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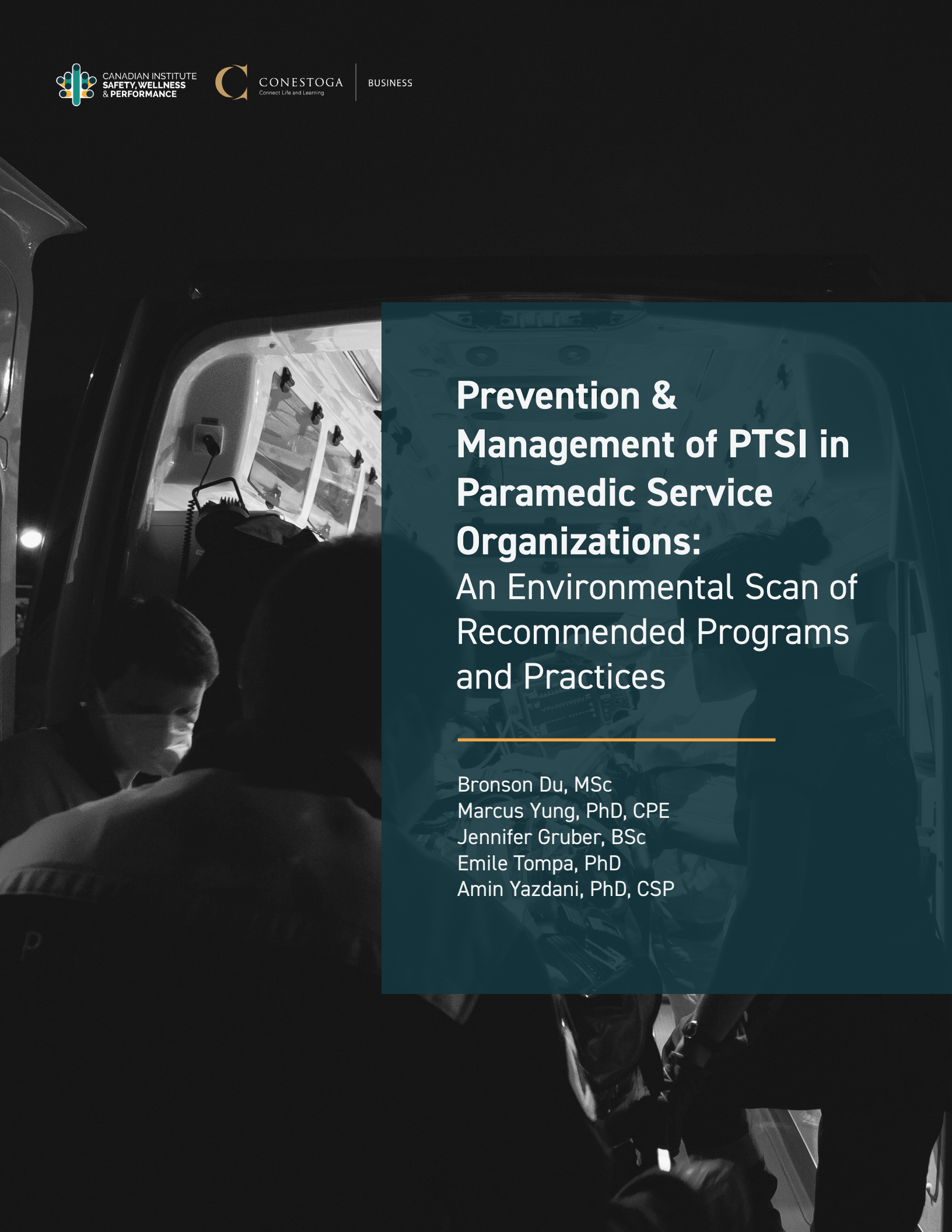

Prevention & Management of PTSI in Paramedic Service Organizations:

An Environmental Scan of Recommended Programs and Practices

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Executive Summary

Objective

The objective of this environmental scan is to synthesize existing guidelines and recommended practices to prevent and manage work disability related to post-traumatic stress injuries (PTSI) in paramedic service organizations. Findings will contribute to informing the new Canadian Work Disability Management System Standard for Paramedics with a focus on the prevention and management of PTSI and mental illnesses.

Methods

We systematically searched Canadian agency websites for guidelines and resources pertaining to the prevention and management of PTSI in paramedic service organizations. A sample of the websites included in the search are, but not limited to the Paramedic Chiefs of Canada, Paramedic Associations of Canada, provincial paramedic associations, provincial workers' compensation boards, and health and safety associations. We also supplemented the search results with international resources and resources beyond the scope of paramedic work.

From each retrieved resource, we identified programs and practices that could be applied to a work disability management system. The description, rationale, recommended practices, potential barriers to implementation, and any additional relevant information of each program were extracted for synthesis.

Results

A total of 23 guidelines/resources were identified. Six were specific to paramedics, ten were intended for first responders (i.e. police officers, firefighters, and paramedics), and seven were general resources intended for all types of organizations. Our synthesis of these guidelines/resources identifies core programs appropriate for a comprehensive work disability management system for paramedic service organizations with a focus on PTSI, along with their associated recommended practices and potential barriers. The programs are grouped into one of three domains: prevention, early detection and intervention, and disability management.

Prevention

Organizational programs for the prevention of PTSI included stigma reduction initiatives, mental health education and training, and pre-employment screening. Stigma reduction initiatives and mental health education and training play a crucial role in creating the foundation to a psychologically safe and healthy workplace. They help to de-mystify the invisible injury and empower paramedics, supervisors, and friends and family with the appropriate knowledge, skills, and abilities to address PTSI. Further, they reduce paramedics' fear of being ostracized for seeking help. Paramedic service organizations have also been considering the use of pre-employment screening to identify individuals who are predisposed to developing PTSI. However, there are ethical concerns with pre-employment screening. Rather, more specific and sensitive assessment tools are needed to support paramedic mental health needs.

NB From hereon we use the term "PTSI" in this report to refer to post traumatic stress injury as well as other mental illnesses.

Early Detection and Intervention

Exposure to traumatic incidences cannot be eliminated in paramedic work; however, the impact of traumatic exposures can be temporary and reversible with early detection and intervention. Organizational programs for the early detection and intervention of PTSI included check-ins after a critical incident, stress leaves, peer support, and employee (and family) assistance programs. Generally, these programs require paramedics to take the initiative to report early signs and symptoms of PTSI and utilize the available resources. This responsibility to self-identify, acknowledge the early signs and symptoms of PTSI, and seek support, reinforces the importance of stigma reduction and education.

Ideally, a work disability management system would also include an in-house mental health professional, a mental health referral network, and/or a substantial extended health plan to reduce barriers to accessing medical assistance. For example, in-house mental health professionals and mental health referral networks help address one of the most significant factors that either contribute to and/or exacerbate mental health challenges among paramedics: the lack of available, qualified mental health professionals and individuals who have been trained to understand the paramedic environment. Such programs also help to address barriers such as costly medical consultations and treatments, as well as long wait times.

Disability Management

Other recommended disability management programs included medical leaves, return to work and stay at work programs/ planning, and work accommodations. The management of PTSI varies on a case by case basis. However, the core processes and principles to disability management are applicable to all cases.

Discussion and Conclusion

Our findings suggest that there is a need for PTSI prevention and management programs for all paramedics, regardless of their state of mental health. Prevention programs are intended for all paramedics, including the healthy ones, to develop coping strategies to rebound from psychological hazards and to create a workplace culture that is sensitive to mental health. Paramedics with initial signs and symptoms of PTSI can utilize early detection and intervention programs for the time, space, and/or support needed for emotional processing. If the paramedic has a PTSI that is manageable, there are programs to help them remain at work. Lastly, for paramedics who are suffering from work debilitating PTSI, there are disability management programs to support the paramedic during a sick leave and promote (early) work re-entry.

This environmental scan is one of three parts to understanding the state of knowledge and practice towards developing an organizational wide framework for the management of work disability of paramedics with PTSI. Results from the environmental scan will be triangulated with evidence-based practices found in the scientific literature and current and ideal practices to address PTSI identified through key informant interviews.

Introduction

In Canada, there are over 30,000 paramedics who provide emergency medical services (EMS) and secure public safety during times of crisis (Public Safety Canada, 2019). Unfortunately, many paramedics' capacity to perform their duties are hindered by post-traumatic stress injuries (PTSI), a mental injury that is a direct result of their line of work. In fact, a recent Canada-wide survey found that 49% of paramedic participants screened positive for at least one mental health disorder. This is almost five times higher than the frequency of positive screens for the general Canadian population, about 10% (Carleton et al., 2018).

The alarmingly high rates of PTSI among paramedics may not be a surprise when workplace exposures are considered. Essential tasks include, but are not limited to, long shifts of patient care, patient transport, and patient handling in various environments and circumstances, often during a crisis. In combination with the high work demands, paramedics have little to no control of when they are going to be dispatched, who they are going to treat, or where they are going to perform patient care and handling duties. In addition to the high demand and low control work, paramedics often suppress their emotions in order to perform their duties in a calm and professional manner. Tending to traumatic calls, such as deaths by suicide, infant deaths, or multiple casualties further increases the risk of PTSI (Dobson, 2010; Public Safety Canada, 2019). Many of these risk factors for PTSI are inherent to the work and cannot be eliminated, but proper prevention and management strategies could reduce the impact of the exposures. Organizational factors such as off-load delays, forced overtime, lack of time while on duty to attend to personal needs (i.e., washroom breaks, minimal/missed meals), lack of and/or poor communication between dispatchers and crews, lack of staff resulting in denied requests for time off (i.e., vacation, defusal period), and lack of management support could further contribute to paramedics' stress (Fischer & Macphee, 2017). These experiences take a significant toll on paramedics' mental well-being and can leave them vulnerable to PTSI and other mental illnesses. Regardless of location, the high rates of mental health conditions and occupational stressors were common among Canadian paramedics, suggesting the need for a national-level solution (Fischer & Macphee, 2017). While guidelines are available for implementing and operating standalone programs for PTSI, there is limited guidance on the integration and coordination of PTSI prevention and management programs within paramedic service organizations' management system. In 2018,

In this report, the term **PTSI** is used as a "non-clinical term that encompasses a range of mental health injuries, including some operational stress injuries, clinically diagnosed post-traumatic stress disorder (PTSD), anxiety, and depression. It characterizes symptoms as injuries caused to public safety personnel as a direct result of their work." PTSD, on the other hand, is a clinically diagnosed mental disorder characterized as an extreme reaction to exposure to trauma. Symptoms of PTSD may include re-experiencing, avoidance, negative cognitions and mood, and hyperarousal (Public Safety Canada, 2019). (See Annex B for more operational terms and definitions).

We use the term "PTSI" to refer to post traumatic stress injury as well as other mental illnesses from hereon.

CSA Z1003.1-18: Psychological Health and Safety in the Paramedic Service Organization was developed "to provide paramedic service organizations and other key stakeholders with requirements and guidance on good practice for the identification and assessment of hazards and management of psychological health and safety risks for paramedic service organizations and the promotion of improved psychological health and safety" (Canadian Standards Association, 2018). To complement this standard, the overarching aim of this report is to inform the development of a standard that provides the framework for paramedic employers to successfully coordinate and integrate PTSI prevention and management initiatives into their Work Disability Management Systems. The Canadian Work Disability Management System Standard for Paramedics with PTSI will provide paramedic service organizations (referred to as the employers hereon) with evidence-informed programs and practices to build resilience and reduce the stigma of PTSI, to detect and intervene on paramedics with PTSI in its early stages, and to re-integrate and accommodate paramedics with PTSI in the workplace. As a first step to developing the standard, we gather and synthesize evidence using three scientific methodologies to ensure that the standard is evidence-informed:

1) an environment scan of recommended programs and practices for the prevention and management of PTSI amongst paramedics;
2) a scoping review of peer-reviewed literature on PTSI prevention and management programs and practices; and
3) a needs assessment undertaken through key informant interviews to identify current practices, challenges and needs of paramedic service organizations to address PTSI.

This report presents the first of the three studies: the environmental scan.

Operational Framework

Figure 1 presents our operational framework for a work disability management system for paramedic service organizations. The framework presents a comprehensive overview of programs and practices for the prevention, early detection and intervention, and management of PTSI. The framework illustrates that the work disability management system is intended to address the mental health needs of paramedics along the continuum of PTSI from healthy paramedics, to paramedics with early signs and symptoms of PTSI, to paramedics with work debilitating PTSI, and to (recovering) paramedics with manageable PTSI.

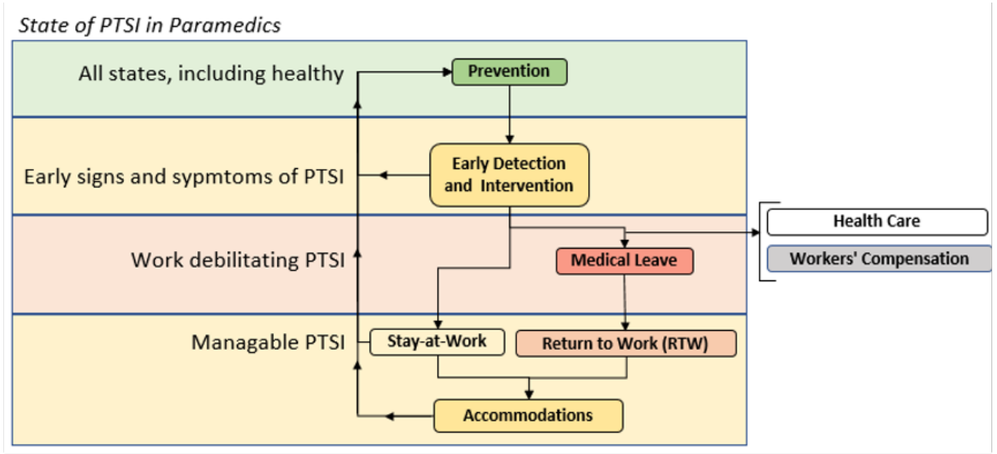

Figure 1. Operational Framework for Work Disability Management System for Paramedic Service Organizations with a Focus on PTSI

As a part of the framework, PTSI Prevention programs are offered to all members of the organization to reduce stigma, improve members' understanding and awareness of the signs and symptoms of PTSI, and build competence to provide support or mental health first aid. Since experiencing trauma is inevitable in paramedic work, Early Detection and Intervention programs are needed as well. These programs help to identify and provide support for paramedics in order to process their emotions after a traumatic incident. However, if the signs and symptoms persist, seeking medical aid may be necessary.

