

Addressing Operational Stress Injuries during Infectious Public Health Crises:

A Guide for Paramedic Service Organizations



Authors:

Bronson Du,¹ MSc
 Marcus Yung,¹ PhD, CPE
 Sara Rezvani, BMSc
 Amy Hackney,¹ PhD
 Amin Yazdani,¹ PhD, CSP

Affiliations:

¹Canadian Institute for Safety, Wellness, and Performance,
 School of Business, Conestoga College Institute of Technology
 and Advanced Learning, Kitchener, ON, Canada

Graphic Design:

Hannah Bryan

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Questions?**Get in Touch with CISWP:**

299 Doon Valley Drive, Kitchener ON, N2G 4M4

ciswp@conestogac.on.ca

519-748-5220, ext. 2338

www.conestogac.on.ca/ciswp

 **YouTube** @CISWP

 **in** @CISWP_Conestoga

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Recommendations found within this Guideline are informed by the available grey and peer-reviewed literature and consultations with subject matter experts within the Canadian paramedic community. The results of future studies may require revisions to the recommendations in this Guideline to reflect new findings.

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INTRODUCTION:

Paramedic Service Organizations (henceforth referred to as “organizations”) have the duty to protect the health and safety of their workforce. The provision of paramedic services is inherently full of stressors that contribute to the disproportionately high rates of operational stress injuries (OSI) among paramedics (henceforth referred to as “workers”). Infectious public health crises, such as the COVID-19 pandemic, bring on additional stressors that further increase the risks of OSI and challenge organizations’ ability to prevent and manage OSI. There are numerous factors within the control of organizations that can positively impact workers’ mental health and well-being while reducing the risks and impacts of OSI.² Developing a strong foundation to address OSI in the workplace will enhance organizations’ preparedness to maintain service capacity necessary for providing effective paramedic services during an infectious public health crisis.

QUICK NOTE:

What are operational stress injuries?

Operational stress injuries (OSI) refer to a broad range of mental health conditions caused by operational stressors (e.g., tending to medical calls, overtime, and shiftwork). OSI is inclusive of clinically diagnosable mental disorders (e.g., anxiety disorders, depressive disorders, posttraumatic stress disorder) and conditions that may not fit a diagnostic criterion but still interfere with daily functioning (e.g., moral injury, compassion fatigue).¹

How to Use this Guideline

This Guideline provides a series of evidence-informed recommendations outlined as **Ten Organizational Elements**, which lay the foundation for organizational resiliency during an infectious public health crisis. Each element can be read and implemented individually; however, to support a comprehensive management system, an integrated and coordinated approach is needed to optimally address OSI in the workplace.

This Guideline is in alignment with Canadian Standards Association’s (CSA Group) Standards Z1011.1 *Work Disability Management for Paramedics*³ and Z1003.1-18 *Psychological Health and Safety in the Paramedic Service Organization*.⁴



Ten Organizational Elements:

1. COMMIT

Cultivate a psychologically safe and healthy workplace

2. COMMUNICATE

Provide clear and consistent communication

3. EDUCATE

Provide mental health and infection prevention and control training

4. RELIEVE

Provide opportunities for recovery and maintaining resiliency

5. IDENTIFY

Identify and recognize the common and diverse risk factors of OSI

6. MONITOR

Detect early signs and symptoms of OSI

7. SUPPORT

Provide various types of mental health support services

8. ACCOMMODATE

Provide meaningful work accommodations

9. EVALUATE

Collect relevant data to inform program development and continuous improvement

10. ANTICIPATE

Plan for future infectious public health crises



COMMIT:

Cultivate a psychologically safe and healthy workplace

Work culture is the collection of all organizational attitudes, values, actions, and inactions that make up the work atmosphere. Organizational work culture impacts the safety, wellness, and performance of workers.⁵ How organizations address and discuss OSI in day-to-day interactions can reduce negative stereotypes, facilitate conversation, normalize support-seeking behaviours, and build rapport and trust between workers and management.⁶ During an infectious public health crisis, there is likely going to be an increase in feelings of stress, anxiety, hypervigilance, and uncertainty. The organization's pre-existing work culture will play a significant role in workers' willingness to report for duty. There are several activities that organizations can implement to help spark connection and build rapport and trust between workers and management prior to and during an infectious public health crisis.

QUICK NOTE:

Use injury NOT disorder
Using the term *injury* helps to recognize that these outcomes are as legitimate as physical injuries and reduce the stigma associated with terms such as *mental disorder*.¹

Demonstrate Commitment

The organization should demonstrate their commitment towards addressing OSI by establishing an organizational policy to foster a supportive workplace and provide necessary resources. The policy statement on OSI is the first step to creating a psychologically safe and healthy workplace and should be developed and operationalized before an infectious public health crisis. The policy should be reviewed and updated in planned intervals (e.g., every year) and during an infectious public health crisis. A policy statement demonstrates that the organization values and respects the workforce, honours their workers' service, and supports those dealing with OSI. The organization's policy must be followed with tangible actions.

