



OTTAWA POLICE SERVICE  
SERVICE DE POLICE D'OTTAWA

*A Trusted Partner in Community Safety*  
*Un partenaire fiable de la sécurité communautaire*

# PTSD Prevention Plan

This PTSD Prevention Plan has been developed to outline our approach to managing Post Traumatic Stress Disorder at Ottawa Police Service.

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## Introduction

The Supporting Ontario's First Responders Act 2016 created a presumption that Post-Traumatic Stress Disorder (PTSD) diagnosed in First Responders is work-related. The Act also amends the Workplace Safety and Insurance Act, 1997 (WSIA) and the Ministry of Labour Act to allow the Minister of Labour to collect information about an employer's plans to prevent PTSD and authorizes the Minister to publish those plans. Collecting this information is intended to encourage the development of prevention plans and assess progress in the prevention of PTSD in these workplaces. It will also serve to highlight gaps and inform future prevention initiatives.<sup>1</sup> The Ottawa Police Service understands that we also have a legal requirement under the Occupational Health and Safety Act (OHSA) to take every reasonable precaution to protect workers from harm. We know that we cannot prevent PTSD but we are committed to building a culture that helps our workers access resources and provide supports that will mitigate the impact of PTSD.

The Ottawa Police Service Business Plans for 2013-2015 and 2016-2018 both outline our commitment to wellness. Through a variety of effective resiliency and peer programs that support our workers' emotional, mental, physical, spiritual and familial health as well as developing early intervention measures through education and training, we hope to build an organizational culture that strengthens health and wellness support for our workers.

The Police Service Board, the Senior Leadership of Ottawa Police Service (OPS), the Ottawa Police Association (OPA) and the Senior Officer Association (SOA) are committed to Wellness in the workplace. This plan, like our Wellness Strategy, outlines a holistic workplace approach to addressing the diagnosis of PTSD. Specifically this plan highlights our approach to the prevention of mental illness and injuries and promotion of mental health strategies, key intervention practices as well as consistent and supportive mechanisms for the recovery and return to work of our workers. We recognize that addressing the stigma which surrounds mental health and influencing a positive culture shift are keys to successfully mitigating PTSD and supporting our workers.

## Background

In law enforcement, we recognize that stress is part of the profession and resiliency is tested every day. Given our mandate in policing and the evidence supporting the *First Responders First Act*, we understand that exposure to stress or trauma is inevitable as a First Responder, and that full or partial PTSD may result from this exposure. However, we can only attempt to intervene on the complex development of any mental illness. While some illnesses/injuries may be preventable, it is more realistic and effective for the Ottawa Police Service to focus on mitigating the impact of traumatic exposure rather than believing we can prevent it.

“Ways to prevent PTSD include keeping civilian and military populations out of harm's way and completely eliminating

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<sup>1</sup> Letter from MOL – reference date

emotional traumas... Unfortunately, neither goal is possible to achieve.”<sup>2</sup>

We are committed to better understanding this, its impacts on our workers, their families and the community as well as the very serious results of neglecting signs and symptoms of mental illnesses and injuries.

In order to mitigate the impact on our workers, the Ottawa Police Service is committed to: enhancing established programs, developing new programs focused on prevention, and supporting and assisting workers and their families in managing their health. As such, this plan will be a living document which we will be updating as our organization advances our Wellness Strategy.

## Legal Requirements

Under the authority of the Ministry of Community Safety and Correctional Services, the Minister of Labour directed all employers who employ workers to whom section 14 of the Workplace Safety and Insurance Act, 1997 applies to provide the Ministry with information on their workplace PTSD prevention plans no later than April 23, 2017. The Notice of Direction was published in the April 23, 2016 Ontario Gazette Vol. 149-17 at pages 923-24. This direction was also communicated to all Ontario municipalities in April 2016 in a letter from the Minister of Labour.

