Approach to Mental Health
County of Renfrew Paramedic Service
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Executive Summary

Introduction:
Post Traumatic Stress Disorder (PTSD) is a mental health condition caused by witnessing or experiencing actual or threatened death, serious injury or violence. Being affected by these types of events is normal, however if the thoughts or memories of these events start to seriously affect the life of the person long after the event, that person could be experiencing PTSD.

Signs that someone may be experiencing PTSD include nightmares, uncontrollable memories, persistent fear and severe anxiety. (Mayo Clinic, 2016) (CAMH, 2016).

The framework within this plan is used to illustrate a holistic view of PTSD and work related stress prevention, intervention and is recovery and return to work practices. This is in alignment with the mission, vision and values of the County of Renfrew Paramedic Service.

Goals and Objectives:
The County of Renfrew Paramedic Service (the Service) will approach sound mental health by addressing three specific focus areas related to preventing and managing PTSD and work related stress in the workplace. The three specific focus areas are: Prevention, Intervention and Recovery and finally Return to Work. These are explained below.

Prevention Focus Area
The Prevention focus area outlines the basic elements of occupational health and safety management such as understanding legal responsibilities, recognizing, assessing and controlling the hazard, developing policies and procedures, outlining roles and responsibilities and incident reporting procedures within the organization. The goal is to establish or integrate PTSD prevention practices for the promotion of a healthy and safe workplace that actively works to prevent harm to a workers mental health and addresses workplace stress.

Intervention Focus Areas
The intervention focus area looks specifically on outlining actions that can be taken to improve a situation. This includes ensuring that workers know how to report psychological injuries when they occur and are supported in doing so. It also highlights intervention options that are evidence-based and that can be utilized within the organization.

Recovery and Return to Work Focus Area
The purpose of this focus area is to ensure that there are clearly established roles and responsibilities for supporting workers through the process of workplace re-integration. Recovery and Return to Work is an important aspect of preventing future or further injury.
Organizational Current State

The County of Renfrew Paramedics provides acute medical care and proactive in home community paramedic care to the residents and visitors of Renfrew County. Renfrew County is the largest county in the Province of Ontario. We have seen a steady increase in calls for service since the amalgamation of 5 separate services in 2005. The past several years have seen call volume climb to over 25 000 calls per year. The aging population within the County along with the recreational activities that abound here and the presence of several major transportation conduits have Paramedics exposed to a wide variety of experiences. Significant trauma, mental health issues and complex multiple medical conditions are issues that Paramedics manage daily. The workforce is equally represented by a compliment of full time and part time employees. Primary Care and Advanced Care Paramedics work together in teams to provide timely and appropriate care. Paramedic employees range in age from early 20’s to late 60’s spanning several generations. The implementation of an organizational mental health plan is a recognized need amongst employees and will assist in their ability to continue to serve the residents and visitors of Renfrew County. Employees worked collaboratively with other Paramedic Services in Eastern Ontario to share ideas for innovative and original ideas to meet the needs of Paramedics in regards to mental health.
Key PTSD Prevention Plan Elements

The foundation of good mental health will be stabilized by several pillars of support for the employees and management team of the County of Renfrew Paramedic Service.

**Sound Mental Health & Well Being**

- **Peer Support Team**
- **Resiliency Education**
- **Culture Change**
- **Resources Local Social Support Organizations**
- **Physical Health Promotion of physical health and activities.**

**Peer Support:**
The Service will support a team of Paramedic peers whose mandate is to assist and provide psychological support to their colleagues. These team members will be available by phone or in person to facilitate debriefs and discussions after particularly stressful or intense calls. The team has received Mental Health First Aid training and ongoing training needs will be assessed to address any gaps in delivery of the teams' mandate. This model has been used successfully in other local jurisdictions and was developed in consultation with those partners.

**R2MR – Road to Mental Readiness:**
The Road to Mental Readiness (R2MR) course was developed to provide practical knowledge and skills to address mental health and mental illness in first responder type, or similar environments. There are two versions available; one for managers/ Commanders/leaders and another for all employees.

This course is intended to give practical knowledge to support mental health and well being, enable full productivity of all employees, ensure a respectful workplace that is inclusive of all employees, including those with mental problems and mental illnesses, encourage people to seek help for mental health problems and mental illnesses and to ensure that we are building strong, resilient members in our workplace. This course is scheduled to take place in March of 2017.
Culture Change:
With the implementation of this plan there is the desire to change the culture of the organization in regards to mental health. This will be facilitated by the implementation of the aspects of this plan. The PTSD statement policy and anti stigma policies within this plan will give guidance to management and employees in relation to mental health issues. Awareness and reporting will be emphasized and incorporated into existing health and safety policy. A change in approach to front line operations will be promoted to ensure the mental health needs of employees are always considered particularly following a critical event. Mental health issues will be addressed in the established return to work process within the service to ensure employees is supported appropriately as they are reintroduced to the workplace. The management team has completed the Workplace Mental Health Leadership™ Certificate Program. This is a university-certified program created in collaboration with the Faculty of Health Sciences at Queen’s University, it teaches practical, empathetic solution-focused leadership skills for managing performance and promoting mental health. The management team also received the Mental Health First Aid training developed by the Mental Health Commission of Canada. Mental Health of employees will be considered in operational decisions and following events and calls that may be of concern.

