www.ona.org

Ontario Nurses' Association
85 Grenville Street, Suite 400, Toronto, Ontario M5S 3A2
TEL: (416) 964-8833 FAX: (416) 964-8864

March 2, 2017

Mr. Todd Doherty, MP
900 Justice Building,
House of Commons
Ottawa, ON K1A 0A6

Dear MP Doherty,

Re: Bill C-211

I am writing to you on behalf of 62,000 registered nurses and allied health professionals in Ontario to tell you that ONA supports your advocacy on behalf of Canadians suffering from symptoms of Post-Traumatic Stress Disorder (PTSD). You should know that we have been extremely disappointed that the Ontario government decided to exclude frontline registered nurses from legislation regarding a PTSD presumption.

As you work your proposed bill - Bill C-221 - through the legislative process, we are calling on you to include nurses in the range of professions that should be covered in any PTSD initiative, strategy, conference, and treatment plan. Manitoba - the leading province on presumptive legislation regarding PTSD - included nurses in legislation. Manitoba is the first province that does not limit the occupations eligible to make a worker's compensation claim for PTSD and the Manitoba legislation presumes PTSD is the result of workplace trauma unless proven otherwise. Any federal initiative should follow this lead and cover a broad range of professions.

Nurses are, in every sense, first responders, who are more likely to be attacked at work than prison guards and police. And nurses are, more often than other groups, "first responders" to traumatic events such as 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.

We have numerous powerful examples of violence against nurses in healthcare workplaces, including the murder of our nurse Lori Dupont and a recent shooting in the emergency of an Ontario hospital, as well as numerous other violent attacks on nurses.

We ask why should any legislative effort on PTSD exclude nurses, considering that healthcare occupations are a leader in accepted *physical* claims for violence-related injuries, in a culture of acceptance where the incidence of violence and harassment, including sexual harassment, will not soon end, and with the mental traumas and injury that naturally flow from these and other healthcare psychosocial hazards, including exposure to infectious diseases such as SARS.

Dr. John Bradford, a renowned forensic psychiatrist, has corresponded with ONA to state his expert opinion that it is incredulous to Dr. Bradford that nurses would not be covered. Dr. Bradford argues that nurses are in more front-line situations of exposure to trauma than many first responders.

Dr. Bradford argues that first responders are exposed to acute events that are usually easier to recover from even in the case of repeated exposure to these type of acute events. Whereas nurses are much more likely to be exposed to chronic trauma, which is more subtle, becomes chronic PTSD and this is more difficult to treat in the longer term.

A comprehensive 1996 Manitoba study of PTSD among nurses, includes violence at work as one of the most commonly cited stressors that lead to PTSD, while others include:

- Death of a child, particularly due to abuse.
- Treating patients that resemble family or friends.
- Death of a patient or injury to a patient after undertaking extraordinary efforts to save a life.
- Heavy patient loads.

We have numerous reports of violent incidents where agitated patients are biting, scratching, spitting, stabbing and punching registered nurses. Nurses are being beaten beyond recognition, punched in the face, in the chest, in the stomach; they are kicked, bones are broken, tackled, and assaulted.

We present below some horrific examples from ONA's Workplace Safety and Insurance Board (WSIB) case files.

Nurses from a large eastern Ontario hospital witnessed and were part of a code white where a co-worker was grabbed, thrown up against a shadow box, fell unconscious and was beaten and punched repeatedly while nurses tried desperately to get the patient off their co-worker before the patient killed the nurse. The nurses subsequently suffered with PTSD, lost time and had the lost time denied by WSIB.

A nurse was grabbed by the neck by a patient. The patient flung her to the ground and was about to hit her face with a punch while hanging her upside down, when a porter stuck a hand between her face and the patient’s fist and blocked the hit. This nurse was denied PTSD by WSIB but eventually won on appeal many years later. The nurse could never return to her unit. No nurse who suffers such a personal injury should have to go through this process.

A patient in a Toronto hospital grabbed a nurse and locked her into a visitor's room. The patient said that first he was going to beat her, then rape her, and then kill her. The patient did beat her beyond recognition, while others watched helplessly, and could not get in the room. The patient started to rip off the nurse's clothes. This nurse believed she would die. A co-worker was able to break into the room and saved her life. This nurse will never return to work.

In a hospital psychiatric unit, a nurse incurred four assaults over a four month period. This nurse was granted WSIB entitlement following the fourth attack but WSIB stopped benefits with the rationale that bedside nursing work was still suitable to this nurse's condition.

A nurse was involved in five traumatic events in a hospital psychiatric unit. This nurse was granted WSIB PTSD entitlement following the tazer incident. This nurse was off work for over a year receiving treatment. Why did it take five traumatic events to gain WSIB entitlement?

