



Public Safety Personnel

PSP Workplace Culture and Context Considerations for Return to Work

Tanya Morose
Manager Occupational Health Safety and Wellness
Waterloo Regional Police Service
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 - None

Presenter Disclosure

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Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CE/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards



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Learning Objectives

By the end of this session, participants will be able to:

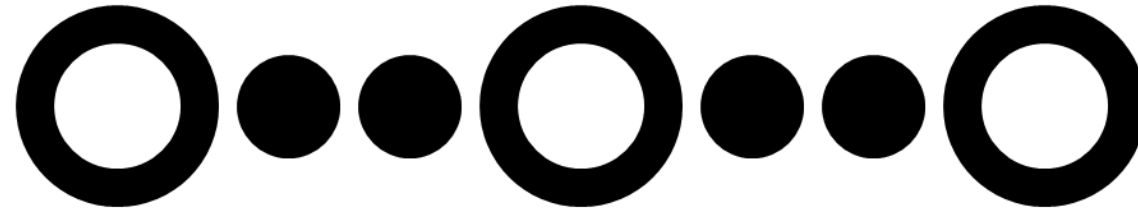
1. Discuss the unique factors of each PSP discipline to consider when determining a stay at work or return to work plan
2. Understand elements of a prevention-based approach to psychological health and safety and worker wellbeing

About Tanya

2000s

2010s

2020s



- BSc ('02), MSc ('07)
Kin
- CCPE ('08)
- Research Assistant
- Ergo consulting
industry and
manufacturing

- CRSP ('16), OHS
Certificate ('17)
- Health and Safety
Consultant
- Manager - Public
Safety
- Auxiliary Constable
- CCCPE Board

- Director - Public
Safety, Healthcare
sectors
- First responder
mental health
- Manager – Health
Safety Wellness
- Auxiliary Sergeant
- ACE Secretary

Tasks when Working in the Community

- All PSP: Parade/briefing, vehicle checks, radio calls, written notes and reports, scene management, provide medical attention, communication with dispatch
- Police: surveillance, investigations, background checks, arrest, pursuit, crowd control, search and seizure, traffic control
- Fire: suppression (structure and wildland), prevention, technical rescue
- Paramedic: treatment, transport, community paramedic, offload delays

Ontario's PSP

Fire	Police	Paramedic	Corrections	Communications
<p>Career: 24hr shifts</p> <p>Volunteer: part-time, on-call as needed</p> <p>Bunker gear ~50 lb SCBA ~15 lb</p>	<p>Sworn and civilian members.</p> <p>Areas of specialization in medium and larger services.</p> <p>vest ~8.5-13 lb duty belt ~9 lb</p>	<p>2 paramedics in 911 response vehicle.</p> <p>Huge variation in community paramedicine programs</p> <p>~50 lb bag of equipment taken to each call</p>	<p>Institution</p> <ul style="list-style-type: none"> • corrections officer • medical • social workers • rehabilitation officers <p>Community (probation, parole)</p>	<p>Call taker</p> <p>Dispatch and prioritize units in response area</p>

Mental Health & the Hierarchy of Controls



Image from Public Services Health and Safety Association

Prevention-Based Approach



PREVENTION

Hazard Recognition and Control

- Organizational Psychosocial factors assessed
- Job Specific psychological factors are identified
- Job Demands are identified
- JHSC monthly inspections include psychological hazards
- Safe work plan and procedures are developed and communicated for job tasks at risk of causing psychological harm

Training and Education

- General Mental Health Awareness training provided
- Workplace-specific psychological health and safety training is provided on policies and procedures
- JHSC is trained on psychological health and safety
- Training provided specific to psychological hazards on the job
- Leaders are trained in roles and responsibilities for psychological health and safety



INTERVENTION

Incident Reporting and Investigation

- Psychological incidents included in hazard and incident reporting
- Formal process in place for investigation of psychological incidents and injuries

Incident Response

- Serious incident plan developed and communicated
- Crisis response plan developed and communicated
- Supervisors respond appropriately to psychological incidents

Workplace Supports

- Community supports identified and communicated
- Employee and Family Assistance Program is in place
- On-site supports in place such as:
- Peer Support program
- Organizational psychologist



RECOVERY

Post-incident Response

- Informal and/or formal de-briefing process developed and communicated
 - initiation of EFAP
 - initiation of Peer Support / other

Return to work and Stay at Work

- RTW/SAW process for psychological injury/illness is established and communicated
- Workplace stakeholders trained on R&R and RTW process
- Suitable work is identified and provided in-line with worker cognitive/psychological ability



Image from Public Services Health and Safety Association

• What a Job Demands Description (JDD) IS

A comprehensive description of the physical, cognitive, sensory and environmental demands required to perform the essential and non-essential duties of a job.