Resources:
Resources will be listed within this plan and be made available to employees, the peer support team and the management team to ensure that employees have access to the resource they need when they have concerns. These resources include and are not limited to the Employee Assistance Program (EAP), the Robbie Dean Center, Renfrew County District Health Unit, Pembroke Regional Hospital and the Phoenix Centre for Children and Families.

Physical Health and Activity:
The World Health Organization (WHO) defines: health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The Service will promote physical exercise and activity for employees to promote overall health. This will be accomplished by supporting events such as the Paramedic Memorial Ride, organizing and supporting exercise related events at bases and within the community such as the Silver Chain Challenge. The Service is exploring additional avenues for employee engagement by utilizing a employee based working group for employee health and wellness that will focus on items such as running, cycling, or health related community events. A research proposal is being considered that will examine how ones overall level of physical fitness effects that individual's ability to cope with stress.
Post Traumatic Stress Disorder and Anti-Stigma Policy Statement
Policy F-15

Purpose

The County of Renfrew Paramedic Service (the Service) recognizes the importance of a productive, effective and healthy workplace. This can be achieved by supporting the mental health, wellbeing and psychological safety of all employees.

The Service is committed to fostering a workplace where our employees are protected from stigma associated with mental illness. The Service will ensure that all employees are treated with respect and dignity; this includes those suffering from mental illness and those who support other workers suffering from mental illness.

Harassment and acts of discrimination will not be tolerated. Anyone who is found to be stigmatizing another individual may be subject to disciplinary action.

Types of behavior and acts that contribute to stigma may include: gossip, harassment or bullying. This policy applies to all current employees and all behavior that is in some way connected to work including off-site meetings, training and day to day operations.

Procedure

The Service has established an organization-wide program for a safe and secure workplace that also addresses stigma which may be associated with mental illnesses.

The management team is actively involved in the mental health, wellbeing and psychological safety policy and program, and is committed to building psychological health and safety and respect confidentiality in all aspects of our operations, processes and procedures, particularly as this relates to incidents of traumatic mental stress and post-traumatic stress disorder.

To achieve our goals the County of Renfrew Paramedic Service will:

1. Increase awareness about mental health issues and create an open dialogue between all employees including the joint health and safety committee, commanders, chiefs, managers, and paramedics.

2. Develop policies, programs and provide the necessary services to support all members of the Service;

3. Be consistent with the principles of mutual respect, confidentiality and cooperation across the Service;

4. Support Commanders/Deputy Chiefs/the Chief to help address mental health, wellbeing and psychological safety and provide the resources and tools to address demands, conflict, emotional distress or trauma that may be experienced by our employees and paramedics; and

5. Evaluate the success of our program and adjust accordingly.
Responsibilities

**Senior Leadership team will:**
- Provide all employees a psychologically healthy and safe workplace, free of stigma, discrimination or harassment.
- Ensure that this policy is applied in a timely, consistent and confidential manner and determine whether or not allegations are substantiated and determining what corrective action is appropriate if required.
- Evaluate the ongoing needs of the Service and employees in regards to anti-stigma and make amendments to policy appropriately.
- Provide mental health awareness training and education
- Regularly monitor organizational practices and systems for barriers to achieving a stigma-free workplace
- Provide an effective and fair complaints process

**The Commander will:**
- Foster a stigma-free workplace and setting an example of appropriate behaviour.
- Communicate the policy and procedures for bringing forward a complaint, address situations of which they become aware in a timely fashion, take appropriate action in a sensitive and confidential manner for all employees.

**The Employees will:**
- Treat coworkers with respect in the workplace
- Bring forward complaints
- Cooperate with investigations into complaints.
- Be responsible for treating all parties and situations in a sensitive and confidential manner.
Education, Intervention and Support

Education:

Management

Workplace Mental Health Leadership™ Certificate Program. This is a university-certified program created in collaboration with the Faculty of Health Sciences at Queen’s University, it teaches practical, empathetic, solution-focused leadership skills for managing performance and promoting mental health. (completed October 2016)

Mental Health First Aid training developed by the Mental Health Commission of Canada. (completed January 2017) Course content included

- Explanations of mental health, mental illness and mental health problems
- Signs and symptoms of common mental health problems and crisis situations
- Information about effective interventions and treatments
- Ways to access professional help

All Employees

R2MR: Road to Mental Readiness — This course is intended to give practical knowledge to support mental health and well being, enable full productivity of all employees, ensure a respectful workplace that is inclusive of all employees, including those with mental problems and mental illnesses, encourage people to seek help for mental health problems and mental illnesses and to ensure that we are building strong, resilient members in the workplace (March 2017).