The following is an example of an organizational policy statement on OSI adapted from the Canadian Human Rights Commission.⁷ Customize the policy in collaboration with workers and worker representatives to ensure that these are agreed upon underlying values that will drive decision-making.

[Name of organization] will foster a supportive workplace culture where:

1. All workers have and model a positive attitude towards OSI;
2. Factors that might contribute to OSI are mitigated;
3. Symptoms of OSI are identified, and supports and accommodations are offered;
4. Workers feel safe in self-identifying as a person with OSI so that they can be offered support in accessing proper treatment;
5. Discrimination based on OSI is prevented; and
6. OSI are understood and accepted without stigma as a result of ongoing training and awareness.

During an infectious public health crisis, overtly demonstrate the organization's commitment to protect and support workers by proactively allocating the necessary resources to address workers' basic needs and the stressors associated with the crisis (Table 1).

Table 1. **Examples** of organizational mitigation strategies to proactively address common stressors associated with infectious public health crises. Organizations **MAY** choose to proactively implement one or more of the following strategies at the onset of the crisis to demonstrate organizational commitment to protect and support workers.

Common Stressors to Workers	Examples of Organizational Mitigation Strategies
Concerns over personal safety	<ul style="list-style-type: none"> • Provide fit-testing for personal protective equipment (PPE) and ensure an adequate supply of PPE • Screen all workers for signs or symptoms of infection at the start of each shift • Coordinate with local public health agencies to receive vaccinations on-site or organize time for workers to receive vaccinations during their shift • Align infection prevention and control protocols with best practices⁹ and ensure knowledgeable individuals are available to answer any workplace safety questions • Ensure response plan is readily available and up to date • Provide clear, continuous, consistent, honest, and transparent communication to all workers
Concerns over the safety and well-being of loved ones	<ul style="list-style-type: none"> • Provide families access to PPE at home and offer laundering service for workers to leave dirty uniforms at work and go home in clean clothes • Support workers in arranging/locating assistance with personal/family obligations (e.g., childcare, dependent care, pet care) • Provide clear, proactive, consistent, honest, transparent, and ongoing communication to workers' families and ensure knowledgeable individuals are available to answer any questions about worker and family safety
Logistics surrounding quarantine and self-isolation	<ul style="list-style-type: none"> • Establish clear, consistent, and reasonable quarantine and return-to-work after quarantine policies • Provide employer-funded lodging and accommodations for workers to quarantine and self-isolate from family • Provide a quarantine support program to monitor workers' health and well-being during quarantine and support them in navigating access to services such as social support, medical care, and groceries • Provide workers with quarantine pay that does not count against sick time to avoid workers from working when they feel unwell or have had unprotected exposure to the infectious disease

Challenge the Stigma of OSI

Negative stereotypes associated with OSI are barriers that prevent workers from seeking and sustaining participation in mental health support services.⁶ To reduce underreporting of OSI and to promote early detection and intervention, organizations can challenge the stigma by recognizing that:

1. OSI are legitimate injuries and may require medical support, like any other injury;
2. OSI are a normal outcome of acute and chronic exposures to stress; and
3. Mental health support services should also be used *proactively* for monitoring and preventing OSI.

Tips

- Take all OSI-related reports seriously and ensure that supports are offered;
- Discourage and limit stigmatizing remarks;
- Understand and acknowledge that stressors impact individuals differently; and
- Encourage proactive use of mental health support services.

Promote Mental Health Activities

Activities such as taking care of physical health (e.g., sleep, nutrition, exercise), socializing or journaling, and using mental health support services are adaptive coping behaviours for mental health and resiliency.⁹ Ongoing promotion and encouragement from the organization can help to normalize such activities and increase engagement.

Tips

- Role model good stress management, empathy, and psychological support;
- Support workers in engaging in daily practices that promote mental health and well-being;
- Provide regular updates on the organization's efforts to reduce stigma and raise awareness;
- Endorse and participate in mental health campaigns and promotional activities; and
- Promote strong and healthy relationships between all levels of staff.