A nurse was involved in a single traumatic event. This nurse was run over by a 300 pound patient on a scooter and dragged down the hallway. WSIB would not accept that this trauma could have exacerbated the nurse's condition to the extent that it did. This nurse passed away in September 2014 (suspected suicide).

A nurse in a hospital PACU (post anesthetic care unit) was caring for a patient post C-Section when the patient's stillborn baby was brought into the room by the physician. The patient's mother and husband were also there. This nurse was left alone to comfort the patient and family. This nurse was diagnosed with PTSD and depression. WSIB denied this claim stating actions of the employer are not considered for stress entitlement as well as there was no threat of physical harm to the worker.

In a hospital psychiatric unit, a single incident involved a nurse who entered a psychotic patient's room to attach an armband. The patient refused and the nurse left the room as the nurse felt the patient was escalating. The patient followed the nurse but the patient caught up, grabbed the nurse by the hair and ripped it from her scalp. The WSIB claim was allowed, however, the employer is appealing. This event happened in early 2013, and this nurse is still off work receiving benefits in 2016.

A nurse worked on a hospital psychiatric unit in March 2011. She was assaulted by a patient and injured her left hand; the patient also spit blood at the nurse and kept saying he had HIV. In June 2011, while still on modified duties, the nurse on two separate occasions was verbally threatened by two different patients that they were going to kill her. The one patient told the nurse they were going to follow her home and "end her life." WSIB denied PTSD stating that it's part of her job to deal with these threats. ONA is still appealing this denial in 2016.

A nurse worked on a hospital psychiatric unit. She injured her right hand when an aggressive patient kicked her in August 2014. In March 2015, a patient threw a chair at the nurse, the nurse shielded her face with her right hand, re-injuring her hand. WSIB has just allowed for PTSD for the March 2015 incident.

In another case, an emergency nurse was exposed to multiple traumatic incidents. The one that had put her at the breaking point was in relation to a car accident where a father drove his van filled with four children into a moving freight train. Two of the four children died and this nurse was working in the trauma room dealing with the injured children and family members, including the distraught mother who was at home sleeping when the accident happened. In this case, the nurse had initially declined the offer to speak to a counsellor but over the course of a few weeks she experienced PTSD symptoms that were never addressed.

Below we list a number of other workplace incidents received from frontline nurses that occur all too frequently in nursing workplaces.

- An eight-month old SIDS child arrived at emergency who was being cared for by his aunt as the parents were experiencing their first weekend away from the child. A long resuscitation process ensued but with poor results. Imagine the resuscitation itself, then the horror of the young aunt and then the parents when they arrived at hospital. Nurses deal not only in the traumatic moment but with the horrific traumatic after shock. This includes not only the bedside nursing duties, comforting family and friends, arranging follow up with pastoral care or perhaps all the detail of Trillium for organ donation as well as being the charge nurse on night shift.

- Three small children from a fire started with matches in a closet arrived in emergency. Mostly injuries were from smoke inhalation, however, one sustained burns. No survivors after lengthy resuscitation. Again, not only the event but all the aftermath.

- A young man was involved in a motor vehicle crash (motorcycle) from out of country. He sustained numerous injuries requiring many medical/surgical consults and then cardiac arrest. His family arrived and was allowed in for resuscitation. On transport to hospital in their country, he arrested on the emergency ramp. Continuous resuscitation ensued, but he did not survive. Again the heart-wrenching aftermath of this event as well as still attempting to keep an emergency department running.

- A young impaired gentleman was taunting a train and lost. A long resuscitation again and with the family present.

- An elderly woman burn victim, with over 80% of body with severe burns. She suffered agonizing cries and we were unable to comfort and control pain. She expired after lengthy treatment interventions.

- Presentation of a challenged young woman with abdominal pain who went to emergency after assessment and delivered a premature newborn. The care involved the stressed new mom and neonatal resuscitation. Then when it was thought the mom was delivering placenta, another unresponsive new born delivered. Now the care involved two neonatal resuscitation ongoing with mom and arrival of family who were totally unaware of circumstances.

Many of these examples of traumatic events experienced by nurses should never happen in our healthcare workplaces. But they do.

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.

Thank you for your advocacy. Please let us know if we can offer any further assistance, but we do ask that you include nurses as a profession covered under your legislative proposal.

Sincerely,

ONTARIO NURSES' ASSOCIATION

Linda Haslam-Stroud, RN
President

lhs/lw

C. Marie Kelly, ONA Chief Executive Officer/Chief Administrative Officer
Linda Silas, President, Canadian Federation of Nurses Unions