Peer Support

Mental Health First Aid training developed by the Mental Health Commission of Canada. (completed January 2017) Course content included

- Explanations of mental health, mental illness and mental health problems
- Signs and symptoms of common mental health problems and crisis situations
- Information about effective interventions and treatments
- Ways to access professional help
**Intervention and Support**

**Pembroke Regional Hospital Mental Health Services**
Provides case management, crisis response, court support, peer initiatives. 16 years and over.
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425 Cecelia Street, Pembroke
613-732-2811
www.mentalhealthhelpline.ca/Directory/Organization/677

**Renfrew County District Health Unit**
Provides workplaces with training in modifying stressors in the workplace and helping employees manage stress.
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7 International Drive, Pembroke
Health Info Line: 613-735-8666
Toll Free: 1-800-267-1097 ext. 666
www.rcdu.com/Pages/ChronicDisease/mental-health-adult.html

**Robbie Dean Family Counseling Centre**
Frontline de-escalation, safety planning, education and referral.
Walk-in crisis clinic, peer-to-peer parent support group, community suicide alert training.
12 years and over.
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Ottawa Valley Health & Wellness Centre
Main Floor, 315 Pembroke Street East
613-629-4243
Crisis Line: 1-866-996-0991
www.robbiedeancentre.com

**Phoenix Centre for Children and Families**
Children's programs for bullying, dealing with divorce, and social issues.
Parenting programs for adults.
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130 Pembroke St W, Pembroke
613-735-2374
Toll Free: 1-800-465-1870
www.phoenixpembroke.com

**Family and Children Services of Renfrew County**
Child welfare intake and child protection offers various support programs for children 16 and under and their families.
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613-735-6866
Toll Free: 1-800-267-5878
www.fcsrenfrew.on.ca

**Addiction Services**
**Addiction Treatment Services**: 1-800-265-0197
Assessment, counseling and treatment planning.
**Pathways**: 1-888-241-1135
Outpatient addiction treatment for those 16 and older and their families.
**Mackay Manor**: 1-877-819-4181
Addiction supportive housing program for men.
www.renfrewcountyaddictiontreatment.ca

**Bernadette McCann House for Women**
16-bed short-term crisis intervention shelter for abused women and their children.
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613-732-7776
Crisis Line: 1-800-267-4930
www.wsssbmh.org
Columbus House
Residential and day programs for youth ages 15-21 enrolled in full time educational programs.
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**Girls Residence:** 613-732-8977  
**Boys Residence:** 613-732-2791  
**Toll Free:** 1-888-393-3832  
[www.columbushouse.ca](http://www.columbushouse.ca)

Petawawa Military Family Resource Centre
Support services for military children and adults. Various programs offered to the civilian community.
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613-687-7587  
**Crisis Line:** 613-687-2104 Ext 224  
[www.pmfrc.ca](http://www.pmfrc.ca)

Employee Assistance Program – Shepell
- 
1-800-387-4765  

Ottawa Christian Counseling
Resident therapist practicing at the Robbie Dean Centre, and three psychotherapists practicing in the west end of Ottawa all of whom have advanced training in dealing with trauma including PTSD and other operational stress injuries.
In addition to services for employees, we offer services for couples, children and families through which we can help families of suffering employees or employees who have family issues that could add to their stress on the job.
613-729-8454 (Mon–Fri: 9am–4pm)  
[www.christiancounsellingottawa.ca](http://www.christiancounsellingottawa.ca)

County of Renfrew Paramedic Service
**Chaplain:** Greg Smith  
**Cell:** 613-635-1878  
**Email:** smithphoenix65@gmail.com

The following flowchart may serve as a guide for referral to professional services:

- Person Exposed to Trauma  
- Screen for PTSD Symptoms*  
- Are Trauma Related Symptoms Present?  
- **YES** Enter Treatment for PTSD  
- **NO** Educate about how to access care if needed, provide contact information and/or resources.

* This includes observation of work related or intrusive memories, avoidance, or hyper-arousal signs and symptoms and/or self screening methodology.
Self-Assessment: Do I have PTSD? Knowing When to Call a Doctor.

Directions: Read each of the statements below. If you have been experiencing these symptoms for more than one month mark the box at the beginning of the statement. When you are done you can print this off and take it to your doctor or share with your Commander so that they can help you access the support you need. You should call a doctor if you have been experiencing the symptoms for more than one month and you are experiencing at least:

- One intrusive memory symptom
- Three avoidance symptoms and
- Two hyper-arousal symptoms

Intrusive Memory Symptoms
Select all that apply. In the last month have you experienced any of the following intrusive memories:

☐ Recurring, unwanted distressing memories of the traumatic event.
☐ Reliving the event as if it were happening again.
☐ Upsetting dreams about the event.
☐ Severe emotional distress or physical reactions (heart racing, hands sweating) to something that reminds you of the event.

