

The Ministry of Health (the Ministry), the Nurses Bargaining Association, and the Health Employers Association of BC (HEABC) signed a Memorandum of Understanding (MoU) on Workplace Violence Prevention on March 9, 2016. One of the commitments made in the MoU pertains to a review of health authority critical incident support practices and resources. This summary report provides an overview of the process used to review current practice in the health authorities and the opportunities that were identified for strengthening these vital workplace resources.

**MoU Commitment:**

*The Ministry of Health will review critical incident support practices and resources across the health authorities. The review and plans for taking any required action will be completed by September 1, 2016 and made available to the NBA.*

**Consultation and Review Process**

The consultation process was carried out in two phases, the first being a joint Ministry and BC Nurses' Union forum to discuss the development of a violence prevention framework, and the second involving a review group made up of Ministry staff and health authority subject matter experts. Information on the phases is outlined below:

- **Violence Prevention Framework Forum**
  - The Ministry met with representatives from the BC Nurses Union on June 29, 2016 to discuss the violence prevention framework currently under development by the Ministry in consultation with its health sector partners.
  - The planned review of critical incident stress supports in the health authorities was discussed and issues and recommendations resulting from that discussion are reflected in the identified actions below.
- **Review Group**
  - A review group of subject matter experts in the health authorities, and representatives from HEABC and the Ministry of Health, was established to review existing critical incident support practices and resources and make recommendations regarding any required action or opportunities.
  - Health authorities submitted documents detailing their existing supports to the Ministry for review.
  - An inventory of the resources was developed by the Ministry and shared with the review group.
  - The group met by teleconference and subsequently submitted feedback to the Ministry through the Health Employers Association of BC.

**Identified Actions/Opportunities**

- Ensure critical incident support resources are available in all health authority facilities.
- Improve communication to and understanding of supervisors, managers, and executive on the impact of critical incidents on front line workers.
- Ensure the organization, management and supervisors actively support and encourage the use of critical incident support services.
- Strengthen supports that assist supervisors and managers initiate and manage the critical incident support process.

- Ensure management and supervisors understand that critical incident stress debriefs are not part of critical incident investigations.
- Ensure timely access to critical incident stress defusing in all health authority facilities.
- Evaluate and identify options for improving response time to requests for a critical incident stress debrief.
- Ensure every attempt is made to schedule work so workers involved in a critical incident can attend a debriefing.
- Provide access to critical incident supports, where appropriate, to casual or other workers, (e.g., physicians, volunteers).
- Review and enhance critical incident educational resources, (e.g. seminars, lunch and learn, on-line).

**Review Group Members**

<b>Org</b>	<b>Participant</b>
IH (Island)	Darren Buckler, Manager, Safety and Prevention
	Tracy Newlands, Director Occupational Health & Safety
IH (Interior)	Lana Schultze, Health & Safety Prevention Lead
	Sheila Gariepy, Advisor, Workplace Health & Safety
	Shannon Campbell, Lead, Workplace Health and Safety
FH	Dave Keen, Executive Director FH Workplace Health & Provincial WH Call Centre
NH	Melissa Minter, Regional Manager Health, Safety & Prevention
PHSA	Janice Cross, Psychological Health and Safety Advisor
EFAP	Stacy Sprague, Executive Director
HEABC	Theresa Morrison, Manager Disability Management and OH&S/Wellness
MoH	Doug Blackie, Director Recruitment and Retention Initiatives
	Katharine Krystalowich, Senior Policy Analyst Recruitment and Retention Initiatives

# Inventory of Current Health Authority Critical Incident Support Practices/Resources – August 2016

Org	Document	Resource Type	Service Provider	Access/Location
VCH	Enhanced Critical Incident Stress Management Program	Program	Employee and Family Assistance Program (EFAP)	<ul style="list-style-type: none"> <li>24/7/365 at high risk units at VGH only</li> <li>Services provided with 2 hours minimum notice</li> <li>Available to physicians and employees</li> </ul>
	<ul style="list-style-type: none"> <li>Check-in training for leaders</li> <li>Management consultation</li> <li>Stress debriefing</li> <li>Follow-up debriefings and counselling</li> </ul>			
	Critical Incident Stress Management	Program	EFAP	<ul style="list-style-type: none"> <li>Available to physicians and employees at all sites</li> </ul>
	<ul style="list-style-type: none"> <li>Consultation &amp; triage</li> <li>Group debriefing</li> <li>One-to-one support</li> <li>Services provided in person, by phone or video</li> </ul>			
NHA	Document Quick Links Guide	Information	n/a	<ul style="list-style-type: none"> <li>Applies to all sites</li> </ul>
	Critical Incident Stress Debriefing Decision Support Tool	Policy	n/a	<ul style="list-style-type: none"> <li>Available to employees, does not mention non-employee health care providers</li> </ul>
	<ul style="list-style-type: none"> <li>Risk management and CISD</li> </ul>			
	<ul style="list-style-type: none"> <li>Critical Incidents in the Workplace: Guide for Managers</li> <li>Critical Incident Debriefing</li> <li>Outlines procedures on debriefing and incident reporting</li> <li>Guide to EFAP Services Critical Incident Stress Debriefing Process</li> <li>Self-directed resources</li> <li>On-line group counselling</li> <li>Services provided in person, by phone and video and e-counselling</li> </ul>	Policy and Procedure Policy and Procedure Program	n/a n/a WorkSafe BC, EFAP	
FH	Designated Critical Incident Stress Management Consultant (1 FTE)	Staffing		<ul style="list-style-type: none"> <li>24/7/365 support available</li> </ul>
	Critical Incident Stress Management Program Guide	Program	FH, CISM Consultant, External CISM Practitioners, Morneau Shepell (EFAP), WorkSafe BC	<ul style="list-style-type: none"> <li>Available to employees, physicians and volunteers</li> <li>Normally face to face support but occasionally by telephone</li> </ul>
	<ul style="list-style-type: none"> <li>Preparation Phase – education to enhance psychological resiliency, ongoing Management Awareness Updates on CISM Services</li> <li>Response Phase – individual and group debriefing and/or defusing, urgent/immediate interventions (at times within hours)</li> <li>Follow-up and Referral Phase – assess status of staff and provide additional resources if needed</li> </ul>			
	SAFER Model (guideline for supervisors?)	Procedure	FH CISM Consultant	
	CISM A Supervisor's Response	Procedure	FH CISM Consultant	
	CISM Fiscal Year End Report (with data)	Information	FH CISM Consultant	
	Critical Incident Stress Management brochure	Information	FH CISM Consultant	

# Inventory of Current Health Authority Critical Incident Support Practices/Resources – August 2016

Org	Document	Resource Type	Service Provider	Access/Location
	<p>Seminars and in-service</p> <ul style="list-style-type: none"> <li>- The Cost of Caring: Compassion Satisfaction</li> <li>- Individual Crisis Intervention</li> <li>- The Construction Zone: Your Life</li> <li>- The Winds Continue to Blow: Change</li> <li>- Working Towards a Balanced LifeStyle</li> <li>- Caring with Compassion: Emotional First Aid</li> <li>- CISM Awareness Campaigns</li> </ul>	Education	FH CISM Consultant	
IH (Interior)	<p>Employee &amp; Family Assistance Program</p> <ul style="list-style-type: none"> <li>• Managers access trauma response services</li> <li>• Specially qualified trauma team personnel: <ul style="list-style-type: none"> <li>o offer support to affected people leaders and employees</li> <li>o provide individual counselling sessions are needed</li> <li>o arrange timely on-site intervention, which may include either: <ul style="list-style-type: none"> <li>• a defusing (within hours post trauma) and/or,</li> <li>• a debriefing (within 24 – 48 hours post trauma).</li> </ul> </li> </ul> </li> </ul> <p>Information provided by email from IH (no document):</p> <ul style="list-style-type: none"> <li>• WSBC will assist an organization with Trauma Support within a 3 week window following the date of the incident in question. Some flexibility exists with this timeline. <ul style="list-style-type: none"> <li>o Incident must have occurred within the physical workplace</li> <li>o The affected individuals must have been working while the specific incident occurred</li> <li>o Incident falls "outside the norm" of regular, everyday occurrences in the workplace</li> <li>o Incident is related to an immediate traumatic event, and is not the result of accumulated trauma, mourning or grief.</li> </ul> </li> <li>• 5 follow-up sessions will be offered to individuals as needed.</li> </ul>	Program	Sheppell	<ul style="list-style-type: none"> <li>• Available 24/7/365 to full and part time employees, does not mention non-employee health care providers</li> </ul>
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# Inventory of Current Health Authority Critical Incident Support Practices/Resources – August 2016

