

PARAMEDIC SECTOR RISK ASSESSMENT AND ROOT CAUSE ANALYSIS PROJECT

REPORT 2: ROOT CAUSE ANALYSIS FINDINGS

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EXECUTIVE SUMMARY

Public Services Health & Safety Association (PSHSA) conducted a Root Cause Analysis (RCA) as part of the Paramedic Sector Risk Assessment and Root Cause Analysis project. The RCA was completed from January to March 2022 utilizing a "by the industry, for the industry" approach.

The risk statement that outlined the scope of the RCA was: "exposure to events that can lead to potential psychological harm occurring in the paramedic sector, and can seriously impact the worker, their families, the public and the service". The scope of this work included land and air ambulance paramedics and Central Ambulance Communication Centre Ambulance Communications Officers (ACO).

As part of the RCA, sector stakeholders and subject matter experts participated in a two-day workshop which took place in February 2022 to identify the top causal factors for psychological harm in paramedics and ACO followed by a detailed list of solutions and controls for each of the top causal factors. PSHSA secured a balance of perspectives for the RCA workshop, including worker and employer representatives from Indigenous, rural, urban and remote paramedic services, individuals with lived experience, members of services' peer support groups, clinicians, provincial ministries and academia. The sector and industry experts who participated in the RCA workshop represented the following organizations:

- Naotkamegwanning First Nation EMS
- Greater Sudbury Paramedic Services
- Ornge
- York Region Paramedic Services
- Region of Durham Paramedic Services
- Cornwall Paramedic Services
- Glen Stor Dun Lodge
- Renfrew Central Ambulance Communication Centre
- Unifor
- Fanshawe College
- OPSEU (Ontario Public Service Employees Union) Ambulance Division
- CUPE (Canadian Union of Public Employees)
- SIEU Healthcare
- Occupational Health and Safety Branch, Ministry of Labour Training and Skills Development
- Emergency Health Program Management and Delivery Branch, Ministry of Health
- Private Practice Therapist

On the first day of the workshop, the causal factors for psychological harm in paramedics and ACO were identified and documented. Employer and worker representatives then voted on the importance of the 36 primary causal factors identified using a seven-point scale. This allowed PSHSA to identify the top primary causal factors based on the votes.

On the second day of the workshop, RCA workshop participants brainstormed solutions and controls for each of top 12 primary causal factors.





36 primary causal factors for psychological harm in paramedics were identified.

150 possible solutions and controls were identified to address the top 12 primary causal factors.

The following themes emerged from the list of possible solutions and controls:

- Updating training (i.e., materials, facilitation, time allotted, methods) for the following topics: workplace violence, psychological health and safety, fatigue, handling traumatic events, stigma, self-care, stay at work and return to work, and resiliency.
- Providing trauma-informed and paramedic-specific mental health supports.
- Increasing collaboration between educational institutions, base hospital programs and service providers on training, mentorship and program development.
- Allowing for protected or dedicated time for training and continuing education, breaks and pause time to reset and re-energize.
- Highlighting the need for paramedic-specific health and safety legislation in addition to increased participation of and consultation with paramedic services and ACO when there are system or legislation changes.
- Continuing of forums and workshops where various workplace parties and decision makers can focus on issues and brainstorm solutions.
- Encouraging self-care at the service level by enhancing facilities (e.g., gyms, break rooms, quiet spaces), and spreading awareness.

The EMS (Emergency Medical Services) Section 21 Sub-Committee was provided with a summary of the results of the RCA workshop which can help to inform the committee's work in the years to come.





INTRODUCTION AND RATIONALE

The purpose of the Paramedic Services Risk Assessment and Root Cause Analysis project is to support the sector in preventing injury and illness by identifying the occupational health and safety hazards that paramedics are most exposed to, understanding the associated risks and root causes that are fundamental to their elimination and control, and collaboratively developing solutions to mitigate risk.

The two-part, industry-led project uses a "by the industry, for the industry" approach and represents a collaborative effort among sector representatives (labour and employer), paramedic networks, industry experts, health and safety professionals and Ministry representatives across Ontario.

The results of the Paramedic Services Risk Assessment and Root Cause Analysis project will better inform future prevention efforts and programming for the paramedic sector. The "for the industry, by the industry" approach will also increase engagement with the sector. A sector-specific commitment to addressing the unique health and safety hazards is an expected outcome based on the results of applying this process in other high-risk sectors.

Public Services Health & Safety Association (PSHSA) conducted both the risk assessment and Root Cause Analysis (RCA) for the paramedic sector following the process developed by the Ministry of Labour, Training and Skills Development and included in the 2021-26 *Prevention Works* Strategy (Figure 1).

PSHSA completed the first part of the project - the risk assessment - in Fall 2021. (View the <u>final report</u> for a summary of findings.) The second part of the project - the RCA - was completed in Winter 2022. This report is a summary of the findings of the RCA.

To achieve Objective 1, the OHS system will engage in the following activities:

Build system capacity to conduct risk assessments and identify root cause of workplace injuries, illnesses and fatalities. Use risk assessment and root cause analysis findings (and other evidence where necessary) to target prevention, compliance and enforcement initiatives and focus on the OHS system.

Why we are doing it: Risk assessments and root cause analysis are effective ways of identifying, targeting and controlling highrisk workplace hazards.

Figure 1: Excerpt from Ministry of Labour, Training and Skills Development's 2021-26 Prevention Works Strategy (Prevention Works - Ontario's Occupational Health and Safety System in Action, 2021)

PARAMEDIC INJURY DATA

Paramedic services are represented by Schedule 1 and Schedule 2 employers. From a WSIB premium perspective, paramedic service jobs are one of the highest risk occupations within PSHSA's sectors under the former rate group framework. Schedule 1 employers (rate group 590) have high premiums and increasing injury counts. In 2018 and 2019, premiums for rate group 590 were \$7.90 per \$100 payroll. With the WSIB's transition to NAICS codes, Schedule 1 employers' premiums have decreased, which reduces the financial impact of workplace





injuries for some paramedic services (Schedule 1 only). To our knowledge, this change to rate groups has not impacted the frequency and severity of occupational injuries for all paramedic services, nor is there an economic impact for Schedule 2 employers.

The paramedic sector also has high rates and risk of work-related mental health injury as evidenced by:

- Workplace Safety and Insurance Board (WSIB) data
- Research Dr. R. Nicolas Carleton and the PSHSA/Conference Board of Canada Occupational Stress Injury Resiliency (OSIR) Index
- COVID-19 pandemic
- Workplace violence

Refer to Appendix A in the <u>risk assessment report</u> for more detailed information on injury data in the paramedic sector.





SCOPE

To support the paramedic sector in preventing injury and illness among paramedics, PSHSA conducted a Root Cause Analysis (RCA) in Winter 2022, including a collaborative RCA workshop in February 2022. This work was completed following the Ministry of Labour, Training and Skills Development's risk assessment and root cause analysis workshop framework.

Exposure to events that can lead to potential psychological harm occurring in the paramedic sector, and can seriously impact the worker, their families, the public and the service.

The risk statement that outlined the scope of the RCA was: "exposure to events that can lead to potential psychological harm occurring in the paramedic sector, and can seriously impact the worker, their families, the public and the service".

The focus of the RCA was on the occupation of paramedics (including community paramedics) providing patient care as well as Ambulance Communication Officers (ACO). It did not explicitly focus on other aspects of the pre-hospital care system, such as Central Ambulance Communication Centre (CCAC) logistics or other roles in the paramedic service organization.

METHODOLOGY

The guiding principles for participating in the workshop were:

- Engagement: Process involves people who may be affected by the decisions it makes or can influence the implementation of its decisions
- Empowerment: Process characterizes willingness to provide a platform for decision making with key stakeholders
- Diversity: Process encourages and welcomes diversity of thought, experiences, skills and talents of participants of all ages, genders, races and sexual orientations
- Inclusion: Process provides an environment where all individuals are treated fairly and respectfully, and given equal access to opportunities, resources and accommodation where they might otherwise be excluded from participating

The RCA workshop took place in February 2022 over two days. PSHSA secured a balance of perspectives for the RCA workshop, including worker and employer representatives from Indigenous, rural, urban and remote paramedic services, individuals with lived experience, members of services' peer support groups, clinicians, provincial ministries and academia. Participants in the RCA workshop represented and participated with a view to the sector, and not their individual organizations.





The purpose of the RCA workshop was to have sector stakeholders and subject matter experts identify the top causal factors for psychological harm in paramedics and ACO as well as potential solutions and controls for each.

On the first day of the workshop, participants were asked to identify causal factors in the following categories:

- People: individuals' behaviour (what people do and do not do), experience, mental health, age. Consider all workplace parties, including clients, visitors and suppliers.
- Equipment: tools, machines, technology, equipment, tool design, maintenance.
- Measures: data, indicators, evaluation, techniques/actions used to measure performance, quality.
- Environment: working environment, work surroundings, including air, noise, light, accommodation, wellbeing at work.
- Processes: method, procedures, work instructions, policy.
- Culture: work culture/attitudes, values, organization leadership, traditions, beliefs, interactions.

The identified causal factors for psychological harm in paramedics and ACO were documented using a fishbone diagram. The fishbone diagram is a cause analysis tool and is considered one of the seven basic quality tools. It is often used in brainstorming sessions when identifying causes for a problem as it sorts ideas into useful categories. For each primary causal factor identified, the question "why" was asked to identify the second, third and fourth-level causal factors for psychological harm in paramedic sector. The resulting fishbone diagram outlining the 36 primary causal factors identified by the workshop participants, as well as the secondary, tertiary and quaternary causal factors, can be found in Appendix A.

Employer and worker representatives then voted on the relative importance of the 36 primary causal factors identified using the following seven-point scale.

- 1. Not Important
- 2. Low Importance
- 3. Slightly Important
- 4. Neutral
- 5. Moderately Important
- 6. Very Important
- 7. Extremely Important/Show Stopper

This allowed PSHSA to identify the top primary causal factors which would then be brought forward to the solution brainstorming session. Only worker and employer representatives participated as voting members to identify the top causal factors. PSHSA, Ministry, academic and other participants took part as non-voting members who assisted in the identification of causal factors and potential solutions.

On the second day of the workshop, participants brainstormed solutions and controls for each of the top 12 primary causal factors. The intention was to develop a list of solutions and control measures to reduce the likelihood and impact of the primary causal factors. Participants were encouraged to consider the impact that all relevant stakeholders could have on the causal factor, and not to consider the financial or operational impacts of the potential solution. See Appendix C for a comprehensive list of proposed solutions.





Following the workshop, all participants were invited to provide feedback on their experience. PSHSA sought to understand the outcomes of the workshop for participants and knowledge transfer that occurred.

Brief, 15-minute validation meetings were also held with each of the voting members (employer and worker representatives). The purpose of the validation meeting was to ensure that voting members had time to reflect on their votes and ideas and provide an opportunity to confirm agreement and add to the causal factors identified and solutions proposed. The following questions were asked:

- Did anything else come up since the RCA workshop that the group did not get a chance to discuss? Is there anything else you want to add (e.g., another solution, another "why" on fishbone)?
- Do you have any other feedback regarding the RCA workshop, process and format?
- Are you in agreement with your original votes?

PROJECT TIMELINES

The project was first proposed to the EMS Section 21 Sub-Committee in June 2021. The bulk of the risk assessment work was completed in Fall 2021. Results of the risk assessment were presented to the risk assessment workshop participants and the EMS Section 21 Sub-Committee in January 2022 who chose the topic and identified the risk statement for the RCA workshop.

In February 2022, PSHSA hosted the RCA workshop. In March 2022, PSHSA provided a high-level summary of the RCA findings to the EMS Section 21 Sub-Committee and sought input on knowledge dissemination and project communication. The report detailing results and findings of the RCA were published in May 2022 and will be shared with the sector throughout the remainder of 2022. See Figure 2 for an illustrated timeline.

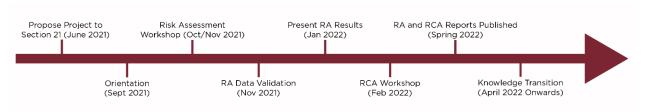


Figure 2: Paramedic Sector Risk Assessment and Root Cause Analysis Project Timeline





FINDINGS

PRIMARY CAUSAL FACTORS

The fishbone diagram in Figure 3 outlines the 36 primary causal factors for the risk statement identified by participants in the RCA workshop for the six categories: people, equipment, measures, environment, process and culture. See Appendix A for the detailed fishbone diagrams listing all primary, secondary, tertiary and quaternary levels of contributing factors.

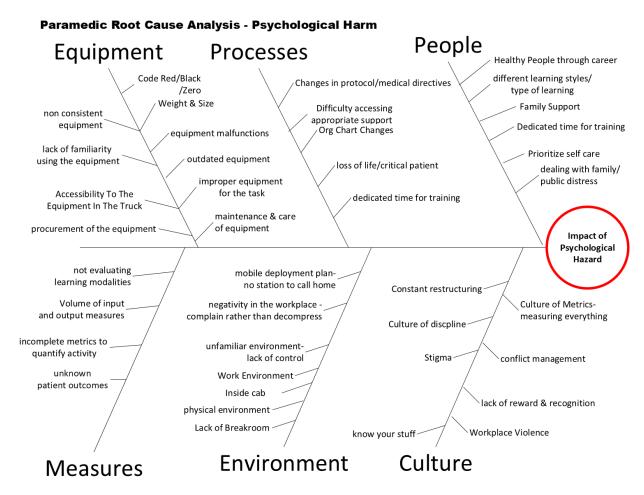


Figure 3: Primary Causal Factor Fishbone Diagram

VOTING ON PRIMARY CAUSAL FACTORS

Workshop participants voted on the relative importance of the 36 primary causal factors identified using a seven-point scale. Table 1 summarizes the results of the voting, displaying the top 12 primary causal factors voted as "most important" to address by employer and worker representatives and their respective importance ratings.





Voting results for each of the causal factors are provided by worker representatives only, employer representatives only and combined (both employer and worker representatives). Outlining the difference in voting between worker and employer representatives is meant to provide perspective and understanding of the importance of causal factors between the two groups. Under the Worker Only and Employer Only columns, blue represents the causal factors that appeared in the top 12 for both groups after voting. Red identifies causal factors that were not in the top 12 primary causal factors for that group of workshop participants, but did appear in the top 12 when both employer and worker votes were considered.

It is important to note the high degree (75%) of congruence between the employer and worker perspectives on the importance of the top causal factors.

Refer to Appendix B for the ratings of all 36 identified primary causal factors.

TABLE 1: VOTING BY EMPLOYER AND WORKER REPRESENTATIVES ON THE IMPORTANCE OF CAUSAL FACTORS

Causal Factors	All Responses	Worker Only	Employer Only
Culture: Workplace Violence	6.2	6.3	6.1
Processes: Difficulty Accessing Appropriate Support	6.2	6.7	5.7
Processes: Dedicated Time for Training	6.0	6.5	5.6
People: Prioritize Self Care	6.0	6.2	5.9
Environment: Negativity in Workplace	6.0	6.0	6.0
People: Healthy People Through Career	5.9	5.7	6.1
Culture: Stigma	5.7	6.2	5.3
People: Dedicated Time for Training	5.5	6.0	5.1
Equipment: Code Red/Black/Zero	5.5	5.7	5.3
Culture: Know Your Stuff (Knowledge Translation and Maintenance)	5.4	6.2	4.75
Environment: Work Environment	5.4	5.8	5.0
People: Family Support	5.4	5.3	5.4





SOLUTIONS AND CONTROLS

A total of 150 unique solutions and controls for the top 12 primary causal factors were identified by RCA workshop participants during the brainstorming session. For the purpose of this report, *People: Dedicated Time for Training* and *Processes: Dedicated Time for Training* have been consolidated into one causal factor.

TABLE 2: UNIQUE RECOMMENDATIONS BY CAUSAL FACTOR

Causal Factor	Unique Recommendations
Culture: Workplace Violence	20
Processes: Difficulty Accessing Appropriate Support	12
Processes and People: Dedicated Time for Training	5
People: Prioritize Self Care	17
Environment: Negativity in Workplace	12
People: Healthy People Through Career	19
Culture: Stigma	14
Equipment: Code Red/Black/Zero	15
Culture: Know Your Stuff	16
Environment: Work Environment	13
People: Family Support	7

The solutions are identified below in Table 3 as possible interventions that a variety of paramedic sector stakeholders can take to reduce the risk of psychological harm to workers under each of the top 12 primary causal factors.

As a reminder, given the nature of the brainstorming session, workshop participants were instructed not to take financial or operational impacts into consideration.

Note that the recommendations are not listed in any particular order and have not been prioritized for an action plan.





TABLE 3: UNIQUE RECOMMENDATIONS BY CAUSAL FACTOR

Causal Factors	Unique Recommendations
Culture: Workplace	Create a norm to have a chart flagging system for individuals (patients) with history of violence and harassment, and a system for follow through with the employer.
Violence	Have a zero-tolerance policy in the workplace with clear follow through with the employer after an incident of workplace violence or harassment is reported.
(20 unique recommendations)	In the Workplace Violence and Harassment policy, include prompts for consideration of worker mental health as a contributing factor during the investigation of a workplace violence or harassment incident.
,	Violence Management Techniques (such as verbal de-escalation) training should be provided regularly (e.g., at least every two years or annually) with a variety of tools and different training materials.
	Establish a peer role for paramedic who has received specialized training on de-escalation (verbal and physical) and workplace violence and harassment who can be the first touch point for individuals affected by these types of incidents.
	Establish a peer role for ACO who has received specialized training on de-escalation and workplace violence and harassment who can be the first touch point for individuals affected by these types of incidents.
	More collaboration with the sector (frontline worker, JHSC, unions) when making policies, procedures, and programs.
	More education around right to refuse especially for new hires. This should happen in CMEs at the service level and in colleges (see PSHSA's <u>VARB toolkit on Work Refusal for Workplace</u> Violence).
	Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector.
	 a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Increased frequency of self-defense training or a course that is regularly offered so
	paramedics can attend at whatever time suits them, encourage fitness c) Consider how to keep training alive in shift start to help to move toward muscle memory.
	d) Use scenarios e) Video series
	 f) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance g) Sample of existing program: Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) h) Tactical communication
	10-2000 response is not consistent across the province so the following can be mitigation strategies:
	a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC
	b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding.
	 c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed.
	Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)
	To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.





Causal Factors	Unique Recommendations
	Increase workplace violence and harassment awareness education for paramedics and ACOs when taking the paramedic program and the ACO training. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)
	Include verbal de-escalation training and self-defense training as part of sector requirements for paramedics and ACO.
	 a) Add this to a vocational learning outcome and 911 learning b) Ministry of College and Universities owns document and program standard documents come up for regular curriculum revisions/reviews
	PSHSA could create a poster on WPV policy and on zero tolerance. Posters would be distributed through OAPC and union for posting in workplace.
	Increase awareness and give prevention tools on how partners can support paramedics in their mental health (e.g., R2MR) a) For colleagues and partners as well
	 b) Responsibility is not just on the management c) Topics: how to have a difficult conversation, compassion fatigue, empowering them to have the conversations with peers
	Share PSHSA homecare resource definitions with paramedic sector. Investigate the feasibility of adapting resources to support the paramedic sector. Include: a) definition of Violence Management Techniques: the knowledge, skills, and abilities
	required to safely prevent and manage violence when it occurs or is likely to occur. b) Techniques (not limited to) de-escalation, self-defense, self-protection, breakaway, detaining and holding, use of force, restraint use, and situational awareness
	<u>workplace-violence.ca</u> contains all the workplace violence toolkits and Joint Leadership table resources developed for health and community care. PSHSA to share the VARB toolkits with the paramedic sector to assist with brainstorming solutions for paramedic sector.
	Provide self-defense and other violence management techniques training at college level and regular training over time to maintain confidence on how to safely remove yourself from that position. Variety is essential and different modalities to keep it updated.
	Enhance consultation with the sector when making legislation. Suggest changes to the OHSA to explicitly to require consultation for S32 (workplace violence and harassment) especially.
Processes: Difficulty	Improve Peer support available by: a) Defining the peer supporter role
Accessing	b) Having resources in place to enhance the support provided by the provided peer
Appropriate	support Employer to vet a list of psychologists and provided the list to the workers. The employer will
Support	have no direct link to this list of psychologists but would ensure that they have the experience and the knowledge of the sector.
(12 unique recommendations)	Include appropriate definitions for clinicians in the services provided by extended health coverage and broaden the type of mental health related services provided. a) Expand their services that cover mental health (e.g., some insurance companies will not
	cover therapist or social worker, but will cover a psychologist and that is not possible in some places) b) Ensure they are recognized by WSIB
	Operational Pause to be put in place as a regular program that includes coping strategies and self-regulation
	Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience levels, return to work and stay at work with respect to mental health (see PSHSA's Resilience Resources outlined in Appendix D).
	Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders
	Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed
	Encourage, support and provide training on self-care, helping an individual to identify what works for them (e.g., yoga, exercise, therapist). Develop and implement a workplace wellness program that explicitly encourages self-care. Provide a space at the workplace to unwind (refer to PSHSA's ResilientMe microlearning program and Ready for Duty eLearning Series).





Causal Factors	Unique Recommendations
	Mandate annual mental health checks with a clinician. Similar to <u>safeguarding programs in policing</u> which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers Refer to Recommendation 8b in Ontario Provincial Police <u>Independent Review Panel: Final Report</u> which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP."
	Assess the workplace with the purpose of identifying issues early on. This could include regular informal check ins with paramedics and ACO, and allowing workers to have access to help and resources early (e.g., Occupational Stress Injury Resilience Tool developed by PSHSA and the Conference Board of Canada that can provide individual guidance as well as an organizational snapshot of resilience levels).
	Identify cognitive and psychological demands of the job and assess regularly (see <u>Assessing the Risk: The Occupational Stress Injury Resiliency Tool</u> and PSHSA's <u>cognitive demands analysis services</u>).
	Improve follow up after return to work by focusing on a) regular peer support
	 b) appropriate training for management on effective return to work and stay at work programs, c) appropriate accommodations/modified work
	d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate
Processes and People: Dedicated	Link training to performance plans and Human Resource strategies with Senior leadership commitment.
Time for Training	Investigate the feasibility for collaboration between educational institutions, base hospital
Time for training	programs and service providers on lessons learned and sharing learning assets.
,	a) Develop infrastructure to support online learning
(5 unique	 b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings.
recommendations)	c) Educate the educator - invest in learning and development opportunities to teach
	facilitators how to deliver online training
	d) Build and leverage relationships with Paramedicine researchers. From the Paramedic
	Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS.
	Research agendas provide a roadmap to guide the decisions that need to be made on
	research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together."
	 The McNally Project is a grassroots initiative intended to build research capacity in paramedicine.
	 Paramedic Chiefs of Canada's <u>Canadian National EMS Research Agenda</u> Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence?
	 f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration.
	Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.
	Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being
	covered and the learning objectives. Considerations for an effective program include:
	a) Prior to completing online learning modules, people should be taught how to learn
	online to increase effectiveness of online learning
	b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online
	learning module in between calls in a busy environment on a mobile device?
	c) Operational and technical considerations: connectivity bandwidth in different areas of
	the province vary widely, type of technology used to access the eLearning (computer,
	phone, tablet). d) Engage with union on mode of learning on each content piece.
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Causal Factors	Unique Recommendations
People: Prioritize Self Care	Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture. Provide self-care facilities in the workplace. This may include gym facilities, cooking/food prep facilities, break rooms that are relaxing, private rooms for de-escalating or providing enough space and privacy for an operational pause.
(17 unique recommendations)	Early career, include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example)
	Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate
	If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) ResilientME microlearning (PSHSA) b) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP)
	Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: a) ResilientME microlearning (PSHSA) b) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier
	University, OACP) Review and consider amending WSIB definition of PTSD, Traumatic Mental Stress and Chronic Mental Stress in order to: a) Better capture and recognize the impact of the cumulation of exposures over a career in presumptive legislation coverage b) Legislation change to presumptive coverage to expand beyond PTSD to include Occupational Stress Injuries more broadly. PTSD is a diagnosis and doesn't recognize
	other injuries. c) Complete paperwork for exposure notification or form 6 filled out or WSIB psychological injury (CMS 8) if a person has "traumatic call" and needs more time d) Paramedic Service or CACC complete injury incident report form if person needs more than one "yellow hour" (operational pause, decompress, off time). Fill out WSIB form if there is a claim.
	Ensure that Employee and Family Assistance Program includes access to professionals with paramedic sector cultural competencies, trauma informed care and the competencies to support first responder acute and cumulative trauma exposures.
	Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.
	Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help
	Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.





Causal Factors	Unique Recommendations
Causai Factors	There are several local conferences and learning and development opportunities that are regional
	in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as
	well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic
	Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy
	that occurs when stakeholders with different perspectives gather to discuss a topic such as
	psychological harm in the paramedic sector. Efforts should be made to promote existing learning
	and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.
	Develop and promote early identification programs and support. This could include:
	a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics
	b) Access to early identification programs and supports for family of ACO and Paramedics.
	Loved ones may notice a change before the injured worker notices changes in
	themselves.
	c) Referral pathway and program to support to appropriate care if internal resources
	(colleague, peer support) or screening tool identify a concern.
	d) Considerations of when confidential, external, and mandated program support may be
	required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware).
	Review WSIB presumptive legislation to better recognize injuries than occur due to past
	workplace exposures
	a) Consider the economic and ethical impact of supporting injured worker who is awaiting
	diagnosis
	b) Recognize social workers to diagnose PTSD.
	Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can the worker with
	workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure
	mental health treatment in Ontario is adequately funded to service the needs of all Ontarians
	(e.g., Family of the injured worker may also require support and treatment due to workplace
	injury of their loved one).
	Establish a provincial portal for ACO and paramedic that allows access to resources or mental
	health benefits prior to staff being injured and disabled from work at provincial level instead of
	municipal level. Equip ACO and Paramedic students to develop and implement self-care plans.
	a) Embed self-care awareness and self-care plans in the program learning objectives
	outlined in the Ministry of College and Universities program standards
	b) Consider self-care needs prior to professional practice, during onboarding, early career
	and throughout the career.
	c) Provide options for ACO and Paramedic education programs to offer the "self-care
	program" described above to ACO and paramedics in professional practice that require
	support due to cumulative exposure. The self-care program for practicing ACO and
	Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career.
	During pre-service education, establish mandatory check in with mental health professional. The
	purpose would be to normalize mental health care, to identify hazards and risk factors for injury,
	to increase understanding of the prevalence of injury for ACO and paramedics.
Environment:	Give consideration to the impact of the workplace environment (including the ambulance) and
Addressing	overall comfort level. Consideration should be given to facilities provided such as quiet room,
Negativity in the	private space, lunch/meal prep area, etc. Change focus from "negative employee" to positive employee. Focus on recognition and
Workplace	thanking workers for their positive contributions and change focus of the workplace on the
	negative aspects of the job (e.g., long service awards)
(12 unique	Utilize the RACI Model (Responsible, Accountable, Consulted, Informed) for workplace decision
recommendations)	making and communication
1 3 COMMITTER INCIDENCE (1975)	Establish an open forum for the staff, where the supervisor/chief attends the forum and allows
	workers to discuss openly their concerns in a safe place (e.g., town halls)
	Develop a wellness plan resource to help members identify options for staying healthy and
	activities that a person chooses to do intentionally to stay healthy physically, psychologically and





Causal Factors	Unique Recommendations
	Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture.
	Engage workforce in the big decision making in the service to increase inclusion. Identify workplace champions when new programs, procedures or equipment are deployed or introduced in the organization
	Ensure dedicated time for training, time to decompress after a traumatic call, and allowing time to take a break that is not under time off.
	Increase social events and engagement opportunities to focus on positive interactions (e.g., golf tournaments, workshops, games night).
	Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour)
	c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce
	e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program).
	 f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics,
	who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc.
	Establish forums and workshops of all different workplace parties and decision makers to focus on issues and brainstorm solutions to address concerns.
	Identify, recognize and foster individual talents, strong suits and attributes of workplace parties, regardless of role in the organization.
People: Healthy People Through Career	If a worker participates in a traumatic incident there should be time off afterwards to decompress, and additionally they should not be the crew to respond to the next traumatic incident. Operational considerations include operational debrief vs CSIM and time commitment and resources required, provide time off from call response in order to actively participate in debriefing, and consideration for 'down time' after significant calls (there would be operational impacts to shutting down an ACO or an ambulance)
(19 unique recommendations)	Protecting downtain Aco of an ambulance) Protecting downtime and time off. Schedule work with the goal of reducing shift over-run, the need for overtime shifts, frequency of lunch and break interruptions.
	Include primary, secondary and tertiary prevention activities related to exposure to traumatic or significant events. Examples of primary secondary and tertiary prevention could include: a) Primary prevention – mock/drill before the call comes in, include scenarios in onboarding
	 b) Secondary prevention – after a traumatic/significant event develop a plan to support those impacted by call (paramedics, ACO, allied agencies), clinical considerations/guidelines on when it's appropriate for group debrief vs individual debrief. Ensure use of an experienced facilitator of the debrief to avoid inadvertent
	additional trauma c) Tertiary prevention – develop and implement a stay at work/return to work program that follows disability management practices and includes accommodations, work hardening, reintegration for mental health injuries. Supervisor education can be enhanced through PSHSA's Mental Health Stay at Work & Return to Work for First Responder Organizations.
	Plan and run collaborative training that includes: a) A focus on interagency operability during the simulation b) An interagency debriefing following simulation/training or actual event
	Develop and implement a traumatic incident review process. Proactively identify events that may be triggering to workers and offer follow up support. The traumatic incident review should be completed by a trained person and done as a private conversation at an appropriate time and place (rather than with both paramedics together in the back of the ambulance at the same time)
	Educate workers on possible changes throughout a career (e.g., empathy fatigue).