## Overview of PTSD

PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event<sup>3</sup> caused by witnessing or experiencing actual or threatened death, serious injury or violence.<sup>4</sup> This exposure can occur by directly experiencing the event, witnessing the event(s), learning that the event(s) occurred to a close relative or close friend and/or experiencing repeated or extreme exposure to aversive details of the event(s). Partial PTSD is also recognized by the DSM as having one symptom from exposure, duration and distress or impairment criteria for one month.<sup>5</sup>

### Causes

It is believed that PTSD is caused by a complex mix of:

- Life experiences, including the amount and severity of trauma you have experienced since early childhood.
- The way your brain regulates the chemicals and hormones your body releases in response to stress.

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<sup>2</sup> Pomerantz, J.M (2006)

<sup>3</sup> DSM-5, 2013; American Psychiatric Association, 2017.

<sup>4</sup> First Responders First (*n.d*)

<sup>5</sup> Schnurr, P. (2014)

- Inherited mental health risks such as an increased risk of anxiety or depression and inherited aspects of your personality or temperament.

## **Risk Factors**

- Having a job that increases your risk of being exposed to traumatic events, such as first responders, corrections and military personnel.
- Experiencing intense or long-lasting trauma.
- Feeling horror, helplessness or extreme fear.
- Seeing people get killed or hurt.
- Having experienced other trauma earlier in life, including childhood abuse/ or neglect.
- Having other mental health problems such as anxiety or depression.
- Experiencing chronic fatigue
- Lacking a good support system of family and friends.
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home.
- Having biological (blood) relatives with mental health problems including PTSD or depression.
- Unsupportive/stigmatized environment.

PTSD can increase the risk of other mental health problems such as:

- Depression and anxiety,
- Issues with drugs or alcohol use,
- Suicidal thoughts and actions.

## **Signs and Symptoms**

Symptoms may start within 3 months of the event but can sometimes not appear until years after the event. The symptoms can make it hard for the affected person to live their everyday life and can be accompanied by depression, substance abuse, or other anxiety disorders. Following are four types of symptoms associated with PTSD<sup>6</sup>:

### **Intrusion Symptoms**

Also called re-experiencing symptoms, these memories can start from the persons own thoughts, or can be triggered by words, objects or situations that are reminders of the traumatic event. Intrusive memories include:

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

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<sup>6</sup> Mayo Clinic, 2016; National Institute of Mental Health, 2016.

## **Avoidant Symptoms**

Avoidance symptoms may cause a person to change their routine such as avoiding things that remind them of the event as well as negative changes in thinking and moods. This includes:

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

## **Alterations in arousal and reactivity Symptoms**

These symptoms are changes in emotional reactions usually constant and can make a person feel stressed, angry, overwhelmed and “on guard.” The symptoms include:

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

## **Negative Alterations in Cognition and Mood Symptoms**

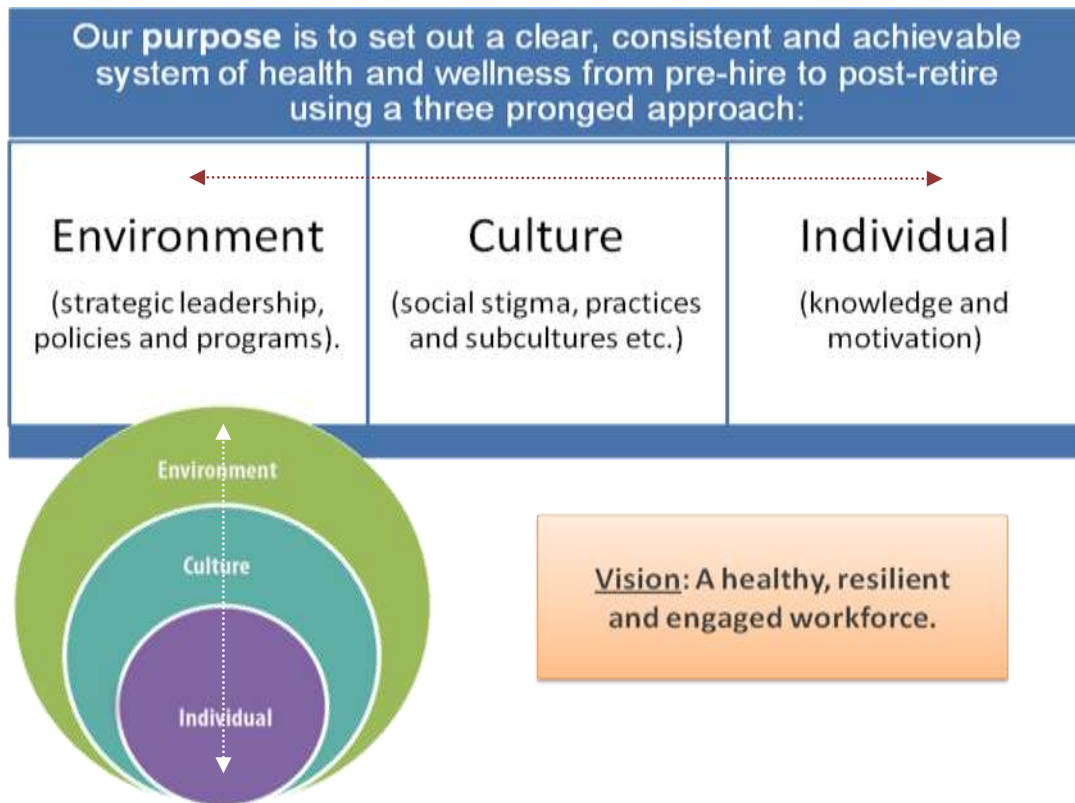
- Memory problems that are exclusive to the event
- Negative thoughts and beliefs about one’s self or the world
- Being stuck in severe emotions related to the trauma
- Severely reduced interest in pre-trauma activities
- Feeling detached, isolated or disconnected from other people
- Distorted sense of blame for one’s self for others related to the event

## **Wellness Strategy**

This PTSD Prevention Plan is just one part of OPS’s overall Wellness Strategy as the Ottawa Police Service considers the psychological health and safety of our workers as an important part of our overall approach to wellness.

Our Wellness Strategy sets out a clear and achievable approach to assist workers with their health and wellness from pre-hire to post-retire. This strategy utilizes the Ecological Intervention Model that looks at wellness through the lens of the environment, the culture and the individual.

## The Ecological Intervention Model



Spring, B. (2016) *A Framework to Foster Comprehensive Workplace Wellness*.

OPS will engage in activities on all three levels of the model that will result in a workforce that is motivated and actively engaged in improving policies and programs, reducing stigma about mental illness/injury, dedicating resources to wellness, improving supports for wellness type practices, increasing trust, and building awareness with all workers.

Ottawa Police Service leadership will actively encourage workers to be engaged in activities that support the health and well-being of all workers. All workers in leadership/supervisory positions are encouraged to be champions for initiatives within the Wellness Strategy.

### Our Commitment

The two more recent business plans approved and supported by the Ottawa Police Service Board (OPSB), have made the wellness of our workers a top priority. We plan to achieve our vision of a healthy, resilient and engaged workforce through our commitment to this priority and our overall Wellness Strategy.

### Wellness Vision, Mission, Values

**Vision:** A healthy, resilient and engaged workforce.

**Mission:** For OPS to position employees to optimally manage their wellness throughout their career and into their retirement.

**Values:** Honour Courage Service

## Guiding Principles

- **Be Mindful:** Respect, encourage dialogue and educate on the topic of wellness.
- **Be Predictive:** Envision the future workforce.
- **Be Inclusive and Responsive:** Adjust to the needs of the changing workforce.
- **Be Impactful:** Real change on three levels (Environment, Culture and Individual.)

## Current State

Ottawa Police understands that organizational wellness programs benefit our workers, their families, the organization, and our communities.