Avoidance Symptoms
Select all that apply. In the last month have you experienced any of the following avoidance symptoms:

☐ Trying to avoid thinking about the event.
☐ Avoiding places, objects, activities or people that remind you of the event.
☐ Increased negative feelings about self or others.
☐ Feeling emotionally numb or inability to experience positive or negative emotions.
☐ Feeling hopeless about the future.
☐ Losing interest in activities that were enjoyable in the past.
☐ Feeling strong guilt, depression or worry.
☐ Memory problems including not remembering important aspects of the traumatic event.
☐ Difficulty maintaining close relationships.

Hyper-arousal Symptoms
Select all that apply. In the last month have you experienced any of the following hyper-arousal symptoms:

☐ Irritability, feeling tense or “on guard.”
☐ Difficulty sleeping.
☐ Angry outbursts or aggressive behaviours.
☐ Being on constant guard for danger.
☐ Feelings of overwhelming guilt or shame.
☐ Self-destructive behaviours.
☐ Trouble concentrating or sleeping.
☐ Being easily startled or frightened.

Reference: First Responders First — www.firstrespondersfirst.ca/
Peer Support Team Policy: F-16

Purpose

The Peer Support Team is a program available to all County of Renfrew Paramedic Service employees that may experience critical incident stress. This program will confidentially help employees deal with any stress related responses that have the potential to affect their wellbeing, productivity and relationships with coworkers and family. The Peer Support Team is a peer driven program that functions alongside mental health workers and the Employee Assistance Program (EAP). The team will ensure consistency and availability of psychological support to all Renfrew County Paramedic Service employees in need. It must be understood that different experiences will impact each individual differently based on previous experience, personal stress, and past trauma.

Procedure

Employee will:

1. Recognize that they may experience general stress as well as critical incident stress or accumulated stress in the work environment.

2. Seek assistance through the Peer Support Team, their Commander, through other recommended resources or the EAP in dealing with critical incident stress, cumulative stress, or general stress.

3. Employees can request an IMMEDIATE response from the Peer Support Team through:
   - Contacting their Commander
   - Contacting any team member

4. Contact the EAP crisis line at 1-800-387-4765 or contact peer support or a Commander for assistance if they recognize they are in crisis.
**Commanders will:**

1. Recognize the fact that there is a stigma attached to requests for psychological assistance. Any employee making a request for assistance must be respected and remain confidential.

2. Contact the Peer Support Team as soon as operationally possible any time there is an event that may impact or distress a large number of employees so that an appropriate peer support response can be initiated.

3. Recognize that employees may become distressed by general stress or cumulative stress as well as critical incidents.

4. Attempt to identify calls or incidents may trigger an emotional response in addition to the “big calls” (mass casualty incidents, pediatric, suicide, threat to responder live, etc.)

5. Offer employees Peer Support as required.

6. Upon learning of a critical incident, contact the appropriate personnel involved and ask if they require a Peer Support session.

7. Accept requests for Peer Support intervention and assist in setting up a session.

8. Find an appropriate space for the session to occur.

9. Determine the Peer Support and personnel to be involved in the session. Book appropriate personnel Code 9 with the Duty Commander and CACC.

10. Invite CACC members to attend sessions if needed or feasible.

11. Request a defusing and/or debriefing for themselves, as required.

12. Complete an Emergency Services Incident Form on all employees as needed/required.

**Team Member will:**

1. Ensure the designated Commander is kept up to date with the list of active team members.

2. Update Renfrew CACC with the team members who are ‘on call’ at any given time with contact information.

3. Work with the Commander to facilitate defusing or debriefing sessions as needed.

4. Provide a quarterly report to the Deputy Chief of Quality Programs as to the utilization of the team, number of contacts with employees made, and any associated feedback or concerns in regards to team utilization and performance.
Terminology

Critical Incident
An incident or event that temporarily overwhelms the normal coping mechanisms of the employee. If it involves a death or serious injury, is it considered a traumatic critical incident.

Critical Incident Stress
Any situation faced by Paramedics that provokes an unusually strong emotional response that may interfere with their ability to function either at the scene or following the occurrence. It has the ability to overwhelm coping mechanisms. A critical incident for one person may not affect a colleague in the same way or to the same degree.

Vicarious Trauma (Secondary Trauma)
Vicarious trauma occurs when an individual who was not an immediate witness to the trauma absorbs and integrates disturbing aspects of the traumatic experience into their own functioning.

One-on-One Session
For any employee dealing with general or critical incident stress, it may be appropriate to separate some employees involved into smaller sessions (including one-on-one sessions) to minimize vicarious trauma.

Defusing
A session held with 2 or more people at the end of the incident and before the employee departs (before the first sleep).

Debriefing
A session held with 2 or more people after the employee has had at least one sleep or at least one shift after the critical event. Usually held within a few days after the completion of the incident.
Reporting Occupational Injury, Illness or Near Miss Incident Investigation: Policy F-06

Statement

The Paramedic Service is committed to the prevention of occupational illness and injury. We recognize the importance of reporting and evaluating workplace incidents and exposures to prevent and reduce occupational injury and illness. The Paramedic Service is committed to complying with the reporting and investigation requirements of both the Workplace Safety and Insurance Act, Occupational Health & Safety Act and related legislation.