Medical professionals may prescribe paramedics to continue to work as normal, remain at work with accommodations, or take a leave of absence. Should the paramedic continue to work without needing accommodations, the employer should continue to support the paramedic with their Prevention and Early Detection and Intervention programs. However, if the medical recommendation is to remain at work with accommodations, the employer should gather information pertaining to the paramedic's work abilities and limitations to make the appropriate work modifications. Lastly, if the medical recommendation is to take a leave of absence, then the employer should support the paramedic by assisting/leading the return to work process once the PTSI is manageable.

Figure 1 also shows that the healthcare and workers' compensation systems are core elements of PTSI management. However, these systems are beyond the employer's responsibility and will not be covered in this report.

Trauma is the "direct or indirect exposure to stimuli that pose an actual or perceived threat to life or health and wellbeing, including emotional, physical and sexual violence. Traumatic experiences may include exposure to natural disasters, crimes, accidents, wars, conflicts" (Public Safety Canada, 2019). (See Annex B for more operational terms and definitions).

Methods

We conducted an environmental scan to identify and synthesize organizational programs and practices for the prevention and management of PTSI-related disabilities among paramedics. Typically, environmental scans are used when knowledge about an external environment is needed for strategic planning (Aguilar, 1967; Choo & Auster, 1993). For our purposes, we gathered resources from the grey literature (e.g. standards, guidelines, best practices and reports) pertaining to the work disability management of PTSI in paramedics from across Canada and beyond in order to inform the development of the Canadian Work Disability Management System Standard for Paramedics with PTSI. Using the information gathered from this environmental scan will ensure that the standard will be aligned with current recommended practices and capable of addressing the existing barriers.

Data Collection

Canadian resources specific to the prevention and management of PTSI amongst paramedics were obtained through a systematic web-based search of Canadian and provincial paramedic associations, workers' compensation boards, government websites, and health and safety agencies (Centre for Addiction Mental Health, Canadian Mental Health Association, Public Services Health and Safety Association, Institute for Work and Health, Mental Health Commission of Canada).

We also supplemented the search results with international resources and resources beyond the scope of paramedic work and PTSI as publicly available resources for addressing PTSI amongst paramedics were limited in Canada. The additional search results were not exhaustive and were used as supplemental material.

Lastly, knowledge experts in work disability management were consulted for additional resources and to ensure that our search results were comprehensive. Resources for interventions at the individual level and medical treatments for paramedics with clinically diagnosed forms of PTSI were excluded.

Data Extraction

We focused our data extraction of each document based on five categories: general information, scope of resource, prevention of PTSI, early detection and intervention of PTSI, management of PTSI.

General Information: We extracted the general information of each resource. This included the title, year of publication, and lead author/agency. The title of the document and the lead author/agency are used as a common practice to organize extracted information. The year of publication is important to ensure that the information extracted is recent and relevant to the topic of interest.

Scope of Resource: We also extracted information regarding the scope of the resource including its purpose, its intended audience (i.e. paramedics, public safety officers, general population), and its health-related focus (i.e. operational stress injury, mental health condition, PTSI, wellness, critical incidence stress, general work disability).

Prevention of PTSI: From each resource, we identified any initiatives or programs that the employer could implement to promote a psychologically safe and healthy organization and reduce the risk of PTSI. For each of the programs identified, we extracted the benefits/rationale of the program, recommended practices, potential barriers to implementation/adoption, and any additional relevant information to consider.

Early Detection and Intervention of PTSI: PTSI can be reversible and temporary with early detection and intervention (Mental Health Commission of Canada, 2018). Programs or practices aimed to prevent the exposure to a traumatic event from escalating and becoming a PTSI (secondary prevention) were also identified. From each program, we extracted its benefits/rationale, recommended practices, potential implementation/adoption barriers, and any additional relevant information.

Management of PTSI: We also explored organizational approaches suggested to support the recovery of paramedics with PTSI, and when ready, their reintegration into the organization. For each of the programs identified, we extracted the benefits/rationale of the program, recommended practices, potential barriers to implementation/adoption, and any additional relevant information warranting consideration.

Results

Overview

A total of 23 guidelines/resources were identified. Six were specific to paramedics, ten were intended for first responders (i.e. police officers, firefighters, and paramedics), and seven were general resources. A summary of our search results is presented in Tables 1, 2, and 3. Resources found pertaining to the prevention and management of PTSI amongst paramedics are shown in Table 1; and supplemental resources pertaining to public safety personnel and workers in general are presented in Tables 2 and 3, respectively. Our synthesis of these guidelines/resources identifies core programs appropriate for a comprehensive work disability management system for paramedic service organizations with a focus on PTSI, along with their associated recommended practices and potential barriers. The programs are grouped into one of three domains: prevention, early detection and intervention, and disability management.

Table 1: Resources Specific for Paramedics

Year	Title	Publisher	Country	Health-Related Topic
2019	Guide to Building an Effective EMS Wellness and Resiliency Program	National Association of Emergency Medical Technicians (NAEMT)	USA	Wellness
2018	Z1003.1-18 - Psychological Health and Safety in the Paramedic Service Organization	Canadian Standards Association (CSA Group)	Canada	Psychological Health and Safety
2017	Canadian Paramedic Health and Wellness project – Workforce profile and health and wellness trends	Defence Research and Development (DRDC)	Canada	Health and Well-being
2015	Making the Strong Stronger: An Investigation into how the Toronto Paramedic Services Address Staff Operational Stress Injuries	Office of the Ombudsman, City of Toronto	Canada	Operational Stress Injury
2014	Operational Stress Injury in Paramedic Services: A Briefing to the PCC	Paramedics Chiefs of Canada (PCC)	Canada	Operational Stress Injury
2010	Uneasy Dance Partners	Canadian HR Reporter	Canada	Critical Incident Stress

Table 2: Resources for First Responders

Year	Title	Publisher	Country	Health-Related Topic
2019	Supporting Canada's Public Safety Personnel: An Action Plan on Post-Traumatic Stress Injuries	Public Safety Canada (PSC)	Canada	PTSI, OSI, PTSD
2018	Post-Traumatic Stress Injuries and Support for Public Safety Officers	Public Safety Canada (PSC)	Canada	PTSI
2016	Therapy for Men Who Consider Sirens Driving Music: Man Therapy for First Responders	Carson J Spencer Foundation	USA	General Mental Health including depression, anger, anxiety and substance abuse
2016	#Firstresponderfirst	Public Services Health and Safety Association (PSHSA)	Canada	Post-Traumatic Stress Disorder (PTSD)
2016	B.C. First Responders Mental Health	B.C. Frist Responders Mental Health Committee	Canada	Post-Traumatic Stress Disorder (PTSD)
2016	Healthy Minds, Safe Communities: Supporting Our Public Safety Officers Through A National Strategy For Operational Stress Injuries	Speaker of the House of Commons	Canada	OSI and PTSD
2016	Ministerial Roundtable on Post-traumatic Stress Disorder In Public Safety Officers	Public Safety Canada (PSC)	Canada	PTSD
2016	Peer Support and Crisis-Focused Psychological Intervention Programs in Canadian First Responders: Blue Paper	University of Regina	Canada	Post-Traumatic Stress
2015	Expert Guidelines: Diagnosis and Treatment of Post-Traumatic Stress Disorder in Emergency Service Workers	University of New South Wales	Australia	Post-Traumatic Stress Disorder (PTSD)
2014	Roundtable on Traumatic Mental Stress: Ideas Generated	Ontario Ministry of Labour	Canada	Traumatic Mental Stress (TMS)

Table 3: General Resources for Disability Prevention and Management

Year	Title	Publisher	Country	Health-Related Topic
2018	Not Myself Today	Canadian Mental Health Association (CMHA)	Canada	Mental Health issues and illnesses
2013	Guidelines for the Practice and Training of Peer Support	Mental Health Commission of Canada (MHCC)	Canada	Mental Health illness
2012	Post-Traumatic Stress Disorder: Out of Sight, Not out of Mind	Mood Disorders Society of Canada (MDSC)	Canada	PTSD
2010	The Shain Reports on Psychological Safety in the Workplace – A Summary	Mental Health Commission of Canada (MHCC)	Canada	Mental health
2008	Canadian Human Rights Commission's Policy and Procedures on the Accommodation of Mental Illness	Canadian Human Rights Commission (CHRC)	Canada	Mental Illness
2007	A Guide for Managing the Return to Work	Canadian Human Rights Commission (CHRC)	Canada	General
2007	Seven 'Principles' for Successful Return to Work	Institute for Work and Health (IWH)	Canada	General

Prevention of PTSI

The purpose of PTSI prevention programs is to create a psychologically healthy and safe workplace; promote healthy behaviours; and build organizational competence to build resilience to cope with traumatic incidents when they occur (National Association of Emergency Medical Technicians, 2019). As such, PTSI prevention initiatives should be applied to all paramedics (Paramedic Chiefs of Canada, 2014). Our data synthesis revealed three core initiatives for the prevention of PTSI, they are:

> 1) Stigma Reduction Initiatives
> 2) Pre-employment Screening
> 3) Mental Health Education and Training

Stigma Reduction Initiatives

Stigma is the "stereotypes or negative views attributed to a person or groups of people when their characteristics or behaviors are viewed as different from or inferior to societal norms" (Dudley, 2000). Stigma has been identified as a key barrier for seeking and sustaining participation in mental health services (Ontario Ministry of Labour, 2015; World Health Organization, 2001).

It has often been described that paramedic service organizations have a 'suck it up' work culture that values stoicism, strength, and service to others (Crean, 2015; Paramedic Chiefs of Canada, 2014). As a result, paramedics with PTSI face the stigma of being a "helper" who then asks for help and labelled as weak and/or unfit for the job (Centre for Addictions and Mental Health, n.d.). Due to a fear of losing their identity and ability to serve, paramedics are less likely to disclose their vulnerabilities (Spencer-Thomas, Hindman, & Conrad, 2016). Hence, paramedics with early signs and symptoms of PTSI often suffer alone and try to 'work through it' until it becomes too much to manage.

With the end goal to reduce the under-reporting of PTSI and promote early detection and intervention, stigma reduction

initiatives aim to reduce the negative societal perceptions and presumptions of mental health conditions; for paramedics, PTSI are not signs of weakness, but a normal reaction from the (cumulative) trauma that they have faced. Examples of stigma reduction programs may include mental health awareness, education, training, and sensitization for all staff members (National Association of Emergency Medical Technicians, 2019).

Rationale

PTSI stigma reduction initiatives raise awareness and acceptance of mental health issues to create an organizational culture that supports mental health dialog and does not discriminate people for talking about their PTSI. Thereby, increasing the likelihood of detecting of paramedics with early symptoms of PTSI and allowing for early intervention to reduce the risk of it impacting work performance (Public Services Health & Safety Association, 2016)

Recommended Practices to Reduce Stigma

The stigma of PTSI within an organization is largely an extension of the way the organization manages reported cases of PTSI. This section presents various recommended strategies and initiatives for employers to reduce stigma.

One PTSI stigma reduction initiative that has already been adopted by many public safety organizations and governments is the adoption of the term post-traumatic stress-, operational stress-, and mental- injury as oppose to disorder (Crean, 2015; Paramedic Chiefs of Canada, 2014; Public Safety Canada, 2019). According to Public Safety Canada, "public safety personnel have strongly advocated for the use of the term PTSI as it helps to reduce the stigma typically associated with clinically-diagnosed PTSD and recognizes that exposure to trauma may cause other forms of mental health injuries" (Public Safety Canada, 2019). Using the term injury allows workers to attribute mental health issues to work rather than from individual weakness (Ontario Ministry of Labour, 2015; Standing committee on Public Safety and National Security, 2016).

In addition to using an alternative term, employers can help reduce PTSI stigma by having an organizational policy that supports mental health and commits to providing a workplace where all persons are treated with respect and dignity (Canadian Human Rights Commision, 2008). As an example, the Canadian Human Rights Commission's Statement of Policy for mental illness states:

The Canadian Human Rights Commission will foster a supportive workplace environment where:

- all employees have and model a positive attitude towards mental illness;
- factors that might worsen mental illness are diminished;
- the symptoms of mental illness can be identified and assistance and accommodation offered;
- employees feel safe in self-identifying as a person with a mental illness so that they can be offered support in accessing proper treatment;
- discrimination based on mental illness is prevented; and
- mental illness is understood and accepted without stigma as a result of ongoing training and information about mental illness.

The Supporting Ontario's First Responders Act required employers of workers covered under the act to provide organizational plans to prevent PTSD in their workplaces (See the plans submitted to Ontario Ministry of Labour). Stigma reduction initiatives can be embedded in programs or be a standalone program. How PTSI are handled and talked about in every day interactions can help to eliminate negative stereotypes associated with mental illness and create opportunities for open conversation. Recommended practices and programs to reduce stigma are listed below.

(Mental) Health Promotion

Constant and persistent promotion of mental health programs can help to reduce stigma of PTSI through the acknowledgment that PTSI is a natural and common result of paramedic work. The employer should:

- encourage and engage in daily practices that promote mental health and well-being (Canadian Human Rights Commision, 2008);
- encourage all employees to take positive steps to safeguard their own mental health (Canadian Human Rights Commision, 2008);
- encourage all levels of management to actively endorse and participate in psychological health and safety promotion activities (Canadian Standards Association, 2018);
- promote participation in psychological health and safety campaigns (Canadian Standards Association, 2018);
- regularly update staff on what the organization is doing to reduce stigma and raise awareness on psychological health and safety (Canadian Standards Association, 2018); and
- ensure that employees are aware of the confidential Employee (and Family) Assistance Program, available to all
employees at no cost, and other mental health services, which are covered through their benefit plans (Canadian Human Rights Commision, 2008) (see Employee (and Family) Assistance Program)

Education

Any program addressing PTSI must start with education. Education helps to de-mystify the issue of PTSI and decrease stigma. The employer should:

- provide mental health literacy awareness and training (Canadian Standards Association, 2018); and
- develop a continuing medical education module dealing with the stigma of mental illness, in which the medical profession expresses this stigma, and how the medical profession can better understand mental illnesses and avoid stigmatizing activities when dealing with patients (Mood Disorders Society of Canada, 2012).