### OPS Data

#### Occupational Data

When reviewing occupational injury/illness data, an upward trend has been noticed since 'The First Responders First Act' was adopted in 2015. In 2015, OPS had four lost time claims for the Traumatic Event category. In 2016, OPS had 20 lost time claims for the Traumatic Event category. This increase may be an indicator that the legislation has removed barriers for a First Responder to come forward with their PTSD diagnosis and potentially a changing culture of acceptance by workers.

### Collaboration

OPS recognizes the importance of working collaboratively with key internal stakeholders like the Wellness Committee, the Ottawa Police Association (OPA), the Senior Officers' Association (SOA), the Joint Health and Safety Committee for the adoption and success of the Wellness Strategy and the PTSD Prevention Plan. This collaboration is also essential for the viability, credibility and sustainability of the Wellness Strategy and the PTSD Prevention Plan.

OPS is also active on the 'First Responders Mental Health Collaboration Group,' which is exploring opportunities for collaboration with all City of Ottawa First Responders with respect to mental health.



# Overview of PTSD Prevention Plan

As supported by our Wellness Strategy, the following are three goals for our PTSD Prevention Plan:

## Goals

### GOAL 1 - Implement Early Intervention Measures

#### Objectives:

- Raise awareness and educate supervisors about signs and symptoms of PTSD
- Support programs that include prevention measures

### GOAL 2 – Improve Culture

#### Objectives:

- Reduce stigma and barriers
- Foster early intervention, and an easier transition and return-to-work experience;

### GOAL 3 – Support employees from pre hire to post retire

#### Objectives:

- Continue supporting members and families in managing their mental health
- Enhance our communication practices and access to resources

## Plan

The following plan, set over 5 years, is intended to aid in the mitigation of PTSD, through the environment, the culture and the individual as seen in the Ecological Intervention Model:

### Environment

#### Phase 1 – Establish:

- Strategic leadership including commitment to goals and expanded leadership champions at all levels.
- Operational support including resources (staff and committees), training, and communications support such as visible messaging throughout physical spaces.
- Organizational expectations about wellness.

#### Phase 2 - Implement:

- Training such as mandatory Road to Mental Readiness (R2MR).
- Peer Support and Resiliency programs.
- Early Intervention strategies.
- A Fatigue Management Plan.
- A review of policies to support and align with Wellness Strategy, including full and partial PTSD.
- New wellness initiatives.

#### Phase 3 – Review:

- Occupational data.

- The impact of the PTSD Plan on the full adoption of the National Standard for Psychological Health and Safety in the Workplace.
- Initiatives evaluate and continue to explore quality improvement opportunities.

## **Culture**

### **Phase 1 – Establish:**

- A commitment to change our culture.
- A culture baseline for evaluation with Carleton University.  
- Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

### **Phase 2 - Implement:**

- Positive cultural change through programs, training and ongoing communication.
- Action Research to address culture with Carleton University.  
- Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

### **Phase 3 – Review:**

- Culture-related data.
- The changes in culture, evaluate and continue to explore quality improvement opportunities.
- The impact of culture-related initiatives on the full adoption of the *National Standard for Psychological Health and Safety in the Workplace (The Standard)*.

## **Individual**

### **Phase 1 – Establish:**

- An understanding of members' needs.
- A wellness baseline for evaluation with Carleton University  
- Dr. Linda Duxbury and Rebecca Stiles (PhD candidate).

### **Phase 2 - Implement:**

- Communication on supports and resources to members and their families.
- Education through programs and training.
- Engagement strategies for internal and/or external wellness activities.

### **Phase 3 – Review:**

- Occupational data.
- The individual impact for quality improvement of plan delivery.
- The impact of individual initiatives on the full adoption of the *National Standard for Psychological Health and Safety in the Workplace (The Standard)*.