All incidents or near-misses occurring as a result of the Paramedic Services work environment and/or involving Paramedic Service employees related to illness or injury, shall be investigated to determine root cause contributing factors and to identify measures to prevent a recurrence.

For reporting and investigating requirements for critical injuries, refer to Operational Policy F-10.

Definitions

Accident
An event that results in unintended harm or damage to people, property or the environment.

Non-Critical Injury
All occupational injuries and illnesses that do not meet the criteria of a critical injury, including those of a mental nature.

Near Miss
Incidents which otherwise may have resulted in personal injury, damage to property, or process/system loss.

Incident
An event, such as a near miss, that under different circumstances could easily have resulted in unintended harm or damage to people, property, the environment or a process.

Occupational Illness:
A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997.

Commander
Refers to a Paramedic Service employee’s immediate Commander whether it is a Commander, Deputy Chief, or Director.

Worker Representative
An employee who represents workers and is a member of the Joint Health and Safety Committee. If possible, worker representatives shall be trained as certified members.
Responsibilities

**All Employees are responsible for:**
- Obtaining appropriate health care treatment;
- Notifying the Commander on duty as soon as possible after an incident;
- Co-operating with the investigation, as required;
- Providing a completed Emergency Services Employee Incident Report to the Commander and submitting an Issues Management form to the Commander; and
- Maintaining communication with their Commander and the Employee Health Coordinator throughout recovery and return to work.
- Submitting a WSIB Form 8 Initial Health Professional return to work page statement as soon as possible following seeking of medical assessment and no later than 24 hrs.

**Commander is responsible for:**
- Contacting an employee as soon as possible after injury;
- Advising the Central Ambulance Communications Centre if appropriate;
- Notifying the Deputy Chiefs immediately of incidents;
- Attempt to preserve the incident scene to ensure an unimpeded investigation;
- Ensuring page 2 of the Emergency Services Employee Incident Report and all applicable appendices has been completed and distributed appropriately;
- Complete investigation and documentation and request assistance from the corporate Occupational Health and Safety Coordinator, as required;
- Conducting, investigating and forwarding recommendations to prevent reoccurrences and to minimize risks;
- Ensuring that professional critical incident stress debriefing is available either internally or via in conjunction with the Employee Assistance Program (EAP) as required;
- Receiving a completed WSIB Form 8 from an injured employee if the employee has sought medical attention, within 24 hours or less if the employee is scheduled to work; and
- Maintaining communication with their employee throughout recovery and return to work.

**Deputy Chief, is responsible for:**
- Participating in the subsequent and mandatory investigation process;
- Acting as a liaison between the Joint Health and Safety Committee and the corporate Health and Safety Committee;
- Implementing the recommendations resulting from the investigations process;
- Analyzing data to identify potential risks, conducting research, and implementing recommendations to minimize risks to employees, patients, and members of the public.
- Developing and managing an investigation process to ensure all incidents are investigated in a consistent and timely manner that will minimize risks to employees, patients and members of the public;
- Liaising with the Paramedic Service Joint Health and Safety Committee to ensure coordination and collaboration of investigation processes; and
- Reporting to the Director of Emergency Services regarding the investigation of incidents.
Actions

**Reporting Requirements**
- Any employee witnessing or sustaining an on-the-job injury or illness, no matter how minor, shall report it immediately to their Commander and document on a Emergency Services Employee Incident Report Form and/or a Witness Statement form;
- Any employee witnessing or involved in an incident that causes damage to property, no matter how minor, shall report it immediately to their Commander and document on a Issues Management Report form;
- Any employee witnessing or involved in a "near miss" incident, no matter how minor, shall report it promptly to their Commander and document on the Emergency Services Employee Incident Report; and
- All incidents shall be documented on the Emergency Services Employee Incident Report and provide immediately to the Commander.

**Corporate Requirement**
- An occupational injury or illness where an employee seeks medical attention and/or results in lost work time shall be reported to the Workplace Safety and Insurance Board.

**Health and Safety Investigations**
- The investigator (i.e. immediate Commander) shall secure the scene of the incident to prevent further injury and to preserve evidence for the subsequent investigation;
- The immediate Commander of the individual/group involved shall investigate all reported incidents to determine direct, indirect root causes and direct or indirect basic causes in order to identify measures to prevent a reoccurrence. The Commander will implement corrective action and prevent reoccurrence and/or minimize risks;
- The focus of the investigation shall be directed at fact finding – determining the course of events that lead to the incidents, all contributing policies and procedures and development of recommendations to control reoccurrences;
- The Commander shall be responsible for completing any additional documentation required;
- The Emergency Services Incident Report Form shall be submitted to the to the Deputy Chief of Operations, who will then forward the Joint Health and Safety Committee;
- The report shall then be forwarded to the Deputy Chief Operations who shall audit the corrective actions to ensure they shall be appropriate and have been executed; and
- The Deputy Chief Operations for tracking and follow-up.