Return to Work

To reintegrate a paramedic with PTSI, the employer should:

- ensure a positive reintegration into the workplace if an employee has been on leave due to a mental health disability (Canadian Human Rights Commision, 2008) (See Return to Work);
- provide support for stay at work or return to work programs (Canadian Standards Association, 2018); and
- identify workplace pressures that may cause high and lasting levels of stress that negatively affect mental health, and develop practical strategies to address them (Canadian Human Rights Commision, 2008).

Opening and Sustaining the Dialogue to Mental Health

Reducing real and perceived stigma surrounding PTSI can only be achieved through sustained dialogue about PTSI and the sharing of personal experiences from a broad group of stakeholders, including the person with PTSI, family members, physicians, and researchers (Mood Disorders Society of Canada, 2012). Hearing from peers who have been impacted by PTSI, and listening to how they recognized that they needed help and what they did to obtain that help would assist in de-stigmatizing and demystifying the issue. (This can be accomplished through a peer support program) (Crean, 2015). The employer may:

- develop protocols to provide workers with stigma free counselling so that workers can address the emotional aspects of what they have experienced as part of the prevention plan (Public Services Health & Safety Association, 2016);
- have peers or colleagues openly share their trauma story and how psychological services have helped them get through it to show workers that everyone experiences these feelings and it is far better to deal with them than to hide (Crean, 2015).
- allow workers and their families opportunities for sharing constructive personal mental health experiences (Canadian Standards Association, 2018); and
- include family members and key stakeholders in communications about psychological health and safety initiatives and services, including information about accessing services for family members (Canadian Standards Association, 2018).

Confidentiality

Maintaining confidentiality is also an essential element to sustained dialog, trust, and reducing stigma. According to CSA Z1003.1-18, the employer shall:

- establish, implement, and sustain policies, programs, and process es that ensure confidentiality and privacy rights are respected and protected within the applicable territorial, provincial, and federal legislation;
- respect a worker's request to release his/her personal health information; and
- ensure that confidentiality is maintained for any internal or external auditing personnel.

Confidential information is not to be shared unless there is imminent risk of harm to self or others.

Memorializing those who Died by Suicide

Having members who died by suicide memorialized as a paramedic will reduce the stigma that even though they did not die on the line of duty, they still suffered from workplace trauma and deserve to be remembered for their bravery (Crean, 2015). Open recognition of this silent crisis would be a good step towards breaking the stigma

.

Specific Mental Health Awareness and Stigma Reduction Programs

Employers can also adopt third party programs that are specifically designed to reduce stigma and build mental health awareness in the employer industry. By funding and adopting such programs for paramedics, the need for mental health expertise and the duties of developing and implementing educational and training programs is shifted to the third party.

The Road to Mental Readiness (R2MR) program is an example of an awareness building and stigma reduction program that employers can fund for their paramedics to attend at no charge or at a discounted rate (Department of National Defence, 2017). The program was originally developed by Canada's Development for National Defence for serving

members of the Regular and Reserve Force and their families. It has now been adapted for other first responders, including paramedics. employers in Manitoba, New Brunswick, Newfoundland, and Alberta have invested in the program for their paramedics (Alberta Paramedic Association, 2018; Bradley, 2018; Brunswick, 2017; Paramedic Association of Manitoba, n.d.).

Barriers

Stigma of mental illness has significantly reduced over the past 30 years, however, negative attitudes toward mental illness remain widespread throughout society. As a result, individuals, far too often, avoid disclosing their conditions or delay in seeking the help and support they need, deserve and have the right to access (Canadian Human Rights Commision, 2008). Below are examples of comments that contribute to stigma and underreporting (Crean, 2015):

- "They knew what they were getting into when they got here. If they can't handle it, they should leave."
- "If you're not tough enough to handle these kinds of situations, you should choose another line of work."
- "You just have to suck it up and move on"

Although essential, stigma reduction initiatives alone cannot eliminate stigma and improve the early reporting, detection and intervention of PTSI in paramedics (Public Safety Canada, 2016). For example, paramedics who have not come to terms with their PTSI or are prevented from doing so because of the very nature of their injury may not take adequate steps to obtain treatment or seek accommodations (Canadian Human Rights Commision, 2008). The fear of sensitive information such as health and work disability being disclosed without consent is another barrier that prevents paramedics with PTSI from talking about and reporting a PTSI (Canadian Standards Association, 2018).

Pre-employment Screening

A pre-employment screening program utilizes psychological or biological screening tools to identify individuals who are predisposed to developing a PTSI at the time of recruitment.

Rationale

Pre-screening could potentially help to identify individuals that are predisposed to developing a PTSI and provide these individuals with additional resources to build resilience (Standing committee on Public Safety and National Security, 2016). The information collected can also be used as a benchmark to track changes in mental well-being of each paramedic.

Recommended Practices

Screening an individual in order to identify whether they are predisposed to developing a mental health issue raises ethical and privacy considerations (Standing committee on Public Safety and National Security, 2016). While the overall intention would be to help identified individuals build resilience through targeted interventions, education and training, there is insufficient evidence for recommended practices (Standing committee on Public Safety and National Security, 2016). It was noted that a longitudinal study based on biological, psychological, and brain-imaging biomarkers would be needed to ascertain sensitive and specific methods for identifying those at high risk of developing a PTSI (Standing committee on Public Safety and National Security, 2016).

Within Ontario, Ottawa Paramedic Service is the only employer that has implemented a psychological screening process for their applicants. It is currently being applied to dispatcher applicants and will be used in the next round of hiring for paramedics (Crean, 2015). The process involves a standardized test and an interview with an external psychologist to assess applicants for their suitability and resiliency (Crean, 2015).

Barriers

Ethical concerns arise if predisposition for a health outcome impacted employment decision despite fulfilling the necessary job competencies and certifications. It has been suggested that colleges should take on more responsibility in preparing trainees for the demands and stressors of the job, and helping trainees self-identify whether or not they are suitable for the occupation. There are many stories of paramedics who have successfully completed the college program and "find out they're not cut out for it" after their first or second traumatic call. However, there are inherent challenges for a paramedic college to simulate the frequency and severity of traumatic events that occur with the paramedic occupation (Crean, 2015).

Additional considerations

As opposed to pre-employment screening, employers may conduct baseline psychological assessments for work-related mental health issues (Paramedic Chiefs of Canada, 2014), and re-test over the course of their paramedics' career. Screening may also have negative consequences. For example, military personnel who were not allowed to deploy with their unit after being identified as likely to develop PTSD became even more likely to develop PTSD because of being separated from their unit (Standing committee on Public Safety and National Security, 2016). Thus, the screening program should also include a strategy to support paramedics who are predisposed to mental injury.

Mental Health Training and Education

Training and education is the process of giving or receiving systematic instructions. For paramedic service organizations, instruction and information may be delivered in many forms including webinars, online modules, workshops, and lecture series. Depending on the knowledge user (e.g. paramedics with PTSI, colleagues of paramedics with PTSI, supervisors, mental health professionals for paramedics, friends and family of paramedics), they may want different information. For example, paramedics may want to know how to build resiliency; family members and peers may want to know how to support their paramedic; mental health professionals may want to know the unique characteristics of the paramedic population and paramedic work; and supervisors may want to know how coordinate health and wellness initiatives, and return to work policies to ensure that their employees remain healthy and fit-for-duty.

Training and education on mental health can also be delivered annually, during onboarding orientation, or as an ongoing initiative.

Rationale

One of the main challenges concerning mental health in the workplace is that people do not have proper training to deal with someone who is experiencing PTSI (Canadian Mental Health Association, 2019). Education and training is the foundation to any work disability prevention program. It helps to de-mystify the issue, decrease stigma (Crean, 2015), and empower stakeholders with the appropriate knowledge, skills, and abilities to address the issues.

Recommended Practice

Education and training programs aimed to address PTSI in organizations should provide the necessary knowledge to the relevant knowledge-user. The information should be tailored to the needs of the stakeholder group, and the knowledge translation and exchange strategy should be delivered in a form that will 'stick'. The following describes educational topics (i.e. knowledge, skills, and abilities) and programs that an employer could provide to various stakeholder groups to reduce the risks and impact of PTSI.

Education and Training for Paramedics

At some point in a paramedic's career, he/she will be exposed to trauma, suffer from PTSI, or need to support someone with PTSI. As such, education and training on the risks, causes, symptoms, and preventative and coping strategies to address PTSI should be provided at all stages of paramedics' career. These programs should be integrated into mental health promotion programs for staff, including training in resiliency, team building, and psychological safety skills. It may also be complemented with access to online self-care modules on topics such as depression, anxiety, trauma-related disorders, and substance misuse (Canadian Standards Association, 2018).

The education and training program should (Canadian Standards Association, 2018):

- be evidence-informed;
- provide new workers with a comprehensive preview of what they can expect on the job and how it might affect them;
- have regularly scheduled training on psychological health and safety, offer refreshers, and provide continuing education related to the signs and symptoms of PTSI;
- have feedback systems for continual quality assurance and improvement;
- incorporate mandatory and optional training that includes knowledge application and skill building; and
- provide training and education on psychological health and safety that is appropriate to the different stages of careers, and provide new managers with training and opportunities for further development on psychological health and safety.

Knowledge, skill and abilities of a paramedic include the following (B.C. First Responders Mental Health Committee, 2017a):
• General knowledge of the most common types of mental health conditions in first responders (i.e., PTSD, depression, anxiety, substance use disorder)
• General knowledge of the signs and symptoms of mental health conditions (including risk of suicide) in themselves and in others
• Knowledge of how chronic stress can result in attitudinal and behavioural changes, and their impact on client interactions
• Ability to practice self-care and positive coping strategies
• Ability to practice psychological first aid
• Skills in managing conflict
• Ability to have a conversation with a co-worker who may be struggling with mental health or at risk of suicide
• Knowledge of what to do if a co-worker shows signs and symptoms of mental health conditions (including risk of suicide)
• Ability to use practical language and behaviours to reduce mental health stigma in the workplace
• General knowledge of their legal roles and responsibilities regarding mental health in the workplace (including discrimination)
• Knowledge of the mental health resources available to employees (e.g., employee assistance program, employer benefits, community supports)
• General knowledge of the connection between physical health and mental health, including sleep deprivation, poor nutrition, excessive alcohol and caffeine consumption, changes in adrenaline, and lack of exercise
This will help paramedics know how to recognize and tolerate vulnerable feelings and help themselves or their colleagues overcome feelings of inability to help and intense compassion (Paramedic Chiefs of Canada, 2014).

Education and Training for Employers

Employers also require training and education. Although they may not be directly exposed to trauma, they should have the knowledge to support their paramedics with PTSI return to work, or paramedics with early signs of PTSI to remain at work. They should also be able to provide paramedics with the right resources and support at the right time. For employers, they should:

• receive training in work accommodations and return to work strategies, including leadership competencies to improve communication with, and supports to all staff (Canadian Standards Association, 2018);
• receive training in general psychological health and safety awareness, crisis management, mental health problem awareness and prevention, mental health promotion and conflict management skills (Canadian Standards Association, 2018);
• receive training regarding the consequences of the job which can then lead an employee to self-identify for early intervention (Standing committee on Public Safety and National Security, 2016);
• provide train-the-trainer opportunities to workers to have training delivered by those familiar with the paramedic community (Canadian Standards Association, 2018); and
• understand how to accommodate a worker suffering from PTSI and assist the worker when they return to work.

For example, how to listen to the employee's limitation, identify tasks which may be challenging, and evaluate the effectiveness of the interventions and the work environment (Public Services Health & Safety Association, 2016).
Knowledge, skills and abilities of the senior leaders include the following (B.C. First Responders Mental Health Committee, 2017a):
• General knowledge of the most common types of mental health conditions in first responders (i.e., PTSD, depression, anxiety, substance use disorder)
• General knowledge of the benefits of a mentally healthy workplace
• General knowledge of how to improve mental health in the workplace
• General knowledge of preventative measures that are effective at supporting mental health in the workplace
• General knowledge of how to support those with mental health conditions
• Knowledge of the legal obligations related to mental health conditions (e.g., workplace health and safety, disability discrimination, privacy)
Knowledge, skill and abilities of the supervisors and managers include (B.C. First Responders Mental Health Committee, 2017a):

• General knowledge of the most common types of mental health conditions in first responders (i.e., PTSD, depression, anxiety, substance use disorder)
• General knowledge of the signs and symptoms of mental health conditions (including risk of suicide)
• General knowledge of stress-related risk factors and stress reducing activities and practices
• General knowledge of the model of stressors leading to stress and eventually to strain (i.e., events in the organization, reaction to the event, and long-term consequences)

• General knowledge of the biomedical factors that influence mental health
• Knowledge of how chronic stress can result in attitudinal and behavioural changes, and their impact on client interactions
• Knowledge of the legal obligations related to mental health conditions (e.g., workplace health and safety, disability discrimination, privacy)
• Knowledge of the mental health resources available to employees (e.g., employee assistance program, employer benefits, community supports)
• Knowledge of how to provide workplace accommodations for an employee, particularly those related to mental health
• Knowledge of alternative duties available in the workplace and how to keep employees functional and successful in the workplace
• Knowledge of how the workplace is performing in relation to mental health goals and other indicators
• Ability to develop stay at work and return to work plans, managing the different phases of disability
• Ability to have difficult conversations with an employee about their performance and their mental health
• Ability to deal with difficult situations such as conflict proactively, decisively, promptly, and objectively
• Ability to provide constructive feedback on worker strengths and areas of improvement
• Ability to give clear direction and advice and clarify role requirements and expectations
• Ability to provide positive direction and assist workers in identifying opportunities during times of change
• Ability to be understanding, supportive, compassionate, and empathetic
• Ability to use practical language and behaviours to reduce mental health stigma in the workplace
• Ability to practice self-care and positive coping strategies
• Ability to practice psychological first aid
• General knowledge of the connection between physical health and mental health, including sleep deprivation, poor nutrition, excessive alcohol and caffeine consumption, changes in adrenaline, and lack of exercise

An example of a general training program for supervisors is The Early intervention & RTW e-Learning Series. The series helps supervisors to manage employees who are ill or injured, whether they are still at work, off work or returning to work after a period of absence. The just-in-time e-learning modules only take a few minutes and give supervisors essential information on sick leaves, doctor's certificate forms, short-term illness/injuries, long-term disabilities, and return to work (British Columbia, 2019).