Causal Factors	Unique Recommendations
	Paramedic service or CACC should implement a flexible return to work/stay at work program to allow workers the ability to work, not in a frontline role, as part of their recovery and return to work or stay at work. This could include a) Matching functional abilities with physical and cognitive demands of the job to provide meaningful work b) Permanent accommodation avenues to continue to contribute to the organization c) Expanded care pathways as option for worker who need break from 911 and remain a paramedic (e.g., community paramedicine role, public relations, logistics role)
	Facilitate pathways for paramedics to grow into more challenging roles or roles with bigger scopes if they choose. For example, a paramedic could move into the following roles: a) Expanded care pathways as option for benefiting those looking for career growth. b) Mental health/wellness specialist paramedic at each base c) Paramedic educators d) Logistics e) Community paramedic program f) Public relations paramedic
	Facilitate pathways for ACOs to grow into more challenging roles or roles with bigger scopes if they choose. For example, ACO can move into Ontario Public Service opportunities or into a Communications Training Officer role (approximately 30 CTO and 1100 ACO in Ontario) Focus on work facilities that promote health throughout careers: gyms, space, private room to
	decompress, nap rooms, <u>ergonomics</u> in ambulances and ACO workstation. Ensure appropriate staffing levels to reduce requests for overtime. Ensure that time off is protected.
	Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible
	 a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs.
	What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include:
	 a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time. iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their AO number on ACR then "paid worker" and WSIB Coverage is available.





Causal Factors	Unique Recommendations
	The following process is used by one Paramedic Chief to support the good Samaritan responses in their paramedic service. Currently in order to be on call and have WSIBWSIB coverage, there is a two-part process whereby the medics get 'logged on' with their dispatch centre (CACC), by providing their Ambulance Officer # (AO#) over the radio, AND they have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter.
	Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work"
	Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.
	Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour work week to 32 hours of work with 8 hours of self-care and
	professional development (learning and development). b) Explore duty cycle of work hours to optimize a reduction of exposures. The RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality.
	Establish paramedics as a regulated health professional. The college should include exposure to and discussion regarding traumatic/significant events to help the ACO or paramedic student understand the range of "traumatic" situations they will likely be exposed to, how to handle disasters, how to handle situations where violence has occurred and was not directed to the paramedic (e.g., stabbing or shooting in public location).
	The college should develop opportunities for ACO students to participate in mock traumatic/significant event (e.g., active shooter) as part of their education.
Culture: Stigma	Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include:
(14 unique recommendations)	 Activate peer support on the workers behalf if worker consents Role of supervisor or manager or union representative as the workers lifeline and support system
	 Remove fear of not knowing what to do or what to say Focus on the tone of how support is provided
	Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).
	Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts
	Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue with the help a worker might be getting from peer support.
	Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.
	Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.
	RCA workshop participants suggest that all training mentioned in this section related to stigma be:
	 Designated mandatory Conducted in person
	Evaluated for learning outcomes and knowledge transfer Mental Health Bulletin board in the workplace with reminders on mental health, and prompts to do solf-chocks.
	do self-checks Training on Diversity, Equity and Inclusion to address stigma
	Employer, management and union joint effort to reach out to workers and improve trust within the group.
	Identify the right person to reach out to





Causal Factors	Unique Recommendations
	 Communicate appropriately to the workers how and who to reach out to Employer and union reach out together worker to determine the workers choice on who they feel comfortable reaching out to them (e.g., does the worker prefer union they should reach out to or vice versa).
	Training and education focused on reduce stigma in the workplace. Education for the following parties:
	Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine)
	 All workplace parties (employer, management, worker, unions) Consider a public education campaign
	Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to <u>safeguarding programs in policing</u> which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers.
	Have a system in place where the family member is contacted when a worker accesses peer support app (Peer Connect App).
	Implement operational debriefing or an informal follow up (e.g., coffee chat) after a traumatic call with worker and their partner.
Equipment: Code Black/Red/Zero	In some instances, a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs.
(15 unique	Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.
recommendations)	There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a) The following definitions should be standardized across the sector: i) code red/black/zero ii) offload delay b) When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available. Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: a) Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. b) Call ambulance when c) Do not call ambulance when d) Fit to sit e) Right care, right time, right place Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system. Allocate resources based on predictive modelling for 3% call volume increase annually Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment law changes (move to three-year program). Increase commitment to healthy schedules by investigating the following:
	 a) Enhance staffing levels to meet employment standards act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan





Causal Factors	Unique Decommendations						
Causal Factors	Unique Recommendations						
	Legal consideration and current BLS standard requirements on transfer of care. Investigate opportunities to address health care system issues including (but not limited to) alternate levels of care, alternate destinations, treat and release, etc. This may require revisions to the Ambulance Act in order to reflect the alternate model of care pilots that are currently ongoing (Palliative Care Pilot, Alternate Destinations Pilot). Investigate the possibility of legislation change to enable paramedic ability to refuse transport when paramedic level care (or ambulance transport) is clearly not required (this could be done in conjunction with public education campaign regarding appropriate use of paramedic services). Increase in funding for paramedic services to meet the growing needs of the community. Address existing healthcare system pressures that negatively impact prehospital care service delivery. Issues experienced by paramedics are primarily due to: a) Available hospital system beds and emergency department capacity b) Lack of primary care providers and increased pressure on emergency department A proposal to move from a two year to a three-year paramedic program is currently sitting with						
	the Ministry of Health and the Ministry of Colleges and Universities. Funding should be provided to allow the resources to do a double cohort intake to supply the province with a sufficient number of new graduates when the program changes come into effect as there will be one year with no graduates.						
	Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long-Term Care. a) Ministry of Health and Ministry of Long-Term Care i. declare scope of practice for Community Paramedic and amend any applicable						
	legislation. ii. Establish oversight framework for Community Paramedic iii. Amend base hospital protocol to include Community Paramedic patch to base hospital						
	 b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long-Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed 						
	Provide resources to meet the employment needs of the province and increase placement opportunities college students.						
	Colleges will adjust and adapt to the new climate. Many students entering college in fall 2022 will have not written an exam since grade nine due to modifications to high school evaluation due to the COVID-19 19 pandemic. College administrators are aware of the possibility of higher student attrition rates.						
Culture: Know Your Stuff	Investigate the feasibility of having two paramedics in rear of ambulance to help guide discussion on treatment strategies for complex calls or as a mentoring strategy for inexperienced paramedics. This can help to manage emotions or provide perspective during challenging patient care situations.						
(16 unique recommendations)	eamline pediatric calls for medications to reduce paramedic cognitive demands by providing a dicated pediatric cart and means to identify pre-loaded pediatric medications to decrease ess of calculating dose and possibility of medication errors. Workshop participants discussed possibility of (colour) coding pre-loads and were aware of the potential medication error pact due to colour-blind works.						
	Ensure that hours are dedicated to training. Ensure that paramedics and ACOs are not expected to complete training during downtime on shift or "on the fly". Ensure high-fidelity training is provided with good quality equipment and tools that are the same						
	or as close as possible to what's used in the field. Ensure simulated scenarios are as realistic as possible.						
	Consider identification of areas for cognitive off-load. During the workshop there was discussion that there is not enough time given to remain proficient in areas where proficiency is required (e.g., equipment, protocols, treatment strategies, regulations, etc.). a) Educator knowledge on subject matter may help with knowledge transfer and						
	translation (e.g., knowledge transfer of 170-page document vs. 1 page). Currently time consideration is not given for different length documents. Investigate the feasibility of developing and providing job aids for complex and less frequent tasks.						





Causal Factors	Unique Recommendations
Causal Factors	Unique Recommendations b) Investigate the feasibility of translating written documents required into other modalities for knowledge transfer (e.g., jeopardy game, video) as an alternative to reading written text. c) Investigate the feasibility of using "follow the learner" software to support learning. These platforms provide cues for knowledge transfer and knowledge retention where knowledge points are difficult or challenging for the learner for reinforcement of learning concepts. The platform makes sure your frontline remembers the things that matter most. d) Investigate the feasibility of developing a repository for Ontario specific resources that can be shared between services for fiscal responsibility and consistency of training. Some services have created training videos and upload to their internal site to be watched by paramedics during high acuity/low frequency events as time allows. Examples of shared training resources from other sectors include: • Musculoskeletal disorder injury prevention training for direct support professionals developed by Community Living and PSHSA • Canadian Police Knowledge Network: Framework for police sector to share resources (2004) • PSHSA developed custom learning assets for paramedic service regarding safe work practices to deploy on their learning management system Considerations should be given to actions taken should a paramedic not pass their rectification. Currently there is a disciplinary based approach which often has paramedics experiencing concerns about losing their job if they fail the required recertification. This creates significant stress for the worker Move towards "Just" Culture as opposed to disciplinary culture. When challenging situations arise, focus first on opportunities for re-education as opposed to discipline. The RCA Workshop participants identified that current certification testing does not adequately reflect the demands or requirements of the job. Investigate the feasibility of culture shift to be more inclusive of different learn
	other paramedic services upon hire. Note that this may differ between services or
	ongoing evaluation for maintaining certification and move towards ongoing learning and





Causal Factors	Unique Recommendations						
	Allow more time for training initially when ACO gets hired. Currently there is a push for quick orientation and sign-off and ready for duty/work. Suggestions discussed during the workshop include overlap of co-workers and buddying during orientation for longer periods. In-house training allows opportunity to get workers into workplace faster. Workshop participants suggested setting a standard for training ACOs which includes training as a call taker first, then as a dispatcher. There was a discussion during the workshop that local training is more productive and targeted than provincial training; ACOs learn more locally than in provincial training (e.g., use of CAD system). ACO are hired and then trained upon hire. Consider including information on what the job entails, what job demands are during interview process in order to promote successful hire and decrease attrition rate. Match an individual's abilities to job demands. There is a lack of standards for continuing education and determining competency, especially						
	after returning to the workplace from a leave of absence (e.g., workplace injury, short term disability, parental leave). The protocols and directives should be evidence-based but change often, resulting in loss of credibility during daily operations. EHRAB should investigate the feasibly of developing and implementing standards for certification for paramedics returning to the workplace to ensure consistency across the province. Create more consistency for self-directed review of skills and competencies by paramedic after return from leave as well as a provincial re-integration strategy or standard on return from leave. RCA workshop participants acknowledge that the province has created a certification working group who are discussing the requirements to maintain certification and are considering the different models available for regulation (current oversight through EHRAB, college for regulated health care professional, or provincial standard to allow paramedics to move more easily between different services in the province).						
Environment:	Recommend increased hours of training for ACP and PCP. The paramedic service should improve support, protection and commitment for break times and						
Work	training for paramedics.						
Environment (13 unique	Increase ergonomics and MSD prevention education, empowerment, promotion, relative to role of the paramedic. These awareness and education materials should be paramedic-specific. (Videos or other training modalities could be developed for the paramedic sector similar to those developed for group homes who transport clients.)						
recommendations)	Ambulances are not usually built for comfort and the back has no standards for proper storage equipment and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes ACO consider providing and promotion the use of sit/stand desks to encourage change in body position. When introducing design changes to the workplace end user input and feedback (ACO and paramedic) is strongly encouraged in the design phase before workplace changes are implemented or units are procured. Sample resources for office environments include: a) Fewster and Callaghan: Sit-stand workstations - are they equal to the hype? b) Ontario MSD Prevention Guideline c) Robertson: Sit to Stand Conference presentation and video recording d) PSHSA's Office Ergonomics: How to Conduct an Assessment (1-day training course) e) PSHSA's Basics of Ergonomics webinar Promote change management practices during change or introduction of new equipment. Considerations should include advantages of the change, considerations for health and safety impacts, Recognizing, Assessing Controlling and Evaluating hazards (RACE Model), environment impacts, impacts to professional practice, and lifestyle impacts of the proposed change.						





Causal Factors	Unique Recommendations				
- Jaubar Factors	·				
	a) PSHSA Risk Assessment and Job Hazard Analysis Fast Fact: https://www.pshsa.ca/resources/risk-assessment-and-job-hazard-analysis				
	b) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-				
	management-tool-hmt				
	Dispatch calling, unsure of identity of paramedic and their pronouns. For non-binary or				
	transgender paramedics there may be a difference in their identity and what is recorded of OASIS number or crew number. Diversity, Equity, and Inclusion policies and standards sho				
	developed and implemented in order to assist in supporting all workplace parties, addressing				
	communicating those in the workplace.				
	Investigate alternate Code paging methods.				
	COVID-19 has highlighted environmental issues and assessment needs in the workplaces. The following could be examples of regular testing performed: HVAC systems, assessments,				
	ambulance air quality, etc. Additional sectors specific resources to support the Internal				
	Responsibility System regarding workplace environmental issues and assessment needs can be				
	developed by PSHSA. Resources for consideration include:				
	a) PSHSA's <u>Hazard Management Tool</u> b) PSHSA's <u>specialized services</u>				
	c) Canadian Registration Board of Occupational Hygienists				
	Efforts should be made to review and/or reduce task saturation, for example completing triaging				
	tasks which impacts care being provided. To address this concern, consider:				
	a) Increase staffing and support needed, reduce working alone b) Task awareness and task sharing				
	b) Task awareness and task sharing c) Send PRU's to high acuity calls- building into deployment plans				
	There are a number of ways to communicate and be contacted during a shift which can become				
	overwhelming. Develop and implement communication standards that clearly outline the				
	response time required for different communication methods available.				
	Standardization and quality of cleaning and disinfection required across the sector (refer to this IPAC Canada instructional video).				
	Weather conditions can have an impact on work environment and the impact of weather should				
	be considered a health and safety topic for paramedics. Paramedic Services are encouraged to				
	consider the impacts of inclement weather (snow, flood, extreme heat, extreme cold, ice,				
	tornado, etc.) in their risk assessment of job tasks and adjustments that may be required to deployment plans. Based on the type of exposure expected, consider controls to mitigate risk				
	which could include program/process for severe weather events, changes to uniforms for				
	extreme heat, extreme cold or significant weather events, vehicle designed for environmental				
	conditions expected. Resources for consideration include:				
	a) PSHSA's <u>Hazard Management Tool</u> b) PSHSA's <u>Risk Assessment and Job Hazard Analysis</u> resource				
	Review the minimum level of care standards required to meet community service level needs.				
	Currently PCP is minimum required to practice; there was discussion in the workshop if there				
	may be benefits in moving to ACP as minimum credential required in the future.				
People: Family	Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one				
Support	b) Fact sheets or awareness resources regarding signs and symptoms that someone might				
(7 unique	be needing help				
recommendations)	c) Awareness materials and resources on how to support a person. Topics could include:				
	 Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS 				
	workers and their families/support system, current plan limits can be an				
	obstacle depending on the level of coverage available. RCA participants noted				
	that some first responder agencies are moving toward no limits or greatly				
	increased limits for mental health clinician support.				
	 Provisions of workshops or learning sessions for workers and their family/support systems 				
	Increase awareness and give prevention tools on how family/support persons can support				
	paramedics and ACO in their mental health (e.g., R2MR, <u>Beyond Silence</u> training program and				
	app, PTSD awareness and anti-stigma, resilience). The target audience for these learning				
	resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation,				
	management responsibility, ropies could include, now to have a difficult conversation,				





Causal Factors	Unique Recommendations						
	compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member.						
	Identify accountability and responsibility for family support						
	a) Define roles of different parties: worker, partner, manager, supervisor, employer, family,						
	clinician						
	i) Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). Look at alternatives to survey to gather feedback.						
	Provide an open forum/townhall/focus group to highlight importance of the topic.						
	ii) Involve workers, and family in development of programs.						
	b) municipality and Ministry of Health regarding funding						
	Have a system in place where the family member is contacted when a worker accesses peer						
	support app (e.g., Peer Connect App used by some RCA workshop members).						
	Educate and enhance awareness for paramedic/ACO families and their work partners on what						
	situations the workers face, how to identify early signs/symptoms, how to have a conversation,						
	and continue on the help a worker might be getting from peer support.						
	Early career- include psychological check in with a clinician at specified frequency (or have a						
	clinician working inhouse as an internal resource)						
	a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is						
	covered for example)						
	b) Consider level of benefit coverage for family members of the paramedic or ACO						
	Implement an early identification program with appropriate supports that may include:						
	a) Self-assessment resources (survey, app, etc.)						
	b) Include survey to family/spouse as loved ones they may notice change before the						
	injured worker does						
	c) Program and referral pathway to support follow up with appropriate additional						
	resources (e.g., external clinician on retainer by service or internal clinician resource) if						
	initial resources or screening tools identify a concern.						
	d) Confidential, external, mandated access to care by a mental health clinician for those						
	who are in need or for those who may be less self-aware.						

Many of these proposed solutions will require collaboration and consultation with a variety of stakeholders. A total of 27 stakeholders were identified, including the Ministry of Health, Ministry of Labour, Training and Skills Development, Ministry of College and Universities, Ministry of the Attorney General, Ministry of the Solicitor General, EMS Section 21 Sub-Committee, PSHSA, paramedic services, CACC, local police services, colleges, unions, Ontario Association of Paramedic Chiefs, Ontario Association of Chiefs of Police, Federal Minister of Justice, Attorney General of Canada, judiciary, municipalities, Association of Municipalities of Ontario, mental health clinicians and family members of paramedics and ACO. Table 4 summarizes the stakeholders that will be impacted by the recommendations put forward for each of the top primary causal factors.

All stakeholders are encouraged to review the proposed solutions and control measures for each of the causal factors. Refer to Appendix C for a detailed listing of all identified recommendations distributed by stakeholder.

Stakeholders should consider collaborating with others identified to determine their viability and when and how and these suggestions might best be actioned, including responsibilities, accountabilities and consulting and information needs. PSHSA is pleased to provide this data as well as act as a collaborative partner or support when it comes to many of the action items.





TABLE 4: SUMMARY OF SOLUTIONS BY CAUSAL FACTOR AND STAKEHOLDER IMPACTED

Stakeholder	Culture: Workplace Violence	Process: Difficulty Accessing Support	Process & People: Dedicated Time for Training	People: Prioritize Self- care	Environment: Addressing Negativity in the Workplace	People: Healthy People Through Career	Culture: Stigma	Equipment: Code Black/Red/Zero	Culture: Know Your Stuff	Environment: Work Environment	People: Family Support
Paramedic Service	Х	X	Х	X	X	Х	X	X	X	X	X
CACC	X	Χ	Χ	Χ	Χ	Χ	Χ	X	Χ	X	X
Unions	X	Х	X	Χ	X	Χ	Χ	X	X	X	Х
Ministry of Health	X	Χ	X	Χ	X	Χ	Χ	X	X	X	X
Ontario Association of Paramedic Chiefs (OAPC)	X	Χ	Χ	Χ	Χ	Χ	Χ	X	X	X	Χ
Public Services Health & Safety Association	X	Χ	X	Χ	X	Χ	Χ		X	X	Χ
College (pre-service education)	X		Χ	Χ		Χ		X	X		
Mental Health Clinicians		Χ		Χ		Χ	Χ				Χ
Association of Municipalities of Ontario (AMO)		Χ		X		Χ		X			X
Municipality				Χ		Χ		X		X	Χ
Base Hospital			Χ		Χ			X	X		
Ministry of Colleges and Universities	X			Χ				Χ			
Ministry of the Solicitor General	X			X		Χ					
Workplace Safety and Insurance Board (WSIB)		Χ		Χ		Χ					
Family/Support People				X			Χ				X
Ministry of Labour, Training and Skills Development	X							X			
Ministry of Long-Term Care							X	X			
EMS Section 21 Sub-Committee	Χ										
Ontario Association of Chiefs of Police (OACP)	X										
Ministry of the Attorney General	Χ										
Local Police Service	X										
Judiciary	X										
Federal Minister of Justice	X										
Attorney General of Canada	X										
Equipment Manufacturer										X	
Institute for Work and Health (IWH)						X					
Allied Agencies						Χ					





WORKSHOP FEEDBACK

A feedback survey was distributed to all participants following the RCA workshop. Responses were received from 10 participants: four worker representatives, three employer representatives and three Ministry representatives.

- 70% of respondents reported they agree or strongly agree with the statement: There was an increase in my knowledge or awareness of how to prevent workplace injuries, illnesses and fatalities as a result of participating in the RCA workshop.
- 60% of respondents reported they agree or strongly agree with the statement: *There was a change in my practice or behaviour as a result of participating in the RCA workshop.*
- 90% of respondents reported they agree or strongly agree with the statement: *The Paramedic Risk Assessment and Root Cause Analysis project has been useful for the paramedic sector.*

"The workshop has sharpened my investigation skills and showed me how to dig deeper."

When asked about the most important learnings from participating in the RCA workshop, participants' responses revealed the following themes.

SHARED KNOWLEDGE

Several participants commented on the benefit of learning what other paramedic services have tried when addressing similar concerns and sharing successes and solutions that were or weren't successful. There was a large range of solutions shared by the various participants. One RCA workshop participant commented that the workshop highlighted the vast knowledge that exists within the pre-hospital care sector and the opportunity that exists to share this more broadly across the paramedic sector.

COLLABORATION WITH PEERS

The range of experience and stakeholder perspectives provided the opportunity to hear many different viewpoints throughout the RCA workshop, which was recognized and appreciated by many participants. The variety of perspectives was especially appreciated on the second day of the workshop when the focus of the conversation was on brainstorming solutions. The different perspectives provided an opportunity to build off each other's ideas. The workshop also provided an opportunity for comradery with people from different areas working together towards a joint purpose. One participant expressed a desire for more workshops to conduct root cause analyses for other topics impacting the paramedic sector.

"[The best part of participating in the RCA workshop was the conversation, collaboration and] comradery with people from different areas for a joint purpose."





MENTAL HEALTH AND STIGMA

It became clear that the stressors that impact mental health are different based on one's position within the pre-hospital care system and within an organization – employer, frontline supervisor or frontline worker (paramedic or ACO). Workplace psychological harm is multifaceted (and not all call-related). There are many things that can have a positive or negative effect on a person throughout the course of their workday or career. One participant reported that they gained an increased awareness of the "little things" that they didn't realize could be an issue prior to the workshop. Another participant reported learning more about how paramedics think and process things. There is a long way to go to reduce stigma surrounding PTSD or mental illness. It's important to remember that one person's lived experience can be very different than another's.

"There were a lot of great discussions with intelligent people [which] gave a much better understanding of the root cause and assisted in how decisions can affect someone's mental health."

APPRECIATION FOR ACO AND OSI EXPOSURE

Prior to the start of the workshop, one participant reported that they didn't understand how ACO could experience PTSD as they do not physically attend the scene of a call. The RCA workshop opened participants' eyes to the causes of occupational stress for ACO. These conversations also provided insights for paramedic representatives on how they might contribute to the stresses experienced by ACOs.

IMBALANCED FOCUS

When the risk statement was crafted in January 2022, there was a decision to expand the scope from the 2021 Risk Assessment component, which was paramedics only, to also include ACO in the scope of the RCA. Despite best efforts to focus on psychological harm within the sector, some felt that there was greater emphasis placed on the paramedic rather than the ACO experience and exposure. This represents an opportunity for future Risk Assessment and Root Cause Analysis projects that follow the MLTSD framework when defining scope.

FACILITATION AND LOGISTICS

Due to the COVID-19 pandemic and public health guidance in early 2022, the workshop was conducted virtually. The switch to a virtual workshop facilitated the participation of those in more rural and remote communities. Had the workshop been in person, travel time may have been a barrier to participation for some workshop members. While many would have preferred an in-person workshop for the networking and engagement opportunities afforded when stakeholders are physically together, participants found the coordination of the two-day virtual workshop interesting and appreciated how it was organized and that facilitators were able to keep participants on-task and hold attention throughout the duration of the workshop.





"I found the workshop was done extremely well. There was a ton of information and I believe it was captured well."

The fishbone root cause analysis template worked well and was well applied in the large group and breakout rooms. When working on this with the large group, there could have been more transcription support as there were often more ideas and comments than time to take notes. The use of breakout rooms allowed for more people to provide input. Some participants identified the opportunity for improved facilitation with respect to the meeting norms (e.g., use of raise hand function).

With respect to meeting materials and RCA workshop onboarding, there was an opportunity to provide additional materials and examples of contributing factors compared to solutions or observation. A greater emphasis on pre-meeting materials or orientation meetings may have saved some confusion experienced by some participants.

"It was a great experience. The facilitators were exceptional and the knowledge in the room was great. It was an honour to be a participant. I look forward to the outcome."

ROLE OF MINISTRY OF HEALTH

One participant mentioned that many of the issues identified would fall under the span of control of the Ministry of Health to address.

GEOGRAPHICAL IMPACT

During the RCA workshop it became clear that there are provincial issues that impact the paramedic sector as well as regional issues. Contributing factors may differ for remote, rural and urban services. Geography contributed to a variety of issues. There is the opportunity for both system and province-wide solutions, however solutions must reflect the local context of exposure to psychological harm and the role that Ontario's vast geography has on the impact of this workplace hazard.

PERSONAL SKILLS & FURTHER DEVELOPMENT

One participant noted that participation in the two-day RCA workshop had sharpened their investigation skills and demonstrated how they can dig deeper when conducting investigations in their workplace.

It was noticed that there were times when outdated mental health and Equity, Diversity and Inclusion (EDI) terms were utilized by participants. Those with more experience and training in these areas were able to provide feedback to the participants in real time. This does highlight an area for further education and growth to ensure all workplace parties, and members of communities served by paramedic services are treated with respect at all times.





NEXT STEPS

In the coming months, PSHSA will share the results of the Paramedic Services Risk Assessment and Root Cause Analysis project with all stakeholders who participated in the workshops, and all stakeholder groups who were identified as having potential responsibility, accountability, responsibility, consultative or informational roles related to the proposed solutions and control measures that arose from the RCA.

PSHSA will review all recommendations suggested for their participation and develop an action plan to begin discussing the feasibility of the solutions. PSHSA encourages all stakeholders to work together to begin discussing and actioning the items listed.

Stakeholders can begin to do this by determining priority actions or causal factors and identifying any quick wins that can be achieved using an Effort/Impact scale (Figure 5). Rate each planned action/control according to the numbers in the scale:

- If it is <u>easy to do</u> and will result in a <u>major improvement</u> 1: Implement soon
- If it is <u>easy to do</u> and will result in a <u>minor improvement</u> 2: Implement soon
- If it is <u>difficult to do</u> and will result in a <u>major improvement</u> 3: Requires more detailed planning
- If it is <u>difficult to do</u> and will result in a <u>minor improvement</u> 4: No implementation required at this time

EFFORT/IMPACT SCALE							
	Easy to do						
Major improvement	3	1					
Minor improvement	4	2					

Table 5: Effort/Impact Scale for Prioritizing Implementation

It is recommended that a collaborative approach be continued as items are actioned to ensure the transparency and enthusiasm for this topic that was achieved during the workshop continues.





ACKNOWLEDGEMENTS

PSHSA would like to acknowledge the support of our funder and prevention system partner, the Ministry of Labour, Training and Skills Development

The EMS Section 21 Sub-Committee members have been enthusiastic supporters of the Risk Assessment and Root Cause Analysis project from its inception. We appreciate the support of the committee members who offered their perspectives on scope of work and shared their industry connections to ensure the RCA workshop participants captured the different perspectives across Ontario's paramedicine sector.

