program for any employee who has been diagnosed with PTSD and required time off work as a result. Return-to-work programs will be designed to enable the employee to return to work as appropriate and as early as possible. The guiding principle of every return-to-work program will be that the employee's dignity is of utmost importance. Town of Minto will support the employee throughout the transition period following their illness.

Town of Minto's Return to Work Policy will apply to any employee who has taken time off work due to PTSD. As well, the Town of Minto will work with WSIB to properly complete and file the appropriate paperwork for the employee. We will keep WSIB informed of the progress and the employees abilities to work.

The goal at the end of the process is to return the healthy employee back to their full time employment as well as their work on the fire department. We will work to ensure the fire department return is a stigma-free environment where the employee feels comfortable. All Supervisors have the responsibility to create a positive, stigma-free environment at the workplace.

Roles and Responsibilities

Supervisory Personnel – Including Captains, Training Officers, Chiefs and Administration Personnel

- Understand the impact that PTSD, and other operational 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,
 - Critical Incident response and management,
 - Employee Assistance Programs (EAP) or other benefits that support a mental health and wellness program,
 - Training 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 Prevention Plan and 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.
 - Maintain the Prevention Plan and Program, evaluate it and look for opportunities to improve it.
 - PTSD Prevention Roles and Responsibilities
 - Makes early and considerate contact with an injured/ill worker

Human Resources Staff/Fire Administration

- Assist the injured/ill firefighter to remain or return to work while they recover, while also ensuring that the return to work date is sensible, flexible and safe for the firefighter.
- Help the firefighter return to the workplace post-injury/illness.
- Connect and consult with the injured/ill firefighter, treating health professional, and WSIB representative and make sure that everyone understands what to expect and what is expected of them.
- Monitor the firefighter's progress towards returning to work
- Help resolve issues or disputes related to the return to work

Workers Roles and Responsibilities

- Participate in training and education about PTSD
- Report concerns, incidents so that they can be investigated and addressed
- Listen to coworkers and encourage engagement
- Reduce stigma by participating in positive conversations

Chaplain Roles and Responsibilities

- Participate in the PTSD training to gain an understanding of the protocols
- Be available when called upon to provide support to any firefighter in need
- Provide non-judgmental, emotional support to all firefighters or families who seek support
- Understand the other resources available for the firefighters in order to obtain help for them if further help is required
- Participate in peer support training and assist with the guidelines written by the committee

Policies/Procedures/Standard Operating Guidelines

All policies/procedures/standard operating guidelines are being developed in association with the Senior Management team, the Peer Support Team and the Health and Safety Committee of Minto Fire. Each group will review and revise the documents before they are finalized and issued to all firefighters. This method is standard for all health and safety related documents for Minto Fire. Once issued, each firefighter is given a copy and expected to review the documents on a regular basis.

The Peer Support Team will be tasked with writing policy regarding their deployment and the structure involved. They will work with other Peer Support Teams in the County to identify best practices so all Teams are working together under a similar structure. These policies will arise later once teams have been properly trained.

PTSD PLAN SUMMARY

