ONA was profoundly disappointed that registered nurses (RNs) were excluded when the Ontario government introduced Bill 163, Supporting Ontario’s First Responders Act (Post-Traumatic Stress Disorder [PTSD]), 2016.

The legislation, which amends the Workplace Safety and Insurance Act, 1979, makes it easier for first responders to access treatment and benefits by removing the need to prove that their PTSD is linked to a workplace event.

The legislation as written applies to male-dominated professions like firefighters and fire investigators, emergency medical attendants and members of an emergency response team, paramedics/ambulance attendants and police officers, as well as “other workers,” such as dispatchers, correctional services officers, nurses working in Ontario correctional institutions, workers in secure custody or temporary detention areas and youth service workers.

While we support the move to better compensate the male-dominated first responder professions in the new legislation, we believe nurses must also be included. Nurses are recognized as first responders by the government in other legislation and in consultations, but as a female-dominated labour force, they are being denied equal access to Workplace Safety and Insurance Board (WSIB) benefits without the presumption that their PTSD is work-related.

This glaring omission needs to be rectified without delay! Currently, only those nurses who work in Ontario correctional institutions are covered.

“RNs are in every sense first responders as they are sent into harm’s way on a regular basis,” says ONA President Linda Haslam-Stroud, RN.

“In the course of their working lives, our heroic nurses are witness to, and experience, a wide range of critical and traumatizing events. As a result, many suffer from PTSD. Nurses deserve and have every right to the protections offered to male-dominated professions under this legislative presumption.”

When the legislation was unveiled in February 2016, with its unfair omission of RNs, ONA immediately launched a lobbying campaign to rectify the oversight. However, the bill received Royal Assent and passed into law on April 6, 2016 without amendments to include nurses. And so we continue to fight for our inclusion in the legislation.

We have been meeting regularly with both Labour Minister Kevin

THE GLARING OMISSION OF THE FEMALE-DOMINATED NURSING LABOUR FORCE IN ONTARIO’S PUBLIC HEALTH-CARE SYSTEM NEEDS TO BE RECTIFIED. CURRENTLY, ONLY THOSE WHO WORK IN ONTARIO CORRECTIONAL INSTITUTIONS ARE COVERED.
Flynn and Health and Long-Term Care Minister Dr. Eric Hoskins to push for this change.

"Nurses are exposed to trauma in the workplace to rival any paramedic or police officer in the field. In every sector of health care, front-line caregivers experience violence, trauma and events that can trigger PTSD," said Haslam-Stroud.

Nurses are, more often than other groups, first responders to traumatic events like violent incidents at work, child assaults and deaths, sexual assaults, critical injuries, suicides, armed patients/members of the public, life-threatening infectious disease outbreaks and more. Any number of events in their work lives can trigger PTSD in nurses.

"When you work with people who are dying, those kinds of situations can cause people great distress and lead to PTSD," says Haslam-Stroud.

"That distress isn’t limited to the emergency room. Public health nurses frequently walk into situations on home visits where there are guns, violence and abuse. The stress and trauma from those experiences build up over time."

WSIB has exacerbated symptoms as our members battle to be compensated for PTSD from horrific events, from their experienc-es during SARS, witnessing Lori Dupont’s workplace murder and other brutal attacks at work. WSIB took nearly 10 years to maintain entitlements for one of our members.

Even when nurses are physically attacked and WSIB grants benefits for bodily injuries, they deny our members’ mental injury claims, because it seems, violence and trauma are just “part of the job” for our largely female workforce.

ONA members’ suffering should no longer be subject to the trauma of dismissal by WSIB, and nurses should not be excluded from PTSD legislation.

"ONA continues our conversation with Ontario’s Labour and Health Care ministers. However, we strongly believe we have provided enough evidence to make a decision to include nurses in the PTSD presumption through regulation," said Haslam-Stroud, RN.

"The PTSD presumption is an excellent step forward for the male-dominated workers it covers, but the serious and seemingly intentional failure to include nurses needs to be addressed."

We will continue to GET LOUD about this issue!

Lobbying for Fairness!

When the Ontario government chose to exclude nurses from the Supporting Ontario’s First Responders Act (Post-Traumatic Stress Disorder [PTSD], 2016), ONA took action!

Our front-line leaders were all sent a lobby kit that contained some useful tools to pressure the government to change its mind on this pivotal issue. The core component of the lobby kit was a pamphlet detailing why it is important that nurses be included in the legislation. As well, the lobby kit included a guide to lobbying your local Member of Provincial Parliament (MPP) and a pledge card MPPs were asked to sign promising to support ONA’s efforts to have nurses included in the legislation.

By omitting nurses from the legislation, the Ontario government has indicated it does not understand that nurses facing extreme violence and frequent traumatic incidents in their workplaces suffer from PTSD. They should have access to support and workers’ compensation benefits like their male colleagues do in first-responder professions, such as paramedics, firefighters and police.

While ONA supports the move to better compensate the male-dominated first responders in the new legislation, we simply cannot understand why nurses – recognized as first responders in other legislation and in consultations – are denied equal access to WSIB benefits.

ONA continues to meet with Labour Minister Kevin Flynn and Health and Long-Term Care Minister Dr. Eric Hoskins to amend this legislation, but we need your help! It is up to each and every one of us to pressure the government to have nurses included in the PTSD presumption.

Ask your MPP to support our efforts!
ONA Lobbies to Include RNs in PTSD Legislation

Your MPP Holds the Key!

To effect change in the PTSD legislation, you need your Member of Provincial Parliament’s help. Ask for support in our efforts to change the PTSD presumptive legislation to include nurses.