**Remedial Action**
- Health and Safety incidents, issues, and concerns shall be discussed regularly at team, branch, and division meetings;
- The Deputy Chief shall forward the remedial action plan to the appropriate Commander for completion of work;
- Upon completion of tasks, the Commander shall report back to the Deputy Chief; and
- The Deputy Chief shall be responsible for data collection and management, and tracking progress on action items.

**Attachments**
- Emergency Services Incident Report and Appendices
- Emergency Services Incident Investigation Checklist

**References**
- Collision Reporting & Investigation, Operational Policy B-10 Renfrew County Emergency Services Department
- Occupational Health and Safety Act
- Workplace Safety and Insurance Act
Recovery and Return to Work Policy: H16E

Policy Statement

All departments value the goals of prevention of injuries and illnesses through maintaining a safe and healthy workplace and promoting healthy living. Consistent with this value is the commitment to the successful recovery of injured and ill employees by assisting in early intervention and return to safe work.

All departments will comply with legislative requirements including those of the Workplace Safety & Insurance Act (WSIA), the Ontario Human Rights Code: Duty to Accommodate, Accessibility and the Employment Standards Act.

This Standard Operating Procedure (SOP) identifies the early intervention-return to work process and responsibilities necessary for stay at work or to reintegrate employees back into the workplace as soon as medically reasonable following a medical, short-term disability, long-term disability or WSIB absence.

All departments will take reasonable steps to return injured and ill employees to their pre-injury job or alternative suitable duties, subject to availability. The Return to Work process is intended for temporary illness/injury situations typically for one to six weeks and a maximum of twelve weeks. The plan may be extended at the discretion of the Department Head and Director of Human Resources.

The Return to Work/Stay at Work process is a cooperative process between the employee, employer, and union (if applicable).

Eligibility: This policy applies to all employees.

Definitions

Accommodation

The process and implementation of changes to a job which enable a person with a disability to perform a job productively. Accommodations could be in the form of modified duties, reduced work hours, modified work schedules, rest/stretch periods, use of modified equipment, training, coworker assistance.

WSIB Form 8 Healthcare Professional’s Initial Report

A form to be completed by the worker’s healthcare professional upon the initial medical assessment for a workplace injury/illness. The healthcare professional is required to complete a Form 8 and provide a copy of the “Return to Work” page to the worker for submission to the employer.

WSIB Functional Abilities Form (FAF)

A form to be completed by the worker’s primary health care practitioner (not on first visit) and submitted by the worker that outlines the worker’s specific physical abilities and limitations (e.g. lifting, bending). The FAF is used to collect and use functional abilities information (with written authorization by the worker) for work related illness/injuries.

Treatment Memorandum Functional Abilities Report (TMFAR)

A County of Renfrew form to be completed by the worker’s primary health care practitioner and submitted to the employer by the worker that outlines the worker’s specific physical and cognitive abilities and limitations. The TMFAR is used to collect, use and disclose functional abilities information with written authorization by the worker, for non-work related illness/injuries. It may be used for work related illness/injury when the illness/injury is psychological in nature.
Physician / Health Professional Statement
A County of Renfrew questionnaire prepared by the Employee Health Coordinator, completed by the worker’s health care practitioner that addresses specific questions on a case by case basis. This process requires written authorization by the worker and is used by the employer to collect, use, and disclose information to resolve return to work recovery and/or return to work barriers.

Functional Demands Analysis
The identification of the physical, cognitive and psychosocial demands and the tasks associated with the demands in a job.

Modified / Transitional Work
Changes in a job’s tasks, the way a job’s tasks are completed, work schedules, hours of work, alternative duties or a combination there of. Through modified work hours or duties, the worker is expected to eventually be capable of returning to pre-disability duties.

Return to Work Plan Template
Gives structure and organization to the safe and timely return of a worker to the workplace.

Return to Work Journal Template
The Return to Work Journal template will be used by both parties to document arising issues and resolutions, exit from the Return to Work process and by the Employee Health Coordinator to document Return to Work meetings.

Suitable Work Duties
Duties that a worker has medical fitness and skills to perform that would not cause unreasonable health and safety risk to self or others.

Functional Abilities Evaluation (FAE)
An FAE is an objective method of assessing abilities and limitations. These are performed by specialized healthcare personnel, usually physiotherapists, occupational therapists or kinesiologists. The methods measure tolerances and capabilities and they can also be used to assist in the identification of treatment options that may improve outcomes.
Roles & Responsibilities

Confidentiality is the responsibility of all personnel involved in the process.