PSHSA would like to express our appreciation to the employer, worker, Ministry and industry representatives for their participation in the RCA. We appreciate the perspectives that the participants brought to the project and the thoughtful and passionate discussion on hazards that impact Ontario's land and air paramedics and ACO. This project could not have been completed without the contributions of the following individuals:

Employer Representatives

- S. Blake, Deputy Director, Naotkamegwanning First Nation EMS
- T. Cheseboro, Chief, Region of Durham Paramedic Services
- W. Markell, Deputy Chief, Cornwall SGG Paramedic Services
- S. Mooney, Manager, Renfrew Central Ambulance Communication Centre
- M. Roney, Deputy Chief, Greater Sudbury Paramedic Services
- A. Turbide, Program Manager of QI and Risk Management, Glen Stor Dun Lodge
- J. Watts, Deputy Chief, York Region Paramedic Services

Worker Representatives

- I. Arnold, Unifor, Paramedic, Ornge
- D. Doran, Ontario Public Service Employees Union (OPSEU) Ambulance Division, Paramedic, Frontenac Paramedic Service
- J. Minick, Service Employees International Union (SIEU) Healthcare, Paramedic, Lambton EMS
- I. Nash, CUPE Ambulance Committee of Ontario (CACO) Health and Safety Representative, Canadian Union of Public Employees (CUPE), Paramedic, Essex-Windsor EMS
- C. Stolte, SEIU Healthcare, Paramedic, Lambton EMS
- B. Tansley, Paramedic, Naotkamegwanning First Nation EMS

Ministry, Clinician and Academic Representatives

- M. Hunter, Associate Dean, School of Public Safety, Fanshawe College
- C. Ibsen, Field Manager, Emergency Health Program Management and Delivery Branch, Ministry of Health
- J. Jeaurond, Provincial Specialist, Occupational Health and Safety Branch, Ministry of Labour Training and Skills Development
- S. Nardone MA, under the supervision of Dr. Cristovao Carreira, Ph.D., C.Psych.
- D. Pierce, Manager CACC Programs and Standards, Emergency Health Program Management and Delivery Branch, Ministry of Health





• T. Walker, Human Factors Specialist, Ornge

PSHSA Representatives

- T. Slot, Health and Safety Consultant
- M. Khan, Health and Safety Consultant
- T. Morose, Director Prevention, Engagement and Retention for Public Safety, Health and Community Care Sectors
- S. Bastos, Director, Director of Stakeholder and Government Relations
- H. Van hulle, Vice President, Client Outreach, Stakeholder and Government Relations



APPENDIX A: PRIMARY ROOT CAUSES AND CONTRIBUTING FACTORS

The figures in this appendix illustrate all contributing factors that were identified by RCA workshop participants.

The identified causal factors for psychological harm in paramedics and ACO were documented using a fishbone diagram. The fishbone diagram is a cause analysis tool and is considered one of the seven basic quality tools. It is often used in brainstorming sessions when identifying causes for a problem as it sorts ideas into useful categories. For each primary causal factor identified, the question "why" was asked to identify the second, third and fourth-level causal factors for psychological harm in paramedic sector. The resulting fishbone diagram outlining the 36 primary causal factors identified by the workshop participants, as well as the secondary, tertiary and quaternary causal factors

Black text represents primary root causes, red text represents secondary contributing factors, blue text represents tertiary contributing factors and green text represents quaternary contributing factors.

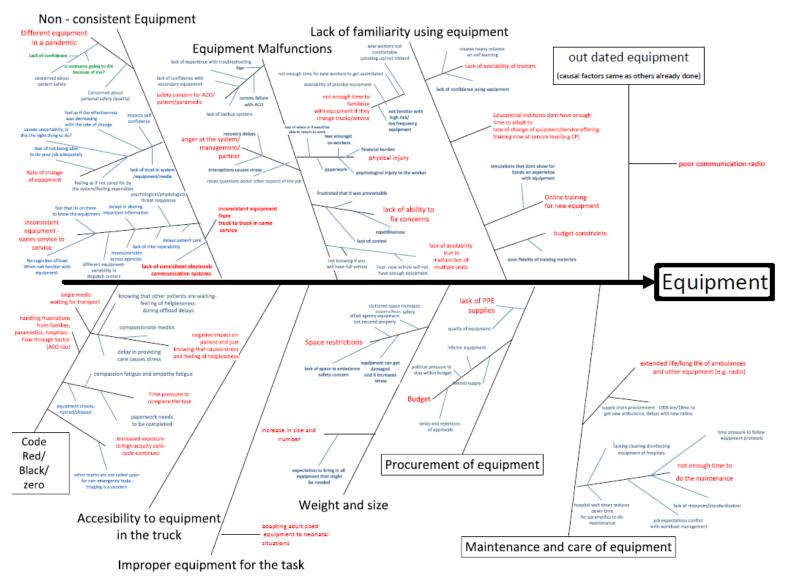




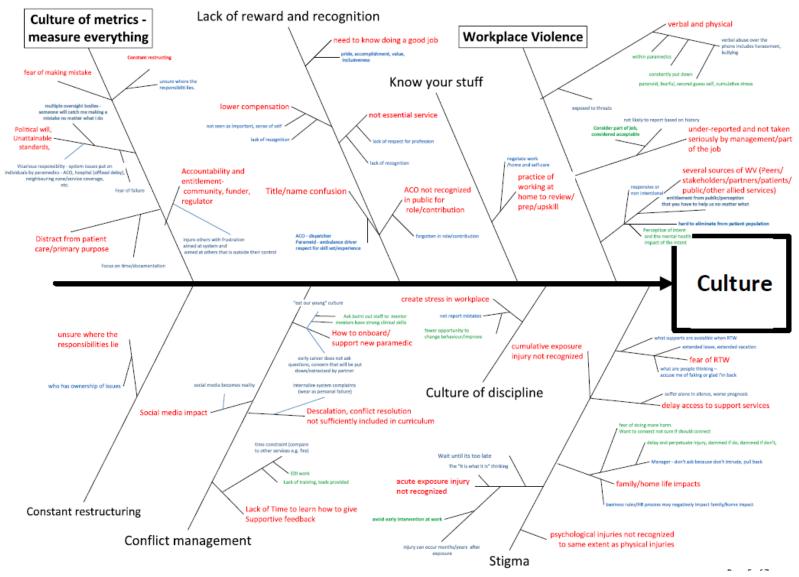
Paramedic Root Cause Analysis - Psychological Harm People Equipment **Processes** Healthy People through career Code Red/Black different learning styles/ Changes in protocol/medical directives /Zero type of learning Weight & Size **Family Support** Difficulty accessing non consistent appropriate support equipment Dedicated time for training **Org Chart Changes** equipment malfunctions lack of familiarity Prioritize self care outdated equipment using the equipment loss of life/critical patient dealing with family/ improper equipment public distress Accessibility To The for the task dedicated time for training **Equipment In The Truck** maintenance & care procurement of the equipment of equipment Impact of **Psychological** Hazard not evaluating mobile deployment planlearning modalities no station to call home Constant restructuring Volume of input negativity in the workplace -Culture of Metricsand output measures complain rather than decompress measuring everything Culture of discpline incomplete metrics to unfamiliar environmentquantify activity lack of control Stigma⁻ conflict management unknown Work Environment patient outcomes Inside cab lack of reward & recognition physical environment Lack of Breakroom Workplace Violence know your stuff Culture Environment Measures





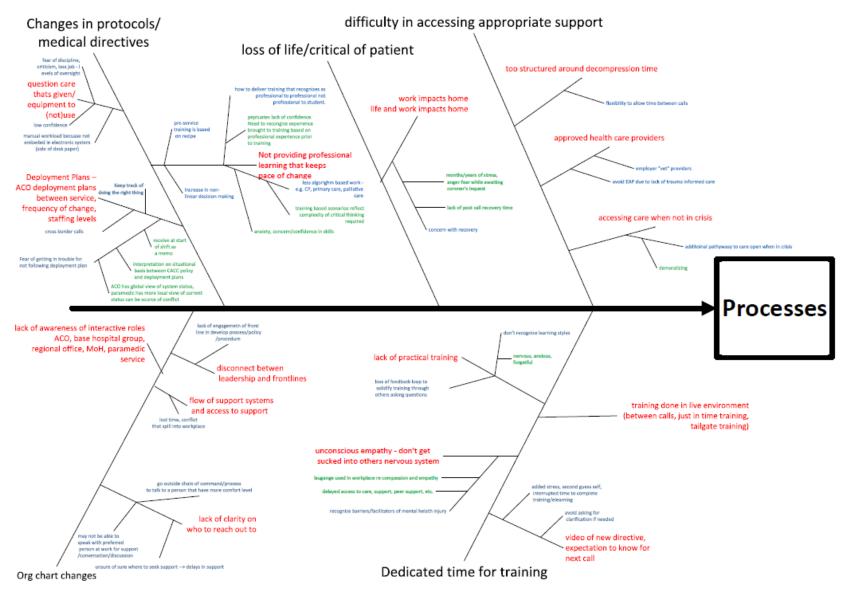






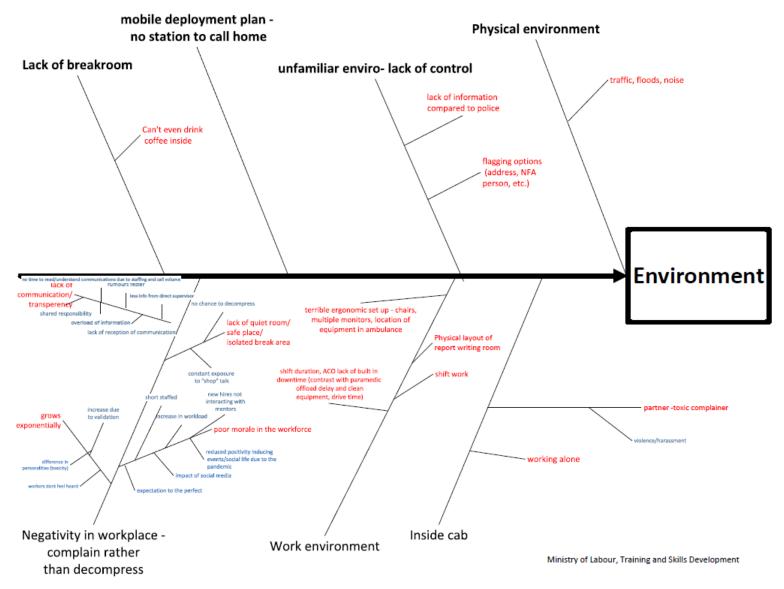




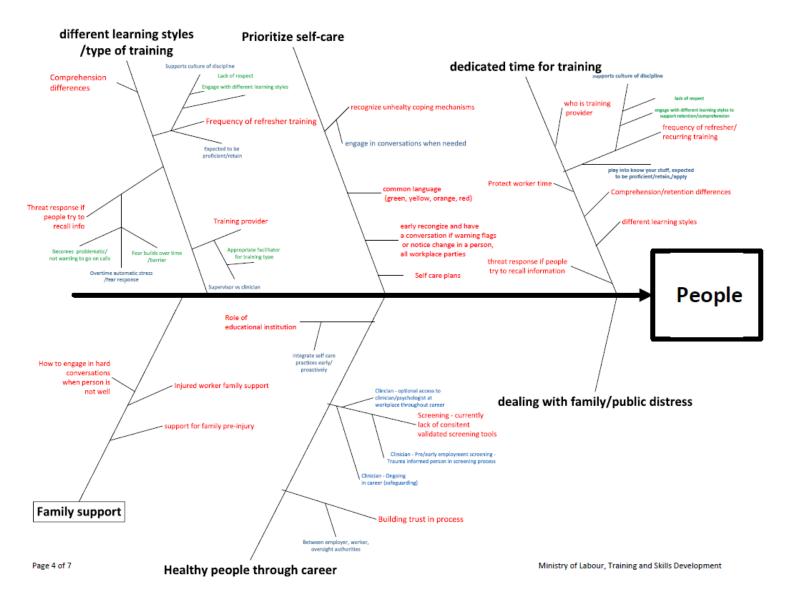






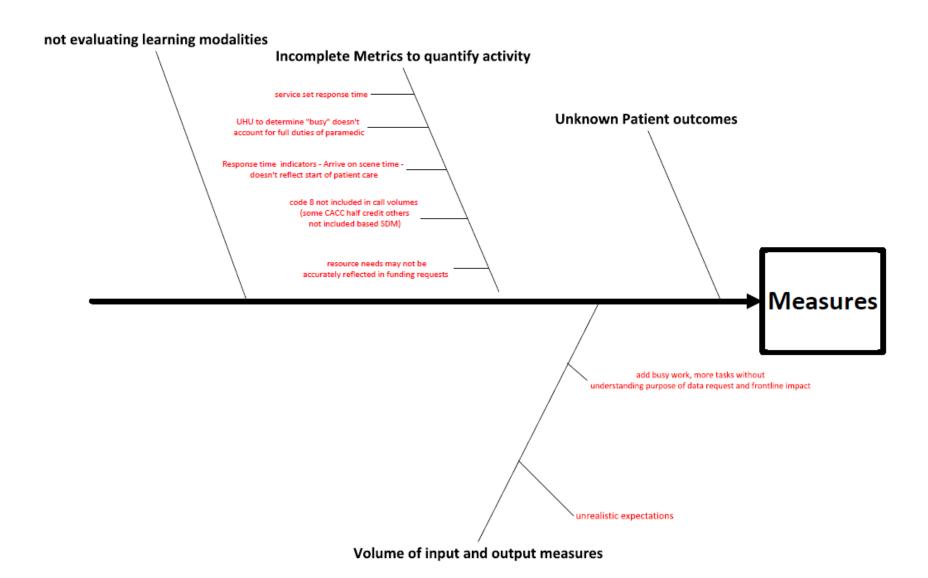














APPENDIX B: RATING OF IMPORTANCE OF PRIMARY CAUSAL FACTORS

Workshop participants voted on the relative importance of the 36 primary causal factors identified using the following seven-point scale:

- 1. Not Important
- 2. Low Importance
- 3. Slightly Important
- 4. Neutral
- 5. Moderately Important
- 6. Very Important
- 7. Extremely Important/Show Stopper

The table that follows summarizes all the rating of votes of importance of the 36 primary causal factors. Those primary causal factors in orange are the items that were rated in the top 12 and explored on day two of the workshop, when solutions and controls to mitigate their impact and frequency of occurrence was discussed.

Causal Factors	All Responses	Worker Only	Employer Only
Culture: Workplace Violence	6.2	6.3	6.1
Processes: Difficulty Accessing Appropriate Support	6.2	6.7	5.7
Processes: Dedicated Time for Training	6.0	6.5	5.6
People: Prioritize Self Care	6.0	6.2	5.9
Environment: Addressing Negativity in Workplace	6.0	6.0	6.0
People: Healthy People Through Career	5.9	5.7	6.1
Culture: Stigma	5.7	6.2	5.3
People: Dedicated Time for Training	5.5	6.0	5.1
Equipment: Code Red/Black/Zero	5.5	5.7	5.3
Culture: Know Your Stuff	5.4	6.2	4.7
Environment: Work Environment	5.4	5.8	5.0
People: Family Support	5.4	5.3	5.4
Equipment: Equipment Malfunctions	5.3	5.7	5.0
Equipment: Lack of Familiarity Using the Equipment	5.3	5.0	5.6
People: Dealing with Family/Public Distress	5.2	5.8	4.7
Processes: Changes in Protocols/Medical Directives	5.2	5.7	4.9
Culture: Conflict Management	5.1	5.7	4.6
Culture: Constant Restructuring	5.1	5.5	4.7
Equipment: Maintenance and Care of The Equipment	5.1	5.2	5.0
Culture: Culture of Metrics - Measuring Everything	5.0	5.7	4.4
Culture: Lack of Reward and Recognition	5.0	5.5	4.6
Processes: Loss of Life of Patient	4.9	5.7	4.3



Causal Factors (continued)	All Responses	Worker Only	Employer Only
Measures: Incomplete Metrics to Quantify Activity	4.9	5.3	4.6
Equipment: Improper Equipment for The Task	4.9	4.7	5.1
Measures: Evaluation of Learning Modalities	4.8	5.3	4.4
People: Different Learning Styles/Types of Learning	4.8	4.8	4.9
Environment: Physical Environment	4.8	4.3	5.3
Culture: Culture of Discipline	4.6	5.5	3.9
Measures: Volume of Input and Output Measures	4.6	5.2	4.1
Equipment: Procurement of The Equipment	4.6	5.0	4.3
Environment: Unfamiliar Environment - Lack of Control	4.5	4.8	4.3
Equipment: Non-Consistent Equipment	4.5	5.3	3.7
Measures: Unknown Patient Outcomes	4.5	5.0	4.0
Equipment: Accessibility to The Equipment in The Truck	4.4	4.5	4.3
Environment: Inside Cab	4.2	5.2	3.4
Equipment: Weight and Size	4.2	4.5	4.0
Equipment: Out-Dated Equipment	4.2	4.3	4.0
Environment: Mobile Deployment Plan - No station to call home	4.1	5.8	2.6
Processes: Org Chart Changes	4.1	4.8	3.4
Environment: Lack of Breakroom	3.8	5.0	2.9





APPENDIX C: LIST OF SOLUTIONS BY STAKEHOLDER

A total of 150 unique solutions and controls for the top 12 primary causal factors were identified by RCA workshop participants during the brainstorming session as possible interventions that a variety of paramedic sector stakeholders can take to reduce the risk of psychological harm to workers.

All identified stakeholders are encouraged to review the proposed solutions and control measures for each of the top primary causal factors. Below is a detailed listing of all identified recommendations distributed by stakeholder.

Many of these proposed solutions will require collaboration and consultation with a variety of stakeholders. Stakeholders should consider collaborating with others identified to determine the solutions' viability and when and how and these suggestions might best be actioned, including responsibilities, accountabilities and consulting and information needs. PSHSA is pleased to provide this data as well as act as a collaborative partner or support when it comes to many of the action items.

Notes:

For the purpose of this report, *People: Dedicated Time for Training* and *Processes: Dedicated Time for Training* have been consolidated into one causal factor.

As a reminder, given the nature of the brainstorming session, workshop participants were instructed not to take financial or operational impacts into consideration.

Note that the recommendations are not listed in any particular order and have not been prioritized for an action plan.

Examples are included of existing resources, programs and references. These are provided as a reference only. Any references to specific resources are meant to capture examples discussed by participants during the RCA workshop. The list is not exhaustive and does not represent an endorsement of a product or service.





PARAMEDIC SERVICE

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 Create a norm to have a chart flagging system for individuals (patients) with history of violence and harassment, and a system for follow through with the employer. Have a zero-tolerance policy in the workplace with clear follow through with the employer after an incident of workplace violence or harassment is reported. In the Workplace Violence and Harassment policy, include prompts for consideration of worker mental health as a contributing factor during the investigation of a workplace violence or harassment incident. Violence Management Techniques (such as verbal de-escalation) training should be provided regularly (e.g., at least every two years or annually) with a variety of tools and different training materials. Establish a peer role for paramedic who has received specialized training on deescalation (verbal and physical) and workplace violence and harassment who can be the first touch point for individuals affected by these types of incidents. More collaboration with the sector (frontline worker, JHSC, unions) when making policies, procedures, and programs. More education around right to refuse especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA VARB toolkit on Work Refusal for Workplace Violence) Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. 	 CACC JHSC Union Ministry of Health Colleges OAPC CACC PSHSA Ministry of Health
	 i) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate j) Increased frequency of self-defense training or a course that is regularly offered so paramedics can attend at whatever time suits them, encourage fitness k) Consider how to keep training alive in shift start to help to move toward muscle memory. l) Use scenarios m) Video series n) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance 	CollegesOAPCUnionCACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 o) Sample of existing program: https://staysafeip.com/stay-safe-programs/ Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) p) Tactical communication 	
	 1.9 10-2000 response is not consistent across the province so the following can be mitigation strategies: e) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC f) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. g) Investigate feasibility of standardizing 10 codes across allied agencies h) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Unions OAPC Ministry of the Solicitor General OAPC Local police service EMS Section 21 Sub-Committee
	1.10 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)	Ministry of HealthOAPCCACCUnionsPSHSA
2. Process: Difficulty Accessing Appropriate Support	 2.1 Improve Peer support available by: c) Defining the peer supporter role d) Having resources in place to enhance the support provided by the provided peer support 	
	2.2 Employer to vet a list of psychologists and provided the list to the workers. The employer will have no direct link to this list of psychologists but would ensure that they have the experience and the knowledge of the sector.	
	 2.3 Include appropriate definitions for clinicians in the services provided by extended health coverage and broaden the type of mental health related services provided. a) Expand their services that cover mental health (e.g., some insurance companies will not cover therapist or social worker, but will cover a psychologist and that is not possible in some places) b) Ensure they are recognized by WSIB 	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 2.4 Operational Pause to be put in place as a regular program that includes coping strategies and self-regulation 2.5 Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience levels, return to work and stay at work with respect to mental health (see Appendix D for PSHSA's resilience resources). 	PSHSACCACUnionsOACP
	2.6 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	Ministry of HealthCACCUnionsCliniciansAMO
	2.7 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	Ministry of HealthCACCUnionsCliniciansAMO
	2.8 Encourage, support and provide training on self-care, helping an individual to identify what works for them (e.g., yoga, exercise, therapist, etc.). Develop and implement a workplace wellness program that explicitly encourages self-care. Provide a space at the workplace to unwind (refer to PSHSA's ResilientMe microlearning and Ready for Duty eLearning Series).	CACCUnionsClinicians
	2.9 Mandate annual mental health checks with a clinician. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers. Refer to Recommendation 8b in Ontario Provincial Police Independent Review Panel: Final Report which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP."	Ministry of HealthCACCUnionClinicians
	2.10 Assess the workplace with the purpose of identifying issues early on. This could include regular informal check ins with paramedics and ACO, and allowing workers to	PSHSACACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	have access to help and resources early (e.g., <u>Occupational Stress Injury Resilience Tool</u> developed by PSHSA and the Conference Board of Canada that can provide individual guidance as well as an organizational snapshot of resilience levels).	• Union
	2.11 Identify cognitive and psychological demands of the job and assess regularly (see <u>Assessing the Risk: The Occupational Stress Injury Resiliency Tool</u> and PSHSA's <u>cognitive demands analysis services</u>).	PSHSACACCUnionOAPC
	 2.12 Improve follow up after return to work by focusing on a) regular peer support b) appropriate training for management on effective return to work and stay at work programs c) appropriate accommodations/modified work d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate 	PSHSACACCUnionOAPCWSIB
3. Process &	3.1 Link training to performance plans and Human Resource strategies with Senior leadership commitment.	
People: Dedicated Time for Training	 3.2 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together. i. The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. http://mcnallyproject.ca/ ii. Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ 	 College Union CACC Base Hospital Ministry of Health PSHSA OACP





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	
	3.3 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	CollegeUnionCACCBase HospitalMinistry of HealthPSHSA
	 3.4 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). d) Engage with union on mode of learning on each content piece. 	 College Union CACC Base Hospital Ministry of Health
	3.5 Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture.	CollegeUnionCACCBase Hospital





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
4. People: Prioritize Self-Care	4.1 Provide self-care facilities in the workplace. This may include gym facilities, cooking/food prep facilities, break rooms that are relaxing, private rooms for deescalating or providing enough space and privacy for an operational pause.	•
	4.2 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example)	CACCUnionClinicianMunicipalityOAPC
	 4.3 Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate 	CACCUnionOAPCClinicians
	 4.4 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) ResilientMe microlearning (PSHSA): https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 CACC Union Clinician OAPC College Ministry of the Solicitor General Mental Health Secretariat
	 4.5 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: c) ResilientME microlearning (PSHSA) a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 	 CACC Union Clinician OAPC College Ministry of the Solicitor General Mental Health Secretariat
	4.6 Review and consider amending WSIB definition of PTSD, Traumatic Mental Stress and Chronic Mental Stress in order to:	Ministry of HealthWSIB





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) Better capture and recognize the impact of the cumulation of exposures over a career in presumptive legislation coverage b) Legislation change to presumptive coverage to expand beyond PTSD to include Occupational Stress Injuries more broadly. PTSD is a diagnosis and doesn't recognize other injuries. c) Complete paperwork for exposure notification or form 6 filled out or WSIB psychological injury (CMS 8) if a person has "traumatic call" and needs more time d) Paramedic Service or CACC complete injury incident report form if person needs more than one "yellow hour" (operational pause, decompress, off time). Fill out WSIB form if there is a claim. 	• CACC
	4.7 Ensure that Employee and Family Assistance Program includes access to professionals with paramedic sector cultural competencies, trauma informed care and the competencies to support first responder acute and cumulative trauma exposures.	CliniciansCACCMunicipality
	4.8 Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 CACC Unions College Clinicians Ministry of the Solicitor General Mental Health Secretariat
	 4.9 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	CACCCollegeUnionsCliniciansPSHSAFamily
	4.10Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	 CACC Unions College Clinicians PSHSA Ministry of the Solicitor General





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.11 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	Mental Health Secretariat Clinicians CACC OACP Unions Ministry of the Solicitor General Mental Health Secretariat PSHSA College Ministry of Health
	 4.12 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians CACC OACP Unions Ministry of the Solicitor General Mental Health Secretariat PSHSA College Family
5. Environment: Addressing Negativity in the Workplace	5.1 Consider the impact of the workplace environment (including the ambulance) and overall comfort level. Consideration should be given to facilities provided such as quiet room, private space, lunch/meal prep area, etc.	
	5.2 Change focus from "negative employee" to positive employee. Focus on recognition and thanking workers for their positive contributions and change focus of the workplace on the negative aspects of the job (e.g., long service awards)	
	5.3 Identify, recognize and foster individual talents, strong suits and attributes of workplace parties, regardless of role in the organization.	
	5.4 Utilize the RACI Model (Responsible, Accountable, Consulted, Informed) for workplace decision making and communication	





5.5 Establish an open forum for the staff, where the supervisor/chief attends the forum and allows workers to discuss openly their concerns in a safe place (e.g., town halbs) 5.6 Develop a wellness plan resource to help members identify options for staying healthy and activities that a person chooses to do intentionally to stay healthy physically, psychologically and spiritually. 5.7 Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture. 5.8 Engage workforce in the big decision making in the service to increase inclusion. Identify workplace champions when new programs, procedures or equipment are deployed or introduced in the organization of the decision making in the service to increase inclusion. 5.9 Ensure dedicated time for training, time to decompress after a traumatic call, and allowing time to take a break that is not under time off. 5.10 Increase social events and engagement opportunities to focus on positive interactions (e.g., golf tournaments, workshops, games night, etc.) 5.11 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) C Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumo	Primary Causal Factor	Proposed Solution or Control	In Collaboration With
raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. • CACC	Factor	 5.5 Establish an open forum for the staff, where the supervisor/chief attends the forum and allows workers to discuss openly their concerns in a safe place (e.g., town halls) 5.6 Develop a wellness plan resource to help members identify options for staying healthy and activities that a person chooses to do intentionally to stay healthy physically, psychologically and spiritually. 5.7 Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture. 5.8 Engage workforce in the big decision making in the service to increase inclusion. Identify workplace champions when new programs, procedures or equipment are deployed or introduced in the organization 5.9 Ensure dedicated time for training, time to decompress after a traumatic call, and allowing time to take a break that is not under time off. 5.10Increase social events and engagement opportunities to focus on positive interactions (e.g., golf tournaments, workshops, games night, etc.) 5.11 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different 	 CACC Unions PSHSA CACC Unions PSHSA CACC Union CACC Union CACC Union CACC Union CACC Union Ministry of Health Base Hospital
to focus on issues and brainstorm solutions to address concerns. • Ministry of Health		raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 5.12 Establish forums and workshops of all different workplace parties and decision makers	 Union





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
6. People: Healthy People Through Career	 6.1 If a worker participates in a traumatic incident there should be time off afterwards to decompress, and additionally they should not be the crew to respond to the next traumatic incident. Operational considerations include operational debrief vs CSIM and time commitment and resources required, provide time off from call response in order to actively participate in debriefing, and consideration for 'down time' after significant calls (there would be operational impacts to shutting down an ACO or an ambulance) 6.2 Protecting downtime and time off. Schedule work with the goal of reducing shift overrun, the need for overtime shifts, frequency of lunch and break interruptions. 6.3 Include primary, secondary and tertiary prevention activities related to exposure to traumatic or significant events. Examples of primary secondary and tertiary prevention could include: a) Primary prevention – mock/drill before the call comes in, include scenarios in onboarding b) Secondary prevention – after a traumatic/significant event develop a plan to support those impacted by call (paramedics, ACO, allied agencies), clinical considerations/guidelines on when it's appropriate for group debrief vs individual debrief. Ensure use of an experienced facilitator of the debrief to avoid inadvertent additional trauma. c) Tertiary prevention – develop and implement a stay at work/return to work program that follows disability management practices and includes accommodations, work hardening, reintegration for mental health injuries. Supervisor education can be enhanced through PSHSA's Mental Health Stay at 	• CACC • Union
	Work & Return to Work for First Responder Organizations. 6.4 Plan and run collaborative training that includes: a) A focus on interagency operability during the simulation b) An interagency debriefing following simulation/training or actual event	CACCAllied Agencies
	6.5 Develop and implement a traumatic incident review process. Proactively identify events that may be triggering to workers and offer follow up support. The traumatic incident review should be completed by a trained person and done as a private conversation at an appropriate time and place (rather than with both paramedics together in the back of the ambulance at the same time).	• Union
	6.6 Educate workers on possible changes throughout a career (e.g., empathy fatigue).	UnionCollege