Open and Sustain the Dialogue on Mental Health

Having open dialogue on mental health can reduce the stigma surrounding OSI. Hearing from coworkers with a history of OSI on their experiences in recognizing their OSI and seeking help will support the destigmatization of OSI.¹⁰

Tips

- Create opportunities for workers and their families/support systems to share constructive personal experiences with OSI (e.g., include families/support systems in communications about mental health initiatives; invite workers to share how they are doing in team meetings to create a culture of caring);
- Create opportunities for workers to share their experiences with the infectious public health crisis (e.g., financial security, concerns for loved ones, work-life balance, quarantine, ethical decision-making, etc.);
- Model trustworthiness by respecting confidentiality; and
- Increase the frequency of wellness checks during an infectious public health crisis.



Ensure Confidentiality

Maintaining confidentiality is an essential component to sustaining dialogue, trust, and reducing stigma. Confidential information must not be shared unless there is an imminent risk of harm to self or others.

Tips

- Establish, implement, and maintain policies, programs, and processes to ensure that confidentiality and privacy rights are respected and protected;
- Clearly communicate zero-tolerance for confidentiality breaches; and
- Respect workers' request to release their personal health information and only use personal health information for their intended purposes.

COMMUNICATE:

Provide clear and consistent communication

Particularly during an infectious public health crisis, workers may be overwhelmed with the amount of constantly evolving information, and potential misinformation may lead to doubt and confusion.

Organizations must be clear, proactive, consistent, honest, and transparent in communicating emerging news, rules and restrictions, guidelines, and protocols to meet the informational needs of the workforce and build confidence in the organizations' response strategy. The Centers for Disease Control and Prevention has resources and guidance for crisis and emergency risk communication during an infectious public health crisis.* Regular communication also includes wellness checks (see **SUPPORT** for more information on wellness checks).



Tips

- Set consistent expectations for coping with the changing, ambiguous circumstances:
 - Communicate mental health-related policies, procedures, and programs to all workers;
 - Clearly define and communicate the roles and responsibilities of all workers in addressing OSI; and
 - Communicate how workers' mental and physical health and safety have been considered in decision-making.
- Centralize sources of information to ensure consistent communication regarding policies and procedures related to the infectious public health crisis (e.g., direct all communications to the Emergency Operations Centre);
- Communicate the changes in the situation, the new decisions and procedures, and how these new decisions and procedures will support workers and be implemented;
- At the start of each shift, provide a briefing on the status of the work environment, safety procedures, and required safety equipment;
- Develop a communication plan for family members and cohabitators to build confidence in the organization's infection prevention and control protocols to protect workers and reduce the stigma that workers are "contaminated";¹¹
- Coordinate communications with workers and worker representatives; and
- Use two-way communication to align workers with new protocols, ask questions, and make recommendations:
 - Host *Question & Answer* sessions (via online forums, social media, and virtual townhalls); and
 - Bring in experts to answer any workplace safety questions.

*Centers for Disease Control and Prevention. [Crisis and Emergency Risk Communication in an Infectious Disease Outbreak](#). 2019.

EDUCATE:

Provide mental health and infection prevention and control training

Educate workers to be aware and confident in performing their roles and responsibilities in addressing their OSI and when supporting others. Workers must also be educated in effective infection prevention and control protocols to work safely and contain the spread of infection. Developing a sense of confidence in one's ability reduces feelings of concern and anxiety and facilitates positive behavioural change.¹²



Tips

- Keep training sessions short and during working hours;
- Use interactive delivery methods (e.g., demonstration sessions, hands-on training and practice, simulation exercises, small-group classroom teaching);
- Tailor training programs to the needs of workers and management; and
- Document completed training as part of workers' learning management system record.

Mental Health Training

Mental health training has been suggested to reduce stigma, empower the workforce with the appropriate knowledge, skills, and abilities to address OSI, and enable organizations to have psychologically informed conversations. Mental health training creates a shared awareness for recognizing general risks, signs and symptoms, and (mal)adaptive coping strategies.¹³

The B.C. First Responders Mental Health Committee has developed a resource that assesses the curricula of multiple mental health training programs against identified knowledge, skills, and abilities necessary for supporting mental health in the workplace.[†] This resource can be used for developing or selecting mental health training programs for various stakeholders, including managers and supervisors, workers, and family members.

Mental health training can help workers in developing their own personal resilience plan that includes reflecting on their a) expected stress reactions; b) perceptions of the most stressful aspects of responding to an infectious public health crisis; c) social support system; d) positive coping strategies; and e) career motivation(s).¹⁴ Workers can then refer to their personalized resilience plan and implement it proactively or when stress reactions arise as part of an integrated approach to addressing the negative psychological impacts of working during an infectious public health crisis.

[†]B.C. First Responders Mental Health Committee. [Supporting Mental Health in First Responders: Overview of Workplace Training Programs](#). 2017.