Org	Document	Resource Type	Service Provider	Access/Location
	<p>EW0200 Critical Incident Stress Debriefing</p> <ul style="list-style-type: none"> <li>• Outlines the site / department specific process for               <ul style="list-style-type: none"> <li>o recognizing when CISD services are required</li> <li>o arranging CISD services through WSBC and/or EFAP                   <ul style="list-style-type: none"> <li>▪ Group Debriefing</li> <li>▪ Refer individuals to follow up counselling through EFAP if/when required</li> </ul> </li> </ul> </li> <li>• Every employee involved with the traumatic incident is invited to attend. Where the employee is scheduled to work at the time of the debriefing, every attempt is made to replace the employee so they may attend</li> </ul>	Procedure	n/a	•
	<p>Information provided by email from IH (no document):</p> <ul style="list-style-type: none"> <li>• Guide to EFAP Services Critical Incident Stress Debriefing Process               <ul style="list-style-type: none"> <li>o Outlines process for managers needing to arrange CISD services for their teams / employees</li> </ul> </li> </ul>	Program Guide	IH	• Managers
	<p>LifeSpeak – Online educational video series offers the following resources related to CISD / Trauma:</p> <ul style="list-style-type: none"> <li>• Workplace Critical Incident Training               <ul style="list-style-type: none"> <li>o Defining Trauma in the Workplace</li> <li>o The Face of Post-Traumatic Stress</li> <li>o Workplace Critical Incident Management</li> <li>o Supporting Colleagues Who Have Experienced Trauma</li> <li>o The Trauma Informed Workplace</li> <li>o FAQ</li> </ul> </li> <li>• Post-Traumatic Stress Disorder               <ul style="list-style-type: none"> <li>o What is a Psychological Trauma?</li> <li>o Assessment and Diagnosis of PTSD</li> <li>o Epidemiology of PTSD and Related Impairment</li> <li>o CBT for PTSD: The Theory Behind the Therapy</li> <li>o Prolonged Exposure to PTSD</li> <li>o FAQ</li> </ul> </li> </ul>			•
IH (Island)	Critical Incident Stress Debrief (website) Employee & Family Assistance Program	Procedure/Information Program	n/a Shepet-figi (EFAP)	• Available to employees, available to

# Inventory of Current Health Authority Critical Incident Support Practices/Resources – August 2016

Org	Document	Resource Type	Service Provider	Access/Location
PHSA	Critical Incident Guide for Managers and Supervisors <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Education</li> <li>• Crisis Management Briefing</li> <li>• Defusing</li> <li>• Individual Crisis Intervention</li> <li>• Critical Incident Stress Debriefing</li> <li>• Post-Debriefing</li> </ul>	Program/Procedure	IH, EFAP	physicians/volunteers/contractors under certain conditions.
	Employee and Family Assistance Program Resource Guide	Information/Procedure	EFAP	
	BCEHS CIS Logic Model <ul style="list-style-type: none"> <li>• Governance</li> <li>• CISM Resilience/Response</li> <li>• Recovery/Linking (counselling/resources)</li> <li>• Outputs (education, programs, monitoring)</li> <li>• Goal Statements</li> </ul>	Information	n/a	
	BCEHS Pillars of Mental Health Support <ul style="list-style-type: none"> <li>• Paramedic Profession Responsibility Matrix</li> <li>• Mental Readiness</li> <li>• CIS Programs and Practices</li> <li>• PHSA Services</li> <li>• Professional Association resources</li> </ul>	Information	n/a	
	BCEHS Critical Incident Stress Program <ul style="list-style-type: none"> <li>• Peer team providing education resources and CISM intervention</li> </ul>	Program	BCEHS, CUPE, BCGEU, BCNU	• Available to employees
	BCEHS CISM Volunteer Peer Team Orientation Information	Information	BCEHS	
	BCWH Critical Incident stress Management <ul style="list-style-type: none"> <li>• Identification of event</li> <li>• Check-in (provide individual and team supports)</li> <li>• Notification and Planning (reporting and staffing adjustments)</li> <li>• Debrief (group debrief and additional supports for individuals)</li> </ul>	Policy/Procedure	BCWH, Homewood Health	• Available to employees, physicians, RIM and residents
	BCWH Critical Incident Stress Management Notification Checklist	Procedure	n/a	
	BCWH CISM De-Brief Notification emails Template for Leadership	Procedure	n/a	
	Critical Incident Response Program <ul style="list-style-type: none"> <li>• Individual or group intervention</li> </ul>	Program	WorkSafe BC	• Available to employer and workers

# Inventory of Current Health Authority Critical Incident Support Practices/Resources – August 2016

Org	Document	Resource Type	Service Provider	Access/Location
	Traumatic Events and Critical Incident Stress Management <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Group debriefing</li> <li>• Individual counselling</li> </ul>	Program	EFAP (Homewood Health)	• Available to employees, physicians and volunteers
	Crisis Management Services (information for supervisors)	Information Program	n/a	
PHC	Critical Incident Stress Management <ul style="list-style-type: none"> <li>• Consultation &amp; triage</li> <li>• Group debriefing</li> <li>• One-to-one support</li> <li>• Services provided in person, by phone or video</li> </ul>		EFAP	• Available to physicians and employees at all sites

## MEETING MATERIAL

Cliff #: 1049551

**PREPARED FOR:** Honourable Terry Lake, Minister of Health and  
Honourable Todd Stone, Minister of Transportation & Infrastructure &  
Deputy House Leader

**TITLE:** Meeting between Minister Terry Lake and Minister Todd Stone with the Kamloops Fire Fighters Association (Local 913 International Association of Fire Fighters)

**MEETING REQUEST/ISSUE:**

The Kamloops Professional Fire Fighters Association (KPFFA) proposes to meet with Minister Lake and Minister Stone to discuss two issues: (1) Mental Health Injuries and (2) Breast, Prostate & Multiple Myeloma Cancers.

**SHOULD MINISTRY STAFF ATTEND THIS MEETING:** Yes: Lynn Stevenson, Associate Deputy Minister; Ted Patterson, Assistant Deputy Minister, Health Sector Workforce Division.

**BACKGROUND:**

- KPFFA represents 129 full time professional firefighters in the City of Kamloops excluding 29 Auxiliary fire fighters and management level staff.
- The collective agreement the City of Kamloops and KPFFA includes access to typical health and safety benefits as well as provisions for prostate and colorectal cancer screening.
- In 2014, Kamloops Fire Rescue reported 7 Time-Loss injuries (all types) for a total of 471 work hours lost due to injury<sup>1</sup>.
- Legislative accountability for the *Fire Services Act*, including fire fighter training, falls under the Solicitor General and Minister for Public Safety.

***Mental Injury***

- First responders, such as fire fighters, paramedics and police, are understood to have higher risks of developing mental health issues including Post Traumatic Stress Disorder (PTSD). The research is, however, equivocal.
  - A 2010 study concluded that perceptions of social support, occupational stress, coping, as well as the interaction between perceived social support and self-blame were significant predictors of PTSD symptoms in a group of fire fighters.<sup>2</sup> The same study found that incidence of PTSD in firefighters was no larger than the general population.
  - A similar study in the UK concluded that fire service personnel are at risk of developing *some* symptoms of PTSD; however most had not experienced severe enough symptoms for PTSD to be diagnosed.<sup>3</sup>
  - Work done after 9-11 suggested that some first responders, given their relatively short contact with traumatic events, may suffer fewer effects from PTSD.<sup>4</sup>

<sup>1</sup> City of Kamloops. 2014 Annual Report. Corporate Services and Community Safety Department, pp. 11-18.