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 6.7 Paramedic Service should implement a flexible return to work/stay at work program to allow workers the ability to work, not in a frontline role, as part of their recovery and return to work or stay at work. This could include: a) Matching functional abilities with physical and cognitive demands of the job to provide meaningful work b) Permanent accommodation avenues to continue to contribute to the organization c) Expanded care pathways as option for worker who need break from 911 and remain a paramedic (e.g., community paramedicine role, public relations, logistics role, etc.) 6.8 Facilitate pathways for individuals to grow to more challenging roles or roles with bigger scope if they choose. For example, a paramedic could move into the following roles: a) Expanded care pathways as option for benefiting those looking for career growth. b) Mental health/wellness specialist paramedic at each base 	UnionPSHSA
	 c) Paramedic educators d) Logistics e) Community paramedic program f) Public relations paramedic 6.9 Focus on work facilities that promote health throughout careers: gyms, space, private 	
	room to decompress, nap rooms, ergonomics in ambulances and ACO workstation.	•
	6.10Ensure appropriate staffing levels to reduce requests for overtime. Ensure that time off is protected.	•
	 6.11 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. 	 CACC Union PSHSA College Ministry of Health Clinicians Municipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 6.12 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include: a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their AO number on ACR then "paid worker" and WSIB Coverage is available. The following process is used by one Paramedic Chief to support the good Samaritan responses in their paramedic service. Currently in order to be on call and have WSIB coverage, there is a two-part process whereby the medics get 'logged on' with their	 CACC Union PSHSA College Ministry of Health
	dispatch centre (CACC), by providing their Ambulance Officer # (AO#) over the radio, AND they have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter.	
	6.13 Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work"	CACCUnionsMinistry of HealthPSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	6.14 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 College CACC Ministry of Health PSHSA WSIB Ministry of the Solicitor General Mental Health Secretariat OAPC IWH
	 6.15 Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour week to 32-hour week and 8 hours of self-care and professional development (learning and development) b) Explore duty cycle of work hours to optimize a reduction of exposures c) RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality 	CACCUnionsMinistry of HealthMunicipalityOACPAMO
7. Culture: Stigma	7.1 Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: • Activate peer support on the workers behalf if worker consents • Role of supervisor or manager or union representative as the workers lifeline and support system • Remove fear of not knowing what to do or what to say • Focus on the tone of how support is provided 7.2 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	CACCOAPCUnionCliniciansPSHSA
		CACCOAPCUnionCliniciansPSHSA
	7.3 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	CACCOAPCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
		CliniciansPSHSA
	7.4 Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCOAPCUnionCliniciansPSHSAFamily
	7.5 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.	CACCOAPCUnionCliniciansPSHSA
	7.6 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	CACCOAPCUnionCliniciansPSHSA
	 7.7 The RCA workshop participants suggest that all training mentioned in this section related to stigma be: a) Designated mandatory b) Conducted in person c) Evaluated for learning outcomes and knowledge transfer 	CACCUnion
	7.8 Mental Health Bulletin board in the workplace with reminders on mental health, and prompts to do self-checks	CACCUnion
	7.9 Training on Diversity, Equity and Inclusion to address stigma	CACCUnion
	 7.10 Employer, management and union joint effort to reach out to workers and improve trust within the group. a) Identify the right person to reach out to b) Communicate appropriately to the workers how and who to reach out to c) Employer and union reach out together worker to determine the workers choice on who they feel comfortable reaching out to them (e.g., does the worker prefer union they should reach out to or vice versa). 	CACCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 7.11 Training and education focused on reduce stigma in the workplace. Education for the following parties: a) Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) b) All workplace parties (employer, management, worker, unions) c) Consider a public education campaign 	 CACC OAPC Union Clinicians PSHSA Ministry of Health Ministry of Long- Term Care
	7.12 Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers.	CACCOAPCUnionClinicians
	7.13 Have a system in place where the family member is contacted when a worker accesses peer support app (Peer Connect App).	CACCUnionFamily
	7.14 Implement operational debriefing or an informal follow up (e.g., coffee chat) after a traumatic call with worker and their partner.	CACCUnionClinicians
8. Equipment: Code Black/Red/ Zero	8.1 In some instances, a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs.	Ministry of HealthOACPUnion
	8.2 Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.	Ministry of HealthUnionOACP
	 8.3 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a) The following definitions should be standardized across the sector: i. code red/black/zero ii. offload delay b) When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data 	Ministry of HealthOACPUnionsMunicipalityAMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	available) and develop performance metrics/standards based on the data available. 8.4 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: a) Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. b) Call ambulance when c) Do not call ambulance when d) Fit to sit e) Right care, right time, right place	 CACC Union OACP Ministry of Health Municipality AMO
	8.5 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	Ministry of HealthCACCOACPMunicipalityAMO
	8.6 Allocate resources based on predictive modelling for 3% call volume increase annually	CACCMinistry of HealthMunicipalityAMO
	8.7 Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment law changes. Additional staffing and resources are required to support codes and curriculum changes (move to three-year program).	Ministry of HealthMunicipalityAMOOACP
	 8.8 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet Employment Standards Act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 	 OACP CACC Union Ministry of Labour, Training and Skills Development Ministry of Health AMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	9.1 Investigate the feasibility of having two paramedics in rear of ambulance to help guide discussion on treatment strategies for complex calls or as a mentoring strategy for inexperienced paramedics. This can help to manage emotions or provide perspective during challenging patient care situations.	
	9.2 Streamline pediatric calls for medications to reduce paramedic cognitive demands by providing a dedicated pediatric cart and means to identify pre-loaded pediatric medications to decrease stress of calculating dose and possibility of medication errors. Workshop participants discussed the possibility of (colour) coding pre-loads and were aware of the potential medication error impact due to colour-blind works.	
	9.3 Ensure that hours are dedicated to training. Ensure that paramedics and ACOs are not expected to complete training during downtime on shift or "on the fly".	
	9.4 Move away from tests for maintaining certification and move towards ongoing learning and ongoing evaluation for maintaining certification.	Ministry of HealthBase Hospital
9. Culture: Know Your Stuff (Knowledge	9.5 Ensure high-fidelity training is provided with good quality equipment and tools that are the same or as close as possible to what's used in the field. Ensure simulated scenarios are as realistic as possible.	
Translation and Maintenance)	 9.6 Consider identification of areas for cognitive off-load. During the workshop there was discussion that there is not enough time given to remain proficient in areas where proficiency is required (e.g., equipment, protocols, treatment strategies, regulations). a) Educator knowledge on subject matter may help with knowledge transfer and translation (e.g., knowledge transfer of 170-page document vs 1 page). Currently time consideration is not given for different length documents. Investigate the feasibility of developing and providing job aids for complex and less frequent tasks. b) Investigate the feasibility of translating written documents required into other modalities for knowledge transfer (e.g., jeopardy game, video, etc.) as an alternative to reading written text. c) Investigate the feasibility of using "follow the learner" software to support learning. These platforms provide cues for knowledge transfer and knowledge retention where knowledge points are difficult or challenging for the learner for reinforcement of learning concepts. The platform makes sure your frontline remembers the things that matter most. d) Investigate the feasibility of developing a repository for Ontario specific resources that can be shared between services for fiscal responsibility and consistency of 	2) Ministry of Health3) Base Hospital4) PSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	training. Some services have created training videos and upload to their internal site to be watched by paramedics during high acuity/low frequency events as time allows. Examples of shared training resources from other sectors include: • Musculoskeletal disorder injury prevention training for Direct Support Professionals developed by Community Living and PSHSA https://www.youtube.com/watch?v=WeSwVIX22gg • Canadian Police Knowledge Network: Framework for police sector to share resources that was developed in 2004. https://www.cpkn.ca/en/about/ • PSHSA developed custom learning assets for paramedic service regarding safe work practices to deploy on their learning management system	
	9.7 Considerations should be given to actions taken should a paramedic not pass their rectification. Currently there is a disciplinary based approach which often has paramedics experiencing concerns about losing their job if they fail the required recertification. This creates significant stress for the worker	5) Ministry of Health6) OAPC7) Union
	 9.8 Move towards "Just" Culture as opposed to disciplinary culture. When challenging situations arise, focus first on opportunities for re-education as opposed to discipline. 9.9 RCA workshop participants identified that current certification testing does not adequately reflect the demands or requirements of the job. Investigate the feasibility of culture shift to be more inclusive of different learning styles and accommodations for learning disabilities. Suggestion from the RCA Workshop participants is to move away from requirement for memorization of protocols, towards referencing being best-practice and demonstration of skills. 	8) Union 9) CACC 10) Ministry of Health 11) Union 12) OAPC
	9.10Training should be in smaller groups instead of large groups which workshop participants expect will produce better learning outcomes in scenario-based learning or testing. Working in pairs better reflects the demands of the job and workshop participants expect that it will cause less stress during learning evaluations.	13) Ministry of Health14) Union15) OAPC
	9.11 Current practice in some services may include the introduction of additional stress or pressure during learning scenarios to simulate high pressure situations that paramedics may experience when responding to calls. RCA workshop participants report that they feel that being yelled at during scenarios is not helpful and does not achieve the purported purpose of stress inoculation. Evidence informed practice for learning scenarios and stress inoculation is encouraged. Considerations may include: What is the best way to learn? What is the ideal amount of pressure in a learning situation? What are the evidence-based best practices on integrating stress inoculation	Ministry of HealthUnionOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	into learning? <i>Performing Under Pressure: The Science of Doing Your Best When It Matters Most</i> , Dr. Hendrie Weisinger, J. P. Pawliw-Fry was identified as a resource related to this topic.	
	 9.12 Increase time for orientation for new paramedics a) Increase time for buddying in back of ambulance b) Increase time for knowledge transfer and translation from experienced paramedic (3+ years' experience). New hires should not be a buddy regardless of their experience with other paramedic services upon hire. Note that this may differ between services or based on 'vulnerable worker' language in regulations. c) Buddying may be built into scheduling software when assigning and scheduling. Investigate the feasibility of adjusting software settings to not allow new worker to NOT be buddied during their onboarding. d) Consider an increase in calendar duration for buddying beyond 6-month period to reflect hours worked with a buddy. The hours worked during the six-month buddy period may vary greatly depending on fulltime or part time. 	
	9.13 Move away from tests for maintaining certification and move towards ongoing learning and ongoing evaluation for maintaining certification.	Ministry of HealthBase Hospital
	10.1 The paramedic service should improve support, protection and commitment for break times and training for paramedics.	
10. Environment:	10.2Increase ergonomics and MSD prevention education, empowerment, promotion, relative to role of the paramedic. These awareness and education materials should be paramedic specific. (videos or other training modalities could be developed for the paramedic sector similar to those developed for Group Homes who transport clients- https://www.youtube.com/watch?v=WeSwVIX22gg)	PSHSAUnionCACC
Work Environment:	 10.3Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs 	 Ministry of Health CACC Equipment Manufacturer Union Municipality PSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized-services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes 	
	 10.4ACO consider providing and promotion the use of sit/stand desks to encourage change in body position. When introducing design changes to the workplace end user input and feedback (ACO and paramedic) is strongly encouraged in the design phase before workplace changes are implemented or units are procured. Sample resources for office environments include: a) Fewster and Callaghan, Are Sit-Stand Workstations equal to the hype? https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/resources/position-papers/sit-stand-workstations-are-they-equal-hype b) Ontario MSD Prevention Guideline https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/msd-prevention-quideline-ontario c) Sit to stand Conference, Robertson https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/files/uploads/files/sit to stand conference michelle robertson.pdf and watch presentation at https://www.youtube.com/watch?v=Xiose-Th6jA d) PSHSA Office Ergonomics How to Conduct an Assessment (1-day Course) Public Services Health and Safety Association Office Ergonomics How to Conduct an Assessment (pshsa.ca) e) PSHSA Ergonomic Services: Public Services Health and Safety Association Ergonomic Services (pshsa.ca) f) Basics of Ergonomics Webinar, PSHSA: Public Services Health and Safety Association Basics of Office Ergonomics (pshsa.ca) 	• CACC • Union
	10.5Promote change management practices during change or introduction of new equipment. Considerations should include advantages of the change, considerations for health and safety impacts, Recognizing, Assessing Controlling and Evaluating hazards	CACCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 (RACE Model), environment impacts, impacts to professional practice, and lifestyle impacts of the proposed change. Resources for consideration include: a) PSHSA Risk Assessment and Job Hazard Analysis Fast Fact: https://www.pshsa.ca/resources/risk-assessment-and-job-hazard-analysis b) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt 	
	10.6Dispatch calling, unsure of identity of paramedic and their pronouns. For non-binary or transgender paramedics there may be a difference in their identity and what is recorded on their OASIS number or crew number. Diversity, Equity, and Inclusion policies and standards should be developed and implemented in order to assist in supporting all workplace parties, addressing and communicating those in the workplace.	CACCUnionMunicipality
	10.7Investigate alternate Code paging methods.	CACCUnionMinistry of Health
	 10.8COVID-19 has highlighted environmental issues and assessment needs in the workplaces. The following could be examples of regular testing performed: HVAC systems, assessments, ambulance air quality, etc. Additional sectors specific resources to support the Internal Responsibility System regarding workplace environmental issues and assessment needs can be developed by PSHSA. Resources for consideration include: a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Specialized Services: https://www.pshsa.ca/consulting/specialized-services c) Canadian Registration Board of Occupational Hygienists https://crboh.ca/ 	• PSHSA
	 10.9Efforts should be made to review and/or reduce task saturation, for example completing triaging tasks which impacts care being provided. To address this concern, consider: a) Increase staffing and support needed, reduce working alone b) Task awareness and task sharing c) Send PRU's to high acuity calls- building into deployment plans 	Ministry of Health
	10.10 There are a number of ways to communicate and be contacted during a shift which can become overwhelming. Develop and implement communication standards that clearly outline the response time required for different communication methods available.	CACCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	10.11 Standardization and quality of cleaning and disinfection required across the sector (refer to this IPAC Canada <u>instructional video</u>).	Ministry of HealthOAPCPSHSA
	 10.12 Weather condition can have an impact on work environment and the impact of weather should be considered a health and safety topic for paramedics. Paramedic Services are encouraged to consider the impacts of inclement weather (snow, flood, extreme heat, extreme cold, ice, tornado, etc.) in their risk assessment of job tasks and adjustments that may be required to deployment plans. Based on the type of exposure expected, consider controls to mitigate risk which could include program/process for severe weather events, changes to uniforms for extreme heat, extreme cold or significant weather events, vehicle designed for environmental conditions expected. Resources for consideration include: a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Risk Assessment and Job Hazard Analysis Resource: Public Services Health and Safety Association Risk Assessment and Job Hazard Analysis (pshsa.ca) 	 Union Equipment Manufacturer Municipality
	10.13 Review the minimum level of care standards required to meet community service level needs. Currently PCP is minimum required to practice; there was discussion in the workshop if there may be benefits in moving to ACP as minimum credential required in the future.	Ministry of HealthOACPUnionColleges
11. People: Family Support	 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: d) Training on how to better support their loved one e) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help f) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. 	PSHSACliniciansCACCUnionOAPCFamily





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Provisions of workshops or learning sessions for workers and their family/support systems 11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, Beyond Silence training program and app, PTSD awareness and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member. 	PSHSACliniciansCCACUnionFamily
	 11.3 Identify accountability and responsibility for family support: a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician b) Survey/input for all during needs assessment (include family and workers prior to develop the program/offering) c) Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic d) Involve workers and family in development of programs e) Municipality and Ministry of Health regarding funding 	FamilyUnionCACCAMOMunicipalityMinistry of Health
	11.4 Have a system in place where the family member is contacted when a worker accesses peer support app (e.g., Peer Connect App used by some RCA workshop members).	CACCUnionFamily
	 11.5 Educate and enhance awareness for paramedic/ACO families and their work partners on what situations the workers face, how to identify early signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support. 11.6 Early career- include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	 CACC Union Family CACC Union Clinician Municipality OAPC
	 11.7 Implement an early identification program with appropriate supports that may include: a) Self-assessment resources (survey, app, etc.) b) Include survey to family/spouse as loved ones they may notice change before the injured worker does 	CACCUnionClinicianMunicipalityOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	





CENTRAL AMBULANCE COMMUNICATION CENTRE (CACC)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 Create a norm to have a chart flagging system for individuals (patients) with history of violence and harassment, and a system for follow through with the employer. Have a zero tolerance policy in the workplace with clear follow through with the employer after an incident of workplace violence or harassment is reported. In the Workplace Violence and Harassment policy, include prompts for consideration of worker mental health as a contributing factor during the investigation of a workplace violence or harassment incident. 	Paramedic Services
	1.4 Violence Management Techniques (such as verbal de-escalation) training should be provided regularly (e.g.at least every two years or annually) with a variety of tools and different training materials.	
	1.5 Establish a peer role for ACO who has received specialized training on de-escalation and workplace violence and harassment who can be the first touch point for individuals affected by these types of incidents.	
	1.6 More collaboration with the sector (frontline worker, JHSC, unions) when making policies, procedures, and programs.	JHSCUnion
	1.7 More education around right to refuse especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA <u>VARB toolkit on Work Refusal for Workplace Violence</u>)	 Ministry of Health Colleges OAPC CACC PSHSA Paramedic Service
	 1.8 Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Consider how to keep training alive in shift start to help to move toward muscle memory. c) Use scenarios d) Video series e) Tactical communication 	 Ministry of Health Colleges OAPC Union Paramedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 1.9 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health Paramedic Service Union OAPC Ministry of the Solicitor General OACP Local Police Service EMS Sector 21 Sub- Committee
	1.10 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)	Ministry of HealthOAPCParamedic ServiceUnionPSHSA
2. Process: Difficulty Accessing Appropriate Support	 2.1 Improve Peer support available by a) Defining the peer supporter role b) Having resources in place to enhance the support provided by the provided peer support 	
	2.2 Employer to vet a list of psychologists and provided the list to the workers. The employer will have no direct link to this list of psychologists but would ensure that they have the experience and the knowledge of the sector.	
	 2.3 Include appropriate definitions for psychologists/therapist in the services provided by the insurance companies and broaden the type of mental health related services provided. a) Expand their services that cover mental health (e.g., some insurance companies will not cover general therapist but will cover only a psychologist and that is not possible in some places) 	
	b) Ensure providers are recognized by WSIB	
	2.4 Operational Pause to be put in place as a regular program that includes coping strategies and self-regulation	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	2.5 Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience levels, return to work and stay at work with respect to mental health (see PSHSA's Resilience Resources outlined in Appendix D).	PSHSAParamedic ServiceUnionOACP
	2.6 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	Ministry of HealthParamedic ServiceUnionCliniciansAMO
	2.7 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	Ministry of HealthParamedic ServiceUnionCliniciansAMO
	2.8 Encourage, support and provide training on self-care, helping an individual to identify what works for them (e.g., yoga, exercise, therapist, etc.). Develop and implement a workplace wellness program that explicitly encourages self-care. Provide a space at the workplace to unwind. (refer to PSHSA ResilientMe micro learning and Ready for Duty Elearning Series	Paramedic ServiceUnionClinicians
	2.9 Mandate annual mental health checks with a clinician. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers https://www.can-sebp.net/safeguard#:~:text=%E2%80%8BSafeguard%20is%20a%20mental.program%20of%20the%20same%20name . Refer to Recommendation 8b in Ontario Provincial Police Independent Review Panel: Final Report which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP." https://www.ontario.ca/document/ontario-provincial-police-independent-review-panel-final-report	 Ministry of Health Paramedic Service Union Clinicians





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	2.10 Assess the workplace with the purpose of identifying issues early on. This could include regular informal check ins with paramedics and ACO, and allowing workers to have access to help and resources early(e.g., Occupational Stress Injury Resilience Tool developed by PSHSA and the Conference Board of Canada that can provide individual guidance as well as an organizational snapshot of resilience levels).	PSHSAParamedic ServiceUnion
	2.11 Identify cognitive and psychological demands of the job and assess regularly (see <u>Assessing the Risk: The Occupational Stress Injury Resiliency Tool</u> and PSHSA's <u>cognitive demands analysis services</u>).	PSHSAParamedic ServiceUnionOAPC
	 2.12 Improve follow up after return to work by focusing on a) regular peer support b) appropriate training for management on effective return to work and stay at work programs, c) appropriate accommodations/modified work d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate. 	PSHSAParamedic ServiceUnionOAPCWSIB
3. Process And People: Dedicated Time for Training	3.1 Link training to performance plans and Human Resource strategies with Senior leadership commitment.	
	 3.2 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together." The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. http://mcnallyproject.ca/ 	 College Union Paramedic Service Base Hospital Ministry of Health PSHSA OACP





Primary Causal Factor	Proposed Solution or Control	In Collaboration With	
	 Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 		
	3.3 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	 College Union Paramedic Service Base Hospital Ministry of Health PSHSA 	
	 3.4 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). d) Engage with union on mode of learning on each content piece. 	 College Union Paramedic Service Base Hospital Ministry of Health 	
	3.5 Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture.	CollegeUnionParamedic ServiceBase Hospital	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With	
4. People: Prioritize Self- Care	 4.1 Provide self-care facilities in the workplace. This may include gym facilities, cooking/food prep facilities, break rooms that are relaxing, private rooms for deescalating or providing enough space and privacy for an operational pause. 4.2 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example) 4.3 Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate 4.4 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) Resilient Me micro learning (PSHSA): https://www.pshsa.ca/training/free-training/resilientme b) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfred Laurier University, OACP) https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 Paramedic Service Union Clinician Municipality OAPC Paramedic Service Union Clinician Paramedic Service Union Clinician OAPC College Ministry of the Solicitor General Mental Health Secretariat 	
	 4.5 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: d) ResilientME microlearning (PSHSA) a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 	 Paramedic Service Union Clinician OAPC College Ministry of the Solicitor General Mental Health Secretariat 	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 4.6 Review and consider amending WSIB definition of PTSD, Traumatic Mental Stress and Chronic Mental Stress in order to: a) Better capture and recognize the impact of the cumulation of exposures over a career in presumptive legislation coverage b) Legislation change to presumptive coverage to expand beyond PTSD to include Occupational Stress Injuries more broadly. PTSD is a diagnosis and doesn't recognize other injuries. c) Complete paperwork for exposure notification or form 6 filled out or WSIB psychological injury (CMS 8) if a person has "traumatic call" and needs more time d) Paramedic Service or CACC complete injury incident report form if person needs more than one "yellow hour" (operational pause, decompress, off time). Fill out WSIB form if there is a claim. 	Ministry of HealthWSIBParamedic Service
	4.7 Ensure that Employee and Family Assistance Program includes access to professionals with paramedic sector cultural competencies, trauma informed care and the competencies to support first responder acute and cumulative trauma exposures.	CliniciansParamedic ServiceMunicipality
	4.8 Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 Paramedic Service Union College Clinicians Ministry of the Solicitor General Mental Health Secretariat
	 4.9 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	Paramedic ServiceUnionCollegeCliniciansPSHSAFamily
	4.10 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	Paramedic ServiceUnionCollegeCliniciansPSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.10There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 Clinicians Paramedic Service OACP Union Ministry of the Solicitor General Ministry of Health Secretariat PSHSA College Ministry of Health
	 4.12 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians Paramedic Service OACP Union Ministry of the Solicitor General Mental Health Secretariat PSHSA College Family
5 Environment: Addressing Negativity in	5.1 Give consideration to the impact of the workplace environment and overall comfort level. Consideration should be given to facilities provided such as quiet room, private space, lunch/meal prep area, etc.	
The Workplace	5.2 Change focus from "negative employee" to positive employee. Focus on recognition and thanking workers for their positive contributions and change focus of the workplace on the negative aspects of the job (e.g., long service awards)	
	5.3 Identify, recognize and foster individual talents, strong suits and attributes of workplace parties, regardless of role in the organization.	
	5.4 Utilize the RACI Model (Responsible, Accountable, Consulted, Informed) for workplace decision making and communication	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With	
	4.5 Establish an open forum for the staff, where the supervisor attends the forum and allows workers to discuss openly their concerns in a safe place (e.g., town halls)		
	5.6 Develop a wellness plan resource to help members identify options for staying healthy and activities that a person chooses to do intentionally to stay healthy physically, psychologically and spiritually.	Paramedic ServiceUnionPSHSA	
	5.7 Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture.	Paramedic ServiceUnionPSHSA	
	5.8 Engage workforce in the big decision making in the service to increase inclusion. Identify workplace champions when new programs, procedures or equipment are deployed or introduced in the organization	Paramedic ServiceUnionPSHSA	
	5.9 Ensure dedicated time for training, time to decompress after a traumatic call, and allowing time to take a break that is not under time off.	Paramedic ServiceUnionPSHSA	
	5.10 Increase social events and engagement opportunities to focus on positive interactions (e.g., golf tournaments, workshops, games night, etc.)	Paramedic ServiceUnionPSHSA	
	 5.10Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 	 Paramedic Service Union Ministry of Health Base Hospital OAPC 	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	5.12 Establish forums and workshops of all different workplace parties and decision makers to focus on issues and brainstorm solutions to address concerns.	Paramedic ServiceUnionMinistry of HealthOAPC
6 People: Healthy People Through Career	6.1 If a worker participates in a traumatic incident there should be time off afterwards to decompress, and additionally they should not be the crew to respond to the next traumatic incident. Operational considerations include: operational debrief vs CSIM and time commitment and resources required, provide time off from call response in order to actively participate in debriefing, and consideration for 'down time' after significant calls (there would be operational impacts to shutting down an ACO or an ambulance) 6.2 Protecting downtime and time off. Schedule work with the goal of reducing shift over-	
	run, the need for overtime shifts, frequency of lunch and break interruptions.	
	6.3 Facilitate pathways for individuals to grow to more challenging roles or roles with bigger scope if they choose. For example ACO can move into Ontario Public Service opportunities or into a Communications Training Officer role (approximately 30 CTO and 1100 ACO in Ontario)	
	6.4 Focus on work facilities that promote health throughout careers: gyms, space, private room to decompress, nap rooms, <u>ergonomics</u> in ambulances and ACO workstation.	
	5.5 Ensure appropriate staffing levels to reduce requests for overtime. Ensure that time off is protected.	
	 6.6 Include primary, secondary and tertiary prevention activities related to exposure to traumatic or significant events. Examples of primary secondary and tertiary prevention could include: a) Primary prevention - mock/drill before the call comes in, include scenarios in onboarding b) Secondary prevention - after a traumatic/significant event develop a plan to support those impacted by call (paramedics, ACO, allied agencies), clinical considerations/guidelines on when it's appropriate for group debrief vs individual debrief. Ensure use of an experienced facilitator of the debrief to avoid inadvertent additional trauma. c) Tertiary prevention - develop and implement a stay at work/return to work program that follows disability management practices and includes 	Paramedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	accommodations, work hardening, reintegration for mental health injuries. Supervisor education can be enhanced through PSHSA's Mental Health Stay at Work & Return to Work for First Responder Organizations.	
	 6.7 Plan and run collaborative training that includes: a) A focus on interagency operability during the simulation b) An interagency debriefing following simulation/training or actual event 	Paramedic ServiceAllied agencies
	6.8 Develop and implement a traumatic incident review process. Proactively identify events that may be triggering to workers and offer follow up support. The traumatic incident review should be completed by a trained person and done as a private conversation at an appropriate time and place.	• Union
	6.9 Educate workers on possible changes throughout a career (e.g., empathy fatigue).	UnionCollege
	 6.10 CACC should implement a flexible return to work/stay at work program to allow workers the ability to work, not in a frontline role, as part of their recovery and return to work or stay at work. This could include a) Matching functional abilities with physical and cognitive demands of the job to provide meaningful work b) Permanent accommodation avenues to continue to contribute to the organization c) Expanded care pathways as option for worker who need break from 911 and remain a paramedic (e.g., community paramedicine role, public relations, logistics role, etc.) 	Paramedic ServiceUnionPSHSA
	 6.10Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 	 Paramedic Service Union PSHSA College Ministry of Health Clinicians Municipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 6.12 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty, and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include: a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time. iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their AO number on ACR then "paid worker" and WSIB Coverage is available. iii. The following process is used by one Paramedic Chief to support the good Samaritan responses in their paramedic service. Currently in order to be on call and have WSIB coverage, there is a two part process whereby the medics get 'logged on' with their dispatch centre (CACC), by providing their Ambulance Officer # (AO#) over the radio, AND They have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter. 	 Paramedic Service Union PSHSA College Ministry of Health
	6.13 Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work"	Paramedic ServiceUnionMinistry of HealthPSHSA
	6.14Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability.	University/CollegeParamedic ServiceMinistry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 WSIB Ministry of the Solicitor General Mental Health Secretariat OAPC Institute for Work and Health
	 6.10Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour work week to 32 hours of work with 8 hours of self-care and professional development (learning and development). b) Explore duty cycle of work hours to optimize a reduction of exposures. c) The RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality. 	Paramedic ServiceUnionMinistry of HealthMunicipalityOACPAMO
7 Culture: Stigma	 7.1 Provide training and tools to managers on how to have the difficult conversations, reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: Activate peer support on the workers behalf if worker consents Role of supervisor or manager or union representative as the workers lifeline and support system Remove fear of not knowing what to do or what to say Focus on the tone of how that support is provided 	Paramedic ServiceOAPCUnionCliniciansPSHSA
	7.2 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	Paramedic ServiceOAPCUnionCliniciansPSHSA
	7.3 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	Paramedic ServiceOAPCUnionCliniciansPSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	7.4 Educate and enhance awareness for paramedic/ACO families and their work partners on what situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	 Paramedic Service OAPC Union Clinicians PSHSA Family
	6.5 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, selfcare, etc.	Paramedic ServiceOAPCUnionCliniciansPSHSA
	7.6 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	Paramedic ServiceOAPCUnionCliniciansPSHSA
	 7.7 The RCA Workshop participants suggest that all training mentioned in this section related to stigma be: Designated mandatory Conducted in person, and evaluated for learning outcomes and knowledge transfer 	Paramedic ServiceUnion
	7.8 Mental Health Bulletin board in the workplace with reminders on mental health, and prompts to do self checks	Paramedic ServiceUnion
	7.9 Training on Diversity, Equity and Inclusion to address stigma	Paramedic ServiceUnion
	 7.10 Employer, management and union joint effort to reach out to workers and improve trust within the group. Identify the right person to reach out to Communicate appropriately to the workers how and who to reach out to Employer and union reach out together worker to determine the workers choice on who they feel comfortable reaching out to them (e.g., does the worker prefer union they should reach out to or vice versa). 	Paramedic ServiceUnion
	7.11 Training and education focused on reduce stigma in the workplace. Education for the following parties:	Paramedic ServiceOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) All workplace parties (employer, management, worker, unions) Consider a public education campaign 	 Union Clinicians PSHSA Ministry of Health Ministry of Long- Term Care
	7.12 Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers https://www.can-sebp.net/safeguard#:~:text=%E2%80%8BSafeguard%20is%20a%20mental.program%20of%20the%20same%20name	Paramedic ServiceOAPCUnionClinicians
	7.13 Have a system in place where the family member is contacted when a worker accesses peer support app (Peer Connect App).	Paramedic ServiceUnionFamily
	7.14 Implement Operational debriefing or an informal follow up (e.g., coffee chat) after a traumatic call with worker and their partner.	Paramedic ServiceOAPCUnionCliniciansPSHSA
8 Equipment: Code Black/Red/Zer o	 8.1 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. Call ambulance when Do not call ambulance when Fit to sit Right care, right time, right place 	 Paramedic Service Union OACP Ministry of Health Municipality AMO
	8.2 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a	Ministry of HealthParamedic ServiceOACP