Education and Training for Mental Health Professionals

It is also good practice for paramedic service organizations to have a network of mental health professionals that are educated on the unique stressors of paramedic work. For mental health professionals, education and training is best delivered via workshops. Members on the mental health professional network should:

• be well-versed on current research and other related strategies or innovations in the field;
• be trained with the knowledge and competencies to deliver the recommended treatments (this requires specialized training, beyond basic mental health or counselling qualifications (Harvey et al., 2015);
• attend prolonged exposure therapy workshops and learn (Workers' Compensation Board - Alberta, n.d.):
• the diagnosis/psychopathology of PTSD;
• empirically-supported psychotherapeutic treatments for chronic PTSD and the comparative efficacy of different treatments;
• how to help clients emotionally engage in and process traumatic memories with the aim to reduce trauma-related symptoms and difficulties; and
• how to implement all treatment components of Prolonged Exposure Therapy for PTSD.

Education and Training for Friends and Family

In addition, resources for detecting the early warning signs of potential PTSI and mental illness should be available to paramedics' friends and family (Canadian Standards Association, 2018). Education to friends and family can be delivered via pamphlets, posters, and online websites. Each method has their own advantages (Mood Disorders Society of Canada, 2012):

• Pamphlets provide easily accessible and clear information for both PTSI sufferers and their families on current support systems available and how to access them.
• Websites provide regional information for families, including locations of support networks and telephone numbers.
• Posters: to target the families and loved ones of PTSI sufferers, letting them know they 'don't need to suffer alone.
All forms of knowledge translation should include the web addresses of where families can access local resources and receive the sup-

port they need (Mood Disorders Society of Canada, 2012).

Knowledge, skills and abilities of the friends and family include the following (B.C. First Responders Mental Health Committee, 2017a):
• General knowledge of the most common types of mental health conditions in first responders (i.e., PTSD, depression, anxiety, substance use disorder)
• General knowledge of the signs and symptoms of mental health conditions (including risk of suicide) in themselves and in others
• Knowledge of the mental health resources available to employees and their families (e.g., employee assistance program, employer benefits, community supports)

Barriers

As the stressors and work of paramedics are very different from other occupations, failing to recognize the stressors associated with paramedic work in the curricula has prevented the engagement of paramedics (Crean, 2015).

Additional Considerations

BCFirstRespondersMentalHealth has developed a criteria list of the knowledge, skills, and abilities required of stakeholders (i.e. senior leader, supervisors and managers, employees, trainees and recruits, and family members). The criteria list has been applied to four available mental health training programs in British Columbia (B.C. First Responders Mental Health Committee, 2017a). They include:

• Resilient Minds – provided by the Canadian Mental Health Association
• Road to Mental Readiness (R2MR) – based on the courses developed by the Canadian Armed Forces and provided by selected trainers (R2MR Primary for employees; R2MR Leadership for senior leadership, managers and supervisors)
• Mental Health First Aid (Basic) – provided by Mental Health First Aid Canada
• Accommodating Mental Health Issues – provided by the BC Federation of Labour Health & Safety Centre

Other Initiatives to prevent PTSI

General health and wellness programs can also help build mental health resilience and avoid the development of PTSI. These can include social building events, health promotion of physical wellness such as sleep, nutrition and fitness (National Association of Emergency Medical Technicians, 2019). Bringing therapy animals into the organization can also provide benefits for the mental health of paramedics (National Association of Emergency Medical Technicians, 2019).

Early Detection and Intervention of PTSI

PTSI can be reversible and temporary with early detection and intervention (Mental Health Commission of Canada, 2018). The occurrence of traumatic incidences cannot be eliminated in paramedic work, and so, early detection and intervention initiatives aim to prevent exposures to traumatic events from escalating and becoming a PTSI.

This section presents the rationale, recommended practices, barriers and additional considerations for:

1) Check-ins After a Critical Incident
2) Stress Leaves
3) Peer Support
4) Employee (and Family) Assistance Program

Check-ins After a Critical Incident

After a potentially traumatic call, there are initiatives aimed to identify paramedics who may be affected and prevent further injury. These initiatives range can from a 'check-in' phone call or text from a supervisor/manager to a group debriefing. Non-intrusive points of contact via cell phone to offer one-on-one support is supported by the proactive model of psychological care (Crean, 2015).

Rationale

Check-ins after critical incidents play an integral role in recognizing that a team member may have been hurt or injured as a result of their involvement (Crean, 2015; Public Services Health & Safety Association, 2016). The implementation of a proactive model of psychological care has increased receptivity by paramedics to seek support earlier after symptoms and stressors first appear. It was also reported that early intervention had resulted in a reduction in absenteeism and the need for longer-term counselling (Crean, 2015). These initiatives help to demonstrate the employer's support and commitment for the health and well-being of their employees. For example, some paramedics have a desire to be simply asked "how are you doing?" by someone in the service. Simply asking "how are you doing" opens up the conversation for the employee to ask for help (Crean, 2015; Dobson, 2010). Proactive check-ins are effective for locating people in need, and defusing stress before it creates distress (Paramedic Chiefs of Canada, 2014).

After the implementation of proactive check-ins at the Toronto Paramedics Services, the staff psychologist found benefits including increased receptivity by members to seek support earlier after symptoms and stressors first appear. She also reported that early intervention had resulted in a reduction in absenteeism and the need for longer-term counselling (Crean, 2015). Failure to acknowledge the impact an incident on the paramedics may lead to feelings of neglect and resentment toward their employers (Crean, 2015). Debriefing with supervisors help workers put their experiences into perspective and validate what they have seen, done, thought and felt (Public Services Health & Safety Association, 2016), and the supervisor can then help the worker access other supports if needed.

Recommended Practice

Contact should be made after each critical call to ask "How are you doing?" and open up the conversation for the employee to ask for help (Crean, 2015). Thus, the activation of supports after a critical incident needs to be organized and codified within a service (Crean, 2015). There should be a system to identify traumatic events and track paramedics' exposure to them. This system would provide a glimpse into possible increased stress/strain on the paramedics (Canadian Standards Association, 2018). For example, an organization can develop a list of incidents that can be classified as critical/traumatic, such as the Terrible Ten which includes (International Critical Incident Stress Foundation, n.d.):

1. Line of duty deaths
2. Suicide of a colleague
3. Serious work-related injury
4. Multi-casualty/disaster/terrorism incidents
5. Events with a high degree of threat
6. Significant events involving children
7. Events in which the victim is known
8. Events with excessive media interest
9. Events that are prolonged and end with a negative outcome
10. Any significantly powerful, overwhelming distressing event

Not all critical incidents impact individuals in the same manner. What makes an event critical for an individual is based on many factors, some of which could be specific to the individual (e.g., values, beliefs, personal experiences, and current state of wellness)

Once exposure to a critical event has been identified, managers should act as a support for workers (Canadian Standards Association, 2018). Check-ins and supports should be non-judgmental, genuine, non-disciplinary, and conducted in a confidential setting for ALL participants (Paramedic Chiefs of Canada, 2014). The support should focus on helping paramedics put their experiences into perspective and validate what they have seen, done, thought and felt (Public Services Health & Safety Association, 2016). Sometimes, instead of offering support on an emotional level, supervisors can offer support on a functional level, asking an individual if they require equipment or help with a task. Afterward, the supervisor should stay around for the person if needed (Dobson, 2010).

For paramedics that work in partners or as a team, it was suggested that group psychological debriefing may be useful. When planning group psychological support interventions after a critical incident, the mixture of the employee participants and the delivery method for support should be considered within the context of the individuals involved (Paramedic Chiefs of Canada, 2014). Best practices show that groups should be determined based on homogeneity before the incident, and on the nature and duration of the exposure (Paramedic Chiefs of Canada, 2014).

Barriers

Although paramedics may want support, they may have difficulty expressing it or feeling comfortable to share it with somebody, especially with a superior. So when asked, "How are you doing?" they respond, "I'm doing fine." (Dobson, 2010). Others have expressed supervisors were too busy or did not prioritize the check-ins by stating "What's the point of telling my supervisors I don't feel well or that I have had a shitty call – they're too busy to help us?" (Fischer & Macphee, 2017). Fear of stigmatization from the employer and colleagues upon learning about worker's thoughts/feelings has been a major barrier to sharing mental health difficulties.

Alternatively, supervisors may be uncomfortable with hearing about these vulnerable feelings. They may personally have a discomfort with emotions or seeing a co-worker in distress, or they may have difficulty recognizing that a paramedic is emotionally affected (Dobson, 2010). Supervisors may feel that they were not adequately trained to deal with PTSI issues or that their job is more to about the operational aspects, not providing mental health support (Dobson, 2010).

Additional Considerations

Additional considerations and initiatives to support paramedics after a critical incident are listed below:

- Supervisors may use a pocket reference card to "check-in" with a paramedic after a stressful call.
- Employers may ask paramedics to complete a self-assessment 1-month following an event to help identify workers who are potentially at risk of developing PTSD (Public Services Health & Safety Association, 2016).
- Paramedics respond quickly to incidents; so when paramedics require support, they expect a quick response from whoever is offering it (Paramedic Chiefs of Canada, 2014).
- Formal defusing is a post-trauma small group intervention technique that takes place within 12 to 48 hours of the event. Defusing is a structured small group intervention, allowing participants to talk about the incident and their feelings in a safe and confidential context and get information about supports that are available (Paramedic Chiefs of Canada, 2014).
- Ensuring that all staff is trained in psychological first-aid would ensure that colleagues/supervisors know how to help if someone reaches out to them.
- Grief counselors, such as chaplains, may be another resource for crews after a critical incident.
- Another initiative is critical incident stress debriefings (CISD). CISD consists of trained teams of mental health professionals and peer support personnel meeting with responders immediately after a critical incident to recount what they saw and how it made them feel. Having to recount what happened make some paramedics intensely uncomfortable and there is potential to do more harm. Rehashing events may not be helpful for everyone, so participants should not be forced into doing so. Many agencies still use debriefings today, but they are handled differently. Managers are not involved, allowing members to feel free to express difficult emotions without worrying that it will impact their jobs (Paramedic Chiefs of Canada, 2014).

Stress Leaves

For paramedics who feel that they are unable to complete the remainder of their shift as a result of a difficult call, stress leaves provide paramedics with the option to book time off to recuperate. Stress leaves do not count towards sick hours, lieu time or vacation hours

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Rationale

Stress leaves provide paramedics with time away from the workplace to process their emotions and to recuperate without additional workplace stressors.

Recommended Practices

There were not recommended practices of how stress leaves should be implemented. As an example, however, Toronto Paramedic Services allows a paid medical stress leave ranging from 1 hour (Guaranteed) up to 2 days (Crean, 2015). If the paramedic feels they are unable to complete the shift due to a call, he/she will be allowed to leave their shift, without penalty to their sick hours, lieu time and/or vacation hours (Crean, 2015). If the paramedic requires additional time, in the opinion of the paramedic's physician/supervisor, the paramedic may be excused from duty up to 2 consecutive days without loss of pay or benefits, or incurring any use of sick, lieu or vacation hours (Crean, 2015).

Barriers

Even if stress leaves were available, some paramedics felt that taking a stress leave was inaccessible because of the stigma that it would be "frowned upon" by their superintendents (Crean, 2015). Further, administering "stress leaves" without strategies to maintain or build resilience and coping skills can result in demoralization, inactivity, and loss of engagement with coworkers (Government of Alberta, 2011).

Peer Support

Peer support is an evidence-based practice used in organizations as means of providing structured assistance (emotional and social support) to paramedics by connecting them with a trained peer supporter who share a common lived experience (Canadian Standards Association, 2018; Public Services Health & Safety Association, 2016; Sunderland, Mishkin, Peer Leadership Group, & Mental Health Commission of Canada, 2013). The experience may not be specific to the traumatic event, but in relation to the job, emotional pain or mental health challenge (Public Services Health & Safety Association, 2016). It leverages shared experiences to foster trust, reduce stigma and create open channels of communication for seeking help, sharing information and seeking support resources (Public Services Health & Safety Association, 2016).

Peer support is different from friends providing informal support because the peer support officers are typically trained and potentially supervised to provide mental health support (National Association of Emergency Medical Technicians, 2019; Sunderland et al., 2013). Peer support also differs from professional mental healthcare because there is no intended power differences (Canadian Standards Association, 2018; Public Services Health & Safety Association, 2016; Sunderland et al., 2013). Peer support is not a substitute for professional medical support (Public Services Health & Safety Association, 2016). However, when implemented along with a trusted referral system to mental health professionals, peer support can be very responsive and/or proactive in contacting and following up with frontline staff who may be logistically difficult to reach (Paramedic Chiefs of Canada, 2014).

Rationale

Peer support can increase the reporting and communication of PTSI by reducing stigma and building trust within an organization (Crean, 2015; Public Services Health & Safety Association, 2016). The unique characteristics of peer support offer a low-intrusion way of reaching out to those who may be in psychological or emotional distress. Peer supporters bring the credibility of lived experience because they speak the same language, understand the organization and how it operates, and know the services available to the worker within their organization (Public Services Health & Safety Association, 2016). Hearing from peers who have been impacted by PTSI and listening to how they recognized when they needed help and what they did to obtain that help would assist in de-stigmatizing and demystifying the issue of PTSI (Crean, 2015). The information, empowerment, and hope that come from someone who has been in their shoes can help a person better navigate the sometimes complicated maze of treatments and help workers cope with memories of the trauma through the process of sharing stories and learning coping strategies to deal with emotions such as anger, shame, guilt or fear (Canadian Standards Association, 2018; Public Services Health & Safety Association, 2016). Peer support can also help the worker learn how to talk about what is happening to them (Public Services Health & Safety Association, 2016). The ability to talk to someone who understands what they have been through allows the individual to open up and really communicate (Crean, 2015).