<sup>2</sup> Meyer, E.C., et al., *Predictors of Post-Traumatic Stress Disorder and Other Psychological Symptoms in Trauma-Exposed Firefighters*. Psychological Services, Vol 9(1), 2012.

<sup>3</sup> Haslam, Cheryl and Mallon, K., A preliminary investigation of post-traumatic stress symptoms among firefighters. *Work & Stress: An International Journal of Work, Health & Organisations* 17(3), 2003.

<sup>4</sup> Perrin, M., et al., Differences in PTSD Prevalence and Associated Risk Factors Among World Trade Center Disaster Rescue and Recovery Workers. *Am J Psychiatry* Vol. 164, 2007.

- The International Association of Fire Fighters (IAFF) is mounting a national lobbying campaign for Ottawa to establish guidelines on how first responders can access help, including a registry of doctors able to treat PTSD.
- Similar advocacy efforts are underway in BC for expansion of mental health services to paramedics suffering PTSD following a 2015 national paramedic survey that suggested nearly one-third of BC paramedics responding to the survey (approximately 14 percent of licensed paramedics) has contemplated suicide.
- The Emergency Medical Assistant Licensing Board is aware of two (2) paramedics with a diagnosis of PTSD.
- The presumptive claim of PTSD (i.e., presumed to be caused by the worker's employment) by paramedics is quite similar to the presumptive claims of cancer that was made by the IAFF in recent years. Those claims were recognized and the Minister responsible for WorkSafe announced those changes in the House.
- Langara College in Vancouver will offer a new course entitled *Strategic Resilience for First Responder*, beginning in September 2016, to address "the risk over time for vicarious trauma and Post-Traumatic Stress Disorder on a wide range of front line staff as they support traumatized individuals".<sup>5</sup>

#### **ADVICE:**

- The safety of all BC workers is a priority for our government.
- British Columbia does not have specific presumptive PTSD legislation.
- Bill 14, passed in May 2012, enables any worker in BC who has a work-related medical diagnosis of PTSD can make a claim through WorkSafe BC.
  - A worker who has medical evidence from a psychiatrist or psychologist about his/her PTSD being caused by work can be entitled to workers' compensation benefits.
- Bill 14 made BC the first jurisdiction in the country to recognize that there can be impacts on peoples' mental health, including impacts as far ranging as PTSD.
- BC is still the only jurisdiction in Canada that legally recognizes diagnosed, work-related mental disorders.
- Between July 1, 2012, and August 31, 2014, WorkSafe BC reported 5,237 new mental disorder claims registered
  - 27 percent of those claims were from the Health Care Sector (includes paramedics)
- BC public sector employers such as the City of Kamloops and BC Emergency Health Services (BCEHS) are committed to the safety of workers and have comprehensive programs in place to support workers who are suffering work-related mental health issues.
  - BCEHS, for example, offers critical incident debriefing, peer support as well as formal counselling services for all paramedics who seek assistance.

**JOINT MINISTER MEETING: Yes**

**IF SO, CAN THIS MATERIAL BE SHARED: Yes**

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**Division ADM:** Ted Patterson, ADM, Health Sector Workforce Division  
**Program ED:** Kevin Brown, Executive Director, Workforce Planning & Management Branch, HSWD  
**Drafter:** Doug Blackie, Director, Workforce Planning & Management Branch, HSWD  
**Date:** March 2, 2016

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<sup>5</sup> Langara College, Continuing Studies. *Strategic Resilience for First Responders*. Source: <http://langara.ca/continuing-studies/programs-and-courses/programs/resilience/index.html>



## KAMLOOPS FIRE FIGHTERS' ASSOCIATION

LOCAL 913

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS

P.O. BOX 218, KAMLOOPS, BC V2C 5K6

• A Proud Profession • A Bold Union • A Brighter Future

Minister Terry Lake,

I'm contacting you on behalf of the Kamloops Professional Fire Fighters. We will be sending two members to the Robert E. Hall Legislative Conference 2016. The conference is scheduled for March 7<sup>th</sup> and 8<sup>th</sup>. It is my understanding that you have or will shortly be receiving notification of the conference and the evening reception details. For your reference the Evening Reception is scheduled for March 8<sup>th</sup> from 6:30PM-10:00PM at the Hotel Grand Pacific.

Our Lobbying focus this year is Mental Health Injuries, Breast, Prostate & Multiple Myeloma Cancers. If you are available on Tuesday March 8<sup>th</sup> to meet with myself and Fire Fighter Alex Anderson please let me know a time and meeting room that works for you.

Sincerely,

Mark Brise  
Secretary  
Kamloops Professional Firefighters  
Local 913  
[markbrise@hotmail.com](mailto:markbrise@hotmail.com)  
250-318-9696

*AFFILIATED WITH:*

• B.C. Professional Fire Fighters' Association • Canadian Labour Congress • B.C. Federation of Labour



**CONFIDENTIAL ISSUE NOTE****May 3, 2016 – BCEHS & Post Traumatic Stress Disorder (PTSD)**

Recently, there has been significant media attention on paramedics and other first responders suffering from psychological injury and post traumatic stress disorder (PTSD).

s.22 is a BCEHS paramedic from s.22 who has been off work since s.22  
s.22 has reported publically to be struggling with PTSD symptoms that have prevented s.22 from returning to work.

On April 20, 2015 a former paramedic died by suicide in Langley.

On April 29, 2015, a BCEHS dispatcher in Vancouver contacted the CBC to share his psychological injury story.

Several news outlets have reported that at least four paramedics have died by suicide across Canada in 2016 so far.

Starting Jan. 1, 2016, workers in Manitoba who are diagnosed with PTSD after a job-related event will be eligible for treatment and compensation.

In February 2016, Ontario moved ahead on PTSD legislation for first responders as well as putting in place a number of new initiatives to help prevent or mitigate the risk of PTSD.

*The Provincial Health Services Authority - Communications Department recommends that the following key messages be communicated publicly:*

**Key Messages:**

- BC Emergency Health Services is acutely aware of the mental and physical toll the job can have on paramedics, emergency medical dispatchers and front line staff.
- These stories are heartbreaking to hear but it's important that we know the facts so we can determine the best way to support our staff.
- Our front line staff are heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.
- Based on staff feedback, we made enhancements to our psychological support structures in the organisation to better serve the long and short term needs of paramedics and dispatchers.
- Clinical psychologist Dr. Georgia Nemetz is the program's clinical advisor and has specialized training in post-traumatic stress, critical incident management and vocation-related stress management.
- Improvements to the BCEHS Critical Incident Stress Management program include:
  - A comprehensive approach that includes, education, trained peer support and more effective psychological interventions when our employees need it most.
  - 60 BCEHS employees have been trained to provide support when critical incidents affect colleagues' emotions or behaviors.
  - For the first time, the team has expanded to include peers from all paramedic license levels as well as other areas such as PCCP
  - If necessary, referrals to a clinical psychologist are provided.

- There is still so much to learn about psychological injuries and mental health in general and we will continue to work with our health care partners to enhance our psychological support system based on industry research and staff feedback.
- We are working collaboratively with the Ambulance Paramedics of BC.

### **Background:**

- BCEHS is working proactively to respond to the needs of paramedics who suffer psychological injury. Based on best practices, current PTSD programs and activities include:
  - BCEHS Critical Incident Stress Management (CISM) program
  - BCEHS representation on/participation in WorkSafeBC First Responder Mental Health Working Group
  - PHSA/BCEHS Disability Management program promotion of durable return to work
  - Participation in Mental Health Commission of Canada case into the application of the CSA Standard for Psychological Health Workplace
  - Speciality (i.e. ACP/ITT) focused training/education
  - 'Clinical Rounds' by specialists such as Colonel R Jetly, Canadian Forces military psychiatrist
  - Implementation of action plans arising from a 2014 employee health survey

- s.22

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s.22

The collective agreement provides full time employees with a benefit of \$100 per year in counselling services with a registered psychologist.

- These levels of coverage have been identified as gaps to be addressed and as a result, BCEHS is providing referrals and employer-paid access to clinical psychologist services as described above.
- After reading a CBC [article](#) on a paramedic suicide in Edmonton, a BCEHS dispatcher from Vancouver shared his own story with PTSD and his difficulties in getting his psychological injury claim processed through WorkSafeBC. The dispatcher shared his correspondence with his BCEHS supervisors.