	imary Causal ctor	Proposed Solution or Control	In Collaboration With	
		communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	•	Municipality AMO
		8.3 Allocate resources based on predictive modelling for 3% call volume increase annually	•	Paramedic Service Ministry of Health Municipality AMO
		 8.4 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet employment standards act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 	•	OACP Paramedic Service Union MLTSD Ministry of Health AMO
9	Culture: Know Your Stuff (Knowledge Translation and	9.1 Allow more time for training initially when ACO gets hired. Currently there is a push for quick orientation and sign-off and ready for duty/work. Suggestions discussed during the workshop include overlap of co-workers and buddying during orientation for longer periods.		
	Maintenance)	9.2 Ensure that hours are dedicated to training. Ensure that paramedics and ACOs are not expected to complete training during downtime on shift or "on the fly".		
		9.3 In-house training allows opportunity to get workers into workplace faster. Workshop participants suggested setting a standard for training ACOs which includes training as a call taker first, then as a dispatcher. There was a discussion during the workshop that local training is more productive and targeted than provincial training; ACOs learn more locally than in provincial training (e.g., use of CAD system). ACO are hired and then trained upon hire. Consider including information on what the job entails, what job demands are during interview process in order to promote successful hire and decrease attrition rate. Match an individual's abilities to job demands.	•	Ministry of Health
		9.4 Move towards "Just" Culture as opposed to disciplinary culture. When challenging situations arise, focus first on opportunities for re-education as opposed to discipline.	•	Paramedic Service Union
10	Environment: Work Environment	10.1 Increase ergonomics and MSD prevention education, empowerment, promotion, relative to role of the paramedic. These awareness and education materials should be paramedic specific. (videos or other training modalities could be developed for the	•	PSHSA Paramedic Service Union





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	paramedic sector similar to those developed for Group Homes who transport clients- https://www.youtube.com/watch?v=WeSwVIX22gg) 10.2Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized- services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes	 Paramedic Service Ministry of Health Equipment Manufacturer Union Municipal procurement PSHSA
	 10.3 ACO consider providing and promotion the use of sit/stand desks to encourage change in body position. When introducing design changes to the workplace end user input and feedback (ACO and paramedic) is strongly encouraged in the design phase before workplace changes are implemented or units are procured. Sample resources for office environments include: a) Fewster and Callaghan, Are Sit-Stand Workstations equal to the hype? https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/resources/position-papers/sit-stand-workstations-are-they-equal-hype b) Ontario MSD Prevention Guideline https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/msd-prevention-guideline-ontario c) Sit to stand Conference, Robertson https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/files/uploads/files/sit to stand conference michelle robertson.pdf and watch presentation at https://www.youtube.com/watch?v=Xiose-Th6jA 	 Union Paramedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 d) PSHSA Office Ergonomics How to Conduct an Assessment (1-day Course) Public Services Health and Safety Association Office Ergonomics How to Conduct an Assessment (pshsa.ca) e) PSHSA Ergonomic Services: Public Services Health and Safety Association Ergonomic Services (pshsa.ca) f) Basics of Ergonomics Webinar, PSHSA: Public Services Health and Safety Association Basics of Office Ergonomics (pshsa.ca) 	
	10.4 Promote change management practices during change or introduction of new equipment. Considerations should include advantages of the change, considerations for health and safety impacts, Recognizing, Assessing Controlling and Evaluating hazards (RACE Model), environment impacts, impacts to professional practice, and lifestyle impacts of the proposed change. Resources for consideration include: a) PSHSA Risk Assessment and Job Hazard Analysis Fast Fact: https://www.pshsa.ca/resources/risk-assessment-and-job-hazard-analysis b) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt 10.5 Dispatch calling, unsure of identity of paramedic and their pronouns. For non-binary or transgender paramedics there may be a difference in their identity and what is recorded on their OASIS number or crew number. Diversity, Equity, and Inclusion policies and standards should be developed and implemented in order to assist in supporting all workplace parties, addressing and communicating those in the workplace.	UnionParamedic Service
		UnionParamedic ServiceMunicipality
	10.6 Investigate alternate Code paging methods.	UnionParamedic ServiceMinistry of Health
	10.7 COVID-19 has highlighted environmental issues and assessment needs in the workplaces. The following could be examples of regular testing performed: HVAC systems, assessments, ambulance air quality, etc. Additional sectors specific resources to support the Internal Responsibility System regarding workplace environmental issues and assessment needs can be developed by PSHSA. Resources for consideration include:	• PSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Specialized Services: https://www.pshsa.ca/consulting/specialized-services c) Canadian Registration Board of Occupational Hygienists https://crboh.ca/ 10.8 There are a number of ways to communicate and be contacted during a shift which can become overwhelming. Develop and implement communication standards that clearly outline the response time required for different communication methods available. 	Paramedic ServiceUnion
11 People: Family Support	 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. Provisions of workshops or learning sessions for workers and their family/support systems 	 PSHSA Clinicians Paramedic Service Union OAPC Family
	11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, Beyond Silence training program and app, PTSD awareness and anti-stigma, resilience) The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member	PSHSACliniciansParamedic ServiceUnionFamily
	11.3 Identify accountability and responsibility for family supporta) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician	FamilyParamedic ServiceUnionAMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 i. Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). • Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic. ii. Involve workers, and family in development of programs. b) municipality and Ministry of Health regarding funding 	MunicipalityMinistry of Health
	11.4 Have a system in place where the family member is contacted when a worker accesses peer support app (e.g., Peer Connect App used by some RCA workshop members).	Paramedic ServiceUnionFamily
	11.5 Educate and enhance awareness for paramedic/ACO families and their work partners on what situations the workers face, how to identify early signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	Paramedic ServiceUnionFamily
	 11.6 Early career- include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	Paramedic ServiceUnionClinicianMunicipalityOAPC
	 11.7 Implement an early identification program with appropriate supports that may include: a) Self-assessment resources (survey, app, etc.) b) Include survey to family/spouse as loved ones they may notice change before the injured worker does c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	Paramedic ServiceUnionClinicianMunicipalityOAPC





UNIONS

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence and Harassment	 1.1 More collaboration with the sector (frontline worker, JHSC, unions) when making policies, procedures, and programs. 1.2 Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Increased frequency of self-defense training or a course that is regularly offered so paramedics can attend at whatever time suits them, encourage fitness c) Consider how to keep training alive in shift start to help to move toward muscle memory. d) Use scenarios e) Video series f) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance g) Sample of existing program: https://staysafeip.com/stay-safe-programs/ Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) h) Tactical communication 	 JHSC Paramedic Service Ministry of Health Colleges OAPC Paramedic Service CACC
	 1.3 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Paramedic Service OAPC Ministry of the Solicitor General OAPC Local police service EMS Section 21 Sub-Committee
	1.4 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness</u> Campaigns)	Ministry of HealthOAPCCACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	1.5 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Paramedic Service PSHSA Federal Minister of Justice Attorney General of Canada Ministry of the Solicitor General Ministry of the Attorney General OACP OAPC Judiciary
2. Process: Difficulty Accessing Appropriate Support	2.1 Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience levels, return to work and stay at work with respect to mental health (see Appendix D for PSHSA's resilience resources).	PSHSAParamedic ServiceCCACOACP
	2.2 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	Ministry of HealthCACCParamedic ServiceCliniciansAMO
	2.3 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	Ministry of HealthCACCParamedic ServiceCliniciansAMO
	2.4 Encourage, support and provide training on self-care, helping an individual to identify what works for them (e.g., yoga, exercise, therapist, etc.). Develop and implement a workplace wellness program that explicitly encourages self-care. Provide a space at the workplace to unwind (refer to PSHSA's ResilientMe microlearning and Ready for Duty eLearning Series).	CACCParamedic ServiceClinicians





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	2.5 Mandate annual mental health checks with a clinician. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers. Refer to Recommendation 8b in Ontario Provincial Police Independent Review Panel: Final Report which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP."	Ministry of HealthCACCParamedic ServiceClinicians
	2.6 Assess the workplace with the purpose of identifying issues early on. This could include regular informal check ins with paramedics and ACO, and allowing workers to have access to help and resources early (e.g., Occupational Stress Injury Resilience Tool developed by PSHSA and the Conference Board of Canada that can provide individual guidance as well as an organizational snapshot of resilience levels).	PSHSACACCParamedic Service
	2.7 Identify cognitive and psychological demands of the job and assess regularly (see Assessing the Risk: The Occupational Stress Injury Resiliency Tool and PSHSA's cognitive demands analysis services).	PSHSACACCParamedic ServiceOAPC
	 2.8 Improve follow up after return to work by focusing on a) regular peer support b) appropriate training for management on effective return to work and stay at work programs c) appropriate accommodations/modified work d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate 	PSHSACACCParamedic ServiceOAPCWSIB
3. Process & People: Dedicated Time for Training	 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. 	 College Paramedic Service CACC Base Hospital Ministry of Health PSHSA OACP





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together. i. The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. http://mcnallyproject.ca/ ii. Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration.	
	3.2 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	CollegeParamedic ServiceCACCBase HospitalMinistry of HealthPSHSA
	 3.3 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). d) Engage with union on mode of learning on each content piece. 	 College Paramedic Service CACC Base Hospital Ministry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	3.4 Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture.	CollegeParamedic ServiceCACCBase Hospital
4. People: Prioritize Self-Care	4.1 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example)	CACCParamedic ServiceClinicianMunicipalityOAPC
	 4.2 Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate 	CACCParamedic ServiceOAPCClinicians
	 4.3 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) ResilientMe microlearning (PSHSA): https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 CACC Paramedic Service Clinician OAPC College Ministry of the Solicitor General Mental Health Secretariat
	 4.4 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: e) ResilientME microlearning (PSHSA) 	 CACC Paramedic Service Clinician OAPC College Ministry of the Solicitor General





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 4.5 Review WSIB presumptive legislation to better recognize injuries than occur due to past workplace exposures. a) Consider the economic and ethical impact of supporting injured worker who is awaiting diagnosis b) Recognize social workers to diagnose PTSD 	Mental Health Secretariat WSIB Clinicians OACP Ministry of Health
4.6 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. the worker with workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure mental health treatment in Ontario is adequated to service the needs of all Ontarians (e.g., Family of the injured worker may also	4.6 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can	WSIBCliniciansOACPMinistry of Health
	4.7 Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 CACC Paramedic Service College Clinicians Ministry of the Solicitor General Mental Health Secretariat
	 4.8 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	CACCCollegeParamedic ServiceCliniciansPSHSAFamily
	4.9 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	 CACC Paramedic Service College Clinicians PSHSA Ministry of the Solicitor General





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.10There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	Mental Health Secretariat Clinicians CACC OACP Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA College Ministry of Health
	 4.11 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians CACC OACP Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA College Family
	4.12 Establish a provincial portal for ACO and paramedic that allows access to resources or mental health benefits prior to staff being injured and disabled from work at provincial level instead of municipal level.	 OACP WSIB Ministry of the Solicitor General Ministry of Health AMO
	5.1 Develop a wellness plan resource to help members identify options for staying healthy and activities that a person chooses to do intentionally to stay healthy physically, psychologically and spiritually.	CACCParamedic ServicePSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
5. Environment: Addressing Negativity in the	 5.2 Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture. 5.3 Engage workforce in the big decision making in the service to increase inclusion. Identify workplace champions when new programs, procedures or equipment are deployed or introduced in the organization 5.4 Ensure dedicated time for training, time to decompress after a traumatic call, and allowing time to take a break that is not under time off. 5.5 Increase social events and engagement opportunities to focus on positive interactions (e.g., golf tournaments, workshops, games night, etc.) 5.6 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 	 CACC Paramedic Service PSHSA CACC Paramedic Service CACC Paramedic Service CACC Paramedic Service CACC Paramedic Service Ministry of Health Base Hospital OAPC
	5.7 Establish forums and workshops of all different workplace parties and decision makers to focus on issues and brainstorm solutions to address concerns.	CACCParamedic ServiceMinistry of HealthOAPC
6. People: Healthy People Through Career	 6.1 Include primary, secondary and tertiary prevention activities related to exposure to traumatic or significant events. Examples of primary secondary and tertiary prevention could include: a) Primary prevention - mock/drill before the call comes in, include scenarios in onboarding 	CACCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 b) Secondary prevention - after a traumatic/significant event develop a plan to support those impacted by call (paramedics, ACO, allied agencies), clinical considerations/guidelines on when it's appropriate for group debrief vs individual debrief. Ensure use of an experienced facilitator of the debrief to avoid inadvertent additional trauma. c) Tertiary prevention - develop and implement a stay at work/return to work program that follows disability management practices and includes accommodations, work hardening, reintegration for mental health injuries. Supervisor education can be enhanced through PSHSA's Mental Health Stay at Work & Return to Work for First Responder Organizations. 	
	6.2 Develop and implement a traumatic incident review process. Proactively identify events that may be triggering to workers and offer follow up support. The traumatic incident review should be completed by a trained person and done as a private conversation at an appropriate time and place (rather than with both paramedics together in the back of the ambulance at the same time).	Paramedic ServiceCACC
	6.3 Establish paramedics as regulated health professional.	Ministry of HealthOAPC
	6.4 Educate workers on possible changes throughout a career (e.g., empathy fatigue).	CACCParamedic ServiceCollege
	 6.5 Paramedic Service or CACC should implement a flexible return to work/stay at work program to allow workers the ability to work, not in a frontline role, as part of their recovery and return to work or stay at work. This could include: a) Matching functional abilities with physical and cognitive demands of the job to provide meaningful work b) Permanent accommodation avenues to continue to contribute to the organization c) Expanded care pathways as option for worker who need break from 911 and remain a paramedic (e.g., community paramedicine role, public relations, logistics role, etc.) 	CACCParamedic ServicePSHSA
	 6.6 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician 	 CACC Paramedic Service PSHSA College Ministry of Health Clinicians Municipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 6.7 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include: a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their	 CACC Paramedic Service PSHSA College Ministry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	they have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter.	
	6.8 Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work"	CACCParamedic ServiceMinistry of HealthPSHSA
	 6.9 Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour work week to 32 hours of work with 8 hours of self-care and professional development (learning and development) b) Explore duty cycle of work hours to optimize a reduction of exposures c) RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality 	CACCParamedic ServiceMinistry of HealthMunicipalityOACPAMO
7. Culture: Stigma	 11.5 Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: a) Activate peer support on the workers behalf if worker consents b) Role of supervisor or manager or union representative as the workers lifeline and support system c) Remove fear of not knowing what to do or what to say d) Focus on the tone of how support is provided 	CACCOAPCParamedic ServiceCliniciansPSHSA
	11.6 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	CACCOAPCParamedic ServiceCliniciansPSHSA
	11.7 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	CACCOAPCParamedic ServiceCliniciansPSHSA
	11.8 Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCOAPCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
		CliniciansPSHSAFamily
	11.9 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.	CACCOAPCParamedic ServiceCliniciansPSHSA
	11.10 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	CACCOAPCParamedic ServiceCliniciansPSHSA
	 11.11 The RCA workshop participants suggest that all training mentioned in this section related to stigma be: a) Designated mandatory b) Conducted in person c) Evaluated for learning outcomes and knowledge transfer 	CACCParamedic Service
	11.12Mental Health Bulletin board in the workplace with reminders on mental health, and prompts to do self-checks	CACCParamedic Service
	11.13 Training on Diversity, Equity and Inclusion to address stigma	CACCParamedic Service
	 11.14Employer, management and union joint effort to reach out to workers and improve trust within the group. a) Identify the right person to reach out to b) Communicate appropriately to the workers how and who to reach out to c) Employer and union reach out together worker to determine the workers choice on who they feel comfortable reaching out to them (e.g., does the worker prefer union they should reach out to or vice versa). 	CACCParamedic Service
	 11.15 Training and education focused on reduce stigma in the workplace. Education for the following parties: a) Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) b) All workplace parties (employer, management, worker, unions) 	CACCOAPCParamedic ServiceCliniciansPSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	c) Consider a public education campaign	Ministry of HealthMinistry of Long- Term Care
	11.16 Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers.	CACCOAPCParamedic ServiceClinicians
	11.17 Have a system in place where the family member is contacted when a worker accesses peer support app (Peer Connect App).	CACCParamedic ServiceFamily
	11.18Implement operational debriefing or an informal follow up (e.g., coffee chat) after a traumatic call with worker and their partner.	CACCParamedic ServiceClinicians
8. Equipment: Code Black/Red/ Zero	12.5 In some instances, a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs.	Ministry of HealthOACPParamedic Service
	12.6 Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.	Ministry of HealthParamedic ServiceOACP
	12.7 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a. The following definitions should be standardized across the sector: i. code red/black/zero ii. offload delay b. When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available.	Ministry of HealthOACPParamedic ServiceMunicipalityAMO
	12.8 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging:	CACCParamedic ServiceOACPMinistry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 12.8.1 Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. 12.8.2 Call ambulance when 12.8.3 Do not call ambulance when 12.8.4 Fit to sit 12.8.5 Right care, right time, right place 	MunicipalityAMO
	12.9 Legal consideration and current BLS standard requirements on transfer of care. Investigate opportunities to address health care system issues including (but not limited to) alternate levels of care, alternate destinations, treat and release, etc. This may require revisions to the Ambulance Act in order to reflect the alternate model of care pilots that are currently ongoing (Palliative Care Pilot, Alternate Destinations Pilot). Investigate the possibility of legislation change to enable paramedic ability to refuse transport when paramedic level care (or ambulance transport) is clearly not required (this could be done in conjunction with public education campaign regarding appropriate use of paramedic services).	Ministry of HealthOACP
	12.10 Increase commitment to healthy schedules by investigating the following: 12.10.1 Enhance staffing levels to meet Employment Standards Act 12.10.2 Lack of breaktimes related to reduced resources 12.10.3 Legislation change to include paramedic as essential worker 12.10.4 Balance staffing schedules/workplan	 OACP CACC Union Ministry of Labour, Training and Skills Development Ministry of Health AMO
9. Culture: Know Your Stuff (Knowledge Translation and Maintenance)	13.5 There is a lack of standards for continuing education and determining competency, especially after returning to the workplace from a leave of absence (e.g., workplace injury, short term disability, parental leave, etc.). The protocols and directives should be evidence-based but change often, resulting in loss of credibility during daily operations. EHRAB should investigate the feasibly of developing and implementing standards for certification for paramedics returning to the workplace to ensure consistency across the province. Create more consistency for self-directed review of skills and competencies by paramedic after return from leave as well as a provincial re-integration strategy or standard on return from leave. RCA workshop participants acknowledge that the province has created a certification working group who are discussing the requirements	Ministry of HealthOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	to maintain certification and are considering the different models available for regulation (current oversight through EHRAB, college for regulated health care professional, or provincial standard to allow paramedics to move more easily between different services in the province).	
	13.6 Considerations should be given to actions taken should a paramedic not pass their rectification. Currently there is a disciplinary based approach which often has paramedics experiencing concerns about losing their job if they fail the required recertification. This creates significant stress for the worker	16) Ministry of Health17) OAPC18) Paramedic Service
	13.7 Move towards "Just" Culture as opposed to disciplinary culture. When challenging situations arise, focus first on opportunities for re-education as opposed to discipline.	19) Paramedic Service 20) CACC
	13.8 RCA workshop participants identified that current certification testing does not adequately reflect the demands or requirements of the job. Investigate the feasibility of culture shift to be more inclusive of different learning styles and accommodations for learning disabilities. Suggestion from the RCA Workshop participants is to move away from requirement for memorization of protocols, towards referencing being best-practice and demonstration of skills.	21) Ministry of Health 22) Paramedic Service 23) OAPC
	13.9 Training should be in smaller groups instead of large groups which workshop participants expect will produce better learning outcomes in scenario-based learning or testing. Working in pairs better reflects the demands of the job and workshop participants expect that it will cause less stress during learning evaluations.	24) Ministry of Health 25) Paramedic Service 26) OAPC
	13.10 Current practice in some services may include the introduction of additional stress or pressure during learning scenarios to simulate high pressure situations that paramedics may experience when responding to calls. RCA workshop participants report that they feel that being yelled at during scenarios is not helpful and does not achieve the purported purpose of stress inoculation. Evidence informed practice for learning scenarios and stress inoculation is encouraged. Considerations may include: What is the best way to learn? What is the ideal amount of pressure in a learning situation? What are the evidence-based best practices on integrating stress inoculation into learning? <i>Performing Under Pressure: The Science of Doing Your Best When It Matters Most</i> , Dr. Hendrie Weisinger, J. P. Pawliw-Fry was identified as a resource related to this topic.	Ministry of HealthParamedic ServiceOAPC
10. Environment: Work Environment	10.1 Increase ergonomics and MSD prevention education, empowerment, promotion, relative to role of the paramedic. These awareness and education materials should be paramedic specific. (videos or other training modalities could be developed for the	PSHSAParamedic ServiceCACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	paramedic sector similar to those developed for Group Homes who transport clients- https://www.youtube.com/watch?v=WeSwVIX22gg) 10.2Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized- services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks	 Ministry of Health Paramedic Service CACC Equipment Manufacturer Municipality PSHSA
	 i) Include chassis changes 10.3ACO consider providing and promotion the use of sit/stand desks to encourage change in body position. When introducing design changes to the workplace end user input and feedback (ACO and paramedic) is strongly encouraged in the design phase before workplace changes are implemented or units are procured. Sample resources for office environments include: a) Fewster and Callaghan, Are Sit-Stand Workstations equal to the hype? https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/resources/position-papers/sit-stand-workstations-are-they-equal-hype b) Ontario MSD Prevention Guideline https://uwaterloo.ca/centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-prevention-of-musculoskeletal-disorders/sites/ca.centre-of-research-expertise-for-the-pr	 CACC Paramedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 d) PSHSA Office Ergonomics How to Conduct an Assessment (1-day Course) Public Services Health and Safety Association Office Ergonomics How to Conduct an Assessment (pshsa.ca) e) PSHSA Ergonomic Services: Public Services Health and Safety Association Ergonomic Services (pshsa.ca) f) Basics of Ergonomics Webinar, PSHSA: Public Services Health and Safety Association Basics of Office Ergonomics (pshsa.ca) 	
	 10.4Promote change management practices during change or introduction of new equipment. Considerations should include advantages of the change, considerations for health and safety impacts, Recognizing, Assessing Controlling and Evaluating hazards (RACE Model), environment impacts, impacts to professional practice, and lifestyle impacts of the proposed change. Resources for consideration include: a) PSHSA Risk Assessment and Job Hazard Analysis Fast Fact:	CACCParamedic Service
	10.5Dispatch calling, unsure of identity of paramedic and their pronouns. For non-binary or transgender paramedics there may be a difference in their identity and what is recorded on their OASIS number or crew number. Diversity, Equity, and Inclusion policies and standards should be developed and implemented in order to assist in supporting all workplace parties, addressing and communicating those in the workplace.	CACCParamedic ServiceMunicipality
	10.6Investigate alternate Code paging methods.	CACCParamedic ServiceMinistry of Health
	10.7There are a number of ways to communicate and be contacted during a shift which can become overwhelming. Develop and implement communication standards that clearly outline the response time required for different communication methods available.	CACCParamedic Service
	10.8Weather condition can have an impact on work environment and the impact of weather should be considered a health and safety topic for paramedics. Paramedic Services are encouraged to consider the impacts of inclement weather (snow, flood, extreme heat, extreme cold, ice, tornado, etc.) in their risk assessment of job tasks and adjustments that may be required to deployment plans. Based on the type of exposure expected, consider controls to mitigate risk which could include program/process for severe weather events, changes to uniforms for extreme heat, extreme cold or significant	Paramedic ServiceEquipment ManufacturerMunicipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 weather events, vehicle designed for environmental conditions expected. Resources for consideration include: a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Risk Assessment and Job Hazard Analysis Resource: Public Services Health-and Safety Association Risk Assessment and Job Hazard Analysis (pshsa.ca) 10.9Review the minimum level of care standards required to meet community service level needs. Currently PCP is minimum required to practice; there was discussion in the workshop if there may be benefits in moving to ACP as minimum credential required in the future. 	 Ministry of Health OACP Paramedic Service Colleges
11. People: Family Support	 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. Provisions of workshops or learning sessions for workers and their family/support systems 	 PSHSA Clinicians CACC Paramedic Service OAPC Family
	11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, <u>Beyond Silence</u> training program and app, <u>PTSD awareness</u> and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member.	PSHSACliniciansCCACParamedic ServiceFamily
	11.3 Identify accountability and responsibility for family support:	FamilyParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician b) Survey/input for all during needs assessment (include family and workers prior to develop the program/offering) c) Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic d) Involve workers and family in development of programs e) Municipality and Ministry of Health regarding funding 	CACCAMOMunicipalityMinistry of Health
	11.4 Have a system in place where the family member is contacted when a worker accesses peer support app (e.g., Peer Connect App used by some RCA workshop members).	CACCParamedic ServiceFamily
	11.5 Educate and enhance awareness for paramedic/ACO families and their work partners on what situations the workers face, how to identify early signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCParamedic ServiceFamily
	 11.6 Early career- include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	CACCParamedic ServiceClinicianMunicipalityOAPC
	 11.7 Implement an early identification program with appropriate supports that may include: a) Self-assessment resources (survey, app, etc.) b) Include survey to family/spouse as loved ones they may notice change before the injured worker does c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	CACCParamedic ServiceClinicianMunicipalityOAPC