Employee Health Coordinator

1. Responsible for overall management of the Return to Work process.
2. Serves as a liaison between Employee, Supervisor, WSIB, group insurance carrier, Employee's attending Physician or other healthcare professionals, and OMERS.
3. Facilitates and records meetings with the Employee, Supervisor and, where applicable, Union Representative to resolve recovery/return to work barriers and/or develop a Return to Work Plan.
4. Monitors the effectiveness of the Return to Work Plan on a regular basis.
5. Determines information requirements and requests information via Physician/Health Professional statement, an independent medical assessment or a comprehensive functional abilities evaluation as required.
6. Ensures confidentiality and privacy legislation are met by maintaining all medical documentation and documentation related to the Return to Work Process as per County of Renfrew corporate policy A-02 Protection of Personal Employee Information and Human Resources SOP HR-29E Employee Medical Files.
7. Upon an employee’s exit from the return to work process, the EHC will notify relevant insurers such as WSIB and/or Manulife.

Senior Management

1. Provides support and commitment to the return to work and accommodation process.
2. Receives employee requests for accommodation and forward to EHC for consult and recommendations.
3. Provides decision making and direction throughout the process.
4. Requests adjudication/third party intervention when required for decision making throughout process.
5. Solicits availability of work in other departments within the corporation when suitable work is not available within own department.
6. Requests Human Resources to assist with determining appropriate rate of pay for the work being performed.
7. Responds to labour relations issues in consultation with Human Resources.
8. Human Resources Coordinator/Administration Supervisor
9. Assists with labour relations issues.
10. Assists with determining the appropriate rate of pay for the value of the work being offered.
11. Assists with skills identification and training/education requirements

Union

1. Counsels its members on the benefits of cooperating in the Return to Work process.
2. Attends Return to Work meetings at the request of the Employee or Employer.
3. Cooperates with Return to Work/accommodation process.

Healthcare Professional(s)

1. Provide appropriate assessment, diagnosis, treatment plan and ongoing monitoring for the employee.
2. Provide initial and periodic updates of functional abilities and limitations and other requested information (with written authorization of the employee).
**Supervisor (or designate)**

1. Provides the employee with "Return to Work" process letter. (Appendix I)
2. Initiates chronology of events and documents details throughout case.
3. Schedules meetings with the Employee and EHC to discuss recovery/return to work barriers and/or co-operatively develop a Return to Work Plan.
4. Identifies essential duties, accommodation options and contributes to the development of modified/transitional work as may be necessary.
5. Maintains contact with the Employee and consults EHC during the Return to Work process.
6. Supports and encourages the Employee in the development of a Return to Work Plan and modified/transitional work strategies as may be necessary.
7. Monitors Employee’s progress and seeks assistance for EHC as required.
8. Notifies administrative personnel to complete Employment record for payroll and data tracking of work place accommodations.
9. Implements training as required.
10. Notifies all personnel impacted by the Return to Work plan.
11. Upon an Employee’s exit from the return to work process, the Supervisor will complete a Return to Work Journal signed by both parties and trigger administrative personnel to complete an employment record.
12. Ensures all required forms are completed and forwarded appropriately. (i.e. LTD Sponsor statement)

**Employee**

1. Reports initial injury or illness to their Supervisor (or designate) as soon as possible to obtain the assistance required to recover, stay at work or return to work.
2. Informs their treating Physician/Health Professional about the Employer’s policy for early intervention and return to work. Submits completed documentation such as a WSIB FAF, TMFAR, medical information, and/or other required forms to the employer as requested.
3. Takes personal responsibility for maintaining own health and cooperates in the Return to Work process.
4. Actively participates in communications with Supervisor and EHC to identify suitable return to work consistent with functional abilities and resolve recovery and/or return to work barriers.
5. Arranges for Union Representation at meetings, if desired. Union representation is welcomed and encouraged by the employer.
6. Contributes to the development of a Return to Work Plan and safely participates in the plan with self monitoring to remain within abilities and limitations. Signs and receives a copy of Return to Work Plans and Journals.
7. Communicates with Supervisor and EHC regularly during the Return to Work process regarding his/her medical status and other areas relevant to his/her return to work.
8. If unable to perform the essential duties of own occupation, submits an updated resume.
9. Upon exit from the Return to Work process due to no availability of suitable position, monitor job postings and express interest via the County of Renfrew job application process identifying the accommodation process.
10. Failure to cooperate with any step of the Return to Work Process may result in an interruption of earnings and/or discipline.
Procedure

1. The process may be initiated by the employer via a request for employee to attend a return to work meeting and/or offer of suitable modified work or by the employee with submission of a written request for accommodation (Request for Accommodation Form Appendix H) to the Director.

2. The Supervisor will schedule return to work meetings with the employee, The Supervisor and the EHC. The EHC will facilitate the communication in the meetings. The meetings will be directed toward resolving recovery and/or return to work barriers and upon return to work readiness, the development of a Return to Work Plan.

3. The EHC will document the meeting using the Return to Work Journal template. The Return to Work Journal will be signed by both parties and copies provided to the employee. The original will be forwarded to employee medical file.

4. The Supervisor will document the details of the Return to Work Plan using the Return to Work Plan template. The Return to Work Plan will be signed by both parties and copies provided to the employee. The original will be forwarded to the employee medical file.