HERE’S HOW:

► Contact your MPP’s office in your riding to arrange a meeting date and time. Find your MPP’s contact information on the ONA website: www.ona.org/political_action/contact_mpp.html
► Call your MPP on the telephone (usually the best approach) and explain why you’re asking for a meeting.
► When you call, explain that you are a registered nurse, a registered practical nurse or a nurse practitioner and tell them where you practice. If you are an ONA local leader, indicate the members you represent.
► Give the MPP’s office your contact information and make sure you have the name of the person you spoke with on the phone. The MPP’s office staff may have to get back to you to arrange the meeting.
► Decide who will go to the meeting. If you are not going alone, choose a main spokesperson.
► Hold a pre-meeting session, if necessary, for everyone attending the meeting. Confirm the date and time of the meeting, who will do what at the meeting, and the purpose of the meeting: getting the MPP’s pledge of support for nurses to be included in the PTSD presumption through regulation or through a legislative amendment.
► You can also just call and leave a message telling your MPP how important it is to include nurses in the legislation.

DID YOU KNOW?

► Nursing is one of the most dangerous professions; studies show that nurses are more likely than prison guards and police to be attacked at work. RNs had more lost-time injuries from workplace violence than did correctional officers in 2014.
► Nurses have the highest rate of workplace violence of all Workplace Safety and Insurance Board (WSIB) Schedule 1 employers.
► In 2014, of the 10 occupations reporting the highest incidence of workplace violence, four are health-care related (nurses, nurses’ aides, community and social service workers and practical nurses).

PTSD Research Project Gets ONA Thumb’s Up

ONA has endorsed a research project by WorkSafeBC that will look at workplace factors that can increase the risk of Post-Traumatic Stress Disorder (PTSD) and barriers to support for affected psychiatric workers.

Dr. Zoe Hilton, senior research scientist and associate professor of psychiatry at the University of Toronto, points out that a significant number of psychiatric hospital workers “display multiple and/or intense symptoms that might qualify for a diagnosis of PTSD.”

Significantly, the research team also want to examine workplace events that can increase the risk of PTSD and identify strategies to reduce that risk. The prevention component indicates an approach that promotes psychological health and a culture of safety.

The team plans to conduct its research at three workplaces, including one where ONA members have struggled with difficult events that have had health consequences.

The crisis of workplace violence in health care
Number of lost-time injuries in Ontario by sector

<table>
<thead>
<tr>
<th>Sector</th>
<th>Lost-Time Injuries</th>
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<tr>
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<tr>
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<td>Construction</td>
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</tr>
<tr>
<td>Mining</td>
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</tbody>
</table>

Inclusion

INCLUDED:
- Firefighters, Police, Correctional Officers

Exclusion

EXCLUDED:
- Nurses

Nurses have been recognized as first responders, but are excluded from the legislative PTSD presumption.
PTSD at the Federal Level

A private member’s bill, Bill C-211, proposes creation of a national framework to help those suffering post-traumatic stress disorder (PTSD). So far, it is aimed at first responders, military veterans and active military.

Nurses in Ontario and across Canada are lobbying to be included in this legislative proposal. The Canadian Federation of Nurses Unions (CFNU) is taking the lead on behalf of its member organizations, like ONA, pressing for the inclusion of nurses. This is concurrent to ONA’s fight to have nurses included in Ontario’s Supporting Ontario’s First Responders Act (Post-Traumatic Stress Disorder [PTSD]), 2016.

"We will strategize with our National Executive Board, and for sure we will be meeting with the federal health minister," said CFNU President Linda Silas.

ONA will “get loud” in support of efforts to include nurses in the federal PTSD framework and will continue with its provincial lobbying efforts.

In a letter to the bill’s author, federal MP Todd Doherty, ONA called on Doherty to follow Manitoba’s lead as the first province to pass PTSD legislation that does not limit the occupations eligible to make a worker’s compensation claim for PTSD, and presumes PTSD to be the result of workplace trauma unless proven otherwise.

ONA cited the expert opinion of renowned forensic psychiatrist Dr. John Bradford, who says that nurses are in more front-line situations of exposure to trauma than many first responders, and should be included in any PTSD legislation. Whereas first responders are exposed to acute events that are usually easier to recover from, even in the case of repeated exposures, nurses are much more likely to be exposed to chronic trauma, which becomes chronic PTSD and much more difficult to treat in the longer term.

Indicating to MP Doherty that we have received numerous reports of violent incidents where agitated patients are biting, scratching, spitting, stabbing and punching registered nurses, ONA provided numerous examples of real traumatic situations experienced by our members that can lead to PTSD.

ONA also provided Ontario Labour Minister Kevin Flynn numerous examples of our members suffering PTSD as a result of violent incidents in their workplaces. ONA continues to meet with Minister Flynn on this issue, as well as Dr. Eric Hoskins, Ontario’s Minister of Health and Long-Term Care.

Some powerful examples of violence in health care, including the murder of our nurse Lori Dupont and a recent shooting in the emergency department of a hospital, the stabbing of a nurse in another hospital as well as numerous other violent attacks on nurses, are posted on our website at http://violence.ona.org/our-stories.

Why do nurses have high rates of PTSD?
Nurses are exposed to as many, if not more, horrific incidents as firefighters and police. We cannot continue to ignore the traumatizing experiences that have a profound impact on the development of PTSD in nurses.

Encourage your MPP to pledge support for the inclusion of nurses in the PTSD presumption.

A Manitoba study of nurses with PTSD showed these as the top five stressors that lead to PTSD

1. Death of a child, particularly due to abuse
2. Violence at work
3. Treating patients that resemble family or friends
4. Death of a patient or injury to a patient after undertaking extraordinary efforts to save a life
5. Heavy patient loads

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