ONTARIO ASSOCIATION OF PARAMEDIC CHIEFS (OAPC)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence and Harassment	1.1 More education around right to refuse, especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA VARB toolkit on Work Refusal for Workplace Violence)	Ministry of HealthCollegesCACCPSHSAParamedic Services
	 1.2 Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Increased frequency of self-defense training or a course that is regularly offered so paramedics can attend at whatever time suits them, encourage fitness c) Consider how to keep training alive in shift start to help to move toward muscle memory. d) Use scenarios e) Video series f) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance g) Sample of existing program: https://staysafeip.com/stay-safe-programs/ Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) h) Tactical communication 	 Ministry of Health Colleges Union Paramedic Service CACC
	 1.3 Include verbal de-escalation training and self-defense training as part of sector requirements for paramedics and ACO. a) Add this to a vocational learning outcome and 911 learning b) Ministry of College and Universities owns document and program standard documents come up for regular curriculum revisions/reviews 	Ministry of HealthMinistry of Colleges and UniversitiesColleges
	1.4 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)	Ministry of HealthCACCParamedic ServiceUnionPSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 1.5 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Paramedic Service Unions Ministry of the Solicitor General Union Local Police Service EMS Section 21 Sub-Committee
	1.6 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Attorney General of Canada Ministry of the Solicitor General Ministry of the Attorney General Union OACP Judiciary
	1.7 Increase workplace violence and harassment awareness education for paramedics and ACOs when taking the paramedic program and the ACO training.	Ministry of HealthMinistry of Colleges and UniversitiesCollege
2. Process: Difficulty Accessing Appropriate Support	2.1 Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience levels, return to work and stay at work with respect to mental health (see Appendix D for PSHSA's resilience resources).	PSHSAParamedic ServiceCCACUnion
	2.2 Identify cognitive and psychological demands of the job and assess regularly (see Assessing the Risk: The Occupational Stress Injury Resiliency Tool and PSHSA's cognitive demands analysis services).	PSHSACACCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 2.3 Improve follow up after return to work by focusing on a) regular peer support b) appropriate training for management on effective return to work and stay at work programs c) appropriate accommodations/modified work d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate 	UnionPSHSACACCParamedic ServiceUnionWSIB
3. Process & People: Dedicated Time for Training	 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together. i. The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. https://mcnallyproject.ca/ ii. Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	 College Union Paramedic Service CACC Base Hospital Ministry of Health PSHSA
4. People: Prioritize Self-Care	4.1 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician	CACCParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 covered; social worker not covered but psychologist is covered under some plans for example) 4.2 Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate 	ClinicianMunicipalityCACCParamedic ServiceUnionClinicians
	 4.3 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) ResilientMe microlearning (PSHSA): https://www.pshsa.ca/training/free-training/resilientme b) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 CACC Paramedic Service Clinician Union College Ministry of the Solicitor General Mental Health Secretariat
	 4.4 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: f) ResilientME microlearning (PSHSA) a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 	 CACC Paramedic Service Clinician Union College Ministry of the Solicitor General Mental Health Secretariat
	 4.5 Equip ACO and Paramedic students to develop and implement self-care plans. a) Embed self-care awareness and self-care plans in the program learning objectives outlined in the Ministry of College and Universities program standards b) Consider self-care needs prior to professional practice, during onboarding, early career and throughout the career c) Provide options for ACO and Paramedic education programs to offer the "self-care program" described above to ACO and paramedics in professional practice that require support due to cumulative exposure. The self-care program for practicing 	 College Ministry of Colleges and Universities Clinicians Ministry of Health Ministry of the Solicitor General





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	ACO and Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career 4.6 Review WSIB presumptive legislation to better recognize injuries than occur due to past workplace exposures. a) Consider the economic and ethical impact of supporting injured worker who is awaiting diagnosis b) Recognize social workers to diagnose PTSD	Mental Health Secretariat WSIB Union Clinicians Ministry of Health
	4.7 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can the worker with workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure mental health treatment in Ontario is adequately funded to service the needs of all Ontarians (e.g., Family of the injured worker may also require support and treatment due to workplace injury of their loved one).	WSIBCliniciansUnionOACPMinistry of Health
	4.8 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 Clinicians CACC Union Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA College Ministry of Health
	 4.9 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians CACC Union Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA College Family





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.10Establish a provincial portal for ACO and paramedic that allows access to resources or mental health benefits prior to staff being injured and disabled from work at provincial level instead of municipal level.	 Union WSIB Ministry of the Solicitor General Ministry of Health AMO
5. Environment: Addressing Negativity in the Workplace	 5.1 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 	 CACC Paramedic Service Union Ministry of Health Base Hospital
	5.2 Establish forums and workshops of all different workplace parties and decision makers to focus on issues and brainstorm solutions to address concerns.	CACCParamedic ServiceUnionMinistry of Health
6. People: Healthy People Through	6.1 Establish paramedics as regulated health professional.	Ministry of HealthUnion
Career	6.2 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	CollegeParamedic ServiceCACCMinistry of HealthPSHSAWSIB





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
		 Ministry of the Solicitor General Mental Health Secretariat Institute for Work & Health
	 6.3 Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour week to 32-hour week and 8 hours of self-care and professional development (learning and development) b) Explore duty cycle of work hours to optimize a reduction of exposures c) RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality 	CACCParamedic ServiceUnionMinistry of HealthMunicipalityAMO
7. Culture: Stigma	 7.1 Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: a) Activate peer support on the workers behalf if worker consents b) Role of supervisor or manager or union representative as the workers lifeline and support system c) Remove fear of not knowing what to do or what to say d) Focus on the tone of how support is provided 	CACCUnionParamedic ServiceCliniciansPSHSA
	7.2 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	CACCUnionParamedic ServiceCliniciansPSHSA
	7.3 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	CACCParamedic ServiceUnionCliniciansPSHSA
	7.4 Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
		CliniciansPSHSAFamily
	7.5 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.	CACCParamedic ServiceUnionCliniciansPSHSA
	7.6 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	CACCParamedic ServiceUnionCliniciansPSHSA
	 7.7 Training and education focused on reduce stigma in the workplace. Education for the following parties: a) Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) b) All workplace parties (employer, management, worker, unions) c) Consider a public education campaign 	 CACC Paramedic Service Union Clinicians PSHSA Ministry of Health Ministry of Long- Term Care
	7.8 Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to <u>safeguarding programs in policing</u> which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers.	CACCParamedic ServiceUnionClinicians
8. Equipment: Code Black/Red/ Zero	8.1 In some instances a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs.	Ministry of HealthUnionParamedic Service
	8.2 Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.	Ministry of HealthParamedic ServiceUnion
	8.3 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition	Ministry of HealthUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a. The following definitions should be standardized across the sector: i. code red/black/zero ii. offload delay b. When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available.	Paramedic ServiceMunicipalityAMO
	 8.4 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: a) Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. b) Call ambulance when c) Do not call ambulance when d) Fit to sit e) Right care, right time, right place 	 CACC Paramedic Service Union Ministry of Health Municipality AMO
	8.5 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	Ministry of HealthCACCParamedic ServiceMunicipalityAMO
	8.6 Legal consideration and current BLS standard requirements on transfer of care. Investigate opportunities to address health care system issues including (but not limited to) alternate levels of care, alternate destinations, treat and release, etc. This may require revisions to the Ambulance Act in order to reflect the alternate model of care pilots that are currently ongoing (Palliative Care Pilot, Alternate Destinations Pilot). Investigate the possibility of legislation change to enable paramedic ability to refuse transport when paramedic level care (or ambulance transport) is clearly not required (this could be done in conjunction with public education campaign regarding appropriate use of paramedic services).	Ministry of HealthUnion
	8.7 Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment	Ministry of HealthParamedic ServiceMunicipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	law changes. Additional staffing and resources are required to support codes and curriculum changes (move to three-year program). 8.8 Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long-Term Care. a) Ministry of Health and Ministry of Long-Term Care i. Declare scope of practice for Community Paramedic and amend any applicable legislation. ii. Establish oversight framework for Community Paramedic iii. Amend base hospital protocol to include Community Paramedic patch to base hospital b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long-Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed	 AMO Ministry of Health Ministry of Long- Term Care Ministry of Colleges and Universities Colleges Base Hospital AMO
9. Culture: Know	 8.9 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet Employment Standards Act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 9.1 There is a lack of standards for continuing education and determining competency, especially after returning to the workplace from a leave of absence (e.g., workplace 	 Paramedic Service CACC Union Ministry of Labour, Training and Skills Development Ministry of Health AMO Ministry of Health Union
Your Stuff (Knowledge Translation and Maintenance)	injury, short term disability, parental leave, etc.). The protocols and directives should be evidence-based but change often, resulting in loss of credibility during daily operations. EHRAB should investigate the feasibly of developing and implementing standards for certification for paramedics returning to the workplace to ensure consistency across the province. Create more consistency for self-directed review of skills and competencies by paramedic after return from leave as well as a provincial re-integration strategy or standard on return from leave. RCA workshop participants acknowledge that the province has created a certification working group who are discussing the requirements to maintain certification and are considering the different models available for	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	regulation (current oversight through EHRAB, college for regulated health care professional, or provincial standard to allow paramedics to move more easily between different services in the province).	
	9.2 Considerations should be given to actions taken should a paramedic not pass their rectification. Currently there is a disciplinary based approach which often has paramedics experiencing concerns about losing their job if they fail the required recertification. This creates significant stress for the worker	27) Ministry of Health28) Paramedic Service29) Union
	9.3 RCA workshop participants identified that current certification testing does not adequately reflect the demands or requirements of the job. Investigate the feasibility of culture shift to be more inclusive of different learning styles and accommodations for learning disabilities. Suggestion from the RCA Workshop participants is to move away from requirement for memorization of protocols, towards referencing being best- practice and demonstration of skills.	30) Ministry of Health 31) Paramedic Service 32) Union
	9.4 Training should be in smaller groups instead of large groups which workshop participants expect will produce better learning outcomes in scenario-based learning or testing. Working in pairs better reflects the demands of the job and workshop participants expect that it will cause less stress during learning evaluations.	33) Ministry of Health 34) Paramedic Service 35) Union
	9.5 Current practice in some services may include the introduction of additional stress or pressure during learning scenarios to simulate high pressure situations that paramedics may experience when responding to calls. RCA workshop participants report that they feel that being yelled at during scenarios is not helpful and does not achieve the purported purpose of stress inoculation. Evidence informed practice for learning scenarios and stress inoculation is encouraged. Considerations may include: What is the best way to learn? What is the ideal amount of pressure in a learning situation? What are the evidence-based best practices on integrating stress inoculation into learning? Performing Under Pressure: The Science of Doing Your Best When It Matters Most, Dr. Hendrie Weisinger, J. P. Pawliw-Fry was identified as a resource related to this topic.	Ministry of HealthParamedic ServiceUnion
10. Environment: Work Environment	10.1 Standardization and quality of cleaning and disinfection required across the sector (refer to this IPAC Canada instructional video).	Ministry of HealthParamedic ServicePSHSA
	10.2Review the minimum level of care standards required to meet community service level needs. Currently PCP is minimum required to practice; there was discussion in the	Ministry of HealthParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	workshop if there may be benefits in moving to ACP as minimum credential required in the future.	• Colleges
11. People: Family Support	 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. Provisions of workshops or learning sessions for workers and their family/support systems 	 PSHSA Clinicians CACC Paramedic Service Union Family
	11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, Beyond Silence training program and app, PTSD awareness and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member.	PSHSACliniciansCCACParamedic ServiceUnionFamily
	 11.3 Early career - include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	CACCParamedic ServiceUnionClinicianMunicipality
	11.4 Implement an early identification program with appropriate supports that may include:a) Self-assessment resources (survey, app, etc.)b) Include survey to family/spouse as loved ones they may notice change before the injured worker does	CACCParamedic ServiceUnionClinician





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	Municipality





PUBLIC SERVICES HEALTH & SAFETY ASSOCIATION (PSHSA)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture:	1.1 PSHSA could create a poster on WPV policy and on zero tolerance. Posters would be distributed through OAPC and union for posting in workplace.	
Workplace Violence and Harassment	1.2 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics – discrimination, bullying, harassment, etc. (refer to <u>Joint Leadership Table guidance for Public Awareness</u> <u>Campaigns</u>)	Ministry of HealthCACCParamedic ServiceUnionOAPC
	1.3 More education around right to refuse especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA VARB toolkit on Work Refusal for Workplace Violence)	Ministry of HealthCollegesOAPCCACCParamedic Service
	 1.4 Increase awareness and give prevention tools on how partners can support paramedics in their mental health (e.g., R2MR) a) For colleagues and partners as well b) Responsibility is not just on the management c) Topics: how to have a difficult conversation, compassion fatigue, empowering them to have the conversations with peers 	
	 1.5 Share PSHSA homecare resource definitions with paramedic sector (https://www.pshsa.ca/resources/workplace-violence-prevention-toolkit-for-homecare). Investigate the feasibility of adapting resources to support the paramedic sector. Include: a) Definition of Violence Management Techniques: the knowledge, skills, and abilities required to safely prevent and manage violence when it occurs or is likely to occur. b) Techniques (not limited to) de-escalation, self-defense, self-protection, breakaway, detaining and holding, use of force, restraint use, and situational awareness 	
	1.6 http://www.workplace-violence.ca contains all of the workplace violence toolkits and Joint Leadership table resources developed for health and community care. PSHSA to share the VARB toolkits with the paramedic sector to assist with brainstorming solutions for paramedic sector.	
2. Process: Difficulty	2.1 Improve resiliency in ACO and paramedics by providing education and awareness training for both managers and workers. Topics can include building resilient organizations, individual resilience and strategies to benchmark personal resilience	Paramedic ServiceCCACUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
Accessing Appropriate Support	levels, return to work and stay at work with respect to mental health. (See Appendix D for PSHSA's resilience resources.) 2.2 Assess the workplace with the purpose of identifying issues early on. This could include regular informal check ins with paramedics and ACO, and allowing workers to have access to help and resources early (e.g., Occupational Stress Injury Resilience Tool developed by PSHSA and the Conference Board of Canada that can provide individual guidance as well as an organizational snapshot of resilience levels).	OAPCCACCParamedic ServiceUnion
	2.3 Identify cognitive and psychological demands of the job and assess regularly (see Assessing the Risk: The Occupational Stress Injury Resiliency Tool and PSHSA's cognitive demands analysis services).	CACCParamedic ServiceUnionOAPC
	 2.4 Improve follow up after return to work by focusing on a) regular peer support b) appropriate training for management on effective return to work and stay at work programs c) appropriate accommodations/modified work d) reduce isolation by focusing on stay at work as preferrable strategy where appropriate 	CACCParamedic ServiceUnionWSIBOAPC
3. Process & People: Dedicated Time for Training	 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together. i. The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. http://mcnallyproject.ca/ 	 College Union Paramedic Service CACC Base Hospital Ministry of Health OAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 ii. Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	
	3.2 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in- person events.	CollegesUnionParamedic ServiceCACCBase HospitalMinistry of Health
4. People: Prioritize Self-Care	 4.1 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	Paramedic ServiceCACCUnionCollegeCliniciansFamily
	4.2 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	 CACC Paramedic Service Union College Clinicians Ministry of the Solicitor General Mental Health Secretariat
	4.3 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different	CliniciansCACCUnionParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 Ministry of the Solicitor General Mental Health Secretariat OAPC College Ministry of Health
	 4.4 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians CACC Union Paramedic Service Ministry of the Solicitor General Mental Health Secretariat OAPC College Family
5. Environment: Addressing Negativity in the Workplace	5.1 Develop a wellness plan resource to help members identify options for staying healthy and activities that a person chooses to do intentionally to stay healthy physically, psychologically and spiritually.	CACCParamedic ServiceUnion
	5.2 Develop and provide leadership training on teamwork, collaboration, targeting the old culture of "us vs them", and working together on a common cause to help change that culture, fostering positive culture.	CACCParamedic ServiceUnion
6. People: Healthy People Through Career	 6.1 Paramedic Service or CACC should implement a flexible stay at work and return to work program to allow workers the ability to work, not in a frontline role, as part of their recovery and return to work or stay at work. This could include: a) Matching functional abilities with physical and cognitive demands of the job to provide meaningful work b) Permanent accommodation avenues to continue to contribute to the organization 	CACCParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	c) Expanded care pathways as option for worker who need break from 911 and remain a paramedic (e.g., community paramedicine role, public relations, logistics role, etc.)	
	 6.2 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family, and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 	 Paramedic Service CACC Union College Ministry of Health Clinicians Municipality
	 6.3 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty, and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include: a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time. iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available 	 Paramedic Service CACC Union College Ministry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their AO number on ACR then "paid worker" and WSIB Coverage is available. 	
	The following process is used by one Paramedic Chief to support the good Samaritan responses in their paramedic service. Currently in order to be on call and have WSIB coverage, there is a two-part process whereby the medics get 'logged on' with their dispatch centre (CACC), by providing their Ambulance Officer # (AO#) over the radio, AND They have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter.	
	6.4 Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work".	Paramedic ServiceCACCUnionMinistry of Health
	6.5 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 College Paramedic Service CACC Ministry of Health OAPC WSIB Ministry of the Solicitor General Mental Health Secretariat Institute for Work & Health
7. Culture: Stigma	 7.1 Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: a) Activate peer support on the workers behalf if worker consents b) Role of supervisor or manager or union representative as the workers lifeline and support system c) Remove fear of not knowing what to do or what to say d) Focus on the tone of how support is provided 	CACCUnionParamedic ServiceCliniciansOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	7.2 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	CACCUnionParamedic ServiceCliniciansOAPC
	7.3 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	CACCParamedic ServiceUnionCliniciansOAPC
	7.4 Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCParamedic ServiceUnionCliniciansOAPCFamily
	7.5 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.	CACCParamedic ServiceUnionCliniciansOAPC
	7.6 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	CACCParamedic ServiceUnionCliniciansOAPC
	 7.7 Training and education focused on reduce stigma in the workplace. Education for the following parties: a) Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) b) All workplace parties (employer, management, worker, unions) c) Consider a public education campaign 	 CACC Paramedic Service Union Clinicians OAPC Ministry of Health Ministry of Long- Term Care





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
9. Culture: Know Your Stuff (Knowledge Translation and Maintenance)	 9.1 Consider identification of areas for cognitive off-load. During the workshop there was discussion that there is not enough time given to remain proficient in areas where proficiency is required (e.g., equipment, protocols, treatment strategies, regulations, etc.). a) Educator knowledge on subject matter may help with knowledge transfer and translation (e.g., knowledge transfer of 170-page document vs 1 page). Currently time consideration is not given for different length documents. Investigate the feasibility of developing and providing job aids for complex and less frequent tasks. b) Investigate the feasibility of translating written documents required into other modalities for knowledge transfer (e.g., jeopardy game, video, etc.) as an alternative to reading written text. c) Investigate the feasibility of using "follow the learner" software to support learning. These platforms provide cues for knowledge transfer and knowledge retention where knowledge points are difficult or challenging for the learner for reinforcement of learning concepts. The platform makes sure your frontline remembers the things that matter most. d) Investigate the feasibility of developing a repository for Ontario specific resources that can be shared between services for fiscal responsibility and consistency of training. Some services have created training videos and upload to their internal site to be watched by paramedics during high acuity/low frequency events as time allows. Examples of shared training resources from other sectors include: Musculoskeletal disorder injury prevention training for Direct Support Professionals developed by Community Living and PSHSA https://www.vcpkn.ca/en/about/ PSHSA developed custom learning assets for paramedic service regarding safe work practices to deploy on their learning management system 	 Ministry of Health Base Hospital Paramedic Service
10. Environment: Work Environment	10.1 Increase ergonomics and MSD prevention education, empowerment, promotion, relative to role of the paramedic. These awareness and education materials should be paramedic specific. (Videos or other training modalities could be developed for the paramedic sector similar to those developed for Group Homes who transport clients- https://www.youtube.com/watch?v=WeSwVIX22gg)	Paramedic ServiceCACCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 10.2Ambulances are not primarily built for comfort, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized-services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes 	 Ministry of Health Paramedic Service CACC Union Equipment Manufacturer Municipality
	 10.3COVID-19 has highlighted environmental issues and assessment needs in the workplaces. The following could be examples of regular testing performed: HVAC systems, assessments, ambulance air quality, etc. Additional sectors specific resources to support the Internal Responsibility System regarding workplace environmental issues and assessment needs can be developed by PSHSA. Resources for consideration include: a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Specialized Services: https://www.pshsa.ca/consulting/specialized-services c) Canadian Registration Board of Occupational Hygienists https://crboh.ca/ 	Paramedic ServiceCACC
	10.4Standardization and quality of cleaning and disinfection required across the sector (refer to this IPAC Canada <u>instructional video</u>).	Ministry of HealthParamedic ServiceOAPC
11. People: Family Support	 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: 	CliniciansCACCParamedic ServiceUnionOAPCFamily





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. Provisions of workshops or learning sessions for workers and their family/support systems 	
	11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, <u>Beyond Silence</u> training program and app, <u>PTSD awareness</u> and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member.	CliniciansCCACParamedic ServiceUnionOAPCFamily





COLLEGES

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence and Harassment	1.1 Increase workplace violence and harassment awareness education for paramedics and ACOs when taking the paramedic program and the ACO training.	Ministry of HealthMinistry of Colleges and UniversitiesOAPC
	1.2 Provide self-defense and other violence management techniques training at college level and regular training over time to maintain confidence on how to safely remove yourself from that position. Variety is essential and different modalities to keep it updated.	
	1.3 More education around right to refuse, especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA VARB toolkit on Work Refusal for Workplace Violence)	Ministry of HealthOAPCCACCPSHSAParamedic Services
	 1.4 Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Increased frequency of self-defense training or a course that is regularly offered so paramedics can attend at whatever time suits them, encourage fitness c) Consider how to keep training alive in shift start to help to move toward muscle memory. d) Use scenarios e) Video series f) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance g) Sample of existing program: https://staysafeip.com/stay-safe-programs/ Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) h) Tactical communication 	 Ministry of Health OAPC Union Paramedic Service CACC
	1.5 Include verbal de-escalation training and self-defense training as part of sector requirements for paramedics and ACO.a) Add this to a vocational learning outcome and 911 learning	Ministry of HealthMinistry of Colleges and UniversitiesOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
3. Process & People: Dedicated Time for Training	 b) Ministry of Colleges and Universities owns document and program standard documents come up for regular curriculum revisions/reviews 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together. i. The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. https://mcnallyproject.ca/ ii. Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	 OAPC Union Paramedic Service CACC Base Hospital Ministry of Health PSHSA
	3.2 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	UnionParamedic ServiceCACCBase HospitalMinistry of HealthPSHSA
	3.3 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for	UnionCACCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). d) Engage with union on mode of learning on each content piece. 	 Base Hospital Ministry of Health
	3.4 Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture.	UnionParamedic ServiceCACCBase Hospital
4. People: Prioritize Self-Care	 4.1 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) ResilientMe microlearning (PSHSA): https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 CACC Paramedic Service Clinician Union OAPC Ministry of the Solicitor General Mental Health Secretariat
	4.2 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: g) ResilientME microlearning (PSHSA)	CACCParamedic ServiceClinicianUnionOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP)	 Ministry of the Solicitor General Mental Health Secretariat
	 4.3 Equip ACO and Paramedic students to develop and implement self-care plans. a) Embed self-care awareness and self-care plans in the program learning objectives outlined in the Ministry of College and Universities program standards b) Consider self-care needs prior to professional practice, during onboarding, early career and throughout the career c) Provide options for ACO and Paramedic education programs to offer the "self-care program" described above to ACO and paramedics in professional practice that require support due to cumulative exposure. The self-care program for practicing ACO and Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career 	 OAPC Ministry of Colleges and Universities Clinicians Ministry of Health Ministry of the Solicitor General Mental Health Secretariat
	4.4 During pre-service education, establish mandatory check in with mental health professional. The purpose would be to normalize mental health care, to identify hazards and risk factors for injury, to increase understanding of the prevalence of injury for ACO and paramedics.	CliniciansMinistry of Colleges and Universities
	4.5 Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 Paramedic Service CACC Unions Clinicians Ministry of the Solicitor General Mental Health Secretariat
	 4.6 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	Paramedic ServiceCACCUnionCliniciansPSHSAFamily
	4.7 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	Paramedic ServiceCACCUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
		 Clinicians PSHSA Ministry of the Solicitor General Mental Health Secretariat
	4.8 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 Clinicians CACC Union Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA OAPC Ministry of Health
	 4.9 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians CACC Union Paramedic Service Ministry of the Solicitor General Mental Health Secretariat PSHSA OAPC Family
6. People: Healthy People Through Career	6.1 The college should include exposure to and discussion regarding traumatic/significant events to help the ACO or paramedic student understand the range of "traumatic" situations they will likely be exposed to, how to handle disasters, how to handle situations where violence has occurred and was not directed to the paramedic (e.g., stabbing or shooting in public location).	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	6.2 The college should develop opportunities for ACO students to participate in mock traumatic/significant event (e.g., active shooter) as part of their education.	
	6.3 Educate workers on possible changes throughout a career (e.g., empathy fatigue).	CCACParamedic ServiceUnion
	 6.4 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 	 Paramedic Service CACC Union PSHSA
	 6.5 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When working information is available to the paramedic in advance of call to help "frame" the call. The ACO or Paramedic may be blindsided by the impact of good Samaritan response when not working. Also give consideration when ACO or paramedic is at the station and a member of the public walks through the doors needing care (e.g., significant or uncontrolled bleeding). Support for "guard down/good Samaritan" responses could include: a) Education prior to response: consider if this content is provided in education institution, early career, or ongoing CME/professional development i. Uniform is the badge that provides protection ii. Tone/call radio provides "prep" time. iii. Differences in impact to paramedic or ACO when they come across a person in need of assistance when not on duty and impact to the 	 Paramedic Service CACC Union PSHSA Ministry of Health





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	paramedic or ACO when a person knocks on station door seeking medical attention. b) Post response support available i. Lack "insurance coverage" when responding as good Samaritan ii. Implement provincial standard where if paramedic responds as a good Samaritan off duty, get their AO number on ACR then "paid worker" and WSIB Coverage is available.	
	The following process is used by one Paramedic Chief to support the good Samaritan responses in their paramedic service. Currently in order to be on call and have WSIB coverage, there is a two-part process whereby the medics get 'logged on' with their dispatch centre (CACC), by providing their Ambulance Officer # (AO#) over the radio, AND They have their AO# and name recorded on the electronic patient care record (ePCR) that is completed by the 'on-duty' staff for every patient encounter.	
	6.6 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 OAPC Paramedic Service CACC Ministry of Health PSHSA WSIB Ministry of the Solicitor General Mental Health Secretariat Institute for Work & Health
8. Equipment: Code Black/Red/	8.1 Provide resources to meet the employment needs of the province and increase placement opportunities college students.	
Zero	8.2 Colleges will adjust and adapt to the new climate. Many students entering college in fall 2022 will have not written an exam since grade nine due to modifications to high school evaluation due to the COVID-19 19 pandemic. College administrators are aware of the possibility of higher student attrition rates.	
	8.3 A proposal to move from a two year to a three-year paramedic program is currently sitting with the Ministry of Health and the Ministry of Colleges and Universities. Funding should be provided to allow the resources to do a double cohort intake to supply the	Ministry of HealthMinistry of Colleges and Universities





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	province with a sufficient number of new graduates when the program changes come into effect as there will be one year with no graduates. 8.4 Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long-Term Care. a) Ministry of Health and Ministry of Long-Term Care i. Declare scope of practice for Community Paramedic and amend any applicable legislation. ii. Establish oversight framework for Community Paramedic iii. Amend base hospital protocol to include Community Paramedic patch to base hospital b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long-Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed	 Ministry of Health Ministry of Long- Term Care Ministry of Colleges and Universities OAPC Base Hospital AMO
9. Culture: Know	9.1 Recommend increased hours of training for ACP and PCP.	
Your Stuff (Knowledge Translation and Maintenance)	9.2 Ensure high-fidelity training is provided with good quality equipment and tools that are the same or as close as possible to what's used in the field. Ensure simulated scenarios are as realistic as possible.	