• What a Job Demands Description (JDD) IS NOT

- Assessment of risk
- Controls-based
- Solutions-focused



Image from Public Services Health and Safety Association

Supporting Stay at Work and Return to Work

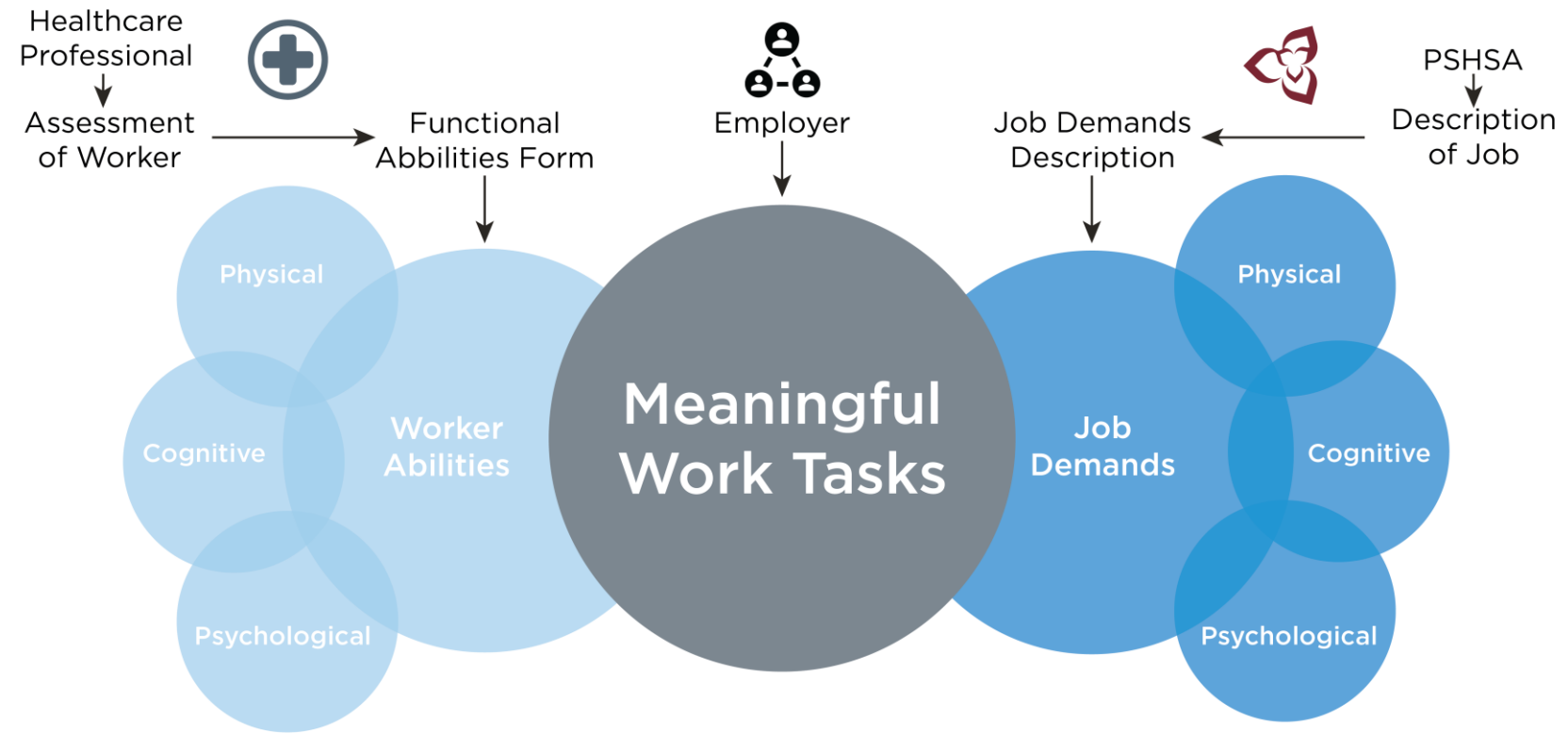
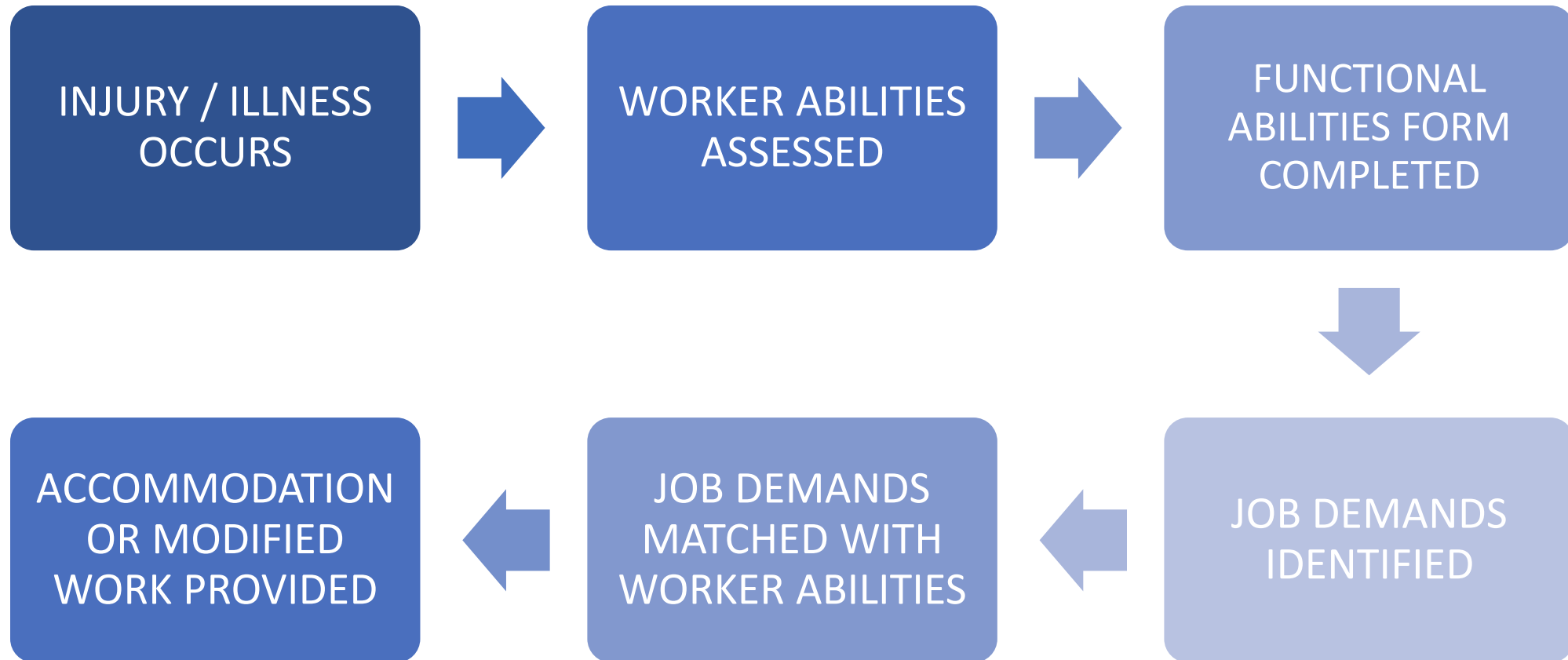


Image from Public Services Health and Safety Association

Stay at Work and Return to Work





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Take Home Messages

- Each discipline has unique factors to consider when determining a stay at work or return to work plan
- There are many elements to a prevention-based approach to psychological health and safety and worker wellbeing. Each workplace is at a different spot on their journey.

Resources

- Return to work in Police Organizations
 - [Return to work in Policing: Time to A.C.T.](#)
 - [Return-to-Work Experiences in Ontario Policing: Injured But Not Broken](#)
 - [Behind the Badge: revealing Escalating Mental Health Injuries Among RCMP Officers](#)
- CSA [Z1011.1:22 Work disability management in the paramedic service organization](#)
- Mental Health Secretariat
 - [Mental Health Secretariat: Collaboration for public safety personnel \(PSP\) mental health in Ontario](#)
- CIPSRT <https://www.cipsrt-icrtsp.ca/>



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Tanya Morose

Manager Occupational Health Safety and Wellness

Waterloo Regional Police Service

Tanya.Morose@wrps.on.ca

(519) 570-9777 (WRPS) ext. 8608