### **Confidential Background:**

- Dispatcher

s.22



s.22

- Suicide
  - The former paramedic worked in s.22
  - s.22 left the organization in s.22

Contact Information			
Contact	Name	Title	Phone
Program	Max Mollinaeux	Director, Human Resources	Tel: 604 660-1332
Communications	Lesley Pritchard	Manager, Media Relations and Issues Management, PHSA	Tel: 604-675-7472 Cell: s.17 PHSA Media Pager: 604-871-5699
Spokesperson(s)			
Family member involved			
Creation & Revision History			
Date 07May2015 02March2016 03May2016		Name Preet Grewal FS TP	

**CONFIDENTIAL ISSUE NOTE**

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**May 31, 2016 – BCAS Paramedic Death**

A retired member of the BC Ambulance Service was found dead on Monday, May 30<sup>th</sup>.

**Confidential Background:**

- s.22
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*The Provincial Health Services Authority - Communications Department recommends that the following key messages be communicated publicly:*

**Key Messages:**

- Our hearts go out to the friends, colleagues and family affected by this sudden tragedy.
- As this involves the very private details of the person involved, we're unable to comment directly on the incident.
- BC Emergency Health Services is acutely aware of the mental and physical toll the job can have on paramedics, emergency medical dispatchers and front line staff.
- At BCEHS, we consider all of our front line staff heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.
- Our front line staff are heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.
- Based on staff feedback, we've made enhancements to our psychological support structures in the organisation to better serve the long and short term needs of paramedics and dispatchers.

(Note: a BCEHS Issues Note *20160503 PTSD* is available on proactive efforts by BCEHS to respond to the needs of paramedics who suffer psychological injury and PTSD.)

Contact Information			
Contact	Name	Title	Phone
<b>Program</b>	Jodi Jensen	Chief Operating Officer, BCEHS	<b>Tel:</b> 250-387-1512
<b>Communications</b>	Lesley Pritchard	Manager, Media Relations and Issues Management, PHSA	<b>Tel:</b> 604-675-7472 <b>Cell:</b> s.17 <b>PHSA Media Pager:</b> 604-871-5699
<b>Spokesperson(s)</b>			
<b>Family member involved (if consent form signed)</b>			
Creation & Revision History			
Date May 31, 2016		Name Trevor Pancoust	

**CONFIDENTIAL ISSUE NOTE**

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**June 23, 2016 – Courtenay BCAS Retired Paramedic Suicide**

A retired member s.22 of the BC Ambulance Service (BCAS) with a reported history of PTSD committed suicide s.22

**Confidential Background:**

- s.22
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**Background**

- RCMP responded to the address after receiving a 9-1-1 call.
- Peers with the BCEHS Critical Incident Stress Management (CISM) program were immediately mobilized to assist dispatchers and crew in s.22 and in s.22
- In May 2016, the CISM program provided its critical incident peers with four educational sessions on the topic of suicide prevention.

**B.C. Human Rights Tribunal Case**

s.22

*The Provincial Health Services Authority - Communications Department recommends that the following key messages be communicated publicly:*

**Key Messages:**

- Our hearts go out to those affected by this sudden tragedy.
- As this involves the very private details of the person involved, we're unable to comment directly on the incident.
- BC Emergency Health Services is acutely aware of the mental and physical toll the job can have on paramedics, emergency medical dispatchers and front line staff.
- At BCEHS, we consider all of our front line staff heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.

- Based on staff feedback and research into best practices, we've made enhancements to our psychological support structures to better serve the long and short term needs of paramedics and dispatchers.

(Note: a BCEHS Issues Note *20160503 PTSD* is available on proactive efforts by BCEHS to respond to the needs of paramedics who suffer psychological injury and PTSD.)

Contact Information			
Contact	Name	Title	Phone
<b>Program</b>	Jodi Jensen	Chief Operating Officer, BCEHS	<b>Tel:</b> 250-387-1512
<b>Communications</b>	Lesley Pritchard	Manager, Media Relations and Issues Management, PHSA	<b>Tel:</b> 604-675-7472 <b>Cell:</b> s.17 <b>PHSA Media Pager:</b> 604-871-5699
<b>Spokesperson(s)</b>			
<b>Family member involved (if consent form signed)</b>			
Creation & Revision History			
Date June 23, 2016		Name Trevor Pancoust	



**Tel:** 604-273-5722 | **Fax:** 604-273-5762 | **Toll Free:** 1-866-273-5766 | **Toll Free Fax:** 1-866-273-5762

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August 12, 2015

## BACKGROUNDER

### Paramedic Association of Canada Mental Health Survey

#### Introduction

The Paramedic Association of Canada (PAC), professional organization of paramedicine practitioners across the country, conducted a wide-reaching survey of its members to improve understanding of mental health concerns and treatment among paramedics. The following document outlines the key findings of the survey.

#### Findings

The overall theme to emerge from the survey is that paramedics face a significant risk of sustaining traumas requiring psychological support while at work, and that there is a high level of demand for a wide range of support among paramedics.

When asked the question, “For what types of issues do you believe that paramedics and dispatchers need psychological support?” a selection of responses included:

- 96.2% said that support is needed for “Critical Incidents”, of which 62.1% felt it is strongly needed
- 96.8% said support is needed for “Cumulative impact (multiple traumatic calls over career)”, and of those 59.6% said it is strongly needed
- 97.1% said support is needed for “Depression / depletion”, with 63.8% saying it is strongly needed

These very high percentages indicate it is not only one-off traumatic experiences that are the biggest issue for paramedics, but the long-term, ongoing effects of repeated exposure.

Perhaps the most shocking findings came in response to questions around paramedics considering suicide:

- 29.9% of paramedics in BC indicated that they had personally considered suicide
- 65.5% said they knew of another paramedic who had at some time contemplated suicide
- 69.8% indicated that they had been concerned that another paramedic may be at risk for suicide

These figures underline the seriousness of the mental health challenges faced, and the importance of providing adequate psychological support for paramedics.

The survey also asked what type of psychological support paramedics need access to, and the statistic that stands out is that 99.1% of respondents said that “Access to counselling provided by mental health professionals who understand Paramedicine” is needed, with 81.1% saying it is strongly needed.



## **Respondents**

Across Canada, a total of 6,136 paramedics took part in the survey and, of those, 639 were based in British Columbia. The percentages quoted below all refer to the figures for paramedics in BC. These were experienced paramedics, with over half of the BC-based respondents having completed more than 10 years' service. The majority – close to 90% in BC – were union members. A majority of the BC paramedics worked in urban areas (66.5%), with 54.0% reporting that their paramedic service responded to more than 100,000 calls annually.

## **Methodology**

The PAC invited its members to take part in an online survey on mental health issues, including the types of issues for which they and other paramedics needed psychological support, the types of psychological services that they required, and whether they or their colleagues had considered suicide.

British Columbia survey results are available at [www.apbc.ca](http://www.apbc.ca).



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FOR IMMEDIATE RELEASE

August 12, 2015

## **AMBULANCE PARAMEDICS ADVOCATE FOR MORE MENTAL HEALTH SUPPORT FOR PARAMEDICS**

**Vancouver, B.C.** – Following a survey of paramedics across Canada, the Ambulance Paramedics of British Columbia (APBC) are drawing attention to the on-going issue of mental health injury among paramedics and dispatchers. There is an urgent need for a more streamlined process for paramedics and dispatchers suffering with mental health injuries to receive support.

Today, APBC released the BC results of a Canada-wide survey conducted by the Paramedic Association of Canada showing the mental health concerns among BC's paramedics.

Key findings of the study include:

- 97% said paramedics and dispatchers need support for cumulative impact of multiple traumatic calls over career
- 94% said paramedics and dispatchers need support for other mental health issues such as depression and anxiety
- 66% said they knew of another paramedic who at some time contemplated suicide
- 30% said they have personally considered suicide

The current legislation to access support through WorkSafeBC requires a Post-Traumatic Stress Disorder (PTSD) diagnosis associated with one specific traumatic incident. However, this does not always reflect the reality of paramedics' mental health injuries.

