# Post-Traumatic Stress Disorder (PTSD)

Instructor Guide

Safety Talk Overview

Safety Talks are a method to refresh an employee’s knowledge and skills, maintain their interest in safety and illustrate the organization’s commitment to creating a healthy & safe work environment. Safety Talks can be performed on a weekly basis or before the start of a new scope of work and should be about 15 minutes in duration. Generally, these Safety Talk meetings are led by a supervisor and should be mandatory for all crew members to attend. The content should be centred on a single topic (e.g. a safety rule, safe job procedures, recent incident, Joint Health & Safety Committee (JHSC) meeting minutes, inspection results, etc.).

Topic Overview:

At helicopter and snowcat skiing companies in BC every year, a number of workers suffer mental injuries while responding to traumatic events in the workplace.

Demonstration and Discussion Topics

🞏 **Discuss** the hazards involved in responding to traumatic events.

🞏 **Tour** the work area with workers pointing out where the accidents can occur.

🞏 **Distribute** the “Do’s & Don’ts” section of this handout.

🞏 **Use** the “Instructor Guide” section of the handout as your discussion guide

🞏 **Discuss** how accidents can happen.

🞏 **Remind** employees that they are required to wear adequate personal protective equipment.

🞏 **Explain** what can be done to minimize the risk of accidents (Do’s & Don’ts in handout)

🞏 **Emphasize** that following safe work procedures is mandatory.

🞏 **Make it real** by telling at least two true stories of injuries from your experience.

🞏 **Discuss** the attitude of “it won’t happen to me”. Remind them that an injury can and will happen if they take shortcuts or are careless.

🞏 **Answer** any questions or concerns they might have.

🞏 **Set a good example** by working safely at all times.

🞏 **Document** the Safety Talk by completing the “Safety Talk Record” section and filing it.

Post-Traumatic Stress Disorder (PTSD)



SAFETY TALK RECORD

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| --- | --- | --- | --- | --- | --- | --- |
| Discussion Leader: | | | Date: | | | |
| Department: | | | Time: | | | |
| Attendees (Please print your name and sign beside it. If you are a contractor, also include your company name): | | | | | | |
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| Near Miss/Incidents and Investigations Reviewed: (None this month 🞏) | | | | | | |
| (Industry alerts can be discussed here as well) | | | | | | |
| Safety Topic Discussed: | | | | | | |
| Title: | | | | Date: | | |
| Any questions or concerns from workers? | | | | | | |
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| Action Needed: | Person responsible: | | | | Due Date: | Completed Date: |
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| Reviewed By: |  | | | |  |  |
| *Supervisor/Manager Print Name & Sign:* | | | | | *Date:* | |

# Post-Traumatic Stress Disorder (PTSD)

**Hazards:** Traumatic Event

**Injury:** PTSD

**Equipment**: N/A

**Personal protective equipment:** N/A

**Training required:** N/A

**Legal requirements:** N/A

First Responders are routinely exposed to traumatic events in the course of their duties. As such, they are at increased risk for long-term problems from traumatic stress.

The *normal* response of *normal* people to traumatic (*abnormal*) events is psychological and physical distress. Humans have both inborn and learned responses to threatening events, based in our drive to survive. We use established coping skills and support from family and friends to manage such experiences. Often healing proceeds normally and there are no long-term consequences to the event.

At other times, the individual may experience temporary or chronic effects from the traumatic incident.

**What qualifies as a “traumatic event”?**

It’s one in which we experience “a threat (actual or perceived) of death or serious injury to self or others”, with a response of “intense fear, helplessness or horror.” It is not the event itself, but the meaning it has for the individual that makes it traumatic.

**What is the normal response to a traumatic event?**

Right after a traumatic event, normal people experience a range of normal reactions, including: anxiety; feeling “revved up;” fatigue; irritability; hyper-vigilance; increased emotionality; sleeping problems; exaggerated startle response; change in appetite; feeling overwhelmed; impatience; and withdrawing from family and friends.

**What are the signs?**

Signs indicating the potential to develop PTSD include a number of symptoms which can be categorized into these four categories: hyper-arousal, intrusions, avoidance and psychic numbing. These physiological, emotional, cognitive and behavioral changes must occur within a month of the incident, and last for at least two days, but not more than four weeks. These symptoms must have a significant negative impact on important areas of functioning (such as social or occupational function, or the ability to obtain and use support.)

**Hyper-arousal**: increases in heart rate; respiration and blood pressure; psycho-motor agitation; physical tension; difficulty sleeping; anxiety; fear; irritability or anger.

**Avoidance**: avoiding exposure to the trauma, including avoiding talking about it, thinking about it, visiting

the place where it occurred or seeing people who shared the experience of it; other avoidant symptoms might include withdrawing from friends and family, or being unable to go back to work if it was an on-the-job trauma.