Further, peer support can be very accessible, almost immediate, and managed within the organization (Paramedic Chiefs of Canada, 2014). Lastly, peer support helps maintain social relationships to those suffering from PTSI (Public Services Health & Safety Association, 2016).

Recommended Practices:

There is no "one size fits all" for a peer support program, it can take many forms, including being an informal or formal program (Crean, 2015); however, there are several general guidelines/recommendations for how employers can manage the program to ensure that it is effective and sustainable. In fact, the Mental Health Commission of Canada (MHCC) established the overarching principles of practice for peer support (Sunderland et al., 2013). Recommended principles of practice for employers to support the growth and maintenance of their peer support program are presented below.

General Principles

• Those at risk for PTSI following certain types of witnessed or experienced traumatic events are located and supported (Paramedic Chiefs of Canada, 2014).
• The service chaplain and volunteer from the Joint Health and Safety Committee can be a source of peer support (Public Services Health & Safety Association, 2016)
• Continual education and training, and regular meetings are needed for members of the peer support team (Crean, 2015)
• Emphasize confidentiality and discretion: Zero-tolerance approach to breaches of confidentiality should be clearly articulated (Paramedic Chiefs of Canada, 2014).
• Success of peer support relies on confidentiality. Workers must feel confident and trust that confidentiality is a foundational principle, and that there are consequences when personal health information is disclosed (Canadian Standards Association, 2018).

Management support

Management teams should:

• Provide each peer support team with a trained mental health professional to guide the discussion and provide training and support (Crean, 2015);
• Conduct quarterly team meetings and monthly check-ins with individual peer members – important because new members often do not reach out to each other on their own accord, but if there is a scheduled time to voice concerns, people will open up (Crean, 2015); and
• Monitor peers to ensure that they feel supported in their role, and can get the help they may need to remain psychologically healthy.
• This could include the provision of access to mental health professionals, opportunities to improve peer supporting skills, wellness checks, routine screening, and tools to monitor their own health and wellbeing (Paramedic Chiefs of Canada, 2014; Public Services Health & Safety Association, 2016)

Provide trained peer supporters

Training for peer supporters should provide them with the knowledge, skills and abilities to (Paramedic Chiefs of Canada, 2014; Public Services Health & Safety Association, 2016; Sunderland et al., 2013):

• Recognize the importance of an individual approach to recovery, respect where each individual happens to be in their own journey of recovery, and recognize that the goals, personal values, beliefs and chosen path of the peer may not be the same as their own;
• Honour and encourage self-determination by working with the peer to co-create and explore options rather than simply providing direction, and empower the peer to take steps forward on their own rather than "helping" by doing it for them';
• Interact in a manner that keeps the focus on the peer rather than on themselves, and maintain a peer relationship that is open and flexible, making themselves available as necessary to a reasonable extent;
• Use recovery-based language and interact in a manner that focuses on the individual's journey to a more hopeful, healthy and full life, rather than focusing on symptoms, diagnosis, and/or an objective set by someone else;
• Share aspects of their lived experience in a manner that is helpful to the individual, demonstrating compassionate understanding and inspiring hope for recovery;
• Practice self-care, monitor their own wellbeing and be aware of their own needs for the sake of their mental health, recognizing the need for health, personal growth, and resiliency when working as a peer supporter;
• Use interpersonal communication skills and strategies to assist in the development of an open, honest, non-judgmental relationship that validates the individual's feelings and perceptions in a manner that cultivates trust and openness;

• Provide or refer workers within the organization to other prevention and intervention strategies (Paramedic Chiefs of Canada, 2014); and
• Apply the MANERS approach: Minimize the exposure, Acknowledge the impact, Normalize the experience, educate as required, Restore or refer, and Self-care (Paramedic Chiefs of Canada, 2014)

Ongoing recruitment of peers

Fundamental to the success a peer support program is the ongoing recruitment of trustworthy, empathic, and psychologically healthy peers. The importance of choosing the right peer supporters cannot be overstated (Paramedic Chiefs of Canada, 2014). A psychological screening of potential volunteers may also be considered to help ensure that volunteers are healthy and able to intervene appropriately (Paramedic Chiefs of Canada, 2014). Peer supporter should be people that others feel comfortable approaching and self-nomination of peer supporters may not be an effective recruitment strategy (Paramedic Chiefs of Canada, 2014).

Barriers

Program developers should be aware of the following barriers that may prevent the successful implementation and maintenance of a peer support program:

• Inadequate resources to establish a full peer resource support team (Public Services Health & Safety Association, 2016).
• Limited focus of maintaining connection with individuals with long-term PTSI (Crean, 2015).
• Paramedics may not feel comfortable reaching out to the available peer supporters.
• Smaller services or rural areas have a smaller pool of staff to draw from and have a greater need for the discretion among overlapping social circles (Paramedic Chiefs of Canada, 2014).

Additional Considerations

The following lists additional considerations for the implementation and maintenance of a peer support program:

• While it is also recognized that peer support needs to grow and become more standardized with nationally recognized training and protocols, peers fear that the benefits of peer support will be destroyed if it becomes too professionalized (Sunderland et al., 2013).
• Having a well-respected employee openly share their trauma story and how psychological services helped him/her get through it will show workers that everyone experiences these feelings and it is far better to deal with them than hide (Crean, 2015).

Employee (and Family) Assistance Programs (E(F)AP)

Employee (and family) assistance program (E(F)AP) is a confidential counselling service sponsored by the employer as part of the employees benefit package (National Association of Emergency Medical Technicians, 2019). E(F)AP provides a range of counselling services, at no or minimal cost to the employee, for personal or family problems, including mental health, substance use, various addictions, marital problems, parenting problems, emotional problems, or financial or legal concerns (Canadian Human Rights Commision, 2008; Canadian Standards Association, 2018). E(F)AP also helps in organizing informal return to work sessions for short leaves of absences and provides one-on-one consultations to employees and employers regarding return to work (Government of Canada, accessed 2017). Any employees with a concern can ask for assistance and this service is on a strictly confidential basis (Canadian Human Rights Commision, 2008).

Rationale

Providing access to E(F)AP resulted in higher employee engagement, higher productivity and reduced costs related to absence and illness. E(F)AP is a foundational resource in a workplace mental health strategy as it provides accessible counselling or psychological assessments to employees, particularly for those who may not have an accessible mental health provider (PCC, 2014). Generally, E(F)AP is a cost-effective way to reduce absenteeism, depression symptoms and substance use, and improve job performance (National Association of Emergency Medical Technicians, 2019).

Recommended Practices

E(F)APs are not usually operated by employers, however employers should continually educate employees about their E(F)AP services, starting with the fact that counseling is strictly confidential, and no reports come back to the organization (National Association of Emergency Medical Technicians, 2019). Further, the employer should select E(F)AP providers that fulfills their needs. The employer should consider the following questions to guide the selection of an E(F)AP service provider (Public Services Health & Safety Association, 2016).

1. How does the E(F)AP provider screen the calls?
2. Is the E(F)AP provider equipped to provide services in this area?
3. How many hours of counseling can each employee receive, can be increased for PTSI cases?
4. What qualifications do available the counselors have to address various PTSI symptoms?
5. What knowledge, experience or training do the counselors have with regards to the signs and symptoms of various PTSI?
6. Is the service available 24/7?
7. What type of assistance can the E(F)AP provide to help manage a critical incident?
8. Does the E(F)AP provide training for managers on how to spot an employee in crisis and is this included in the package? If it is not included can we pay for it as needed?
9. Does the E(F)AP provide peer support training, training for peer support mentors, is this included in the package, or can you pay for this as needed?
10. Does the E(F)AP have other clients in the first responder community?
11. Is there an opportunity to improve the level of service if other members in the first responder were to access the E(F)AP as a single account/client?
12. Are the E(F)AP services available for family members? (Paramedic Chiefs of Canada, 2014)

Barriers

Despite the value of the E(F)AP programs, there has been low usage rates among paramedics. Below list some of the reasons for not using the E(F)AP:

- E(F)AP services available are fine for general stress associated with finances, child or elder care and marriage counselling. However, when it comes to addressing trauma issues associated with the job, there have been concerns expressed that E(F)AP counsellors may not be adequate for paramedics (Crean, 2015; Public Services Health & Safety Association, 2016)
- Paramedics feel that counsellors without experience in paramedic work could not truly understand the source of their stress (National Association of Emergency Medical Technicians, 2019; Paramedic Chiefs of Canada, 2014))
- Paramedics often mistrust promises of confidentiality and are fearful that revealing their struggles to any counsellor associated with their workplace could jeopardize their job (National Association of Emergency Medical Technicians, 2019).
- Other reasons employees don't use E(F)AP include (National Association of Emergency Medical Technicians, 2019):
    - o Stigma associated with reaching out for help
    - o Think they need permission from supervisor or HR
    - o Are unaware that it exists
    - o Skeptical that counsellors with no EMS knowledge can help

Access to Mental Healthcare Professionals

For the prevention, diagnosis, treatment, and management of PTSI, it is critical that paramedics have access to mental health professionals. The following describes recommended initiatives that aim to reduce barriers and improve access to mental health professionals. This section presents the rationale, recommended practices, barriers, and additional considerations for:

1) Extended Health Plans
2) In-House Mental Health Professionals
3) Mental Health Referral Networks

Extended Health Plans

Extended health plans provide members and their dependents access to medical services not covered by the provincial health insurance plan without incurring substantial out of pocket expenses. Employers may provide paramedics with the option of opting in/out of an extended health plan at a discounted group rate. Details on exactly what products and services are covered and what fraction of the cost the plan covers vary across plans. An extended health plan package can include a combination of the following features (Sun Life Financial, accessed 2019):

- **Hospital care:** semi-private hospital room in the plan member's province
- **Prescription drugs:** medication prescribed by a doctor
- **Medical services and equipment:** private duty nursing, ambulances, crutches, hearing aids, etc.
- **Paramedical services:** chiropractors, naturopaths, podiatrists, etc.
- **Medi-Passport:** out-of-province emergency travel assistance
- **Vision care:** eyeglasses and contact lenses

Rationale

Extended health plans reduce financial barriers for paramedics seeking professional medical help, either for the prevention, diagnosis or management or a health issue.

Recommended Practice:

The employer should select a extended health plan the meets their paramedic health needs, based on claim usage.

Barriers:

Despite the coverage of costs provided by extended health plans, financial and other barriers still existed. Barriers include:

- Need to travel to another location to access counselling services (Fischer & Macphee, 2017)
- Lengthy, complicated, convoluted process required to submit/request/receive covered care (Fischer & Macphee, 2017)
- Limited coverage for psychological services – insufficient to cover the cost of treatments, e.g., cognitive behavioural therapy is expensive and the amount in most plans is inadequate (Crean, 2015)
- If paramedics need more support than what is provided (e.g., 6 sessions), there is no coverage for the incremental costs
- Some employees may not take adequate steps to obtain treatment or seek accommodation because they may not have come to terms with their illness or are prevented from doing so because of the very nature of their disability (Canadian Human Rights Commission 2008).

In-House Mental Health Professional

In-house mental health professionals are psychologists, psychiatrists or other clinicians with expertise in addressing the mental health needs of workers. They are hired/contracted by the employer to dedicate their services to employees of the organization and develop mental health prevention and management strategies.

Rationale

Having an in-house mental health professional helps to increase the availability and accessibility of a mental health services and better target the needs of paramedics. Paramedics have noted that the lack of available and qualified mental health professionals who understand paramedic work is one of the most significant factors that has either contributed to and/or exacerbated their mental health challenges (Fischer & Macphee, 2017). Although paramedics support the use of psychological health and wellness services, they wish to obtain these services from a clinician that understands the role of a paramedic and what the job stressors entail (Crean, 2015).

Employers may also benefit from applying the expertise of in-house mental health professionals to advocate for and/or directly support programming (e.g., education and training, peer support, return to work, stay at work), as well as to train and support peer supporters or others, such as supervisors and managers, who may require increased sensitivity to the mental health needs of paramedics (Paramedic Chiefs of Canada, 2014). Mental health professionals have expert knowledge of the psychological issues to consider when developing new programs and can directly support education initiatives. In addition, in-house mental health professionals may offer supervision and quality assurance for peer support programs (Paramedic Chiefs of Canada, 2014).

Recommended Practices

There are many benefits to having an in-house mental health professional serving the organization. Here are some recommendations for employers to optimize the use of such expertise. In-house mental health professional services should:

- Treat paramedics as fellow caregivers and colleagues rather than as civilian clients –important for building trust and respect (Paramedic Chiefs of Canada, 2014);
- Conduct annual questionnaires with paramedics to identify early signs or conditions such as depression, anxiety and trauma (Crean, 2015);
- Offer individualized treatment plans and coping mechanisms (Crean, 2015); and
- Recognize the unique stressors, training and challenges of paramedic work.

Barriers:

There are complications with having a mental health professional directly on staff to provide psychological services. For one, members tend to be suspicious of a clinician who works for the organization due to concerns over confidentiality, privacy, and the use of information gathered (Crean, 2015).

The physical location of a mental health professional's office is another concern. If the office is located in a main building of the organization, it could serve as a deterrent. As one clinician expressed, members who wish to voluntarily reach out to an in-house mental health professional but are required to attend headquarters may be reluctant to do so "because they don't have any confidentiality when they are coming and going. Sure, they have confidentiality regarding the content, but they don't want to be seen coming and going from Dr. Bonkers' office." (Crean, 2015). Having the office at headquarters meant that visits to the mental health professional's are not truly anonymous. It is best to have a mental health professional's office in a place where workers can come and go quietly without fear of being seen (e.g., an off-site office). If housed in the human resources, the paramedics may not be comfortable crossing paths with people "who are more watchdogs than peers" (Paramedic Chiefs of Canada, 2014).