Tips

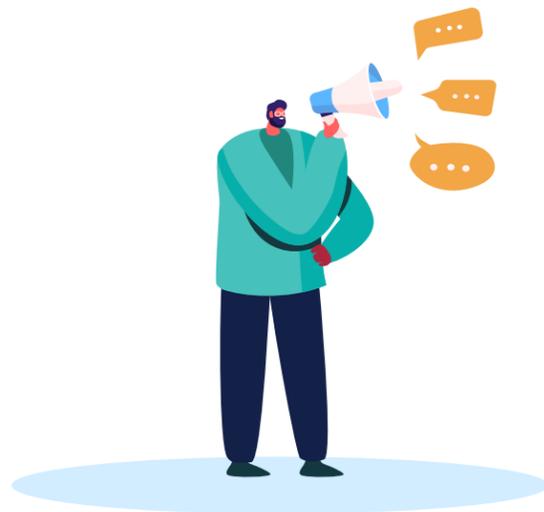
- Psychologically prepare workers on the unique cumulative and traumatic stressors that they may face during an infectious public health crisis (common stressors listed in **IDENTIFY**);
- Provide workers with specific training on coping strategies for non-critical stressors (e.g., shiftwork)
- Provide ongoing access to mental health training; and
- Supply information packages or training to loved ones and mental health professionals to build occupational awareness on supporting workers.

Infection Prevention and Control Training

Workers may need a refresher on infection prevention and control protocols to feel competent and confident in safely carrying out their roles and responsibilities during an infectious public health crisis. Knowledge gaps in infection transmission, and procedures for personal protection and decontamination can increase anxieties. Ensuring workers' response preparedness to known or suspected cases can bolster health and safety, enhance patient care, and increase willingness to report for duty.¹⁵

Tips

- Provide training on strategies to prevent transmission of infection (e.g., proper PPE use);
- Utilize just-in-time training refreshers based on current evidence and best practices; and
- Ensure training is provided to volunteers as well.



RELIEVE:

Provide opportunities for recovery and maintaining resiliency

Having an organizational structure and the resources to facilitate opportunities to take breaks, tend to personal needs (e.g., using the washroom, eating a meal), and reflect on calls will support workers' resiliency.¹⁶ Inherent aspects of the work, such as shiftwork and overtime, can make it challenging to maintain a healthy lifestyle.² Active intervention is needed to enable workers to take care of their health, especially during an infectious public health crisis where workers may be exposed to a greater number of challenging situations, morally difficult decisions, and greater work demands.¹⁷

Tips

- Ensure shifts are sufficiently staffed to allow for downtime;
- Allow downtime when requested (during a shift), and ensure sufficient recovery time between shifts whenever possible;
- Schedule and adhere to regular breaks throughout the shift for healthy meals, water, refreshments, personal hygiene, and rest;
- Designate a quiet room or area for workers to rest during breaks;
- Create opportunities for healthy meals (e.g., free healthy food options at work, fridge and microwave to store and prepare meals); and
- Coordinate with public health agencies and utilize social media outlets to promote the appropriate use of paramedic services during the public health crisis to help manage call volume, non-urgent calls, and transfers to hospitals.



IDENTIFY:

Identify and recognize the common and diverse risk factors of OSI

Exposure to potentially psychologically traumatic events (PPTE) are unavoidable; however, organizations can create a transparent and objective system to recognize PPTE and initiate early detection and intervention. Having a list of organizationally recognized PPTE that automatically initiates proactive support alleviates the need for workers to seek support on their own.

During an infectious public health crisis, workers will encounter additional stressors beyond those of day-to-day operations. Some are within the control of the organization, while others are not. However, it is still important for the organization to recognize the stressors that may impact workers' mental health in response to an infectious public health crisis. Such stressors include:

- Concerns over personal safety
- Concerns over the safety and well-being of loved ones
- Fear of transmitting infection from work to private sphere
- Distrust and lack of confidence in organizational leadership
- Adapting to changing job requirements
- Dealing with a lack of knowledge, uncertainty, and overwhelming amounts of information
- Making morally difficult decisions
- Societal stigma of being infected
- Logistics of quarantine and self-isolation
- Inability to return home



QUICK NOTE:

The following are examples of PPTE that may contribute to the risk of OSI among paramedics:^{18,19}

- Line of duty deaths
- Suicide of a coworker
- Serious work-related injury
- Multi-casualty/disaster/terrorism incidents
- Events with a high degree of threat
- Significant events involving children
- Events in which the victim is known
- Events with excessive media interest
- Events that are prolonged and end with a negative outcome
- Any significantly powerful, overwhelming, distressing event
- **[add other PPTE unique to organization]**

Note that PPTE do not impact individuals in the same manner and that this list is not all-encompassing; exposure to other non-traumatic or cumulative stressors may also lead to OSI.