"The survey results were an eye-opener, but also served as a wakeup call that our paramedics and dispatchers are in desperate need of better access to mental health support services," says Bronwyn Barter, President of Ambulance Paramedics of British Columbia.

Paramedics and dispatchers deal with multiple calls in a single shift, and tens of thousands over their career. The cumulative effects of seeing traumatic incidents day-after-day can lead to mental health injuries, more than just PTSD. These injuries affect both their job performance and their personal lives.

While some paramedics and dispatchers do suffer from PTSD, other mental health injuries include: depression, anger, and anxiety. These types of injuries are not easily attributable to one traumatic incident. Unfortunately, paramedics and dispatchers are not getting the care they need to address these very real workplace injuries.



APBC is advocating for two key changes to improve support to paramedics and dispatchers;

1. A broader range of mental health injuries or illness for which paramedics and dispatchers will receive support;
2. Presumptive eligibility from WorkSafeBC in recognition that paramedics and dispatchers suffer from mental health injuries in their regular course of work.

These small changes will allow paramedics and dispatchers to receive the care they truly need.

With quicker access to care, paramedics and dispatchers would have a shorter recovery time from mental injuries and in turn be able to spend more time actively working.

“Mental health injuries are a very real and critical issue for our members,” added Barter. “Ambulance paramedics and dispatchers are there when we need them most; it seems reasonable that we look after them when they are in need.”

Over 6,136 paramedics responded to the online survey nationwide; BC results are based on 639 responses. More than 50 per cent of the paramedics interviewed had over 10 years’ experience on the job.

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November 2, 2015

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**Background:**

- The BC Operational Stress Injury Clinic serves Veterans, RCMP and Canadian Forces members, and their families in British Columbia who require ongoing treatment and/or rehabilitation for mental health conditions related to operational stress and trauma
- There are ten Operational Stress Injury (OSI) clinics in Canada: (Vancouver, Ottawa, Toronto, Edmonton, Winnipeg, Calgary, London, Quebec City, Fredericton, and Halifax).
- The Department of Veterans Affairs has contracted local health organizations to manage these 10 outpatient clinics. VCH has the contract for the Vancouver clinic, which serves 475 active clients.
- All 10 OSI Clinics are solely funded by the Department of Veterans Affairs (DVA); the clinics will charge Blue Cross insurance for services provided to RCMP patients and Canadian Forces patients and this funding is clawed back by DVA.
- Services provided by the BC OSI Clinic include assessment and diagnosis of operational stress injuries; individual, relationship and family counselling; use of evidence-based trauma-focused therapy; pharmacotherapy or medication; group courses and supportive therapy; and psycho-education.
- The BC OSI Clinic staff include four psychologists (all with PhDs), two social workers and a nurse, all of whom are employees of Vancouver Coastal Health.
- There are also four contracted psychiatrists associated with the clinic; only one is refusing to sign a contract.
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Key messages:

- Vancouver Coastal Health can confirm it has been unable to reach contract agreements with one of the four BC OSI Clinic physicians. As a result, we have been left with no choice but to end our working relationships with him.
- The contract terminations are not a reflection on the professional practice or conduct of the physician. The disagreement was over the compensation package.
- No patient care will be impacted by this contract dispute. Over the course of a 180-day notice period, the clinic will work with the physician to transfer those patients who wish to follow him to private practice.
- The medical director will post for new psychiatrists to work in the clinic.

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Patient involved	s.22		
Creation & revision history			
October 19, 2015		Briefing note created	
October 19, 2015		Briefing note revised	
October 24, 2015		Briefing note revised	
November 2, 2015		Briefing note revised	

**September 8, 2015 –Psychological Injury**

Recently, there has been significant media attention on paramedics and other first responders suffering from psychological injury and post-traumatic stress disorder (PTSD).

On August 12, 2015, the Ambulance Paramedics of BC (CUPE 873) announced survey results that indicated 30 per cent of BC paramedics have considered suicide and 97 per cent think more support is needed for the cumulative impact of multiple traumatic calls.

The APBC is advocating for the adoption of presumptive eligibility for psychological injuries in recognition of the mental health injuries paramedics and dispatchers face in their regular course of work as well as a broader range of mental health injuries or illness supports from WorkSafeBC.

*The Provincial Health Services Authority – Communications Department recommends that the following key messages be communicated publicly:*

**Key Messages:**

- BC Emergency Health Services is acutely aware of the mental and physical toll the job can have on paramedics, emergency medical dispatchers and front line staff.
- Our front line staff are heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.
- Based on staff feedback, we made enhancements to our psychological support structures in the organisation to better serve the long and short term needs of paramedics and dispatchers.
- The program's clinical advisor is a psychologist with specialized training in post-traumatic stress, crisis management and vocation-related stress management.
- Improvements to the BCEHS Critical Incident Stress Management program include:
  - A comprehensive approach that includes prevention, education, training and more effective intervention when our employees need it most.
  - If necessary referrals to a clinical psychologist are provided.
  - International Critical Incident Stress Foundation (ICISF) training of peer-defusers to help colleagues deal with the emotional impact of major incidents.
- There is still so much to learn about psychological injuries and mental health in general and we will continue to work with our health care partners to enhance our psychological support system based on industry research and staff feedback.

**If asked about APBC survey results and request for changes:**

- We support initiatives that help our frontline staff suffering from psychological injuries.

**If asked about the \$100 counseling services entitlement for CUPE 873 employees:**

- This entitlement was agreed to by both parties as per the Collective Agreement
- However the CUPE entitlement does not capture access provided to our critical incident stress peer defusing team, short-term counselling, or sessions with our clinical psychologist.

- All BCEHS employees and their family members can also access short-term, solutions-focussed counselling services through our Employee & Family Assistance Program (EFAP).
  - Currently about 28 per cent of BCEHS staff access counselling through EFAP annually.
- In addition, staff members can be referred to a BCEHS clinical psychologist who has specialized training in first responders mental health issues.

### **Background:**

- The survey was conducted by the Paramedic Association of Canada and the results released are based on the responses of 639 BC paramedics.
- Our clinical psychologist began seeing referred patients in early 2015 and has seen over 70 employees.
- BCEHS spends about \$175,000 on EFAP services annually.

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- s.22 is a BC Emergency Health Services (BCEHS) paramedic from s.22 who has been off work since s.22 struggling with PTSD symptoms.
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Contact Information			
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Creation & Revision History			
Date 07May2015 08May2015 18Aug15 08Sept15		Name Preet Grewal PG PG PG	



## ADVICE TO MINISTER

### CONFIDENTIAL ISSUES NOTE

Ministry of Jobs, Tourism and Skills Training  
and Responsible for Labour

Date Updated: Nov. 7, 2016

Minister Responsible: Hon. Shirley Bond

## Post-Traumatic Stress Disorder (PTSD) – first responders

### SUGGESTED RESPONSES:

- We are all concerned about the health of first responders and appreciate the difficult work they do.
- Our government wants all workers to have safe and healthy workplaces.
- That is why we have legislation that recognizes there can be work-related impacts on peoples' mental health.
- B.C. has the broadest workers' compensation legislation for mental disorders in Canada.
- That legislation includes coverage for PTSD.

If asked about Saskatchewan's new presumption legislation:

- Even with the changes made in Saskatchewan, B.C. continues to have the broadest workers' compensation legislation for mental disorders in Canada.
- It covers all workers and includes work-related mental injuries caused by a traumatic event and cumulative stressors such as bullying or harassment.
- Saskatchewan's provides a presumption for all workers

only if:

- the worker is exposed to a traumatic event; OR
  - the worker is in a specific occupation set out in regulation.
- We're confident that B.C.'s broad-based coverage of mental disorders continues to be the right approach.

If asked if a worker is covered for PTSD in B.C.:

- Yes, B.C.'s current legislation covers PTSD caused by work.
- To be eligible for compensation, a worker must have a PTSD diagnosis from a psychiatrist or psychologist.
- We believe that a psychiatrist or psychologist have the qualifications and expertise necessary to make a proper diagnosis.
- When the worker receives a PTSD diagnosis, they are entitled to workers' compensation benefits if work was the cause.