## Documentation

Ottawa Police Service has the following policies and standards of practice to support the PTSD Prevention Plan within our organization:

- OPS Wellness Policy Statement
- Respectful Workplace Policy
- Ethics (in process)
- Formal Medical Accommodations (Revision drafted)
- Health and Safety Policy
- Collective Agreements
- Gender Policy (In draft)
- Disability Management Practices
- Violence in the Workplace Policy
- Reporting critical injuries and fatalities
- Attendance Enhancement (In revision)
- General Order for organizational wide R2MR training
- Hazard Reporting Procedure
- Incident Reporting Procedure
- AODA Policy
- Fatigue Management Plan (coming soon)
- National Standard of Psychological Health and Safety in the Workplace (The Standard) (In process)
- And review of other policies as needed.

## Disability Management

A supervisor is responsible for ensuring appropriate notifications occur when their subordinate is away from work due to an illness and/or injury. Health, Safety and Lifestyles are available to supervisors to support them and their worker during the absence, be it occupational or non-occupational in nature.

### Occupational Injury/Illness

Reporting a PTSD through required channels is handled in the same manner as other occupational injuries or illnesses. There are no special requirements set out by the WSIB at this time. When an occupational injury or illness occurs, the employer must submit a Form 7 Report of Injury/Illness within three days. The same WSIB Form 7 is used regardless of whether the occupationally ill/injured worker loses time from work (Lost Time Injury/Illness), or only seeks medical attention (No Lost Time Injury). The worker will be sent a Form 6 by the WSIB for completion following the employer's submission of the claim. In many cases, a worker with PTSD will require time off from work, but in some instances, it may be possible to accommodate them with alternate work as they are receiving treatment. The supervisor is not expected or entitled to know the diagnosis' of the injury or illness, rather that he/she supports the worker in the submission of the Workplace Injury, Illness and Incident Form (WIIIF) and

maintains contact with the worker to assist with return to work when the worker is deemed fit to return to work.

Following the notification of an injury/ illness, Section 51 and 52 of the Occupational Health and Safety Act (OHSA) requires notification to the Ministry of Labour, Joint Health and Safety Committee (JHSC) and Ottawa Police Association/Senior Officer Association if the worker sustains a critical injury as defined in Reg. 834 of the Occupational Health and Safety Act and Policy 3.29 OPS Policy – Reporting Critical Injuries and Fatalities.

## **Return to Work**

Our return to work practices are applied equitably and in accordance to OPS Collective Agreements, Human Rights Legislation for Duty to Accommodate, Personal Health Information Protection Act, Disability Case Management Best Practices, and WSIB/WSIA practices

Ottawa Police Service delivers a Best Practice approach to assist workers in their return to work. Key components of the return to work process are highlighted below:

- The supervisor will make early and considerate contact with the injured/ill worker.
- The employer will, if deemed appropriate, make an offer of modified work to the injured/ill worker so they can return to work safely and in a stigma-free environment.
- The employer will endeavour to keep the worker in their substantive position, including considering accommodation requirements. The return to work plan will be developed so that it supports the returning worker. The worker will be provided an individualized Return to Work plan, when required, that focuses on the workers initial and ongoing needs.
- The WSIB Coordinator will work collaboratively with the worker, their supervisor, the Association (as needed) and health care providers to identify suitable work for the worker when they are deemed fit to return to work.

## **Accommodation**

Members requiring a Formal Medical Accommodations will be managed according the Formal Medical Accommodation Policy and related policies and legislation.

# **Screening Protocols and Early Intervention**

## **Screening Protocols**

Ottawa Police Service recognizes that early intervention is important for the effective treatment and prevention of mental illness/injury, including PTSD. Some speciality sections have identified screening and annual safeguarding checks for the well-being of their workers to transfer into and remain in the section. Expansion of this approach will be considered as our Wellness Strategy grows.

## **Early Intervention Strategies**

Early intervention strategies will be considered under the Resiliency program. Strategies include identifying indicators that may be resulting from a worker under distress. The Resiliency

program will also help formalize steps and resources that many supervisors are already using to support their subordinates (e.g. CISM debriefs, EFAP referrals, peer support) and work to promote a cultural change and everyday resilience.