**Intrusions**: including intrusive thoughts or memories of the traumatic event; flashbacks, in which people feel as though they are reliving the event with great intensity, and nightmares.

**Psychic numbing**:experiencing a sense of being emotionally numb after a trauma; experiencing a sense of unreality, dissociative amnesia, in which the traumatic event is pushed out of awareness; “spacing out” and using substances to “numb out.”

If the symptoms begin or persist beyond a month after the traumatic event, the person is diagnosed with Post-Traumatic Stress Disorder (PTSD).

**When should you seek help?**

With the support and care of family, friends and peers, many people are able to recover from the effects of a traumatic event. It is difficult to recover in isolation, though; the ability to accept support and help is essential to healing. People are sometimes able to recover from Acute Stress Disorder using their own coping skills and support from friends and family. If a month has passed since the event and the First Responder is still experiencing significant distress, this may signal Post Traumatic Stress Disorder (PTSD), a chronic, disabling stress disorder. It may be helpful to seek professional support, through either individual or group counseling, to deal with the effects of PTSD and return to optimal function.

**WorkSafeBC Critical Incident Response**

Generally, an intervention will be arranged for workers and employers who have witnessed, been directly involved in, or been affected by, an event. Interventions are offered to groups as well as to individuals. Through WorkSafeBC’s Critical Incident Response (CIR) Program, services can be provided up to three weeks from the date of the critical incident.

The CIR Program does not address labour relations issues or concerns regarding safety at the worksite. These concerns are redirected to the appropriate external or internal resource, including the Labour Relations Board of BC, WorkSafeBC Prevention Officers, employer management, unions, or employee assistance programs, where available.

**Who can request an intervention?**

Anyone can initiate the request for an intervention. When an incident occurs, please contact the CIR Program as soon as possible to give the program, the employer, and/or worker, the opportunity to determine whether an intervention is appropriate and/or necessary.

**Who funds this program?**

The CIR Program is a WorkSafeBC initiative and, as such, is funded entirely through WorkSafeBC; there is no additional cost to the worker or employer. It is the only critical incident response program within a workers’ compensation system in Canada.

**The role of the CIR provider**

When the CIR Program receives a request for intervention, these services are provided by a qualified mental health professional located in the employer’s/worker’s community. Providers are registered counselors, social workers, and psychologists who have specialized training to work with people who have been through traumatic incidents. If a local provider is not available, a qualified provider is brought in from another area.

**Employer’s role in critical incidents**

Employers can effectively manage critical incidents with clear policies and procedures that are humane, sensitive, and responsive to workers. Intervention procedures may reduce the intense reactions of workers to an incident and assist them in returning to their duties. Types of interventions that could be held include:

**Defusing session**

Held **within 6 to 8 hours** of the incident, a defusing session is a brief confidential, non-judgmental group meeting of workers affected by the incident. It is critical to have experienced people specially trained to conduct a defusing session; this can include trained peers. The defuser explains the physical, emotional and mental reactions that workers may be experiencing, and how to take care of their emotional and physical health.

**Debriefing session**

A debriefing session is ideally held **within 24 to 72** hours after an incident. It is a confidential, non-judgmental discussion of the continuing effects of a traumatic incident on workers. The purpose of this session is to alleviate the trauma of affected workers, and to assist in the recovery process. Debriefing focuses on the emotional well-being of workers – it does not attempt to find the cause of the accident or assign blame. Sessions should be led by trained professionals and participation voluntary.

**Critiquing session**

A critiquing session is held **a few weeks after** the incident. Employers, supervisors, and workers review all aspects of the incident to uncover deficiencies in the handling of the incident, and provide corrective solutions. The session looks at how the incident was handled, how it could have been handled better, how it could have been prevented, and the effectiveness of the intervention. Related company policies, safety regulations, safe work procedures are also reviewed.

**Corporate review**

Within **30 days of an incident**, an employer conducts a broad review of all steps taken in response to the incident, including:

* First aid
* Emergency procedures
* Critical incident debriefing
* Accident investigation
* Corrective responses
* Claims management

The purpose of a corporate review is to assess the effectiveness of the company's procedures, how the company responded, and suggest other corrective steps that should be put in place. This does not replace an accident investigation.

**To access the CIR program**

A workplace critical incident is defined as a sudden and unexpected traumatic event that arises out of and within the context of one’s work and is outside the realm of normal workplace events. Early intervention is intended to mitigate the impact for workers who have experienced a critical incident in their workplace.

The Critical Incident Response (CIR) Program offers workers and employers the opportunity to process their experiences and responses following such an incident. Services can be provided up to three weeks from the date of the critical incident.

The CIR Program is a free, confidential, and voluntary service that contracts with a qualified mental health professional to provide the appropriate intervention to workers and employers across BC.

Phone: 1-888-922-3700

Hours: 9:00am to 11:00pm, 7 days a week

Reference:WorkSafeBC CIR procedures and guidelines