If asked if B.C. has a presumptive legislation for PTSD:

- B.C. does have legislation that covers work-related PTSD.
- B.C. does not have *presumptive* PTSD legislation.
- A presumptive clause in the legislation would mean that if you were diagnosed with PTSD, it would be automatically assumed to come from your work.
- Workers' compensation in B.C. is funded by employers.

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- We think it is appropriate for employers to pay for physical or mental injuries that are sustained in the workplace.

If asked if cumulative work stressors are covered:

- Mental disorders predominantly caused by work-related stressors are covered by workers' compensation.
- The legislation we passed in 2012 made claims allowable for individual incidents AND cumulative stressors.
- Claims have been accepted by WorkSafeBC for mental disorders arising from:
  - one or more traumatic events;
  - a significant work-related stressor, including bullying or harassment; or
  - a cumulative series of significant work-related stressors.

If asked about WSBC supports for PTSD claims:

- WorkSafeBC moves quickly to support clients as soon as a need is identified.
- This can mean someone can get help as early as the day of the incident or the first day a claim is registered.
- WorkSafeBC provides funding for a number of different treatments for PTSD, including psychological counselling, occupational therapy and social work support.
- WorkSafeBC has a specialized Mental Health Claims Unit



to manage PTSD claims with efficiency, thoroughness and compassion.

- Their claims team gets special PTSD training and the team includes psychologists, mental health specialists, physicians and nurses with community mental health expertise.
- WSBC also has a team of 10 social workers located around the province – available 24/7 – who provide immediate clinical treatment and assist clients to access community resources, regardless of the status of their claim.
- They also provide access to a confidential 24/7 crisis telephone line staffed by professional counselors for injured workers and their family regardless of the status of their claim.
- In December 2015, WorkSafeBC created a steering committee focused on prevention of mental disorders such as PTSD in first responders.
- The committee has senior leaders from fire, police and paramedics unions, as well as mental health professionals, employers, and a representative from my Ministry.
- The intent is that this steering committee will play an important role in addressing issues and helping to develop strategies for mental health in the workplace for first responders.
- The committee is also working to create a cultural shift so first responders recognize risk factors for mental health and are aware of the resources and best practices available to

## ADVICE TO MINISTER

help.

- I look forward to seeing what kind of recommendations and results we get from the working group to help inform our next steps.

If asked about what resources are available to help paramedics with PTSD/other mental disorders:

- As the employer, the BC Emergency Health Services team provides a number of services to help impacted paramedics.
- These include peer to peer counselling through their Employee and Family Assistance Program as well as individual counselling.
- If a paramedic feels that their work circumstances have led to PTSD, they can file a claim with WorkSafeBC under the Workers Compensation Act.
- The paramedic can contact their union or the Workers' Advisers Office for assistance in filing a claim.
- BC Emergency Health Services has made enhancements to their psychological support structures to better serve the needs of paramedics and dispatchers.
- They are taking steps to improve their Critical Incident Stress Management program, including:
  - a comprehensive approach consisting of prevention, education and more effective intervention when employees need it most;

- International Critical Incident Stress Foundation training of peer-defusers to help colleagues deal with the emotional impact of major incidents;
- And, if necessary, referrals to an expert clinical psychologist.

If asked about mental health claim stats and why some WorkSafeBC claims are rejected:

- As of December 2015, nearly 9,000 mental health claims have been registered with WorkSafeBC since coverage expanded in 2012.
- Of these claims:
  - about 60% progressed as far as a decision to allow or disallow;
  - about 30% were suspended because workers didn't want their employers gaining access to their health records; and
  - the others were filed primarily to get incidents on record.
- Of the claims that progressed, about 1,400 – or 27% – were allowed and compensation benefits paid and 3,860 were disallowed.
- For first responders specifically, during the same time there were 292 claims that progressed as far as a decision to allow or disallow.
- Of the 292 first responder claims:
  - 154 (53%) were allowed and compensation benefits paid, including:
    - 97 for paramedics;



## ADVICE TO MINISTER

- 28 for fire fighters; and
- 29 for police (excluding RCMP).
- 138 (47%) claims were disallowed.

### BACKGROUND:

There is a cross-Canada effort underway led by paramedic unions to ask provinces to pass legislation enabling PTSD to be part of the presumptive injuries coverage for fire fighters, police and paramedics. Media tends to focus on the fact that B.C. does not have presumptive disability legislation for PTSD, while ignoring the coverage that does exist in B.C. since changes were made in legislation, effective July 1, 2012.

The federal Minister of Public Safety and Emergency Preparedness has a mandate to work with provinces and territories and the federal Minister of Health to develop a coordinated national action plan on post-traumatic stress disorder.

In February 2016, a Private Member's Bill (M203 — Workers Compensation Amendment Act, 2016) was introduced that proposed providing a PTSD presumption for first responders in British Columbia.

### Cross-jurisdictional overview:

B.C. continues to be the only jurisdiction that recognizes in legislation (July 2012) diagnosed, work-related mental health disorders for both traumatic events and chronic stressors for all workers.

In contrast, several provinces and territories have policies that recognize work-related mental disorders for chronic stressors. These are: Alberta, Saskatchewan, Quebec, Yukon and the Northwest Territories and Nunavut.

On Oct. 25, 2016, **Saskatchewan** introduced and passed a presumption covering all workers suffering psychological injuries, including PTSD, that result from exposure to a traumatic event unless the contrary is proven. There is also a presumption for workers in a prescribed occupation (not yet identified) even if not exposed to a traumatic event. The diagnosis must be made by a psychologist or psychiatrist. This is the broadest scope of all the jurisdictions that have provided presumptions for mental disorders. Saskatchewan will continue to handle claims due to chronic stress by policy, as the presumption legislation does not apply to chronic stressors.

On June 28, 2016, **New Brunswick** passed legislation that provides a PTSD presumption for first responders.

Effective April 6, 2016, **Ontario** created a PTSD presumption for first responders. The legislation applies to the province's 73,000 first responders including police officers, firefighters, paramedics, workers in correctional institutions, and First Nation emergency response teams. The legislation also requires employers to implement PTSD prevention plans within the workplace. Previously, Ontario had faced legal challenges through their courts and their WCAT to recognize mental stress claims in a broader array of circumstances.

Effective Jan. 1, 2016, **Manitoba** has a broad PTSD presumption for any worker, not just first responders, but it requires a traumatic event recognized as a cause of PTSD.

**Alberta** created a presumption for specified first responders who suffer from PTSD on Dec. 10, 2012. Under this presumption, if a first responder is diagnosed with PTSD by a physician or a psychologist, it is presumed to be work related. First responders are defined in the legislation as municipal police officers, firefighters, emergency medical technicians and sheriffs.

## CONFIDENTIAL ISSUE NOTE

January 30, 2016 – WCAT ruling on s.22

**Summary:** The Workers' Compensation Appeal Tribunal has ruled in favour of s.22 a BCEHS paramedic from s.22 who has been off work since s.22. Since that time, s.22 s.22 has become a vocal advocate for enhanced Post Traumatic Stress Disorder (PTSD) supports for first responders and has shared details of s.22 personal PTSD struggles with the media.

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### Confidential background:

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*The Provincial Health Services Authority - Communications Department recommends that the following key messages be communicated publicly:*

**Key Messages:**

- We can't comment directly on any specific employee's case, but we are working to better support employees who experience job-related stressors.
- BC Emergency Health Services is acutely aware of the mental and physical toll the job can have on paramedics, emergency medical dispatchers and frontline staff.
- Our frontline staff are heroes: helping others every day and it's our duty to ensure we have the supports in place to help them when they need it.
- We are working collaboratively with the Ambulance Paramedics of BC, industry experts and our health care partners to enhance our psychosocial supports for frontline staff.
- Based on staff feedback, we made enhancements to our psychological support structures in the organisation to better serve the long and short term needs of paramedics and dispatchers.
- Our Critical Incident Stress peer team includes 87 staff who are trained to provide confidential support to their peers 24/7.
  - If necessary, referrals to a clinical psychologist or trauma/addictions counsellors are provided through the CISM program.