## Roles and Responsibilities

### Workers

Our worker's will:

- Comply with policies, procedures and practices.
- Participate in training and education about mental health (e.g. anti-stigma, policies, etc.).
- Report concerns, incidents to that they can be addressed as the circumstances dictate.
- Listen to coworkers and encourage engagement with programs and services if needed.
- Reduce stigma by participating in positive conversations.

### Supervisors

Our Supervisors will:

- Understand the impact that PTSD, and other mental health injuries and illnesses have on the organization
- Identify health and safety programs that currently exist to assist workers. These can be identified in the following ways, through:
  - Management Training,
  - Employee Engagement,
  - Anti-stigma Awareness,
  - Communication Strategies,
  - Respectful Workplace
  - Critical Incident Stress management,
  - Employee and Family Assistance Programs (EFAP)
  - Training individuals in strategies for resiliency and health behaviour.
- Promote, actively or passively, programs to support the Wellness Strategy and PTSD Prevention Plan.
- Set the tone, lead by example, contribute to reducing stigma and encouraging conversations and take every reasonable precaution to protect workers.
- Support early and safe return to work practices.
- Support duty to accommodate legislation.
- Make early and considerate contact with an injured/ill worker.
- Support and engage in the organizational wide delivery of R2MR
- Participate in training to be aware and ready to address the day to day aspects of PTSD prevention and mental health management.
- Support the evolving Peer Support and Resiliency programs
- Encourage discussion with workers about mental health and psychological safety.
- Help identify control methods that support mental health and resiliency in the workplace, such as workplace rotations for highly exposed individuals.
- Reduce stigma by participating in positive conversations.
- Understand to the process of formal medical accommodation of a worker.

## **WSIB Coordinator**

The WSIB Coordinator will:

- If deemed fit, assist the injured/ill worker to remain at or return to work while they recover, while also ensuring that the workers return to work date is sensible, flexible and safe for the worker.
- Help the worker return to their substantive position post-injury/illness, as restrictions and accommodation needs permit.
- Connect and consult with the injured/ill worker, treating health professionals, and WSIB representatives and make sure that everyone understands what to expect and what is expected of them.
- Monitor the workers progress towards returning to work.
- Take steps to prevent further injury/illness.

## **Peer Coordinator**

The Sergeant Peer Support Coordinator will:

- Support and coordinate the delivery of the Peer Support Program, including a Fatigue Management Strategy.
- Ensure confidentiality is maintained in all positions of the section.
- Be recognized as a credible leader who supports recovery, leads by helping others and is committed to creating a positive, healthy, safe, and stigma-free environment for all members.
- Work collaboratively with the Resiliency Coordinator.

## **Resiliency Coordinator**

The Sergeant Resiliency Coordinator will:

- Support the delivery of the Resiliency Program.
- Coordinate and deliver resiliency building strategies and programs for all members, including active and retired members and their families.
- Be recognized as a credible leader who supports recovery, leads by helping others and is committed to creating a positive, healthy and safe and stigma-free environment for all members.
- Work collaboratively with the Peer Support Coordinator.

## **Joint Health and Safety Committee**

Ottawa Police Service's Health and Safety Committee will understand the factors of the job that impact psychological health and safety, in particular PTSD. In their role on the committee they may:

- Help identify controls that can be put in place to address psychological health and safety.
- Help reduce stigma related to mental illness by participating in training support strategies related to address psychological health and safety, particularly PTSD, as required.
- Reduce stigma by participating in positive conversations.

## **Ottawa Police/Senior Officer Associations**

The Associations:

- Will be consulted about the overarching Wellness Strategy and PTSD Prevention Plan
- Will support the philosophy of the Wellness Strategy and PTSD Prevention Plan
- Can highlight concerns to the appropriate stakeholder(s) if there are behaviours/activities not in keeping with the Wellness Strategy and PTSD Prevention Plan.
- Can highlight opportunities for engagement, activities and supports for its members.