5. Consistent with Employer obligations, where Employees are unable to return to the full duties of their pre-injury/illness job, the goal will be to return them to modified or transitional work, which is consistent with their functional abilities (subject to availability of suitable work, current vacancies and qualifications required).

6. Employees participating in a Return to Work Process and not working their regular hours of work will receive pay for hours worked at rate of pay up to 4 weeks for duties being performed. Employees performing transitional/modified duties will be compensated at their normal rate of pay for a period of up to 4 (four) weeks (or equivalent for shift, part-time and contract employees). Modified work performed beyond 4 (four) weeks will be compensated at the rate appropriate to the value of the work being performed as determined by the job evaluation process (Appendix M) Compensation for hours not worked that are short of the Employee's regular earnings will be paid in accordance with the applicable policy, contract, or legislation.

7. The duration of a temporary Return to Work Plan will not typically exceed 2-4 weeks. The Return to Work process is intended to provide an accommodation to an employee while he or she is recovering from an injury / illness for a maximum of 12 weeks. Director/Administrator approval is required for all accommodations whereby the employee is not capable of performing the essential duties of his/her job and for all cases requiring accommodation beyond 12 weeks. No overtime work will be offered while participating in a Return to Work Process.

8. A Return to Work Plan may not be interrupted. I.e. Vacation or other leave in the midst of reintegration plan. Special consideration may be granted on a case-by-case basis as long as any progress made is not negatively affected.

9. Return to Work Plans and/or Journals may be sent to employee's healthcare professionals, WSIB or the Long-Term Disability Insurance Carrier, as applicable.

10. Where barriers or disputes exist regarding the return to work process, the following steps may be taken:

   - Review the Return to Work Plan and correct any existing errors or omissions, as may be necessary;
   - Obtain updated Functional Abilities information and reassess the appropriateness of the modified/transitional work.
   - Request third party Return to Work / Rehabilitation Specialist referral. I.e. WSIB Return to Work Specialist, Manulife Rehabilitation Specialist.
   - Obtain additional information from the employee's health professional(s) via the Physician/Health Professional Statement process.
   - Refer the employee to a physician chosen by the employer to conduct an independent medical assessment; and/or,
   - Obtain comprehensive functional abilities information or evaluation, performed by a physiotherapist or other specialist.
11. For attendance purposes, unrelated absences during the Return to Work process shall be reported as appropriate (e.g. An employee is participating in a Return to Work Plan due to a work-related back injury and is off sick due to a cold; for attendance purposes, this absence shall be reported as sick time not WSIB modified work or lost time).

12. Exit criteria from the Return to Work process is:
   - Return to pre-injury position at full duty;
   - Return to pre-injury position with permanent accommodation;
   - Unable to identify suitable, available work
   - Permanent placement in alternative and/or comparable work; or
   - Unable to accommodate in any position.
   - Refer to Corporate Permanent Accommodation Flowchart (Appendix L)
Additional Procedure for 
Work Related Case Management

1. If an employee is injured on the job he/she will immediately report the accident/incident to his/her supervisor (or designate), using the Employee Incident/Accident form as per Corporate Policy G-02 – Employee Incident/Accident Reporting or Department Specific SOP, and obtain the necessary first aid and/or health care.

2. If medical attention and/or modified work is needed, the employee will:
   - Seek medical attention and request a copy of the Return to Work (RTW) page of the Workplace Safety & Insurance Board (WSIB) Form 8 Health Professional’s Report (Appendix A)
   - Return the completed Return to Work page of the WSIB Form 8 to Supervisor within 24 hours of injury and/or before his/her next scheduled shift.
   - Complete a WSIB Form 6 Worker’s Report of Injury/Disease available online at www.wsib.on.ca and submit to WSIB and provide a copy to his/her supervisor.

3. The Supervisor (or designate) will:
   - Complete the supervisor’s section of the Incident/Accident Report, obtaining copies of witness statements and appendices as required.
   - Perform and document a preliminary investigation of the incident/accident.
   - Take necessary precautions to ensure a safe work environment.
   - Notify administrative personnel to initiate Form 7.
   - Notify the EHC and Human Resources Coordinator (HRC) as required.
   - Complete a WSIB Form 7 (Appendix J) with assistance of HRC and EHC as required.
   - Forward completed Form 7 to administrative personnel. Administrative personnel will:
     > Provide a copy to the employee with a letter (Appendix K) outlining Workplace Safety and Insurance Act (WSIA) obligations related to WSIB Form 7, Employer’s Report of Injury/Disease and WSIB Form 6 Worker’s Report of Injury/Disease.
     > Complete a fax cover page to WSIB (refer to WSIB Fax Protocol –) and fax the WSIB Form 7 to WSIB.
     > Forward fax confirmation and original documents to employee medical file (EHC).
References

4. Employment Standards Act — www.ontario.ca/laws/statute/00e41?_ga=1.187278760.1201155773.1459366132
5. First Responders First — www.firstrespondersfirst.ca/
If you don’t know what to say... just listen