Paramedics who have not come to terms with their PTSI may not take adequate steps to seek help and obtain treatment or (CHRC, 2008). Some paramedics may be more open to seeing a "coach" rather than a mental health professional (National Association of Emergency Medical Technicians, 2019). Dr. Janice Halpern, an assistant professor in the department of psychiatry at the University of Toronto explained that "When you bring in new people [mental health professionals], you're pathologizing it, you're saying, 'This is the problem, you're sick," (Dobson, 2010).

Limited resources may also prevent paramedic service organizations, especially smaller ones, from employing an in-house mental health professional. For paramedic service organizations that do not have a mental health professional on staff, it is useful to find ways to consult with one.

Additional Considerations

Not all managers and supervisors agree on whether having an in-house mental health professional is necessary or helpful, or in general, whether psychological interventions in the workplace will help (Crean, 2015).

Having front-line mental health professional support and mental health services should not overshadow the importance of growing an organization's understanding of and sensitivity to PTSI (Paramedic Chiefs of Canada, 2014).

Since the structure, governance and operational realities of organizations are so varied across province/territories in Canada, there is no one 'correct' place to house and develop PTSI services. What is important is that the support services are able to work directly with frontline staff in complete confidentiality and in an efficient and effective manner (Paramedic Chiefs of Canada, 2014).

Mental Health Referral Network

A mental health referral network is a list of services that employers can refer paramedics to for building resilience or managing a PTSI. The mental health referral network is developed by the employer and can include various services including mental health professionals, distress centers, fitness centers, and health insurers. Usually, the services selected are willing to give a discount to paramedics, and they understand or are willing to learn about the unique stressors of paramedic work, or both.

Rationale

A mental health referral network allows employers to refer their paramedics to professionals or services that understand or are willing to learn about paramedic work and want to work with them. This is particularly important for organizations that do not have the resources for an in-house mental health professional. The mental health referral network help to ensure that paramedics are not left on their own to search for support services because there can be a good deal of red tape and delays in the healthcare system (Paramedic Chiefs of Canada, 2014). Employers can also collaborate with their mental health network to assist in training and program development.

Recommended Practice

The employer should screen for mental health services and professionals who want to work with paramedics and understand or are willing to learn about the stressors of the job. Psychological counsellors, therapists, clinical social workers, and other professions that specialize in therapeutic techniques may be considered as a part of the mental health network.

Further, there are local distress centres that offer services specifically to first responders, including paramedics, most are available 24 hours a day, 7 days a week. When screening for local distress centres, the Public Services Health and Safety Association recommends that employers ask the following questions (Public Services Health & Safety Association, 2016):

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

Barriers

There have been hesitancy of paramedics to call distress centers because they fear that their colleagues will be sent to their house to rescue them (Spencer-Thomas et al., 2016).

Additional Considerations

Program coordinators can also consider other forms of services that may help build the resiliency of their employees. The referral network may also include parties within the communities (National Association of Emergency Medical Technicians, 2019):

College and universities – Ask a local college or university if they want to partner with you to design, collect data and measure the results of a wellness initiative.
Health insurer – See what your health insurance provider has to offer as far as smoking cessation, weight loss or other health and wellness services.
Fitness centers – Reach out to local fitness or recreational centers for discounted memberships.
Trainers and instructors – Personal trainers and yoga instructors may be willing to offer free or discounted sessions to paramedics.
Healthcare providers – Contact chiropractors and physical therapists to ask if they would offer discounted sessions for your personnel.
Financial advisors – Financial advisors may also be willing to provide a consultation free of charge, or serve as a resource.
Mental health professionals – Identify counselors, therapists, psychologists or psychiatrists you can refer personnel to.

Management of PTSI

Unlike the prevention of PTSI, where various programs can be implemented and operated individually, the management of PTSI is a system which requires strong communication and coordination between its components. Disability management includes diagnosis, treatment, medical leave, workers' compensation, return to work and stay at work programing/planning, and work accommodations. Topics including the presumptive legislation (An Environmental Scan of Presumptive Coverage for Work-Related Psychological Injury (including Post-Traumatic Stress Disorder) in Canada and Selected International Jurisdictions), workers' compensation, diagnosis, treatment planning, and provincial health insurance plan are beyond the scope of this work. This report focuses on the responsibility of the employer.

This section presents the rationale, recommended practices, barriers, and additional considerations for:

> 1) Medical Leave
> 2) Return to Work
> 3) Work Accommodations
> 4) Stay at Work/ Remain at Work

Medical Leave

According to Employment and Social Development Canada (ESDC), employees are protected from being dismissed, laid-off, suspended, demoted or disciplined because of their absence due to illness or injury. Employees who have completed three consecutive months of employment with the same employer are entitled to sick leave protection not exceeding 17 weeks (Employment and Social Development Canada, 2017). However, the employer is not required to continue salary payments while the employee is absent. The employee is responsible for seeking wage replacement based on the work-relatedness or their injury. Many workers' compensation boards have started to presume that PTSD is work-related for paramedics (Keefe, Bornstein, & Neis, 2018). Other sources of wage replacement may be employment insurance or disability benefits. Sources of wage replacement programs will not be covered in this document.

Rationale

Medical leaves provide time (longer than stress leaves) and job security for paramedics with PTSI to rest and recover without the stressors of the EMS environment.

Recommended Practice
Good practices for medical leaves are broken down into three phases: 1) initiating the leave; 2) during the leave; and 3) ending the leave.

Initiating a Medical Leave

Paramedics with a PTSI should give the employer as much notice as is reasonable and practicable. In some cases, the worker may know ahead of time that he/she will need time off work to manage a serious injury or illness. In other cases, the need for time off work will be sudden and unexpected, and it may not be possible to provide any notice. Employees should give a medical certificate to the employer as soon as possible. The time frame depends on individual circumstances and may change from case to case.

An employer may request the paramedic for a medical note. The note should contain the following information (Ontario Ministry of Labour, 2019):

- the duration or expected duration of the absence
- the date the employee was seen by a medical professional
- whether the patient was examined in person by the medical professional issuing the note

However, employers cannot request for information about the diagnosis or treatment of the employee's medical condition. Once the employee has communicated the need for a leave, the employer (human resources) should start a case file. Employers are not to contact the paramedic's physician without consent.

During a Medical Leave

During a medical leave, the employer should provide space or support as required by the paramedic with PTSI. Forms of support may include the continual provision of access to prevention and earlier intervention programs (peer support, extended health care, in-house mental health professionals, education and training programs). Maintaining social connection with the workplace has also been shown to improve return to work outcomes. The paramedic on medical leave should be educated on the services available, the people he/she can reach out to, his/her rehabilitation plan and the importance of return to work (Harvey et al., 2015). During this time, the paramedic should also be following his/her treatment plan, which may include exposure therapy, cognitive behavioural therapy, eye movement desensitization and reprocessing, or other pharmacological treatments (not covered in this document).

When possible, employers should maintain regular supportive contact with paramedics on medical leave. Regular and supportive contact is important during ALL stages of the medical leave and wellness checks play an important role for employees to stay connected with their employers (Harvey et al., 2015). Wellness checks should be conducted by the immediate supervisor of the paramedic on leave. However, that is not to say that peer supporters, and mental health professionals cannot conduct additional wellness checks. Peer support members believe that having a peer contact the paramedic on medical leave was the "perfect" fit because "It's coming from somebody who has no interest, or no power...It's honestly just checking up on them," (Crean, 2015). Recommended practices for wellness checks include:

- A protocol for initiating and maintaining communication
    - o the protocol should be implemented for employees absent on a short term or long-term basis
- Early contact is core to successful return to work (Public Services Health & Safety Association, 2016), and most successful when it builds on a workplace environment characterized by a shared sense of goodwill and confidence (Institute for Work and Health, 2014).
- Contact should be made by the immediate supervisor and focus on the worker's well-being and mental health,
- Contact "within the first week or two" should be seen as a guideline only, as the actual time-frame may vary depending on the worker's specific situation (Institute for Work and Health, 2014);
- Demonstrate concern for the employee's well-being, NOT questioning the absence of the employee, discussing injury causation or blame (Crean, 2015; Institute for Work and Health, 2014; Public Services Health & Safety Association, 2016)
- The individual conducting wellness checks can remind the paramedic on leave that (Public Services Health & Safety Association, 2016):
    - o No one who sees a traumatic event is untouched by it.
    - o It is normal to feel sadness, grief and anger about what happened and what they saw.
    - o It is natural to feel anxious about their safety or the safety of those who are important to them.
    - o Everyone has different needs and different ways of coping. This is normal.
    - o It is healthy to reach out for and accept help if they need it.

Ending the Leave

Within 2 weeks of the scheduled return to work date, the employer should reach out to the paramedic on leave to get an update on their condition. Alternatively, the employee may reach out first if they are able to return to work earlier than scheduled. The employer may require the employee to provide a medical note to confirm that the employee is fit to return to work, or for potential need(s) of work accommodation(s). Once the end of the leave is initiated, the return to work process begins.

Barriers

Peers, supervisors, physicians contacting the employee during a leave should be aware that their good intentions to check-in can be perceived as inauthentic and insincere, and an attempt to find out when that person would be returning to work. The intent of wellness checks should not be to question why the employee is absent, but to demonstrate concern for the employee's well-being and to ensure that they are missed (Crean, 2015). If the paramedic on leave feels that the contact was a reflection of the employer's concern about finances and not about their well-being, it can poison the return to work process (Institute for Work and Health, 2014).

Additional Considerations

Formal psychological wellness checks may occur throughout a paramedic's career rather than only during a medical leave. The wellness check process should be (Canadian Standards Association, 2018):

- easily accessible to workers as applicable;
- conducted by a regulated mental health professional; and
- carried out upon entry to work to provide a baseline and carried out as a regular follow-up to assess coping skills and strategies and to encourage positive mental health.

Return to Work

Return to Work (RTW) is the process by which a worker is supported in resuming work after an absence due to injury or illness (International Labour Organization, 2001). Paramedics can RTW if their symptoms have substantially improved, even while undergoing treatment (including medication). RTW for paramedics with PTSI is unique because the work routinely exposes them to psychologically distressing events and a gradual RTW is difficult to implement (B.C. First Responders Mental Health Committee, 2017b). Many paramedics suffering from PTSD find returning to the place of trauma to be very difficult (Harvey et al., 2015).

Rationale

Most workers with mental injuries/illnesses want to return to meaningful work. It has been proven that being at work is associated with better mental health and wellbeing (lower incidence of suicide) and that the benefits usually outweigh the risks (Harvey et al., 2015). The longer an employee is off work, the less likely they are to return, which can even be more detrimental to their mental health (B.C. First Responders Mental Health Committee, 2017b). Workplace based RTW interventions can have positive impacts on duration and costs of work disability.

Recommended Practice

Many guidelines and principles have been developed for RTW. The core principals of effective RTW programming will first be presented followed by the recommended process of RTW.

Core RTW Principles

Seven core principals of effective RTW programming were established in 2007 (Institute for Work and Health, 2014). Since then, the principles have been adapted for first responders as follows (Public Services Health & Safety Association, 2016):

1. The workplace has a strong commitment to health and safety, which is demonstrated through actions.
    - Senior leadership invests in resources (financial, time, and personnel) for promoting health and safety and coordinating the RTW process (Public Services Health & Safety Association, 2016).
        - i. This should include the provision of labour support for the development of workplace mental health policies that support the RTW and stay at work process. The policies should be clear, detailed and well-communicated through the organization (Public Services Health & Safety Association, 2016).
    - The organization's workplace mental health policy supports RTW (Canadian Standards Association, 2018).

2. The employer offers to make work accommodations for injured/ill workers, so they can return to work with duties that are suitable to their abilities. (See Accommodations for potential accommodations for specific symptoms)
    - Ideally the work accommodation would allow the injured worker to return to working at their own work area where the environment, people and practices are familiar (Institute for Work and Health, 2014)
    - The worker-centered RTW plan developed should be (Canadian Standards Association, 2018)):
    - individualized according to restrictions/limitations;
    - flexible;
    - modifiable including ability to be graduated;

• supported by all parties involved in the RTW plan; and
• developed with involvement of the employee.

3. The RTW plan supports the returning worker without disadvantaging co-workers and supervisors.
   • Consideration of the needs of the various players (injured workers, co-workers, supervisors/managers, health-care providers, and disability managers and insurers) will facilitate the RTW process and help to ensure its success (Institute for Work and Health, 2014).
   • The RTW process is a "socially fragile" process (Institute for Work and Health, 2014). To reduce resentment towards the returning worker, steps should be taken to anticipate and address concerns that co-workers and supervisors may have (Public Services Health & Safety Association, 2016).
      i. Awareness on PTSI and other mental health conditions can address issues around stigma about mental health conditions and facilitate return to work (Public Services Health & Safety Association, 2016). (See section on Mental Health Training and Education)

4. Supervisors are trained in work disability prevention and involved in planning the RTW.
   • See Mental Health Training and Education for Recommended Practices and course curriculum for employers and supervisors.
   • See RTW Process below for supervisors' role in the RTW process

5. The employer makes early and considerate contact with injured/ill workers
   • See Wellness Check in Medical Leave for recommended practices for early and considerate contact.

6. Someone has the responsibility to coordinate RTW.
   • Ideally, the worker with PTSI, and their treating clinician, employer and workplace occupational health service are involved with planning the RTW and determining how to monitor the worker's symptom levels and which behaviours should promote a reassessment (Harvey et al., 2015).
   • A person (internal or external) should be dedicated to coordinating the return to work process (Institute for Work and Health, 2014). It is important that this person has clear mandates and feel empowered to be flexible with creating different work accommodations (Public Services Health & Safety Association, 2016). Roles of coordinating return to work should include:
   • Assisting the worker with PTSI RTW or stay at work while they recover and ensuring that the RTW date is sensible, flexible and safe for the worker with PTSI (Public Services Health & Safety Association, 2016).
   • Connecting and consulting with the worker with PTSI, supervisors, co-workers, treating health professionals, disability managers and insurers to make sure that everyone understands what to expect and what is expected of them (Institute for Work and Health, 2014; Public Services Health & Safety Association, 2016).
   • Monitoring the worker's progress towards returning to work.
   • Taking steps to prevent further injury/illness.
   • Helping to resolve issues or disputes related to the return to work process.