MENTAL HEALTH CLINICIANS

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
2. Process: Difficulty Accessing Appropriate Support	2.1 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	Ministry of HealthCACCParamedic ServiceUnionAMO
	2.2 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	Ministry of HealthCACCParamedic ServiceUnionAMO
	2.3 Encourage, support and provide training on self-care, helping an individual to identify what works for them (e.g., yoga, exercise, therapist, etc.). Develop and implement a workplace wellness program that explicitly encourages self-care. Provide a space at the workplace to unwind. (refer to PSHSA ResilientMe micro learning and Ready for Duty Elearning Series	CACCParamedic ServiceUnion
	2.4 Mandate annual mental health checks with a clinician. Similar to <u>safeguarding programs</u> in <u>policing</u> which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers	Ministry of HealthParamedic ServiceCACCUnion
	Refer to Recommendation 8b in Ontario Provincial Police <u>Independent Review Panel:</u> <u>Final Report</u> which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP."	
4. Prioritize Self- Care	4.1 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example	Paramedic ServiceCACCUnionMunicipalityOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 4.2 Establish an avenue for early intervention if a Paramedic's partner or an ACO's colleague notice changes and has concerns about their colleague. Avenues for early intervention could include: a) Connect with staff clinician, peer support, union b) Create referral pathway for peer support or clinician if appropriate 	Paramedic ServiceCACCUnionOAPC
	 4.3 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) Resilient Me micro learning (PSHSA): https://www.pshsa.ca/training/free-training/free-training/ready-for-duty-elearning-series-introduction-module 	 Paramedic Service CACC Union AOPC College Ministry of the Solicitor General Mental Health Secretariat
	 4.4 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: h) ResilientME microlearning (PSHSA) a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 	 Paramedic Service CACC Union OAPC College Ministry of the Solicitor General Mental Health Secretariat
	 4.5 Equip ACO and Paramedic students to develop and implement self-care plans. a) Embed self-care awareness and self-care plans in the program learning objectives outlined in the Ministry of College and Universities program standards b) Consider self-care needs prior to professional practice, during onboarding, early career and throughout the career. c) Provide options for ACO and Paramedic education programs to offer the "self-care program" described above to ACO and paramedics in professional practice that require support due to cumulative exposure. The self-care program for practicing ACO and Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career. 	 College Ministry of Colleges and Universities Ministry of Health OACP Ministry of the Solicitor General Mental Health Secretariat





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 4.6 Review WSIB presumptive legislation to better recognize injuries than occur due to past workplace exposures a) Consider the economic and ethical impact of supporting injured worker who is awaiting diagnosis b) Recognize social workers to diagnose PTSD 	WSIBUnionOACPMinistry of Health
	4.7 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can the worker with workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure mental health treatment in Ontario is adequately funded to service the needs of all Ontarians (e.g., Family of the injured worker may also require support and treatment due to workplace injury of their loved one).	WSIBUnionOACPMinistry of Health
	4.8 Ensure that Employee and Family Assistance Program includes access to professionals with paramedic sector cultural competencies, trauma informed care and the competencies to support first responder acute and cumulative trauma exposures.	Paramedic ServiceCACCMunicipality
	4.9 During pre-service education, establish mandatory check in with mental health professional. The purpose would be to normalize mental health care, to identify hazards and risk factors for injury, to increase understanding of the prevalence of injury for ACO and paramedics.	Ministry of Colleges and UniversitiesCollege
	4.10Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 Paramedic Service CACC Union College Ministry of the Solicitor General Mental Health Secretariat
	 4.11 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	Paramedic ServiceCACCUnionCollegePSHSAFamily





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.12 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	 CACC Paramedic Service Union College PSHSA Ministry of the Solicitor General Mental Health Secretariat
	4.13 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 CACC Union Paramedic Service PSHSA Ministry of the Solicitor General Mental Health Secretariat OAPC College Ministry of Health
	 4.14Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 CACC Union Paramedic Service PSHSA Ministry of the Solicitor General Mental Health Secretariat OAPC College Family





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
6. People: Healthy People Through Career	 6.1 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family, and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 	 Paramedic Service CACC Union College Ministry of Health PSHSA Municipality
7. Culture: Stigma	 7.1 Provide training and tools to managers on how to have difficult conversations, e.g., reach out to staff informally and not pull back when addressing psychological safety and stigma in the workplace. Topics could include: a) Activate peer support on the workers behalf if worker consents b) Role of supervisor or manager or union representative as the workers lifeline and support system c) Remove fear of not knowing what to do or what to say d) Focus on the tone of how support is provided 	UnionParamedic ServicePSHSAOAPC
	7.2 Training for mental health clinicians on the sector they are providing services to (e.g., therapist is aware and trained in paramedic and ACO scenarios and situations, understands the situation, aware of how to support appropriately).	CACCUnionParamedic ServicePSHSAOAPC
	7.3 Training for all workplace parties on list of symptoms and signs that supports everyone to do self-checkups and stay up to date on their mental health to normalize the mental health impacts	CACCParamedic ServiceUnionPSHSAOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	7.4 Educate and enhance awareness for paramedic/ACO families and their work partners on the situations the workers face, early identification of signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	CACCParamedic ServiceUnionPSHSAOAPCFamily
	7.5 Regular mental health conversations and campaigns to normalize mental health injuries. Topics could include presentation on compassion fatigue, mental health injury, self-care, etc.	CACCParamedic ServiceUnionPSHSAOAPC
	7.6 Provide evidence-based education on the signs, and symptoms of Occupational Stress Injuries, and the effect it has on the brain to all workplace parties.	CACCParamedic ServiceUnionPSHSAOAPC
	 7.7 Training and education focused on reduce stigma in the workplace. Education for the following parties: a) Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) b) All workplace parties (employer, management, worker, unions) c) Consider a public education campaign 	 CACC Paramedic Service Union PSHSA OAPC Ministry of Health Ministry of Long- Term Care
	7.8 Routine Mental Health Checkups that are a must and mandated, so they become the norm and reduce stigma. Similar to <u>safeguarding programs in policing</u> which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers.	Paramedic ServiceCACCOAPCUnion
	7.9 Implement Operational debriefing or an informal follow up (e.g., coffee chat) after a traumatic call with worker and their partner.	Paramedic ServiceCACCUnion
11. People: Family Support	11.1 Enhance understanding on how family can support a paramedic or ACO. This could include:a) Training on how to better support their loved one	CACCParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. Provisions of workshops or learning sessions for workers and their family/support systems 	OAPCPSHSAFamily
	11.2 Increase awareness and give prevention tools on how family/support persons can support paramedics and ACO in their mental health (e.g., R2MR, <u>Beyond Silence</u> training program and app, <u>PTSD awareness</u> and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include: how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member.	CCACParamedic ServiceUnionOAPCPSHSAFamily
	 11.3 Early career- include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	Paramedic ServiceCACCUnionMunicipalityOAPC
	 11.4 Implement an early identification program with appropriate supports that may include: a) Self-assessment resources (survey, app, etc.) b) Include survey to family/spouse as loved ones they may notice change before the injured worker does c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	Paramedic ServiceCACCUnionMunicipalityOAPC





MINISTRY OF HEALTH

Primary Causal Proposed Solution or Control In Collaboration		In Collaboration
Factor	Proposed Solution or Control	With
 Culture: Workplace Violence & Harassment 	1.1 Increase workplace violence and harassment awareness education for paramedics and ACOs when taking the paramedic program and the ACO training. (refer to <u>Joint Leadership Table guidance for Public Awareness Campaigns</u>)	Ministry of Colleges and UniversitiesOAPCCollege
	1.2 Education/awareness for the public (media campaign) on Workplace Violence and Harassment, and what it captures in terms of topics - discrimination, bullying, harassment, etc.	OAPCCACCParamedic ServiceUnionsPSHSA
	1.3 More education around right to refuse especially for new hires. This should happen in CMEs at the service level and also in colleges. (See PSHSA VARB toolkit on Work Refusal for Workplace Violence)	 Ministry of Health EHRAB College OAPC CACC PSHSA Paramedic Service
	 1.4 Verbal de-escalation training and self-defense training to be developed by the paramedic sector for the paramedic sector. a) Include disengage/look for your out for personal safety in the de-escalation training and to engage police when needed/appropriate b) Increased frequency of self-defense training or a course that is regularly offered so paramedics can attend at whatever time suits them, encourage fitness c) Consider how to keep training alive in shift start to help to move toward muscle memory. d) Use scenarios e) Video series 	 Ministry of Health EHRAB College OAPC Union Paramedic Service CACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 f) Sample topics: How to sit in front of a patient, how to do primary assessment and not be in strike zone, how to position yourself and your partner in the ambulance g) Sample of existing program: https://staysafeip.com/stay-safe-programs/ Managing of Resistive Behaviours - offered through Staysafe instructional programs (Canadian) h) Tactical communication 	
	 1.5 Include verbal de-escalation training and self-defense training as part of sector requirements for paramedics and ACO. a) Add this to a vocational learning outcome and 911 learning b) Ministry of College and Universities owns document and program standard documents come up for regular curriculum revisions/reviews 	Ministry of Colleges and UniversitiesOAPCCollege
	 1.6 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 CACC Paramedic Service Union OAPC Ministry of the Solicitor General OACP Local Police Service EMS Section 21 Sub-Committee
 Culture: Workplace Violence & Harassment 	2.1 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	CACCParamedic ServiceUnionCliniciansAMO
	2.2 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	CACCParamedic ServiceUnionCliniciansAMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	2.3 Mandate annual mental health checks with a clinician. Similar to safeguarding programs in policing which aim to proactively protect mental wellness of officers, manage risk, reduce the stigma of seeking support, and promote awareness of mental health supports for officers https://www.can-sebp.net/safeguard#:~:text=%E2%80%8BSafeguard%20is%20a%20mental.program%20of%20the%20same%20name . Refer to Recommendation 8b in Ontario Provincial Police Independent Review Panel: Final Report which states "Recommendation 8: Targeted mental health programs should be supported and enhanced. B. Recognizing that mental health stressors are not limited to certain types of police work or certain kinds of experiences, the principles of the Safeguard program should be taken into account in refocusing and expanding wellness efforts across the OPP." https://www.ontario.ca/document/ontario-provincial-police-independent-review-panel-final-report	 Paramedic Service CACC Union Clinicians
3. Process And People: Dedicated Time for Training	 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator - invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together." • The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. http://mcnallyproject.ca/ • Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedicchiefs.ca/nra/ e) Enhance Paramedics and ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	 College Union Paramedic Service CACC Base Hospital PSHSA OACP





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	3.2 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	College UnionParamedic ServiceCACCBase HospitalPSHSA
	 3.3 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). 	 College Union CACC Paramedic Service Base Hospital
4. People: Prioritize Self- Care	 d) Engage with union on mode of learning on each content piece. 4.1 Equip ACO and Paramedic students to develop and implement self-care plans. a) Embed self-care awareness and self-care plans in the program learning objectives outlined in the Ministry of College and Universities program standards b) Consider self-care needs prior to professional practice, during onboarding, early career and throughout the career. c) Provide options for ACO and Paramedic education programs to offer the "self-care program" described above to ACO and paramedics in professional practice that require support due to cumulative exposure. The self-care program for practicing ACO and Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career. 	 College Ministry of College and Universities Clinicians OACP Ministry of the Solicitor General Mental Health Secretariat
	 4.2 Review WSIB presumptive legislation to better recognize injuries than occur due to past workplace exposures a) Consider the economic and ethical impact of supporting injured worker who is awaiting diagnosis b) Recognize social workers to diagnose PTSD. 	WSIBCliniciansUnionOACP
	4.3 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can	WSIBClinicians





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	the worker with workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure mental health treatment in Ontario is adequately funded to service the needs of all Ontarians (e.g., Family of the injured worker may also require support and treatment due to workplace injury of their loved one).	UnionOACP
	 4.4 Review and consider amending WSIB definition of PTSD, Traumatic Mental Stress and Chronic Mental Stress in order to: a) Better capture and recognize the impact of the cumulation of exposures over a career in presumptive legislation coverage b) Legislation change to presumptive coverage to expand beyond PTSD to include Occupational Stress Injuries more broadly. PTSD is a diagnosis and doesn't recognize other injuries. c) Complete paperwork for exposure notification or form 6 filled out or WSIB psychological injury (CMS 8) if a person has "traumatic call" and needs more time d) Paramedic Service or CACC complete injury incident report form if person needs more than one "yellow hour" (operational pause, decompress, off time). Fill out WSIB form if there is a claim. 	WSIBParamedic ServiceCACC
	4.5 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience.	 Clinicians Paramedic Service CACC OACP Union Ministry of the Solicitor General Mental Health Secretariat PSHSA College
	4.6 Establish a provincial portal for ACO and paramedic that allows access to resources or mental health benefits prior to staff being injured and disabled from work at provincial level instead of municipal level.	 OACP Union WSIB Ministry of the Solicitor General Mental Health Secretariat





	rimary Causal actor	Proposed Solution or Control	In Collaboration With
5.	Environment: Addressing Negativity in The Workplace	 5.1 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 5.2 Establish forums and workshops of all different workplace parties and decision makers 	 AMO Paramedic Service CACC Union Base Hospital OAPC • Paramedic Service
		to focus on issues and brainstorm solutions to address concerns.	CACCUnionOAPC
		5.3 Establish an open forum for the staff, where the leadership attends the forum and allows workers to discuss openly their concerns in a safe place (e.g., town halls)	
6.	. People: Healthy People Through Career	6.1 Establish paramedics as a regulated health professional.	OAPCUnion
		 6.2 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants stressed the importance of investigating alternative means to a survey for 	 Paramedic Service CACC Union PSHSA College Clinicians Municipality





Factor	With
gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs. 6.3 What is the impact of ACO or paramedic responding when off duty? When at work and responding to calls, a personal "guard is up". When off duty, and providing care as a good Samaritan the "guard is down" and the impact of exposure can be greater. When	 Paramedic Service CACC Union PSHSA College





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	6.4 Create a public education campaign on not asking paramedic or ACO "what's the worst call you've ever seen/heard". One workshop participant reported that their response to these types of questions is "I'm on my day off and I don't want to talk about work"	Paramedic ServiceCACCUnionPSHSA
	6.5 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 University/College Paramedic Service CACC PSHSA WSIB Ministry of the Solicitor General Mental Health Secretariat OAPC Institute for Work and Health.
	 6.6 Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour work week to 32 hours of work with 8 hours of self-care and professional development (learning and development). b) Explore duty cycle of work hours to optimize a reduction of exposures. c) The RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality. 	Paramedic ServiceCACCUnionsMunicipalityOACPAMO
7. Culture: Stigma	 7.1 Training and education focused on reduce stigma in the workplace. Education for the following parties: Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) All workplace parties (employer, management, worker, unions) Consider a public education campaign 	 Paramedic Service CACC OAPC Union Clinicians PSHSA Ministry of Long- Term Care
	8.1 Increase in funding for paramedic services to meet the growing needs of the community	





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 8.2 Address existing healthcare system pressures that negatively impact prehospital care service delivery. Issues experienced by paramedics are primarily due to: a) Available hospital system beds and emergency department capacity b) Lack of primary care providers and increased pressure on emergency department 8.3 In some instances a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs. 	Paramedic ServiceOACPUnion
	8.4 Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.	Paramedic ServiceUnionOACP
8. Equipment: Code Black/Red/Zer o	 8.5 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a) The following definitions should be standardized across the sector: i. code red/black/zero ii. offload delay b) When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available. 	Paramedic ServiceOACPUnionMunicipalityAMO
	 8.6 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: a) Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. b) Call ambulance when c) Do not call ambulance when d) Fit to sit e) Right care, right time, right place 	Paramedic ServiceCACCUnionOACPMunicipalityAMO
	8.7 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a	CACCParamedic ServiceOACPMunicipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	• AMO
	8.8 Allocate resources based on predictive modelling for 3% call volume increase annually	Paramedic ServiceCACCAMO
	8.9 Legal consideration and current BLS standard requirements on transfer of care. Investigate opportunities to address health care system issues including (but not limited to) alternate levels of care, alternate destinations, treat and release, etc. This may require revisions to the Ambulance Act in order to reflect the alternate model of care pilots that are currently ongoing (Palliative Care Pilot, Alternate Destinations Pilot). Investigate the possibility of legislation change to enable paramedic ability to refuse transport when paramedic level care (or ambulance transport) is clearly not required (this could be done in conjunction with public education campaign regarding appropriate use of paramedic services).	UnionOACP
	8.10Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment law changes. Additional staffing and resources are required to support codes and curriculum changes (move to three-year program).	Paramedic ServiceMunicipalityAMOOACP
	8.11 A proposal to move from a two year to a three-year paramedic program is currently sitting with the Ministry of Health and the Ministry of Colleges and Universities. Funding should be provided to allow the resources to do a double cohort intake to supply the province with a sufficient number of new graduates when the program changes come into effect as there will be one year with no graduates.	MCUColleges
	 8.12 Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long Term Care. a) Ministry of Health and Ministry of Long Term Care Declare scope of practice for Community Paramedic and amend any applicable legislation. Establish oversight framework for Community Paramedic 	 Ministry of Long- Term Care Ministry of Colleges and Universities Colleges OACP Base Hospital AMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 iii. Amend base hospital protocol to include Community Paramedic patch to base hospital b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed 	
	 8.13 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet employment standards act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 	OACPParamedic ServiceCACCUnionMLTSDAMO
 Culture: Know Your Stuff (Knowledge Translation 	9.1 Move away from tests for maintaining certification and move towards ongoing learning and ongoing evaluation for maintaining certification.	 Ministry of Health EHRAB Base Hospital Paramedic Service
and Maintenance)	9.2 In-house training allows opportunity to get workers into workplace faster. Workshop participants suggested setting a standard for training ACOs which includes training as a call taker first, then as a dispatcher. There was a discussion during the workshop that local training is more productive and targeted than provincial training; ACOs learn more locally than in provincial training (e.g., use of CAD system). ACO are hired and then trained upon hire. Consider including information on what the job entails, what job demands are during interview process in order to promote successful hire and decrease attrition rate. Match an individual's abilities to job demands.	• CACC
	9.3 Move away from tests for maintaining certification and move towards ongoing learning and ongoing evaluation for maintaining certification.	 Ministry of Health EHRAB Base Hospital Paramedic Service
	9.4 There is a lack of standards for continuing education and determining competency, especially after returning to the workplace from a leave of absence (e.g., workplace injury, short term disability, parental leave, etc.). The protocols and directives should be evidence-based but change often, resulting in loss of credibility during daily operations. EHRAB should investigate the feasibly of developing and implementing	Ministry of Health EHRABUnionOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	standards for certification for paramedics returning to the workplace to ensure consistency across the province. Create more consistency for self-directed review of skills and competencies by paramedic after return from leave as well as a provincial reintegration strategy or standard on return from leave. RCA workshop participants acknowledge that the province has created a certification working group who are discussing the requirements to maintain certification and are considering the different models available for regulation (current oversight through EHRAB, college for regulated health care professional, or provincial standard to allow paramedics to move more easily between different services in the province). 9.5 Considerations should be given to actions taken should a paramedic not pass their rectification. Currently there is a disciplinary based approach which often has paramedics experiencing concerns about losing their job if they fail the required recertification. This creates significant stress for the worker	Paramedic ServiceOAPCUnion
	9.6 The RCA Workshop participants identified that current certification testing does not adequately reflect the demands or requirements of the job. Investigate the feasibility of culture shift to be more inclusive of different learning styles and accommodations for learning disabilities. Suggestion from the RCA Workshop participants is to move away from requirement for memorization of protocols, towards referencing being best-practice and demonstration of skills.	UnionOAPCParamedic Service
	9.7 Training should be in smaller groups instead of large groups which workshop participants expect will produce better learning outcomes in scenario-based learning or testing. Working in pairs better reflects the demands of the job and workshop participants expect that it will cause less stress during learning evaluations.	UnionOAPCParamedic Service
	 9.8 Current practice in some services may include the introduction of additional stress or pressure during learning scenarios to simulate high pressure situations that paramedics may experience when responding to calls. The RCA workshop participants report that they feel that being yelled at during scenarios is not helpful and does not achieve the purported purpose of stress inoculation. Evidence informed practice for learning scenarios and stress inoculation is encouraged. Considerations may include: What is the best way to learn? What is the ideal amount of pressure in a learning situation? What are the evidence based best practices on integrating stress inoculation into learning? 	UnionOAPCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Performing Under Pressure: The Science of Doing Your Best When It Matters Most, Dr. Hendrie Weisinger, J. P. Pawliw-Fry was identified as a resource related to this topic. 	
	 9.9 Consider identification of areas for cognitive off-load. During the workshop there was discussion that there is not enough time given to remain proficient in areas where proficiency is required (e.g., equipment, protocols, treatment strategies, regulations, etc.). a) Educator knowledge on subject matter may help with knowledge transfer and translation (e.g., knowledge transfer of 170 page document vs 1 page). Currently time consideration is not given for different length documents. Investigate the feasibility of developing and providing job aids for complex and less frequent tasks. b) Investigate the feasibility of translating written documents required into other modalities for knowledge transfer (e.g., jeopardy game, video, etc.) as an alternative to reading written text. c) Investigate the feasibility of using "follow the learner" software to support learning. These platforms provide cues for knowledge transfer and knowledge retention where knowledge points are difficult or challenging for the learner for reinforcement of learning concepts. The platform makes sure your frontline remembers the things that matter most. d) Investigate the feasibility of developing a repository for Ontario specific resources that can be shared between services for fiscal responsibility and consistency of training. Some services have created training videos and upload to their internal site to be watched by paramedics during high acuity/low frequency events as time allows. Examples of shared training resources from other sectors include: Musculoskeletal disorder injury prevention training for Direct Support Professionals developed by Community Living and PSHSA https://www.youtube.com/watch?v=WeSwVIX22ag Canadian Police Knowledge Network: Framework for police sector to share resources that was developed in 2004. https://www.cpkn.ca/en/about/ PSHSA develope	 Base Hospital Paramedic Service PSHSA
10. Environment: Work Environment	work practices to deploy on their learning management system 10.1 Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles	Paramedic ServiceCACCEquipment Manufacturer





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized-services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes 	 Union Municipal Procurement PSHSA
	10.2 Investigate alternate Code paging methods.	CACCUnionParamedic Service
	 10.3 Efforts should be made to review and/or reduce task saturation, for example completing triaging tasks which impacts care being provided. To address this concern, consider: a) Increase staffing and support needed, reduce working alone b) Task awareness and task sharing c) Send PRU's to high acuity calls- building into deployment plans 	Paramedic ServiceMinistry of Health EHRAB
	10.4 Standardization and quality of cleaning and disinfection required across the sector (refer to this IPAC Canada <u>instructional video</u>).	Paramedic ServiceOAPCPSHSA
	10.5 Review the minimum level of care standards required to meet community service level needs. Currently PCP is minimum required to practice; there was discussion in the workshop if there may be benefits in moving to ACP as minimum credential required in the future.	OACPUnionCollegesParamedic Service
11. People: Family Support	 11.1 Identify accountability and responsibility for family support a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician i. Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic. ii. Involve workers, and family in development of programs. 	FamilyParamedic ServiceUnionCACCAMOMunicipality





Primary Causal Factor	Proposed Solution or Control	In Collaboration With	
	b) municipality and Ministry of Health regarding funding		

ASSOCIATION OF MUNICIPALITIES OF ONTARIO (AMO)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
2. Process: Difficulty Accessing Appropriate	2.1 Increase funding for mental health clinicians (psychologists, therapists, social workers) available that are trauma trained, first responder informed and have experience working with first responders	Ministry of HealthCACCParamedic ServiceUnionsClinicians
Support	2.2 Increase resources and funding for paramedics and ACOs to take breaks in between calls, increase flexibility to decompress and take breaks as needed	Ministry of HealthCACCParamedic ServiceUnionsClinicians
11. People: Family Support	 11.1 Identify accountability and responsibility for family support a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician i. Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic. ii. Involve workers, and family in development of programs. b) municipality and Ministry of Health regarding funding 	 Family Paramedic Service Union CACC Municipality Ministry of Health





MUNICIPALITY

	imary Causal ctor	Proposed Solution or Control	In Collaboration With
Pr	People: Prioritize Self- Care	4.1 Early career include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource). Note that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered under some plans for example)	Paramedic ServiceCACCUnionClinicianOAPC
		4.2 Ensure that Employee and Family Assistance Program includes access to professionals with paramedic sector cultural competencies, trauma informed care and the competencies to support first responder acute and cumulative trauma exposures.	ClinicianParamedic ServiceCACC
6.	People: Healthy People Through Career	 6.1 Include primary, secondary and tertiary prevention activities related to exposure to traumatic or significant events. Examples of primary secondary and tertiary prevention could include: a) Primary prevention – mock/drill before the call comes in, include scenarios in onboarding b) Secondary prevention – after a traumatic/significant event develop a plan to support those impacted by call (paramedics, ACO, allied agencies), clinical considerations/guidelines on when it's appropriate for group debrief vs individual debrief. Ensure use of an experienced facilitator of the debrief to avoid inadvertent additional trauma. c) Tertiary prevention – develop and implement a stay at work/return to work program that follows disability management practices and includes accommodations, work hardening, reintegration for mental health injuries. Supervisor education can be enhanced through PSHSA's Mental Health Stay at Work & Return to Work for First Responder Organizations. 	 CACC Paramedic Service CACC Union
		 6.2 Develop and implement a program that clearly defines the roles and responsibilities of all workplace parties and system partners with respect to preventing and treating mental health injuries in the paramedic sector. Make parties accountable and responsible a) Define roles of different parties: worker, paramedic's partner/ACO's coworkers, manager, supervisor, employer, family, clinician b) Complete a needs assessment prior to developing programs and supports. Input should be sought from all impacted parties (including clinicians and family of workers). Surveys are one option to gather feedback. RCA Workshop participants 	 Paramedic Service CACC Union PSHSA College Ministry of Health Clinicians





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	stressed the importance of investigating alternative means to a survey for gathering input and suggested an open forum such as a town hall or focus group when conducing the needs assessment. c) Involve workers, family and clinicians in the development of programs. d) Support from the municipality and Ministry of Health is required for sustainable, indexed funding for workplace mental health injury prevention programs.	
	 6.3 Evaluate the impact of the current work week and hours on the mental health of ACO and paramedics. a) Change from 40-hour week to 32 hour of work and 8 hours of self-care and professional development (learning and development). b) Explore duty cycle of work hours to optimize a reduction of exposures. c) The RCA workshop participants acknowledge that the proposed changes would require a significant funding commitment from the Ministry of Health and Municipality. 	 Paramedic Service CACC Union Ministry of Health OACP AMO
8. Equipment: Code Black/Red/Zer o	 8.1 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a) The following definitions should be standardized across the sector: code red/black/zero offload delay b) When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available. 	 Ministry of Health Paramedic Service OACP Union AMO
	 8.2 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: 9.2 Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. a) Call ambulance when b) Do not call ambulance when c) Fit to sit d) Right care, right time, right place 	 Paramedic Service CACC Union OACP Ministry of Health AMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	8.3 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	Ministry of HealthCACCParamedic ServiceOACPAMO
	8.4 Allocate resources based on predictive modelling for 3% call volume increase annually	Paramedic ServiceCACCMinistry of HealthAMO
	8.5 Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment law changes. Additional staffing and resources are required to support codes and curriculum changes (move to three-year program).	Ministry of HealthParamedic ServiceAMOOACP
10. Environment: Work Environment	 10.1 Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized-services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes 	 Paramedic Service Ministry of Health CACC Equipment Manufacturer Union Municipal Procurement PSHSA
	10.2 Dispatch calling, unsure of identity of paramedic and their pronouns. For non-binary or transgender paramedics there may be a difference in their identity and what is recorded on their OASIS number or crew number. Diversity, Equity, and Inclusion policies and standards should be developed and implemented in order to assist in supporting all workplace parties, addressing and communicating those in the workplace.	CACCUnionParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 10.3 Weather condition can have an impact on work environment and the impact of weather should be considered a health and safety topic for paramedics. Paramedic Services are encouraged to consider the impacts of inclement weather (snow, flood, extreme heat, extreme cold, ice, tornado, etc.) in their risk assessment of job tasks and adjustments that may be required to deployment plans. Based on the type of exposure expected, consider controls to mitigate risk which could include program/process for severe weather events, changes to uniforms for extreme heat, extreme cold or significant weather events, vehicle designed for environmental conditions expected. Resources for consideration include: a) PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt b) PSHSA Risk Assessment and Job Hazard Analysis Resource: Public Services Health-and Safety Association Risk Assessment and Job Hazard Analysis (pshsa.ca) 	 Paramedic Service Union Equipment Manufacturer Municipal Procurement
11. People: Family Support	 11.1 Identify accountability and responsibility for family support a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician i. Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). • Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic. ii. Involve workers, and family in development of programs. b) municipality and Ministry of Health regarding funding 	 Family Paramedic Service Union CACC AMO Ministry of Health
	 11.2 Early career- include psychological check in with a clinician at specified frequency (or have a clinician working inhouse as an internal resource) a) Consider that extended health benefits coverage is often limited (one or two visits with limits on the type of clinician covered; social worker not covered but psychologist is covered for example) b) Consider level of benefit coverage for family members of the paramedic or ACO 	Paramedic ServiceCACCUnionClinicianOAPC
	 11.3 Implement an early identification program with appropriate supports that may include: a) Self-assessment resources (survey, app, etc.) b) Include survey to family/spouse as loved ones they may notice change before the injured worker does c) Program and referral pathway to support follow up with appropriate additional resources (e.g., external clinician on retainer by service or internal clinician resource) if initial resources or screening tools identify a concern. 	Paramedic ServiceCACCUnionClinicianOAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 d) Confidential, external, mandated access to care by a mental health clinician for those who are in need or for those who may be less self-aware. 	