## **Training**

OPS training will assist personnel and leaders to understand that the effects of stress are experienced in varying degrees by all workers. Recognizing and managing the effects of stress is equally important at home as it is at work. This training will assist all our workers in recognizing signs and symptoms related to maladaptive mental health. It is important that our workers know they are not diagnosticians but are aware enough to recognize signs of a mental health challenges and where they can direct the individual to for support.

Effective January 1<sup>st</sup>, 2017 all full time workers will receive Road to Mental Readiness (R2MR) training as part of the Wellness Strategy. This anti-stigma and educational mental health program aids our workers to be more aware of behaviours they may experience or be exhibited by their peers, subordinates, friends and family. The R2MR training model recognizes the spectrum of health concerns be they mental or physical which may impact personnel during their careers. The model goes from healthy adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

Other training will be implemented as needs are identified.

## **Return to Work Coordination and Management**

Managers, Supervisors and Return to Work Coordinators will receive training on the practices and principles of Occupational Health and Safety training. This includes the specific mandate that Ottawa Police Service has with regards to supporting successful and safe return to work. The training will review the return to work process and how it relates to address the needs of a worker who is suffering from illness and/or injuries.

## **Orientation of New Workers**

Through increased awareness and education of our existing and newly developing programs, our workers will be aware of the supports and resources available to them.

We are committed to promoting a supportive wellness culture from pre-hire to post retire. Supervisors will also ensure all new workers receive all onboarding training including R2MR, Respectful Workplace and Health and Safety training.

## **Documentation**

Training requirements are documented and will become a part of the worker's record.

## **Resources**

### **Peer Support Programs or Crisis Intervention Teams**

As part of the OPS Wellness Strategy, OPS is currently developing a Peer Support program under the direction of a Sgt Peer Support Coordinator and Wellness Director. This program and the positions will also work collaboratively with the Sgt. Resiliency Coordinator.

OPS also has a volunteer CISM support team. Members of this team are vetted through a screening and interview process. Training is provided as needed and aligns with the 7 phase Mitchell model.

All peer support and crisis intervention teams are also tasked with championing and supporting a positive culture for wellness.

### **Employee Family Assistance Program (EFAP)**

OPS provides a 24/7 Employee and Family Assistance Program (EFAP) to all workers and their dependents. Resources can be accessed by a 1-800 telephone number or on-line. The program offers a variety of services and resources.

### **Real You**

The focus of the Real You is to prevent chronic disease through lifestyle changes and education. It is a holistic, multidisciplinary program comprised of a team of health professionals, including a medical doctor, naturopathic doctors, registered physiotherapists, and psychologists. The Real You team's mission is to help people heal from illness, prevent disease, and lead happier and more meaningful lives, while realizing their physical, mental, emotional, spiritual, and social potential through lifestyle change. The achievement of this mission ultimately cascades positive benefits throughout our organization and the community.

### **Fatigue Management Plan**

An OPS Fatigue Management plan is intended to facilitate recovery and to improve member health and performance and overall individual and public safety.

### **Community Support**

There are many external and internal resources available; however access, awareness and stigma may be a barrier for workers to reach out for help.

Community Support for OPS workers is the same as those available to others in the community.

Ottawa Police promotes 211ontario.ca, Canada's primary source of information on government and community based health and social services including resources for crisis and family assistance, mental health, addictions, health care, and several other community support services.



## **Internal Resources**

With the development of the new Wellness Strategy, OPS identifies resources and supports for its members that have been vetted by the Wellness program or its peers such as psychologists, yoga instructors, rehabilitation events or camps, etc. Resources built in this manner help to build confidence in the resource and reduce stigma surrounding the use of the specialized supports. All internal resources are available to our members through the Ottawa Police Intranet and wellness portal.

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