7. Employers and healthcare providers communicate with each other about the workplace demands as needed, and with the worker's consent.
   • Prior to any contact between the employer and the healthcare professional, consent must be obtained from the worker with PTSI (Institute for Work and Health, 2014)
   • Employers should communicate the job demands and the workplace's ability to provide accommodations so that the healthcare provider can better inform the injured worker about their conditions for returning to work.
   • Communication between the employers and healthcare providers may include (Institute for Work and Health, 2014):
      i. A paper-based information exchange (e.g. information on job demands and/or work accommodation options sent to the family doctor by the employer).
      ii. A telephone conversation about work and job demands (initiated by either part); and
      iii. A workplace visit by a healthcare provider to view the work activities and converse directly with the supervisor or employer.

RTW Process:

A systematic, structured and coordinated RTW plan can further optimize and improve RTW outcomes (Public Services Health & Safety Association, 2016). Step-by-step best practices from A Guide for Managing RTW were adapted for employers (Canadian Human Rights Commision, 2007).

1. Gather details and assess the situation
   • Maintain contact with employee during a prolonged absence
   • Respond when an employee tells you that they are ready to return to work
   • Create a case file (including a communication log)
   • Review any medical information submitted by the employee
   • Meet with the employee
   • Request employee's consent to obtain further medical or health information (if necessary)
2. (If necessary), consult with the health and medical specialist.
   • Supervisors are entitled to the following information about the employees' condition (Alberta Human Rights Commission, 2010; Canadian Human Rights Commision, 2007)
      o the prognosis for full or partial recovery (if possible/available)
      o the employee's fitness to return to work
      o the employee's fitness to perform specific components of the pre-injury job
      o the likely duration of any physical or mental restrictions or limitations following the employee's return to work
   • If medical information provided is inadequate, obtain expert advice
   • Supervisors can either request information from the employee's doctor or health specialist, OR request that the worker undergo an independent medical exam.
      o The risk of behaviors (self-harm, aggression and violence) returning needs to be assessed before the worker is returned to frontline duties (Harvey et al., 2015).
3. Consult with union representatives (when necessary)
   • Determine if it is necessary to consult with the union
   o If necessary, arrange to speak with a union representative
4. Review the accommodation options with the employee and other stakeholders
   • Decide on accommodation options
   • Discuss accommodation options with the employee
   • Barriers to an employee returning to work needs to be identified early, such as specific training to the use of new equipment
   • The treatment of paramedics with PTSI needs to be integrated with the organization's RTW/recovery programs, regular supportive contact between the worker, workplace and treating clinician (Harvey et al., 2015)
5. Implement accommodation measures.
   • Advise the employee of the appeals and complaints process (if necessary)
6. Monitor and Review the accommodations:
   • Review the accommodation in place in planned intervals to ensure relevancy and effectiveness (see Work Ac commodations).
      o The risk of self-harm, aggression and violence needs to be regularly assessed throughout each stage of treatment in any emergency worker with a PTSI. The risk of these behaviors recurring requires reassessment when returning a worker to frontline duties (Harvey et al., 2015)
   • Accommodations that are not satisfactory require adjustments and modifications based on the requirements from the recommendations of the assessment. A reassessment may be required, and additional experts or stakeholders may need to be consulted.

Despite the best efforts of all involved parties, employees are sometimes unable to RTW within a reasonable period of time in a reasonable capacity, due to the nature of the injury, illness, or medical condition. At other times, repeated RTW attempts may be unsuccessful. In these cases, there should be consultation with the insurance provider (e.g., benefits provider or workers compensation board) and human resources department regarding future options (Canadian Standards Association, 2018)).

Those who cannot RTW (which should only be determined after adequate levels of evidence-based treatments) should to be offered symptom and work-focused interventions, even after termination. It is also important that employers create an environment where these workers feel proud and respected for what they have accomplished during their time in service (Harvey et al., 2015).

Barriers:

Despite following the recommended practices, that are additional barriers and challenges to note. Factors that can prevent a successful and sustained RTW include:

- An awkward fit between the worker and the modified work can contribute to the breakdown of the RTW process and should be avoided (Institute for Work and Health, 2014).
- If co-workers are disadvantaged by the RTW plan, it can lead to resentment towards the returning worker.
    - Co-workers may have to take over some of the returning worker's tasks/duties because they may feel that the worker has managed to get an 'easier' job without understanding the conditions
- The challenge is how to reintegrating the paramedic with PTSI into a work environment where they have to witness trauma (Harvey et al., 2015).

Additional Considerations

Some additional points of considerations for RTW planning are listed below:

- Clinicians have identified peer support as a good resource for RTW (Crean, 2015).
- If the employer is unable to return the worker to work, then the insurance provider should be contacted.
- If the workplace causes more anxiety – time away could be more valuable than working.
- Many find returning to work at the place of trauma to be very difficult.
- Workplace Safety and Insurance Act states that: If medically possible, the worker must return to their pre-injury position AND if the worker is unable to perform their normal tasks - they must be offered work appropriate to their functional abilities.
- The respect, dignity, individualization, and inclusion of the worker must be considered.
- The RTW plan should have a start and end date. Time frames and expectations must respect the employee's abilities, be clearly stated for the duration of the plan and be revised as needed (Government of Canada, 2011b).
- Undertaking alternative duties or partial RTW is based on the assumption that early and continued contact with the broader work environment is important to ensure that secondary anxiety is not increased and individual's perceptions about their own vulnerability and the risks of work are not amplified (Harvey et al., 2015).

Work Accommodations

Work modifications or work accommodations allow paramedics with PTSI to either RTW or stay at work when they are not yet able to perform their normal duties. Some common work accommodations or modification include: alternative duties, training/education, completing lower priority tasks, changing the work environment and allowing for flexible hours. Work accommodations or modifications is an ongoing process that requires regular monitoring and review. Employers are required to provide work accommodations or modifications to the point of undue hardship.

Rationale

Work accommodations are necessary for the success of RTW and stay at work programs. Accommodations assist workers in their quest to continue to work to their fullest abilities and since work is tied to good mental health, proper accommodations are essential for the mental well-being of the worker.
Recommended Practices
As with all requests for accommodation, each case must be considered individually, using a case-by-case approach (Canadian

Human Rights Commision, 2007). There is no set formula for finding the perfect accommodation as each person has a unique circumstance. However the paramedic, clinician and rehabilitation coordinator should work together to develop an accommodation plan that addresses the specific workplace issues that impact the employee's ability to perform the job and be applied in an equitable and consistent manner (British Columbia Public Service, 2019). The position also should be non-stigmatizing, allow for meaningful rehabilitation and continued employment. All accommodations must be consider side effects of medications (Harvey et al., 2015).

The Ontario PSHSA created a list of potential accommodations for specific signs and symptoms of PTSI (see table 4).

Table 1: Work accommodations for paramedics with PTSI from Ontario PSHSA

Signs and Symptoms	What this could look like at work	Impact on job tasks	Potential Accommodations
Intrusive Memories	Reduced concentration Difficulty managing time and tasks Increased errors in work Difficulty completing complex tasks Reduced organizational skills	Difficulty completing tasks with deadlines, time pressures or high expectations Inability to complete tasks in which error rate is impacted by reduced concentration Inability to complete complex tasks or multi-task	Reduce distractions in the workplace Sound proofed areas Use of white noise Soothing music Uninterrupted work time Manage completion of work Flexible scheduling Breaking large projects into smaller chunks, with easily achievable goals Provide memory aids such as schedulers, organizers, use of auditory or written cues Weekly meetings with supervisor or mentor to assist with determining goals, reminding of important deadlines, create daily to do lists Restrict tasks with immediate risk for injury if concentration lapses
Avoidance	Social Withdrawal, irritability Relationship problems Difficulty maintaining close relationships Feelings of guilt, depression or worry Social Withdrawal, irritability Relationship problems Difficulty maintaining close relationships Feelings of guilt, depression or worry	Reduced motivation and productivity Increased stress, emotional outbursts Interpersonal difficulties with customers, supervisors and co-workers Decreased ability to deal with conflict or other emotionally charged events Reduced capacity to cope with stressful situations	Encourage use of stress management techniques Allow support animals Allow telephone calls to doctors or others for needed support Use a mentor or supervisor to alert employee if behaviour is becoming unprofessional or inappropriate Encourage the worker to walk away from frustrating situations and confrontations Provide awareness training to supervisors and co-workers Provide partitions or closed doors to allow for privacy Assign supervisor or mentor to be available to answer employees questions Allow for a flexible work environment – scheduling, breaks, leaves for counseling, work from home may not be able to complete tasks with frequent customer contact
Hyper-arousal	Excessive fatigue Exaggerated startle response Hypervigilance Increase in self-medication practices	Reduced concentration, activity and productivity	Allow for flexible start time Provide a place for the employee to sleep during breaks if needed Allow the worker to work one consistent schedule Allow for a flexible work environment Provide goal-oriented workload Identify and remove environmental triggers such as particular smells, or noises Allow a support animal Allow for breaks and provide a place where the worker feels comfortable to use relaxation techniques or contact a support person

Barriers

Paramedics have often faced set backs in returning to or staying at work because there is a lack of modified duties available to allow paramedics to alter their workloads and gradually return to full duties (Hall, 2015).

Additional Considerations

There are certain workplace stimulus or "triggers" that may activate a fight-or-flight response in paramedics with PTSI because it reminds them of something traumatic. These "triggers' may or may not be directly related to the traumatic event. Avoidance of triggers does not give a chance for paramedics with PTSI to re-learn that the stimuli is usually safe. Exposing them to feared situations will in turn show them that they can handle it. With repeated exposures, the severity and duration of anxiety decreases. It is crucial this process happens gradually (Public Services Health & Safety Association, 2016). Modified duties can incorporate time and opportunities for controlled exposures such as setting minimum 20 minutes on each shift dedicated to exposure (Public Services Health & Safety Association, 2016). It is important for return to work plans to consider potential triggers and incorporate systematic in-vivo exposures to them.

Work-focused exposure treatments such as on-site evaluations and graded work exposure resulted in a demonstrated RTW of 85% which was maintained at a 6 month follow-up (Harvey et al., 2015). An example of a gradual exposure for a paramedic employee (suffering from PTSD) returning to work is provided below (Public Services Health & Safety Association, 2016):

a) Photos/videos of: ambulance/ truck/car, members in uniform
b) Stand outside station
c) Visit inside of station (Rehearse what to say to colleagues/management – assertive communication)
d) Wear uniform at home
e) Look at outside, then insides of stationary ambulance/truck/car
f) Sit in passenger seat
g) Sit in back (if ambulance)
h) Work with equipment (e.g., in simulation labs)/run through protocols
i) Ride as passenger in moving ambulance/truck/car (no sirens/lights)
j) Ride in back of ambulance/truck/car (no sirens/lights)
k) Ride as passenger with lights & sirens
l) Drive (not in service) with driver trainer/peer support member
m) Ride as third person – observation only
n) Ride as third person – increasing responsibility (not primary) – days, then nights
o) Ride as third person – primary responsibility for some calls – days, then nights
p) Trial two-person teams (day time only)
q) As progress, trial two-person teams (nights)

Triggers can also be controlled using the risk mitigation process: elimination of the hazard, control risk or access to the hazards, substitution of hazard for something less hazardous, making changes to how the work is organized and done, modifying procedures and practices, protective equipment, more training, emergency response plans (Canadian Standards Association, 2018).

A Fitness to Work Evaluation can also be used to help identify appropriate accommodations. Further, a description of the employee's day-to-day work and job duties that outlines the physical and psychological requirements should be given to the professional conducting the occupational health evaluation.

Stay at Work

Some forms of PTSI, especially chronic and/or episodic forms of PTSI, may not completely disable a paramedic from work; however, they may require accommodations. Like RTW programs, a stay at work program provides work accommodations, modifications, and support for an employee to safely remain productive at work while dealing with a PTSI; however, the paramedic with PTSI was never on a medical leave.

Rationale

When an employee experiences a mental health condition, it can be difficult to continue working as usual. However, being away from the work may not always be the best treatment. Staying at work can provide many benefits to an individual, including self-identity and social community (B.C. First Responders Mental Health Committee, 2017b). Many employees can safely perform productive work while recovering.

Good Practice

The employer should provide psychological support and/or workplace accommodations for psychological limitations such as (Canadian Standards Association, 2018):

- Contact and engagement;
- Safety and comfort;
- Stabilization;
- Information gathering: current needs, concerns, limitations;
- Practical assistance;
- Connection with social supports;
- Information on coping;
- Linkage with collaborative services; and
- Medical assessment for cognitive/psychological limitations as applicable

The steps to establishing a stay at work plan include (Government of Canada, 2011a):

- Discussing potential workplace barriers, where applicable, to ensure that they have been identified, addressed and mitigated where possible;
- Assessing the situation with employees – different situations require different solutions. Unions representatives can assist, at the employee's request;
- Involving Human Resources staffing actions that may be required – identify and discuss options; and
- Outlining work adjustments, objectives and expectations where they need to be modified.

Barriers

Stay at work programs require overcoming similar barriers to the RTW Process.

Discussion

This study gathered and synthesized existing recommended guidelines, programs and practices for preventing and managing PTSI within paramedic service organizations. Our results were based on a comprehensive search of websites including Paramedic Associations of Canada, Paramedics Chiefs of Canada, provincial paramedic associations, provincial workers' compensation boards, government websites and health and safety agencies. We supplemented the search results by including other resources that are addressing more general aspects of disability management.

Our findings suggest that there are programs available to prevent and manage PTSI regardless of paramedics' state of mental health (see Figure 2). PTSI prevention programs are intended for all paramedics, including healthy paramedics, to build resilience, to develop strategies to cope and rebound from psychological hazards, and to create a workplace culture that is sensitive to mental health. There are also programs for paramedics with initial signs and symptoms of PTSI. Since experiencing and witnessing traumatic events is unavoidable for paramedics, early detection and intervention programs help paramedics recover from the early sign and symptoms of PTSI by providing the time, space, and support they require. Lastly, for paramedics who are suffering from work debilitating PTSI, there are disability management programs to support paramedics during a sick leave and promote timely and safe return to work. For paramedics working with an existing PTSI, there are also programs to help them remain at work and reduce the likelihood of needing to take a medical leave. We detail each set of programs below.