BASE HOSPITAL

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
3. Process And People: Dedicated Time for Training	 3.1 Investigate the feasibility for collaboration between educational institutions, base hospital programs and service providers on lessons learned and sharing learning assets. a) Develop infrastructure to support online learning b) Develop infrastructure to share learning assets which could result in budget collaboration between services and an overall cost savings. c) Educate the educator – invest in learning and development opportunities to teach facilitators how to deliver online training d) Build and leverage relationships with Paramedicine researchers. From the Paramedic Chiefs of Canada "Research is an essential component of healthcare. Research leads to improvements in the quality, safety and effectiveness of health services, including EMS. Research agendas provide a roadmap to guide the decisions that need to be made on research. These roadmaps can lead to increased teamwork and better communication among various groups of people, which can help the groups plan for the future together." • The McNally Project is a grassroots initiative intended to build research capacity in paramedicine. https://mcnallyproject.ca/ • Paramedic Chiefs of Canada, Canadian National EMS Research Agenda https://www.paramedics.an/ ACOs' ownership of their own learning. How can the employer support individuals' professional competence and confidence? f) Leverage opportunities to attend conferences and engage in networking opportunities to have all stakeholders involved in the collaboration. 	 College Union Paramedic Service CACC Ministry of Health PSHSA OAPC
	3.2 Consideration of connection with rural and Northern communities and impact of travel logistics for practical training and conference that may be a barrier to attending in person events.	CollegeUnionParamedic ServicCACCMinistry of HealthPSHSA
	 3.3 Online learning is convenient and cost effective. Prior to developing and assigning eLearning modules, stakeholders need to ensure the learning medium is effective for the content being covered and the learning objectives. Considerations for an effective program include: a) Prior to completing online learning modules, people should be taught how to learn online to increase effectiveness of online learning 	CollegeUnionCACCParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 b) What is capacity of learner to be successful in online environment? Are they able to focus on the learning in a quiet space on a computer or are they working on their online learning module in between calls in a busy environment on a mobile device? c) Operational and technical considerations: connectivity bandwidth in different areas of the province vary widely, type of technology used to access the eLearning (computer, phone, tablet). d) Engage with union on mode of learning on each content piece. 	Ministry of Health
	3.4 Select appropriate training modality to meet the learning objectives and depth of knowledge required. For example, depending on the skills and knowledge required hands on scenarios, eLearning, or lecture may be most appropriate. Use of evidence-based tools is encouraged as well as consideration of multiple modalities to meet the needs of different learners. Nontangible benefits to in person learning that may offset increased travel costs include social connection, relationship building with peers, building or reinforcing organizational culture.	CollegeUnionParamedic ServiceCACC
5. Environment: Addressing Negativity in The Workplace	 5.1 Improve Communication delivery and reception by: a) Use of shared responsibility language b) Enhancing mutual respect for leadership (employer and labour) c) Establishing one spot to access information (daily information coming out from CMHO, MLTSD, PHU) d) Provide technology that meets the needs of a mobile workforce e) Solutions are released as a new or updated policy. Members perceive a lack of sufficient consultation prior to releasing the solution (or policy or program). f) Developing and adopting communication standards which support a healthy workplace policy, procedures, and practices. g) Provide a clear organizational chart, that identifies who to contact for different topics, who has the accountability, authority, and responsibility to answer questions raised, and who to follow up with regarding results or status updates on progress. h) To reduce the rumor-mill, improve communication when questions are raised on differences in services, facilities, tools etc. 	 Paramedic Service CACC Union Ministry of Health OAPC
8. Equipment: Code Black/Red/Zer o	8.1 Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long Term Care. a) Ministry of Health and Ministry of Long Term Care	 Ministry of Health Ministry of Long- Term Care Ministry of Colleges and Universities





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 i. Declare scope of practice for Community Paramedic and amend any applicable legislation. ii. Establish oversight framework for Community Paramedic iii. Amend base hospital protocol to include Community Paramedic patch to base hospital b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed 	CollegesOACPAMO
9. Culture: Know Your Stuff (Knowledge	9.1 Move away from tests for maintaining certification and move towards ongoing learning and ongoing evaluation for maintaining certification.	 Ministry of Health EHRAB Paramedic Service
Translation and Maintenance)	 9.2 Consider identification of areas for cognitive off-load. During the workshop there was discussion that there is not enough time given to remain proficient in areas where proficiency is required (e.g., equipment, protocols, treatment strategies, regulations, etc.). a) Educator knowledge on subject matter may help with knowledge transfer and translation (e.g., knowledge transfer of 170 page document vs 1 page). Currently time considerations is not given for different length documents. Investigate the feasibility of developing and providing job aids for complex and less frequent tasks. b) Investigate the feasibility of translating written documents required into other modalities for knowledge transfer (e.g., jeopardy game, video, etc.) as an alternative to reading written text. c) Investigate the feasibility of using "follow the learner" software to support learning. These platforms provide cues for knowledge transfer and knowledge retention where knowledge points are difficult or challenging for the learner for reinforcement of learning concepts. The platform makes sure your frontline remembers the things that matter most. d) Investigate the feasibility of developing a repository for Ontario specific resources that can be shared between services for fiscal responsibility and consistency of training. Some services have created training videos and upload to their internal site to be watched by paramedics during high acuity/low frequency events as time allows. Examples of shared training resources from other sectors include: 	 Ministry of Health Paramedic Service PSHSA





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Musculoskeletal disorder injury prevention training for Direct Support Professionals developed by Community Living and PSHSA https://www.youtube.com/watch?v=WeSwVIX22gg Canadian Police Knowledge Network: Framework for police sector to share resources that was developed in 2004. https://www.cpkn.ca/en/about/ PSHSA developed custom learning assets for paramedic service regarding safe work practices to deploy on their learning management system 	

MINISTRY OF COLLEGES AND UNIVERSITIES

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 1.1 Include verbal de-escalation training and self-defense training as part of sector requirements for paramedics and ACO. a) Add this to a vocational learning outcome and 911 learning b) Ministry of College and Universities owns document and program standard documents come up for regular curriculum revisions/reviews 	Ministry of HealthOAPCCollege
	1.2 Increase workplace violence and harassment awareness education for paramedics and ACOs when taking the paramedic program and the ACO training.	Ministry of HealthOAPCCollege

MINISTRY OF THE SOLICITOR GENERAL

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 1.1 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies 	Ministry of HealthCACCParamedic ServiceUnionOAPCOACP





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed.	Local Police ServiceEMS Section 21 Sub-Committee
	1.2 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Attorney General of Canada Ministry of the Attorney General OACP OAPC Union Judiciary
4. People: Prioritize Self- Care	 4.1 If checking with a mental health professional are mandated, some individuals may not want to share or participate in the program if they are not ready to engage with a clinician. Promote and provide access to alternate resources that support an individual with self-care, developing a personal self-care plan, increasing personal skills to manage stressors, recognize unhealthy coping mechanisms and increasing self-awareness. Sample resources for consideration include: a) Resilient Me micro learning (PSHSA): https://www.pshsa.ca/training/free-training/resilientme b) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfred Laurier University, OACP) https://www.pshsa.ca/training/free-training/ready-for-duty-elearning-series-introduction-module 	 Paramedic Service CACC Union Clinician OAPC College Mental Health Secretariat
	 4.2 Prior to entry to professional practice, enhance ACO and Paramedic students' knowledge of self-care. Topics could include self-awareness, self-care plans, increasing personal skills to manage stressors and recognize unhealthy coping mechanisms. Explore the possibility of continuity of resources from educational institutions to early career. Sample resources for consideration include: i) ResilientME microlearning (PSHSA) a) Ready For Duty eLearning Series (PSHSA, University of Waterloo, Wilfrid Laurier University, OACP) 4.3 Equip ACO and Paramedic students to develop and implement self-care plans. 	 Paramedic Service CACC Union Clinician OAPC College Mental Health Secretariat College





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) Embed self-care awareness and self-care plans in the program learning objectives outlined in the Ministry of College and Universities program standards b) Consider self-care needs prior to professional practice, during onboarding, early career and throughout the career. c) Provide options for ACO and Paramedic education programs to offer the "self-care program" described above to ACO and paramedics in professional practice that require support due to cumulative exposure. The self-care program for practicing ACO and Paramedics could be optional or mandatory depending on individual needs and could be repeated as many times as needed throughout their career. 	 Ministry of Colleges and Universities Clinicians Ministry of Health OACP Mental Health Secretariat
	4.4 Promote avenues to connect with free trauma informed resources in community. Establish and promote a list of the resources that are that are available for those without extended health insurance coverage or as alternative to specialty programs. This could take the form of a provincial portal.	 Paramedic Service CACC Union College Clinician Mental Health Secretariat
	4.5 Develop and implement a robust peer support program. Develop guidance documents for elements that should be included in a peer support program for organizations that do not have a program in place.	 Paramedic Service CACC Union College Clinician PSHSA Mental Health Secretariat
	 4.6 There are several local conferences and learning and development opportunities that are regional in nature. Examples include the Be Well Serve Well annual conference in London, Ontario area as well as the 2022 Paramedic OSI conference hosted by Chiefs of Windsor-Essex Paramedic Services, Dufferin County Paramedic Service and Grey County Paramedics. There is a synergy that occurs when stakeholders with different perspectives gather to discuss a topic such as psychological harm in the paramedic sector. Efforts should be made to promote existing learning and development opportunities (mentioned above) as well as expand the offerings to reach a wider geographical audience. 4.7 Develop and promote early identification programs and support. This could include: 	 Clinicians Paramedic Service CACC OACP Union Mental Health Secretariat PSHSA College Ministry of Health Clinicians





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Paramedic Service CACC OACP Union Mental Health Secretariat PSHSA College Family
	4.8 Establish a provincial portal for ACO and paramedic that allows access to resources or mental health benefits prior to staff being injured and disabled from work at provincial level instead of municipal level.	 OACP Union WSIB Mental Health Secretariat Ministry of Health AMO
6. People: Healthy People Through Career	6.1 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 University/College Paramedic Service CACC Ministry of health PSHSA WSIB Mental Health Secretariat OAPC Institute for Work and Health





WORKPLACE SAFETY AND INSURANCE BOARD (WSIB)

	rimary Causal actor	Proposed Solution or Control	In Collaboration With
2.	Process: Difficulty Accessing Appropriate Support	 2.1 Improve follow up after return to work by focusing on a) Regular peer support b) Appropriate training for management on effective return to work and stay at work programs, c) Appropriate accommodations/modified work d) Reduce isolation by focusing on stay at work as preferrable strategy where appropriate. 	PSHSACACCParamedic ServiceUnionOAPC
4.	People: Prioritize Self- Care	 4.1 Review WSIB presumptive legislation to better recognize injuries than occur due to past workplace exposures a) Consider the economic and ethical impact of supporting injured worker who is awaiting diagnosis b) Recognize social workers to diagnose PTSD. 	CliniciansUnionOACPMinistry of health
		4.2 Review the longevity of resources available, duration of specialty programs, and capacity of programs to support paramedic and ACO with cumulative trauma. How can the worker with workplace cumulative trauma be connected with appropriate healthcare proactively? Ensure mental health treatment in Ontario is adequately funded to service the needs of all Ontarians (e.g., Family of the injured worker may also require support and treatment due to workplace injury of their loved one).	CliniciansUnionOACPMinistry of health
		 4.3 Review and consider amending WSIB definition of PTSD, Traumatic Mental Stress and Chronic Mental Stress in order to: a) Better capture and recognize the impact of the cumulation of exposures over a career in presumptive legislation coverage b) Legislation change to presumptive coverage to expand beyond PTSD to include Occupational Stress Injuries more broadly. PTSD is a diagnosis and doesn't recognize other injuries. c) Complete paperwork for exposure notification or form 6 filled out or WSIB psychological injury (CMS 8) if a person has "traumatic call" and needs more time d) Paramedic Service or CACC complete injury incident report form if person needs more than one "yellow hour" (operational pause, decompress, off time). Fill out WSIB form if there is a claim. 	Ministry of healthParamedic ServiceCACC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	4.4 Establish a provincial portal for ACO and paramedic that allows access to resources or mental health benefits prior to staff being injured and disabled from work at provincial level instead of municipal level.	 OACP Union Ministry of the Solicitor General Mental Health Secretariat Ministry of Health AMO
6. People: Healthy People Through Career	6.1 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 University/College Paramedic Service CACC Ministry of health PSHSA Ministry of the Solicitor General Mental Health Secretariat OAPC Institute for Work and Health





FAMILY/SUPPORT PEOPLE

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Primary Ca Factor	ausal	Proposed Solution or Control	In Collaboration With
4. People: Prioritiz Care		 4.1 Provide resources to support the family and loved ones of the ACO or Paramedic (both as a student an in professional practice). Family support could include: a) Training on how to support their Paramedic (student) or ACO (student) b) Signs and symptoms that someone might be needing help 	Paramedic ServiceCACCUnionCliniciansPSHSA
		 4.2 Develop and promote early identification programs and support. This could include: a) Self-assessment resources (survey, app, etc.) for ACO and Paramedics b) Access to early identification programs and supports for family of ACO and Paramedics. Loved ones may notice a change before the injured worker notices changes in themselves. c) Referral pathway and program to support to appropriate care if internal resources (colleague, peer support) or screening tool identify a concern. d) Considerations of when confidential, external, and mandated program support may be required for those who may be less self-aware (as opposed to voluntarily accessing program resources by individuals who are more self-aware). 	 Clinicians Paramedic Service CACC OACP Union Ministry of the Solicitor General Mental Health Secretariat PSHSA College
7. Culture: Stigma	:	7.1 Have a system in place where the family member is contacted when a worker accesses peer support app (Peer Connect App).	Paramedic ServiceCACCUnion
11. People: Support		 11.1 Enhance understanding on how family can support a paramedic or ACO. This could include: a) Training on how to better support their loved one b) Fact sheets or awareness resources regarding signs and symptoms that someone might be needing help c) Awareness materials and resources on how to support a person. Topics could include: Inclusion of the family/peers/support person during onboarding for new hires Inclusion/standard to provide psychological/Mental health support for all EMS workers and their families/support system, current plan limits can be an obstacle depending on the level of coverage available. RCA participants noted that some first responder agencies are moving toward no limits or greatly increased limits for mental health clinician support. 	 PSHSA Clinicians CACC Paramedic Service Union OAPC





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 Provisions of workshops or learning sessions for workers and their family/support systems 11.2 Increase awareness and give prevention tools on how family/support persons can 	• PSHSA
	support paramedics and ACO in their mental health (e.g., R2MR, Beyond Silence training program and app, PTSD awareness and anti-stigma, resilience). The target audience for these learning resources could include colleagues as well. This is a shared responsibility, not solely a management responsibility. Topics could include how to have a difficult conversation, compassion fatigue, empowering individuals to them to have the necessary (difficult) conversation with a coworker or their family member	CliniciansCACCParamedic ServiceUnion
	 11.3 Identify accountability and responsibility for family support a) Define roles of different parties: worker, partner, manager, supervisor, employer, family, clinician i. Survey/input for all during needs assessment (include family and workers prior to develop the program/offering). • Look at alternatives to survey to gather feedback. Provide an open forum/townhall/focus group to highlight importance of the topic. ii. Involve workers, and family in development of programs. b) municipality and Ministry of Health regarding funding 	 Paramedic Service Union CACC AMO Municipality Ministry of Health
	11.4 Have a system in place where the family member is contacted when a worker accesses peer support app (e.g., Peer Connect App used by some RCA workshop members).	Paramedic ServiceCACCUnion
	11.5 Educate and enhance awareness for paramedic/ACO families and their work partners on what situations the workers face, how to identify early signs/symptoms, how to have a conversation, and continue on the help a worker might be getting from peer support.	Paramedic ServiceCACCUnion





MINISTRY OF LABOUR, TRAINING AND SKILLS DEVELOPMENT

	Primary Causal Factor	Proposed Solution or Control	
1	. Culture: Workplace Violence & Harassment	1.1 Enhance consultation with the sector when making legislation. Suggest changes to the OHSA to explicitly to require consultation for S32 (workplace violence and harassment) especially	
8	B. Equipment: Code Black/Red/Zer o	 8.1 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet employment standards act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 	 OACP Paramedic Service CACC Union Ministry of Health AMO

MINISTRY OF LONG-TERM CARE

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
7. Culture: Stigma	 7.1 Training and education focused on reduce stigma in the workplace. Education for the following parties: Funder and agencies developing regulations impacting paramedic sector (911 and community paramedicine) All workplace parties (employer, management, worker, unions) Consider a public education campaign 	 Paramedic Service CACC OAPC Union Clinicians PSHSA Ministry of Health
8. Equipment: Code Black/Red/Zer o	 8.1 . Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long Term Care. a) Ministry of Health and Ministry of Long Term Care Declare scope of practice for Community Paramedic and amend any applicable legislation. Establish oversight framework for Community Paramedic Amend base hospital protocol to include Community Paramedic patch to base hospital 	 Ministry of Health Ministry of Colleges and Universities College OACP Base Hospital AMO





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	 b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed 	

EMS SECTION 21 SUB-COMMITTEE

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 1.1 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Paramedic Service Union OAPC Ministry of the Solicitor General OACP Local Police Service





ONTARIO ASSOCIATION OF CHIEFS OF POLICE (OACP)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 1.1 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Paramedic Service Union OAPC Ministry of the Solicitor General Local Police Service EMS Sector 21 Sub Committee
	1.2 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Attorney General of Canada Ministry of the Solicitor General Ministry of the Attorney General OAPC Union Judiciary
8. Equipment: Code Black/Red/ Zero	8.1 In some instances a single medic first response truck is the only unit available to respond to a call. Develop guidelines for use of single medic first response during code black/red/zero and the operational and safety considerations that should be taken into account when this situation occurs.	Ministry of HealthParamedic ServiceUnion
	8.2 Provide guidance on considerations to determine appropriate staffing levels. This may involve the development or utilization of an algorithm.	Ministry of HealthParamedic ServiceUnion
	8.3 There is opportunity to improve the data available and business intelligence that could be gained from time spent in code red/black/zero. There is not a standard definition	Ministry of HealthParamedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	that is used by all stakeholders which limits the ability to share and compare data. Currently, a mechanism for coordinated output of data does not exist. a) The following definitions should be standardized across the sector: i. code red/black/zero ii. offload delay b) When definitions are standardized, create dashboards and develop a framework of information sharing (which stakeholders have access to level of data available) and develop performance metrics/standards based on the data available.	MunicipalityAMO
	 8.4 Public education on when to call (or not call) an ambulance. This will require a joint effort and will need messaging to reach varied audiences. Consider collaborative communication campaigns with the following types of messaging: a) Myth: the ambulance is seen as the golden ticket to skip the ER line and is not used appropriately by all members of the public. Fact: Arrive by ambulance does not mean you will be seen any faster upon arrival at the emergency department. b) Call ambulance when c) Do not call ambulance when d) Fit to sit e) Right care, right time, right place 	 Paramedic Service Union Ministry of Health Municipality AMO
	8.5 Develop and implement a public relations process on code red/black/zero and Freedom of Information requests associated with code black/red/zero. Develop a communication plan required code black/red/zero data. Consideration should be given to sharing the operational impacts of this situation on the system.	Ministry of HealthCACCParamedic ServiceMunicipalityAMO
	8.6 Legal consideration and current BLS standard requirements on transfer of care. Investigate opportunities to address health care system issues including (but not limited to) alternate levels of care, alternate destinations, treat and release, etc. This may require revisions to the Ambulance Act in order to reflect the alternate model of care pilots that are currently ongoing (Palliative Care Pilot, Alternate Destinations Pilot). Investigate the possibility of legislation change to enable paramedic ability to refuse transport when paramedic level care (or ambulance transport) is clearly not required (this could be done in conjunction with public education campaign regarding appropriate use of paramedic services).	Ministry of HealthUnion
	8.7 Employment law changes directly impact operations and budgets. Graduated and draft implementation plans are required with support in order to comply with employment	Ministry of HealthParamedic Service





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	law changes. Additional staffing and resources are required to support codes and curriculum changes (move to three-year program). 8.8 Community Paramedicine Programs are growing and do not have a comparable the regulatory framework that exists under the Ambulance Act for 911 paramedics. Community Paramedicine is currently sitting under the authority of the Ministry of Long-Term Care. a) Ministry of Health and Ministry of Long-Term Care i. Declare scope of practice for Community Paramedic and amend any applicable legislation. ii. Establish oversight framework for Community Paramedic iii. Amend base hospital protocol to include Community Paramedic patch to base hospital b) Ministry of Colleges and Universities and Colleges develop Community Paramedic program curriculum c) Authority having jurisdiction (Ministry of Long-Term Care or Ministry of Health) establish base funding for Community Paramedic program which is indexed	 Municipality AMO Ministry of Health Ministry of Long- Term Care Ministry of Colleges and Universities College Base Hospital AMO
	 8.9 Increase commitment to healthy schedules by investigating the following: a) Enhance staffing levels to meet employment standards act b) Lack of breaktimes related to reduced resources c) Legislation change to include paramedic as essential worker d) Balance staffing schedules/workplan 	 Paramedic Service CACC Union MLTSD Ministry of Health AMO





MINISTRY OF THE ATTORNEY GENERAL

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	1.1 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Attorney General of Canada Ministry of the Solicitor General OACP OAPC Union Judiciary

LOCAL POLICE SERVICE

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	 1.1 10-2000 response is not consistent across the province so the following can be mitigation strategies: a) Section 21 sub-committee work with allied agencies to establish communication and expectations with police partners and CACC b) Consistent code that is same language as police (10-33 police for officer assistance vs 10-2000 for paramedic needs assistance). Use plain language with definition to ensure full understanding. c) Investigate feasibility of standardizing 10 codes across allied agencies d) Collaboration with many stakeholders (e.g., Ministry of the Solicitor General, Ministry of Health, OAPC and paramedic/ACO unions, etc.) to address gaps in paramedic safety. There should be one seamless system to summon immediate assistance and response from allied agencies when needed. 	 Ministry of Health CACC Paramedic Service Union OAPC Ministry of the Solicitor General OACP EMS Section 21 Sub-Committee





JUDICIARY

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	1.1 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Attorney General of Canada Ministry of the Solicitor General Ministry of the Attorney General OACP OAPC Union

FEDERAL MINISTRY OF JUSTICE

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
1. Culture: Workplace Violence & Harassment	1.1 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Attorney General of Canada Ministry of the Solicitor General Ministry of the Attorney General OACP OAPC Union Judiciary





ATTORNEY GENERAL OF CANADA

	imary Causal actor	Proposed Solution or Control	In Collaboration With
1.	Culture: Workplace Violence & Harassment	1.1 To offer additional protection to the worker, implement changes to the Criminal Code of Canada to include paramedics in the CCC similar to police officers. (Similar to intimate partner violence legislation where police lay charge automatically, and the victim doesn't choose to lay charges.) This would include police laying charges and crown pursuing charges. The judiciary would also be involved in hearing criminal cases of violence against a paramedic in the course of their duties.	 Federal Minister of Justice Ministry of the Solicitor General Ministry of the Attorney General OACP OAPC Union Judiciary

EQUIPMENT MANUFACTURER

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
10. Environment: Work Environment	 10.1 Ambulances are not built for comfort usually, the back has no standards to store the equipment properly and does not keep up with the pace of equipment and tools that are needed. a) Change the design of the ambulance to fit the work being done b) Purpose built vehicles c) Purpose built workstations for ACOs d) Varied accessible workstations to accommodate all e) Enhance ergonomics programs to include ambulance needs f) Involve competent professionals such as ergonomists or allied professionals to assess workstations/environments (https://www.pshsa.ca/consulting/specialized-services/ergonomic-services, https://www.cccpe.ca/en) g) CSA D500 standard adaption by Ministry of Health and include maintenance design standards h) Design ambulances to incorporate sitting tasks i) Include chassis changes 	 Paramedic Service Ministry of Health CACC Union Municipal Procurement PSHSA
	10.2Weather condition can have an impact on work environment and the impact of weather should be considered a health and safety topic for paramedics. Paramedic Services are	Paramedic ServiceUnion





Primary Causal Factor	Proposed Solution or Control	In Collaboration With
	encouraged to consider the impacts of inclement weather (snow, flood, extreme heat, extreme cold, ice, tornado, etc.) in their risk assessment of job tasks and adjustments that may be required to deployment plans. Based on the type of exposure expected, consider controls to mitigate risk which could include program/process for severe weather events, changes to uniforms for extreme heat, extreme cold or significant weather events, vehicle designed for environmental conditions expected. Resources for consideration include: • PSHSA Hazard Management Tool: https://www.pshsa.ca/resources/hazard-management-tool-hmt PSHSA Risk Assessment and Job Hazard Analysis (pshsa.ca)	Municipal Procurement

INSTITUTE FOR WORK AND HEALTH (IWH)

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
6. People: Healthy People Through Career	6.1 Investigate the feasibility of research to build the business case and quantify the return on investment for workplace mental health prevention activities and looking after the worker prior to injury to minimize the likelihood that exposures result in work disability. This is in light of current anecdotal experience of several RCA workshop participants with lived experience, labour and employer representatives.	 University/College Paramedic Service CACC Ministry of Health PSHSA WSIB Ministry of the Solicitor General Mental Health Secretariat OAPC





ALLIED AGENCIES

Primary Causal Factor	Proposed Solution or Control	In Collaboration With
6. People: Healthy People Through Career	 6.1 Plan and run collaborative training that includes: a) A focus on interagency operability during the simulation b) An interagency debriefing following simulation/training or actual event 	Paramedic ServiceCACC



APPENDIX D: PSHSA'S RESILIENCE RESOURCES

Over the last few years, Public Services Health & Safety Association (PSHSA) has focused on developing practical workplace tools and programs to support building resiliency. We believe that through evidence- informed solutions, workplaces can improve workforce resilience, support positive mental health outcomes inside and outside the workplace, and sustain a healthy organizational recovery. Through collaboration with resilience and research experts, PSHSA has developed a suite of resilience solutions that include an organizational assessment tool, workplace training program, and a self-guided microlearning program.

The Occupational Stress Injury Resiliency (OSIR) tool is a purpose-built and practical organizational assessment tool that leaders can use to identify potential mental health risks across their workforce and opportunities for targeted investments and preventative actions in support of building resilience. Since it was first developed and piloted in 2021 in collaboration with the Conference Board of Canada, the OSIR tool has been updated and an online platform has been established. In the next phase of this work, PSHSA will be implementing the tool within organizations to learn more about its broader application.

Developed in conjunction with Dr. Michael Ungar from the Resilience Research Centre at Dalhousie University, PSHSA's R2 for Leaders: Building Resilient Organizations training program utilizes the science of resilience and Dr. Ungar's innovative R2 model to equip leaders and the work community with practical strategies to foster key qualities of resilience inside and outside the workplace.

Discover more about building your personal capacity for resilience by exploring <u>ResilientME</u>, a free self-guided microlearning program designed to help strengthen individuals' resiliency in six areas: mental fitness, physical fitness, nutrition, financial fitness, sleep and social connections. Applicable to all sectors and workplaces, this interactive tool offers helpful tips and links to resources through an easy-to-use format.

Building resilience in the workforce will be crucial to adapting to the challenges ahead, supporting your workers' mental health and your organization's productivity as we recover from COVID-19. To learn more about PSHSA's solutions, visit https://www.pshsa.ca/resilience.