Tips

- Create a list of organizationally recognized PPTE and stressors that would initiate proactive support using multiple sources, including:
 - Common incidents that have led to workers' compensation claims
 - Common incidents that peer support teams are responding to
 - Call difficulty ratings
 - Workforce surveys
- Establish a system to track and monitor cumulative stressors that may also lead to OSI.¹⁰



MONITOR:

Detect early signs and symptoms of OSI

OSI resulting from events that are not organizationally recognized as a PPTE, including personal triggers, cumulative and chronic stress, are often only recognized through self-reports or detected through behavioural or performance changes. This reinforces the need for a work culture that is conducive to self-reporting and equipped with the appropriate training to recognize OSI-related signs and symptoms.

Table 2 provides tips to overcome common barriers to self-reporting and seeking support.



Tips

- Encourage workers to report early signs and symptoms of OSI and remind them of the non-punitive policies;
- Monitor changes in workers' behaviours to ensure timely intervention;
 - Pay attention to workers who may be particularly vulnerable during the infectious public health crisis (e.g., those with pre-existing OSI).
- Establish a reporting process that is straightforward and respects workers' privacy;
- Identify root-causes to early signs and symptoms of OSI on a periodic basis; and
- Monitor signs of absenteeism (i.e., absence (with or without pay) of a worker from work due to their own illness/disability or personal/family responsibilities) and presenteeism (i.e., diminishing engagement, productivity or competency of workers at work).



Table 2. Tips for overcoming common barriers to self-reporting and seeking support.*

Barriers to Seeking Support	Tips
Potential consequences to others <ul style="list-style-type: none"> - Hesitancy to transfer workload to coworkers when call volumes are high 	<ul style="list-style-type: none"> - Ensure shifts are sufficiently staffed to allow downtime - See RELIEVE for more tips
Potential consequences to self <ul style="list-style-type: none"> - Fear that information will be shared with management, leading to loss of job security, credibility, and identity - Do not want to be perceived as weak or unfit-for-duty due to stigma from others 	<ul style="list-style-type: none"> - Remind workers that there are no punitive measures or negative consequences for reporting an injury - Reinforce zero-tolerance for confidentiality breaches unless there is an imminent risk of harm to self or others
Affordability <ul style="list-style-type: none"> - Higher out-of-pocket costs for professional mental health services not covered in employer-sponsored health plans - Contract and part-time workers may not qualify for employer-sponsored health plans 	<ul style="list-style-type: none"> - Provide a health plan that includes professional mental health services and expand eligibility to contract and part-time workers - Remind contract and part-time workers of the free short-term counselling available through distress lines or the employee (and family) assistance program (E(F)AP)
Lack of contextual knowledge in paramedic services <ul style="list-style-type: none"> - Mental health professionals with little knowledge about paramedic services may not understand occupational-specific stressors 	<ul style="list-style-type: none"> - Provide contextual and real-world examples to further familiarize mental health professionals with the complexity of paramedic work and culture - Provide a mental health referral network of mental health professionals knowledgeable in paramedic services
Negative past experiences <ul style="list-style-type: none"> - Negative peer or personal experience with seeking mental health support 	<ul style="list-style-type: none"> - Seek feedback from workers to continually improve the quality of support services - Evaluate the quality and usage of support services - Share success stories
Unable to self-accept or detect OSI <ul style="list-style-type: none"> - Not accepting own OSI due to self-stigma, shame, and lack of a supportive work environment - Unable to self-detect OSI due to nature of the injury 	<ul style="list-style-type: none"> - Challenge the stigma and negative stereotypes associated with OSI - Promote proactive use of mental health support services - Ensure confidentiality - Provide training to recognize OSI-related signs and symptoms

*More information on each of the barriers is available in Du B, Yung M, Gruber J, Tompa E, Yazdani A. [Work Disability Management of PTSD in Paramedic Service Organizations: A Needs Assessment](#). 2020.

SUPPORT:

Provide various types of mental health support services

Multiple types of mental health support services are required to accommodate the needs of workers to recuperate from stress. These initiatives can include emotional or practical support; delivered online or in-person; conducted formally or informally; and may involve various personnel, including coworkers, peer support members, supervisors, or mental health professionals.

Tips

- Inform workers and management of the available mental health support services, and encourage and remind them to access these services when needed;
- Ensure mental health support services are readily available to all workers and managers, including dispatch workers, trainees, volunteers, contract and part-time workers, senior management, and supervisors;
- Extend mental health support services to workers' support system;
- Ensure that mental health support services can be accessed remotely during an infectious public health crisis; and
- Utilize a supportive, non-punitive, non-stigmatizing approach.