***If asked whether this ruling sets a precedent:***

- *Each case has different facts, and we continue to analyze whether this ruling has wider implications for BCEHS.*

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Creation & Revision History			
January 30, 2017		Trevor Pancoust/Lesley Pritchard	



MINISTRY OF JOBS, TOURISM AND SKILLS TRAINING  
AND MINISTER RESPONSIBLE FOR LABOUR  
**MEETING NOTE**

Cliff #: 110682

Date: November 10, 2015

**PREPARED FOR:** Honourable Shirley Bond, Minister

**DATE AND TIME OF MEETING:** Meeting request from the Ambulance Paramedics of British Columbia (APBC) – date and time to be determined.

**ATTENDEES:** Bronwyn Barter, Provincial President of the APBC, has requested a meeting with the Minister and the Honourable Terry Lake, Minister of Health.

**BACKGROUND:**

In a letter dated September 11, 2015, to both the Minister and Minister Lake, Ms. Barter requested a meeting to discuss the challenges paramedics face acquiring adequate support for mental health injuries they have suffered as a result of performing their workplace duties.

APBC is the union organization that represents the 3,600 paramedics and emergency dispatchers in British Columbia. The APBC is one of the largest union locals in the Canadian Union of Public Employees (CUPE) and is also known as CUPE local 873. Nearly every ambulance worker and emergency medical dispatcher in BC is a member of APBC. The employer of the APBC is the British Columbia Ambulance Service (BCAS), one of the largest ambulance services in the world. The BCAS is a part of the Provincial Health Services Authority, which ensures that all decisions around planning and operations align with the strategic health sector alignment set by government. The APBC responds by air, land, and sea to over 500,000 annual 911 calls throughout the province.

**DISCUSSION:**

Ms. Barter's letter notes that the Paramedic Association of Canada recently conducted a survey that determined that 30% of the paramedic respondents have contemplated suicide and that 97% of respondents indicated that paramedics and dispatchers need support for the cumulative impact of multiple traumatic calls over their careers.

The APBC believes that it is necessary to broaden the range of mental health injuries accepted by WorkSafeBC and to provide presumptive coverage for mental health injuries for paramedics and dispatchers.

Section 5.1 of the *Workers Compensation Act* was changed effective July 1, 2012, in order to expand coverage for BC workers who experience work-related mental disorders, including post-traumatic stress disorder (PTSD).



The change in coverage means that all BC workers, including paramedics and other first responders, are covered for mental disorders caused by a larger array of traumatic events or significant work-related stressors arising out of and in the course of employment. Section 5.1 specifically provides that a worker is entitled to compensation for a mental disorder if the mental disorder is diagnosed by a psychiatrist or psychologist as a mental or physical condition that is described in the most recent American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders at the time of the diagnosis. Existing legislation thus provides for a broad range of mental disorders and is not restricted to only ~~Post-Traumatic Stress Disorder~~ (PTSD). It is unclear if the APBC wants the range of accepted mental disorders increased beyond those that are already described in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

To support the law and policy, WorkSafeBC has established a specialized Mental Health Claims Unit (MHCU) to deal with such claims. Data from WorkSafeBC indicates that 8,696 new mental disorder claims have been registered between July 1, 2012, and October 31, 2015. 2,392 of the 8,696 mental disorder claims were from the Health Care Sector. Of these 8,696 claims, 1,382 claims were allowed.

#### Minister's meeting with You are Not Alone

The Minister met with the group called You are Not Alone on June 5, 2015, to discuss the issue of first responders and PTSD, and other mental disorders. You are Not Alone includes persons with first responder experience. The Minister committed to ensuring that Ministry staff and WorkSafeBC will look into the support issues raised during the meeting.

Specifically, the minister committed that she would have Ministry staff discuss with WorkSafeBC the matters that were raised to see where WorkSafeBC can improve immediate service for people who make claims. In response, WorkSafeBC has established a steering committee, with participation from government and unions representing first responders, to begin looking at issues including early access to effective mental health treatment and resources as one way to reduce incidents of work-related mental health issues, including PTSD. The APBC is a member of the steering committee, which met for the first time on October 20, 2015.

The Minister also committed to direct Ministry staff to engage with the Ministry of Health on what broader supports are available to first responders with PTSD and on other mental health issues, and to determine if there are ways to improve processes for delivering these supports. The Ministry of Health has been engaged and has sought time to do a review before any further meetings with JTST staff occur.

#### UBCM Resolution

At the 2015 UBCM Annual Convention, Resolution B73, *Workers Compensation Act Presumptive Clause for First Responders*, was endorsed. This resolution resolved that

government amend Section 5.1 of the Act to add a presumptive clause for mental health injuries sustained by all first responders.

Government responded that it is keenly aware of the difficult circumstances many first responders have faced. Government indicated that it has no plans to amend Section 5.1 of the Act. However, Government will ensure that it continues to monitor this important and evolving issue and is prepared to work with WorkSafeBC, the Ministry of Health, first responders and other stakeholders to support the well-being of first responders.

### Other Jurisdictions

Alberta's *Workers Compensation Act* provides a presumption in favour of coverage for first responders who suffer from PTSD. It provides that if a worker who is or has been an emergency medical technician, firefighter, peace officer or police officer is diagnosed with ~~post-traumatic stress disorder~~ PTSD by a physician or psychologist, the ~~post-traumatic stress disorder~~ PTSD shall be presumed, unless the contrary is proven, to be an injury that arose out of and occurred during the course of the worker's employment.

On June 30, 2015, Manitoba gave royal assent to legislation that provides for a PTSD presumption that is accessible to all workers under the province's *Workers Compensation Act*. Under this legislation, the Workers Compensation Board presumes that a worker's condition was caused by the job and extends coverage and benefits to all workers eligible under WCB who are diagnosed with PTSD by a medical professional and who were exposed to a traumatic event or events recognized as triggering PTSD.

An Opposition Private Member's Bill (Bill 11) was introduced in the Nova Scotia House of Assembly on October 1st, 2014, by a member of the NDP Opposition. The bill would extend a PTSD presumption for "emergency responders" under Nova Scotia's workers' compensation legislation. While this legislation is modelled on Alberta's, its definition of "emergency responder" is broader than Alberta's definition of "first responder".

Private Member's Bills have been introduced in the Ontario legislature by the same member of the NDP opposition on several occasions, with Bill 67, *Workplace Safety and Insurance Amendment Act (Post-Traumatic Stress Disorder)*, 2014, being the most recent version of the Bill. If passed, the Bill would amend the *Workplace Safety and Insurance Act, 1997* to enact a PTSD presumption for emergency response workers. The Bill is modelled closely on Alberta's, and defines "emergency response worker" as a "firefighter, police officer or paramedic."

### **RECOMMENDED RESPONSE:**

- I appreciate the time the APBC has taken to write government and request a meeting to discuss the challenges paramedics face acquiring adequate support for mental health injuries they have suffered as a result of performing their workplace duties.



- Government is keenly aware of the difficult circumstances many first responders have faced and cannot imagine the toll this has taken on them.
- Government amended the *Workers Compensation Act* in 2012, to expand coverage for BC workers who experience work-related mental disorders, including PTSD. The change in coverage means that all BC workers, including paramedics and other first responders, are covered for mental disorders caused by a larger array of traumatic events or significant work-related stressors.
- WorkSafeBC has established a steering committee, with participation from government and unions representing first responders, to begin looking at issues – including early access to effective mental health treatment and resources – as one way to reduce incidents of work-related mental health issues, including PTSD. The intent is that this steering committee will play an important role in addressing issues and helping to develop strategies for mental health in the workplace for first responders. I am pleased that the APBC is participating on the steering committee.
- Government does not have plans to amend Section 5.1 of the Act. However, Government will ensure that it continues to monitor this important and evolving issue and is prepared to work with WorkSafeBC, the Ministry of Health, first responders and other stakeholders to support the well-being of first responders.