Prevention of PTSI

Organizational programs for the prevention of PTSI included stigma reduction initiatives, mental health education and training, and pre-employment screening. Stigma reduction initiatives and mental health education and training are the foundation for creating an organizational culture that does not discriminate against people for talking about their mental health needs and a workforce that has the knowledge, skills and abilities to address PTSI. Having a psychologically safe and healthy organizational culture increases the likelihood of early detection and intervention.

In addition, pre-employment screening may be used to help organizations prioritize resources for building resilience in individuals who are predisposed to developing PTSI. However, there are ethical concerns about the practice of not hiring someone due to their predisposition.

Early Detection and Intervention

Traumatic incidences are unavoidable in EMS work, so early detection and intervention initiatives are necessary to mitigate the impact of these exposures. Identified organizational programs for the early detection and intervention of PTSI included check-ins after a critical incident, stress leave, peer support, and employee (and family) assistance programs. These programs require paramedics to take initiative in self-reporting, and using the available resources. The responsibility to self-identify the early signs and symptoms of PTSI, acknowledge that there may be a problem, and then to seek help, reinforces the importance of stigma reduction and education.

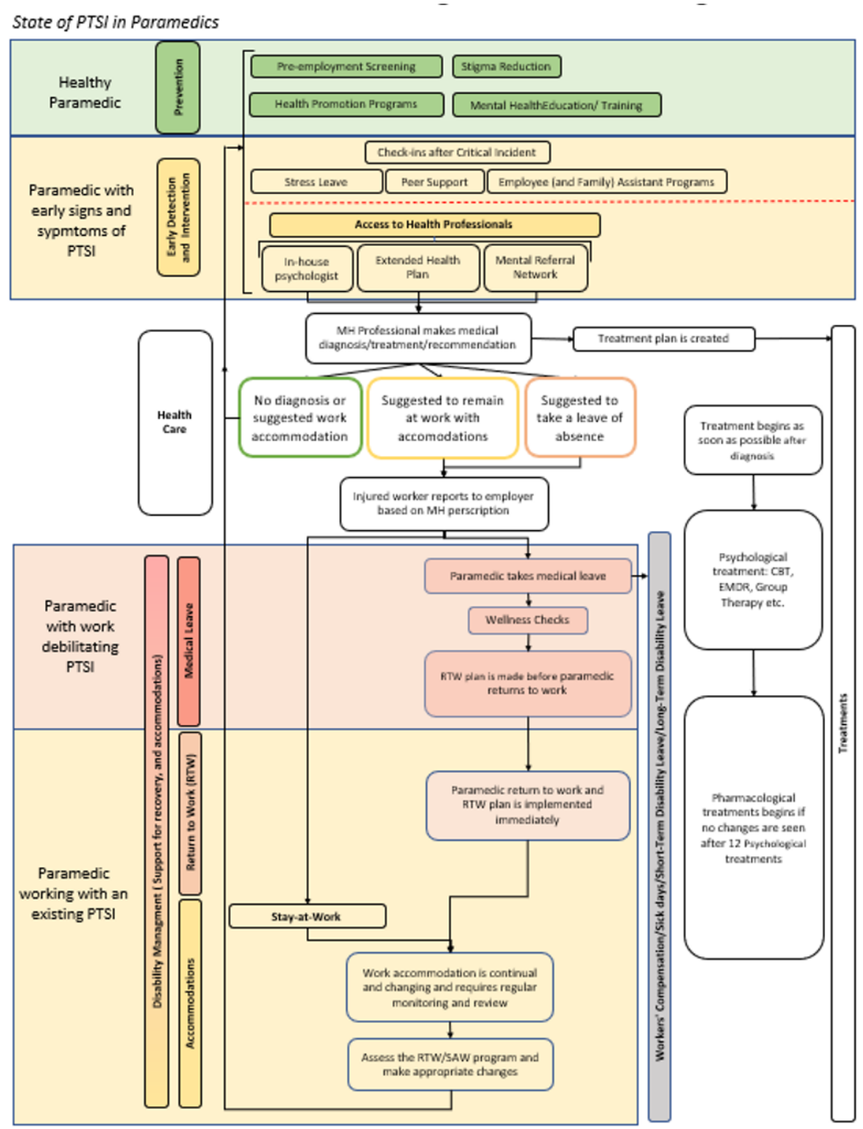

Figure 2: Work Disability Management Framework of Organizational programs and Practices for the prevention and management of PTSI amongst paramedics

An organization's work disability management system may also include an in-house mental health professional, a mental health referral network and/or a comprehensive extended health plan to reduce barriers to accessing medical aid. These programs help to address barriers such as costly medical consultations or treatments, and long wait times. In-house mental health professionals and mental health referral networks consists of people who are educated in the stressors of EMS work so that paramedics do not have to explain their job demands and work culture. This addresses one of the most significant factors that either contribute to and/or exacerbate the mental health challenges among paramedics – the lack of available, qualified mental health professionals and individuals who have been trained to understand the paramedic environment.

Disability Management

Disability management includes medical leave, return to work and stay at work programing/planning, and work accommodations. The management of PTSI can vary on a case by case basis. However, the core processes and principles of disability management, described by the Human Rights Commission of Canada and the Institute for Work and Health, is applicable to all cases.

Conclusion

This study gathered and synthesized existing guidelines, standards and recommended practices for the prevention, early detection and intervention, and management of PTSI in paramedic service organizations. The identified programs and practices to address PTSI will be triangulated with evidence-based practices found in the peer-reviewed literature, and current and ideal practices identified through key informant interviews. Combined results from the three data sources will be used to inform the development of the new Canadian Work Disability Management System Standard for Paramedics

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Annex A:
Examples of Practices in Paramedic Services Organizations across Canada

BC Emergency Health Services (BCEHS)

Prevention of PTSI

- Employees have access to several online programs aimed at providing additional psychological support and promoting a healthier workplace. Topics include: depression, management and other wellness techniques.
  Early Detection and Intervention of PTSI
- Critical Incident Stress Management Program
  - o The BCEHS peer team, is trained to International Critical Incident Stress Foundation (ICISF) standards.
  - o Defusing is a peer-led process usually provided within 8-hours of an incident, either individually by phone or in a small group.
  - o Debriefings are more formal - they occur about 5-72 days after the event.
- Offers EFAP to employees, their spouses and dependents for free short-term, solutions-focused counselling services. Also, debriefings are done by the EFAP provider on an as-needed basis.

Alberta Health Services EMS

Prevention of PTSI

- Provides mental health training with the Road to Mental Readiness Program.

Early Detection and Intervention of PTSI

- Frontline employees who may be having mental health problems or simply facing a psychologically difficult situation are contacted within a brief time from the referral.
  - o They are 1:1 check-ins that may happen at the request of a supervisor after a difficult call, for example, or at that of a peer who has noticed a colleague who appears to be in difficulty. The referral can come from anywhere in the organization to a centralized coordinator.
  - o Group intervention used as a second-tier response when feedback from their individual check-in indicates that it is warranted.
- New peer support members are mentored by experienced team members for up to one year. Alberta Health Services EMS uses a Call for Interest process where personnel submit an application. The applicants are first interviewed by a panel of trained peer support members before participation in an initial training session. Decisions about the applicant's suitability for the peer support team are only made at the end of this process. (Paramedic Chiefs of Canada, 2014).
- CISM & Peer Support Program and their Employee and Family Assistance Program (EFAP) Trauma Counsellors had a collaboration meeting and had a better understanding of each other's' challenges. (Paramedic Chiefs of Canada, 2014).
- CISD is an important part of the process that usually takes place within 24-48 hours of the incident and includes all those who were involved in the incident. The purpose of the CISD is to have those involved meet with peer counsellors and mental health professionals to discuss the incident and begin to work through their reactions.

Access to Mental Health Professionals

- Referrals to mental health professionals include resources provided by the Employee Assistance Program, certain identified professionals in private practice, or professionals affiliated with the Workers' Compensation Board PTSD treatment program.

Toronto Paramedics Services

Prevention of PTSI

- Provides mental health training with the Road to Mental Readiness Program.

Early Detection and Intervention

- Allows a paid medical stress leave ranging from 1 hour (Guaranteed) up to 2 days (Crean, 2015).
- If the paramedic feels they are unable to complete the shift due to a call, he/she will be allowed to leave their shift, without penalty to their sick hours, lieu time and/or vacation hours (Crean, 2015).
- If the paramedic requires additional time, in the opinion of the paramedic's physician/supervisor, the paramedic may be excused from duty up to 2 consecutive days without loss of pay or benefits, or incurring any use of sick, lieu or vacation hours (Crean, 2015).
- Uses a second CISM training, the crisis responder training from the National Organization for Victim Assistance. Other services include add-on training for peer supporters in cumulative stress, loss and grief, compassion fatigue, divorce and separation, Mental Health First Aid, Suicide Intervention or other issues that may be identified as pertinent in particular paramedic services (Paramedic Chiefs of Canada, 2014).
- Asks peer support groups to name several people who they would go to for emotional and psychological support. This list can then be used to approach people who may not otherwise self-identify in an application process.
- A panel interview and psychological screening process require to become a peer (Paramedic Chiefs of Canada, 2014).
- Frontline employees who may be having mental health problems or simply facing a psychologically difficult situation are contacted within a brief time from the referral. They are 1:1 check-ins that may happen at the request of a supervisor after a difficult call, for example, or at that of a peer who has noticed a colleague who appears to be in difficulty. The referral can come from anywhere in the organization to a centralized coordinator
- Gave paramedics a Critical Incident Stress Strategy pocket reference cards as "red flags" that may occur due to critical incident stress and encourage members to seek assistance from sources such as the Peer Resource Team, EAP and others if they are experiencing any of the flags (Crean, 2015).
- Has a Critical Incident Policy that includes details on notification for the service's Critical Incident Response Team and the Peer Support Volunteer program. Supports offered by the service include debriefings, defusing, and, when required, arranging for professional assistance.
- Recently de-emphasized the critical incident as the focus of psychological support services, focusing instead on the broader category of stress that may lead to injury. However, psychological support remains active and available there for critical incidents (Paramedic Chiefs of Canada, 2014).
  Access to Mental Health Professional
- Toronto EMS is one of the first and few ambulance services that has a designated, full-time psychologist who provides early psychological intervention, supervision, training, and selection of the Peer Resource Team, education, consultation, and links to ongoing psychological care (Paramedic Chiefs of Canada, 2014).
- Has a referral network for circumstances when long-term care is required or other professional expertise (e.g., financial counselling).

Ottawa Paramedic Service

Prevention of PTSI

- Only paramedic service that has implemented a psychological screening process for applicants. Currently being applied to dispatcher applicants and will be used in the next round of hiring for paramedics. The process involves a standardized test and interview with an external psychologist to assess applicants for their suitability as well as assessing the resiliency of the individual (Crean, 2015).

Urgences-santé

Early Detection and Intervention

- Will follow-up with debriefing by mental health professionals of those who are identified, either in peer defusing or by supervisors, as in need (Paramedic Chiefs of Canada, 2014).
- Human resources department coordinates with the EAP provider to guide debriefing sessions as a part of their CISD program.

Ambulance New Brunswick

Prevention of PTSI

- Provides mental health training with the Road to Mental Readiness Program.
  Early Detection and Intervention
- Will follow up with debriefing by mental health professionals of those who are identified, either in peer defusing or by supervisors, as in need (Paramedic Chiefs of Canada, 2014).
- Commitment to the Peer Support Program through CISM is the foundation for supporting our employees after challenging workplace events
  - o Program was successful because management and employees believe in the benefits of debriefing after these extremely stressful calls.
- Online support center linking staff to resources designed to help them manage stress and find balance.
- Session to help employees and families identify warning signs of an OSI.

Yukon EMS

Early Detection and Intervention

- Debriefing meeting 2-3 days after the event with all first responders so all parties can get together and go over it.
- Provides critical incident stress management services to reduce likelihood of first responders to develop PTSD.
  - o Proactive and timely approach that mitigates post-traumatic stress by addressing early signs/symptoms in the work place and increase responder awareness.
  - o Early identification and immediate intervention within the work unit can be among the most successful strategies to address mental injury liked to response-related stress.

Annex B: Operational Terms and Definitions

Trauma: Direct or indirect exposure to actual or threatened death, serious injury, or sexual violence. Traumatic experiences may include natural disasters, crimes, accidents, war or conflict, or other threats to life or safety (Public Safety Canada, 2019).

Post-Traumatic Stress Injury (PTSI): non-clinical term that encompasses a range of mental health injuries, including some operational stress injuries, clinically-diagnosed PTSD, anxiety, and depression. It characterizes symptoms as injuries caused to public safety personnel as a direct result of their work (Public Safety Canada, 2019).

Post-Traumatic Stress Disorder (PTSD): described as an extreme reaction to exposure to trauma. Symptoms may include (SEE DSM-5 for diagnostic criteria) (Public Safety Canada, 2019):

- re-experiencing (nightmares, flashbacks, and other intense or prolonged psychological distress);
- avoidance (avoidance of distressing memories, thoughts, feelings, or external reminders of the traumatic event);
- negative cognitions and mood (feelings which may include: persistent and distorted sense of blame of self or others, estrangement from others or markedly diminished interest in activities, and/or inability to remember key aspects of the event); and
- arousal (hypervigilance, reckless or self-destructive behavior, irritability or angry outbursts, and sleep disturbances).

Operational Stress Injuries (OSI): is not a diagnosable mental disorder, but may be used to refer to one or more specific diagnosable mental health disorders or to another mental health problem. OSI is used to describe a broad range of problems including diagnosable mental health disorders such as anxiety disorders, depressive disorders, and PTSD (Public Safety Canada, 2019).

(Primary) Prevention: Intervention before health effects (disease or injury) occur, through measures such as vaccinations, altering risky behaviors (poor eating habits, tobacco use), and banning substances known to be associated with a disease or health condition (CDC, accessed 2019).

Disability Management: Disability management focuses on absences from work as a result of illness, injury or disability, and on preventing the risks that cause these absences. It is a deliberate and coordinated effort by employers to reduce the occurrence and effect of illness and injury on workforce productivity, and to promote employee attachment (Government of Canada, 2011c).

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