Table 3 provides **examples** of common types of mental health support services identified through stakeholder consultations and an environmental scan of recommended practices.^{6,20,21}



Table 3. **Examples** of mental health support services/initiatives. Organizations **MAY** choose to implement one or more of these mental health support services/initiatives based on consultation with workers and worker representatives.[§]

Mental Health Support Services	Benefits	Potential Barriers	Recommended Practices
<p>Wellness Checks: An opportunity to connect with a worker or colleague to understand their current state of psychological well-being and consider relevant actions and support</p>	<ul style="list-style-type: none"> - Effective for recognizing people in need and reducing stress - Helps to recognize workers with signs and symptoms of OSI - Helps to demonstrate the organization’s commitment to workers’ health and well-being 	<ul style="list-style-type: none"> - Workers may have difficulties expressing their need for support - Supervisors may feel inadequately trained to deal with OSI - Workers may feel pushed away if supervisors suggest seeking other mental health resources without following up 	<ul style="list-style-type: none"> - Provide training to those designated to conduct wellness checks[¶] - Establish a system to proactively initiate a wellness check (see IDENTIFY) - Act non-judgmental, non-punitive, and ensure confidentiality - Actively listen, remove and turn off distractions - Check-in with workers on medical leave - Follow-up with workers
<p>Downtime: A period of time (ranging from 15 min – remainder of shift) where a worker is considered out of service and unavailable</p>	<ul style="list-style-type: none"> - Provides workers with time away from the work to reflect and recuperate at their own pace without additional workplace stressors - Allows workers to tend to their personal needs for recuperating and maintaining resiliency 	<ul style="list-style-type: none"> - Stigma and staffing shortages may prevent workers from requesting downtime - Downtime without adaptive coping strategies can result in demoralization, inactivity, and loss of engagement²² 	<ul style="list-style-type: none"> - Allow downtime when it is requested without judgement - Ensure shifts are sufficiently staffed to allow for downtime
<p>Peer Support Program: Structured emotional and social support used by organizations to connect workers with trained peers who share a common lived experience</p>	<ul style="list-style-type: none"> - Brings credibility of lived experiences via a common understanding of operations and organizational culture - Provides opportunities to share information and boost empowerment from a relatable person - A cost-efficient and accessible way of reaching out to those in need 	<ul style="list-style-type: none"> - Inadequate resources to establish a peer support team - Limited focus of maintaining connection with individuals with long-term OSI - Smaller services or rural areas have a less staff to draw from and have a greater need for discretion among overlapping social circles 	<ul style="list-style-type: none"> - Emphasize a zero-tolerance approach to breaches of confidentiality - Ensure mental health professionals guide discussions and training of the peer support team - Conduct regular meetings with peer support team to ensure they have access to necessary resources
<p>Employer-Sponsored Health Plan: Health coverage plan selected and purchased by the organization and offered to eligible workers and their dependents</p>	<ul style="list-style-type: none"> - Reduces financial barriers for workers seeking professional medical help, either for the prevention, diagnosis, or management of health-related concerns 	<ul style="list-style-type: none"> - Limited mental health coverage - Inconvenience of travelling to access services - Lengthy, complicated, and convoluted claims process 	<ul style="list-style-type: none"> - Consult with workers and worker representatives to offer a health plan that meets workers’ health needs - Extend the eligibility of the health plan to all workers - Identify mental health practitioners with expertise in paramedic services
<p>Employee (and Family) Assistance Program [E(F)AP]: A confidential counselling service sponsored by the employer</p>	<ul style="list-style-type: none"> - Good for those without an accessible mental health provider - A cost-efficient way to reduce adverse health outcomes and improve job performance 	<ul style="list-style-type: none"> - Counsellors may not be trained to address issues associated with paramedic services, and misunderstand sources of stress - Distrust in confidentiality or fear that revealing challenges to counsellors associated with the organization may jeopardize employment or career advancement 	<ul style="list-style-type: none"> - Continually educate workers and increase awareness about available E(F)AP services - Promote E(F)AP services as strictly confidential - Select E(F)AP providers that are occupationally aware of paramedic services. Public Services Health and Safety Association has developed questions for procuring E(F)AP service providers for first responders.[#]
<p>In-House Mental Health Professional: Dedicated in-house mental health professional that provide services to workers and develop organizational mental health-related resources and strategies</p>	<ul style="list-style-type: none"> - Increases the availability and accessibility of professional support and better targets the needs of the workforce - Helps to advocate for and/or support programming (e.g., training, peer support, return-to-work, stay-at-work) - Offers individualized resiliency and treatment plans - Aware of the organizational culture and operations 	<ul style="list-style-type: none"> - Concerns over confidentiality, privacy, and the use of information gathered by a clinician hired by the organization - If the office is located at a main building of the organization, it could serve as a deterrent because workers may not want to be seen entering or leaving the office 	<ul style="list-style-type: none"> - Provide an off-site office where workers can visit without being seen - Have the mental health professional train and support the peer support team or others, such as supervisors and managers - Involve workers and worker representatives in the hiring process of in-house mental health professional(s)

[§]More information on the recommended programs and practices to address PTSI is available at Du B, Yung M, Gruber J, Tompa E, Yazdani A. [Prevention & Management of PTSI in Paramedic Service Organizations: An Environmental Scan of Recommended Programs and Practices](#). 2020.