**Prepared by:** Peter Rogers, Senior Policy Advisor  
**Telephone:** 250 387-1755

Reviewed by			
Dir: MT	ED: JB	ADM: TH	DM:

MINISTRY OF JOBS, TOURISM AND SKILLS TRAINING  
AND MINISTER RESPONSIBLE FOR LABOUR  
**MEETING NOTE**

Cliff #: 112062

Date: February 29, 2016

**PREPARED FOR:** Honourable Shirley Bond, Minister

**ISSUE:** Delegates of the British Columbia Professional Fire Fighters Association (BCPFFA) will be attending the 4<sup>th</sup> Annual Robert E. Hall Legislative Conference in Victoria on March 7 – 8, 2016. The BCPFFA will request that government provide additional workers' compensation disease presumptions and a presumption for occupational stress injuries such as Post Traumatic Stress Disorder (PTSD).

**BACKGROUND:**

The BCPFFA consists of the 51 locals who represent professional fire fighters in the province. There are approximately 3,800 career fire fighters in B.C.

The BCPFFA's written submission for the 2016 Legislative Conference indicates that it is again requesting that government amend the *Firefighters' Occupational Disease Regulation* to provide presumptions for breast cancer, prostate cancer and multiple myeloma. The BCPFFA made a similar request last year. Government advised the BCPFFA that it would not be making the change at that time. This decision was made partly because some government members were concerned that the scientific evidence was not sufficient to support these presumptions.

The BCPFFA will also request that government change the *Workers Compensation Act* to add a new presumption for post-traumatic stress disorder (PTSD) and other mental disorders for First Responders (Police, Fire Fighters, Paramedics and Prison Guards).

In 2005, government amended the *Workers Compensation Act* to recognize certain cancers as occupational diseases associated with long-term employment as a fire fighter. The attached table indicates the presumptions BC now provides, including a presumption for heart disease/injury. These presumptions apply to a designated firefighter if that worker develops a listed disease and has worked as a firefighter for the time specified. If these conditions are met, WorkSafeBC will presume that the disease or injury was caused by work related activities unless it is proven otherwise. BC does not provide presumptions for PTSD or other mental disorders under existing legislation. WorkSafeBC requires evidence that the disorder arose out of work to accept a claim for workers' compensation.

**DISCUSSION:**

**Requested presumptions for breast and prostate cancer and multiple myeloma**



As the attached cross jurisdiction table indicates, Alberta, Manitoba, and Ontario have breast cancer and prostate cancer presumptions for firefighters, and the North West Territories and Nunavut have a prostate cancer presumption. Alberta, Manitoba, Ontario, Northwest Territories and Nunavut have a presumption for multiple myeloma, which is a cancer of plasma cells which are normally responsible for producing antibodies.

The BCPFFA submission provides a briefing note and various articles and studies to support the three requested cancer presumptions. There is no clear consensus across jurisdictions, however, in accepting a direct scientific link between specific cancers and work as a firefighter. s.13,s.16

s.13,s.16

s.13,s.16 Not all Canadian jurisdictions provide presumptions – Quebec, Prince Edward Island and Newfoundland do not.

#### Costing for providing a presumption for the three cancers

Including these three diseases would have an estimated annual cost of \$2,988,000 (\$2,454,000 for prostate cancer, \$68,000 for breast cancer and \$466,000 for multiple myeloma). s.13,s.16,s.17

s.13,s.16,s.17

#### PTSD presumption

In addition to the BCPFFA, the Ambulance Paramedics of BC and other first responder representatives have requested a presumption for PTSD and other mental disorders for first responders. Also, at its 2015 Annual Convention, UBCM endorsed a resolution that government add a presumptive clause for mental health injuries sustained by all first responders.

On February 18, 2016, Shane Simpson, MLA Vancouver-Hastings, brought this issue forward during Question Period. On February 23, 2016, MLA Simpson introduced a Private Member's Bill (M203 — *Workers Compensation Amendment Act, 2016*), which would provide a PTSD presumption for first responders in British Columbia. Under Bill M203, a first responder would include police officers, firefighters, paramedics, 911 dispatchers, sheriffs and corrections officers. MLA Simpson also noted during First

Reading that this legislation would set the foundation for discussions on expanding the scope to include other mental disorders beyond PTSD in the future.

Alberta has legislation that provides a PTSD presumption for specified first responders, while Ontario recently introduced legislation which, if passed, would also provide a PTSD presumption for first responders. Manitoba also provides a PTSD presumption, but it is accessible to all workers. The PTSD presumptions provided by these provinces would not meet the broader request by the BCPFFA, which includes a presumption for PTSD as well as depression, anxiety disorder or trauma and stressor-related disorders, or any related mental health injury.

s.13,s.17

#### Government and WorkSafeBC action to date on PTSD and other mental disorders

Section 5.1 of the *Workers Compensation Act* was changed effective July 1, 2012, to expand coverage for BC workers who experience work-related mental disorders, including PTSD.

The change in coverage means that all BC workers, including paramedics and other first responders, are covered for mental disorders caused by a larger array of traumatic events or significant work-related stressors arising out of and in the course of employment. Under existing legislation, WorkSafeBC does accept compensation claims from first responders for mental disorders, including PTSD, when it can be established that the cause arose out of work.

Government is keenly aware of the difficult circumstances many first responders have faced. The Ministry continues to monitor this important and evolving issue and is working with WorkSafeBC, the Ministry of Health, employers, first responders and other stakeholders to support the well-being of first responders.

In December 2015, WorkSafeBC struck the *Supporting Mental Health in First Responders Steering Committee*, a multi-agency body with senior worker and employer representatives from fire, police and ambulance services. The committee is working to actively promote positive mental health and to jointly identify and share best practices. The committee will meet at least six times per year. Through the committee, WorkSafeBC hopes to create a culture shift for first responders and their employers so they recognize risk factors for the development of mental health issues; increase awareness of resources; and reduce the number of mental health conditions experienced by first responders as a result of single incident and cumulative exposures



to traumatic events on the job. Assistant Deputy Minister Trevor Hughes sits on this committee.

s.16

**Suggested Response:**

- I wish to thank the BCPFFA for the ongoing work they have done to bring about the disease presumptions that are now in the *Workers Compensation Act*.
- I also wish to thank the BCPFFA for providing the supporting materials for the requested presumptions. Government will review these materials and take the submission into consideration.
- I am aware that some other provinces have provided presumptions for these three cancers and for PTSD.

**ATTACHMENT:** Fire Fighter Cancer Presumptions - Jurisdictional Comparisons

Prepared by: Peter Rogers, Senior Policy Advisor, Labour Policy and Legislation

Reviewed by			
Dir: MT	ED: JB	ADM: TH	DM:

**Firefighter Cancer Presumption – Workers Compensation Act  
Jurisdictional Comparisons – February 2016**

Cancer	BC	Alberta	Sask	Man	Ontario	NS	NB	Yukon	NWT	NU	Minimum Period of Employment
Breast Cancer	No	Yes	No	Yes	Yes	No	No	No	No	No	10 in Ab & ON, 12 in MB
Prostate Cancer	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	15
Multiple myeloma	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	15
Leukemia (primary site)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	5 for all except ON requires 15
Non-Hodgkin's Lymphoma (primary site)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	20
Primary site brain cancer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	10
Primary site bladder cancer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	15
Primary site kidney cancer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	20
Primary site ureter cancer	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	15
Primary site colon cancer	No	Yes	No	No	No	Yes	No	No	No	No	20
Primary site colorectal cancer	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	15 in Man & SK, MB, NWT, YK & NU. 20 in BC, AB & NB. 10 in ON
Lung cancer	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	15
Skin cancer	No	Yes	No	Yes	Yes	No	No	No	Yes	Yes	15
Heart injury	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Immediate
Heart Disease	Yes	No	No	No	No	No	No	No	No	No	Immediate
Esophageal cancer	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	25 expect 20 for MB
Testicular cancer	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	20 except 10 for MB, ON & YK
Inclusion of volunteers	Yes	No	No	Yes	Yes	Yes	Yes	No			N/A
Inclusion of part-time	Yes	No	No	Yes	Yes	Yes	Yes	No			N/A
Retroactivity	No	No	Some retro	Retro to Jan 1, 1992	Retro to January 1, 1960	To Jan 93					

Note: Quebec, Prince Edward Island and Newfoundland and Labrador do not have cancer presumptions for firefighters.