[¶]Provincial Health Services Authority. [Employee Psychosocial Check-In: Training for Leaders](#). Accessed July 2021.

[#]Public Services Health and Safety Association. [Understanding the Strengths & Limitations of your Service's Employee Assistance Program](#). 2016

ACCOMMODATE:

Provide meaningful work accommodations

Organizations have the “duty to accommodate” to the point of undue hardship under the Canadian Human Rights Act.²³

Although some workers may not be able to provide frontline paramedic service, they may still offer support through other activities. Temporarily assigning workers to modified duties or providing work accommodations may help workers remain at work and maintain service capacity.

In the event that a worker is on medical leave due to an OSI, being away from work may create a loss of purpose and a sense of isolation. The longer a worker is off work, the less likely they are to return to work and that may further impact their mental health. For most, being at work is associated with better mental health and well-being, and the benefits usually outweigh the risks.²⁴

Workers can return-to-work or stay-at-work if their OSI symptoms are manageable or have substantially improved, even while undergoing treatment (including medication).²⁵ Workplace-based accommodations can have positive impacts on the duration and costs of work disability.



Tips

- Work jointly with the worker and worker representative(s) and healthcare provider(s) to identify limitations and appropriate and meaningful modified or alternative work;
- Monitor and adjust the accommodations as necessary;
- Intervene early and offer accommodation to workers when they are exhibiting worsening signs and symptoms of OSI; and
- Follow-up regularly with workers, even if they have resumed their full work.

EVALUATE:

Collect relevant data to inform program development and continuous improvement

This Guideline provides several initiatives that organizations may implement to address OSI during an infectious public health crisis. However, each organization is unique and there is no one-size-fits-all solution. An organizational data-driven decision-making process should inform strategies to address the core concerns, desires, and needs of the workforce. During development, implementation, and review of mental health programs, collect relevant data to identify gaps, barriers, opportunities, and outcomes to support continuous improvement.

Tips

- Collect, analyze, and interpret relevant data to evaluate the initiatives to address OSI;
- Evaluate the use of mental health support services and other dedicated resources to address OSI;
- Evaluate the mental health components of the emergency response plan and identify gaps;
- Evaluate effectiveness of interventions against pre-defined metrics in addressing OSI; and
- Document lessons learned to inform future planning and resource allocation.



Organizations may utilize interviews, focus groups, and worker surveys to assess the overall state of mental health-related programs and resources by identifying:

- a) Current awareness of existing interventions, policies, services, and resources;
- b) Intentions of using existing services;
- c) Preferred additional services to complement existing services; and
- d) Concerns, desires, needs, and areas of improvement.

Table 4 provide **examples** of metrics that may be reflective of organizational goals to address OSI, and their associated sources of information.

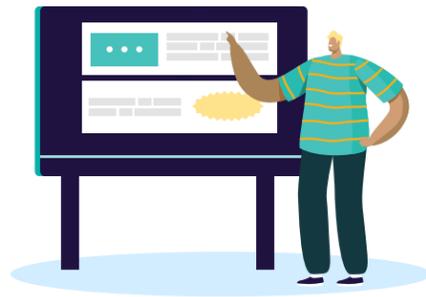


Table 4. Potential metrics and sources of information for process and outcome evaluation of addressing OSI in the workplace.

	Process Evaluation	Outcome Evaluation
Metrics	<ul style="list-style-type: none"> - Reason for use/not use - Ease of access to mental health support services (e.g., wait times) - Worker satisfaction - Participation rates in the 'programs' - Consistency of support - Types of accommodations provided - Tardiness - Workload - Abilities to streamline administrative processes 	<ul style="list-style-type: none"> - Number of workers using the mental health support services before and after public health crisis - Rate of RTW (fully vs partially) - Number of workers on medical leave - OSI rates - Cost-benefit ratio - Level of staff morale - Ratio of number of employees to number of calls - Absenteeism rate - Presenteeism rate - Turnover rate - Number and nature of workers' compensation claims
Sources of Information	<ul style="list-style-type: none"> - Management and worker feedback - Worker surveys and interviews 	<ul style="list-style-type: none"> - Human resources reports - Data from E(F)AP service provider

ANTICIPATE:

Plan for future infectious public health crises

A robust response plan, developed prior to an infectious public health crisis, is imperative for containing the spread of infection, maintaining efficient and effective paramedic service, and ultimately achieving the greatest good for the greatest number of patients. A plan allows workers and leaders to be psychologically prepared, aligned, and trained to work safely and effectively during the infectious public health crisis and better manage the volatile, uncertain, complex and ambiguous conditions.

Alternatively, insufficient preparation and planning may lead to confusion, distrust, and doubt in the organization, leading to role abandonment. Studies showed that a lack of trust and confidence in the organization to respond appropriately during a crisis, provide PPE, or provide adequate training has been associated with decreased willingness to work.¹² However, workers who possess the skills to carry out their crisis-specific responsibilities and are confident in their personal safety at work were almost four times more willing to report for duty.¹²

Tips

- Develop close working relationships with the local health departments (i.e., public health, healthcare, emergency management) and elected officials to better coordinate activities;
- Establish a multi-stakeholder team for emergency response planning consisting of:
 - A designated officer;
 - Health and safety personnel;
 - A public health expert; and
 - Workers and worker representatives
- Budget for emergency response planning prior to a public health crisis and ensure the budget has funds for supporting workers' basic needs and mental health (see **SUPPORT**);
- Be prepared to operate without any assistance from agencies outside of the local community;
- Conduct regular training sessions, drills, and simulated exercises devoted to disseminating and discussing the written emergency response plans;
- Use lessons learned to plan ahead and ensure that all workers have access to appropriate PPE and mental health support services; and
- Ensure organization's response plan is readily available to stakeholders, reviewed in periodic intervals (i.e., annually), and is up to date.

Adapting the Response Plan during the Public Health Crisis

The response plan may need to be adjusted depending on the specific situation. Tips to address some common challenges in employing a response plan, including dealing with supply scarcities, staffing shortages, and altered standards of care and ethical decision-making, are provided.

Supply Scarcities

During an infectious public health crisis, there may be an increased demand for supplies and equipment; as such, organizations should monitor and ensure adequate inventory. This calls for a supply of PPE such as face masks, tissues, gloves, gowns, and related items to meet surge demands. Note that suppliers may not be able to carry out regular deliveries unless they also have developed plans in advance. There must be prior coordination with businesses about their ability to provide their products and services during infectious public health crises. The World Health Organization has more information on strategies for rationing use of PPE.**

Altered Standards of Care and Ethical Decision-Making

Abiding to regular standards of response, transport, and care may not be possible during an infectious public health crisis, and regular protocols may need to be modified. Advanced plans to establish decision-making aides and appropriate parameters may provide clarity to workers on the 'correct' response. These protocols should be firmly anchored in legal and ethical standards. For example, ambulance triage will need to be established in advance to determine which 9-1-1 callers receive an ambulance and whether transport to hospital is necessary. It is also likely that certain interventions will no longer be available. Understanding the most ethical response in such situations is a complex issue and a source of confusion.¹⁷

It is important for organizations to develop a clinical ethics framework guide or decision-making aides to support workers from experiencing uncertainty and distress. It is suggested that, when possible, the organization should set up a consultation group for the most complex and difficult cases.¹⁷



Staffing Shortage

Infectious public health crises may also bring on staffing shortages due to illness, quarantine, or fear of infection. This shortage in service capacity places additional demands onto those who can work, including extended shifts and reduced downtime. The organization should have plans to ensure optimal service capacity and to deal with staffing shortages.

Tips

- Utilize non-medical personnel, with proper training, to support worker shortages:
 - In combined services, reallocate firefighters to perform paramedic duties;
 - Establish agreements between agencies that allow for the temporary loan of workers (e.g., divert other city workers, who can be diverted, from their normal work functions to drive ambulances or provide other support functions);
 - Recruit drivers from other emergency and security services in the private sector or volunteers from the general public who complete "just-in-time" training on emergency vehicle operation; and
 - Mobilize paramedic trainees through community colleges and local paramedic training centers.
- Reintegrate retired or former paramedics.
- Develop immediate measures for redistributing workers across provinces:
 - Pre-event regional planning will help with allocating workers to other communities and ensure that all the necessary issues (e.g., written agreements, credentialing, salaries and workers' compensation) are addressed in advance.

**World Health Organization. [Rational use of personal protective equipment for COVID-19 and considerations during severe shortages](#). 2020.

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**Questions?
Get in Touch with CISWP:**

299 Doon Valley Drive, Kitchener ON, N2G 4M4

ciswp@conestogac.on.ca

519-748-5220, ext. 2338

www.conestogac.on.ca/ciswp

 YouTube @CISWP

 in @CISWP_Conestoga

