



Understanding the Legal & Medical Concepts of Traumatic Mental Stress & PTSD after Workers Witness an Objectively Traumatic Accident In the Course of Employment

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Electricians get hurt, bleed, and suffer the same injuries as every other worker even though there is a stoicism and culture among construction workers that they are ten feet tall and bullet proof. Members also develop and suffer from psychological issues, which can also be work related in some cases.

In my experience, members can develop mental health issues (e.g., depression & anxiety) after an injury because they cannot perform their job, experience wage loss, unable to engage in activities they did before they were hurt, including reduced libido. These claims fall under the WSIB Psychotraumatic Disability Policy, however, the use of the word *traumatic* in the policy name is misleading, because the policy has nothing to do with traumatic injuries.

However, there is another category of psychological injury that the WSIB adjudicates under its Traumatic Mental Stress Policy, specifically, Acute Stress and Post Traumatic Stress Disability (PTSD) which can develop after a worker witnesses or experiences an objectively traumatic situation at work.

For instance you may be present when a colleague falls, is crushed, electrocuted, or seriously burned after an arc flash. This year we've had two critical incidents where members were seriously burned. One was one ICI electrician, the other a Powerline Technician in the Line Sector.

In addition to the life threatening injuries these two brothers suffered, several co-workers developed an acute stress reaction and felt emotionally unwell after these incidents, and were unable to continue working. The symptoms the co-workers experienced included loss of sleep, poor appetite, ruminating behaviour, cognitive issues, inability to focus, hyper-vigilance, visual & auditory cuing, and a general emotional malaise.

Simply, these members were suffering from what clinicians refer to as acute stress which precedes PTSD. Since construction and electrical work exposes our members to positional risk of serious injury, it is important for members to understand that traumatic mental stress can be work related if the circumstances meet the following WSIB policy criteria.

Law and Policy

WSIB Policy 15-03-02 defines "sudden and unexpected traumatic event" as follows:

Policy

A worker is entitled to benefits for traumatic mental stress that is an acute reaction to a sudden and unexpected traumatic event arising out of and in the course of employment.

Guidelines Sudden and unexpected traumatic event

In order to consider entitlement for traumatic mental stress, a decision-maker must identify that a sudden and unexpected traumatic event occurred. A traumatic event may be a result of a criminal act, harassment, or a horrific accident, and may involve actual or threatened death or serious harm against the worker, a co-worker, a worker's family member, or others. In all cases, the event must arise out of and occur in the course of the employment, and be:

- Clearly and precisely identifiable
- Objectively traumatic, and
- Unexpected in the normal or daily course of the worker's employment or work environment.

This means that the event

- Can be established by the WSIB through information or knowledge of the event by co-workers, supervisory staff, or others, and
- Is generally accepted as being traumatic.

Acute reaction

An acute reaction is a significant or severe reaction by the worker to the work related traumatic event that results in a psychiatric /psychological response. Such a response is generally identifiable and must result in an Axis I Diagnosis in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

An acute reaction is said to be immediate if it occurs within four weeks of the traumatic event. An acute reaction is said to be delayed if it occurs more than four weeks after the traumatic event.

In the case of a delayed onset, the evidence must be clear and convincing that the onset is due to a sudden and unexpected traumatic event, which arose out of and in the course of employment.

The four elements that must be shown in order to establish a claim for mental stress under s. 13 (5) of the *Workplace Safety and Insurance Act* are as follows:

1. There must be a sudden and unexpected traumatic event;
2. The event must arise out of and in the course of the worker's employment;
3. The worker must suffer mental stress that is an acute reaction to the event; and
4. The mental stress must not result from the employer's decisions or actions relating to the worker's employment.



Tribunal Medical Discussion Paper on PTSD

It's also important to understand some basic medical concepts when dealing with Acute Stress and PTSD. When we litigate traumatic mental stress claims we often refer to the Tribunal's PTSD Medical Discussion paper authored by Dr. Diane Whitney, a psychiatrist. It provides a good summary of the morphology of acute stress and PTSD (psycho-pathology).

Trauma: For PTSD to develop, the person must have suffered or witnessed an event that involved actual or threatened death or serious injury to self or others. According to Diagnostic Statistical Manual IV (DSM IV) the person's response must have included intense fear, helplessness or horror. Thus, there is now a subjective aspect to the trauma with the emphasis being shifted from the severity of the trauma to the person's reaction to the trauma in this version of the DSM.

Symptom Clusters: There are 3 symptom clusters according to DSM IV, which define Post Traumatic Stress Disorder. The clusters are re-experience traumatic event, avoidance & emotional numbing and increased arousal. The symptoms must be present for at least one month and cause significant distress and/or impair functioning.

The traumatic event is **re-experienced** in 1 or more of the following ways:

- Recurrent & intrusive distressing recollections and dreams of the event
- Acting or feeling as if the trauma were reoccurring
- Psychological distress and/or physiological reactivity when exposed to cues that resemble an aspect of the traumatic event

Post-Traumatic Stress Disorder Avoidance of stimuli associated with trauma and a general numbing of responsiveness indicated by 3 or more of the following:

- Avoidance of thoughts, feelings or conversation associated with the trauma
- Avoidance of activities that will arouse recollection of the trauma (places or people)
- Inability to recall an important aspect of event
- Markedly diminished interest in significant activities
- Feelings of detachment
- Restricted range of mood
- Sense of foreshortened future

Symptoms of increased arousal as indicated by 2 or more of the following:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

| PTSD Subtypes | | | | |
|---------------|-----------------------|------------|--------------|----------------------|
| Time | | | | |
| Trauma | Duration ≤ 1 Month | 1-3 Months | 3+ Months | Onset after 6 months |
| | Acute Stress Disorder | Acute PTSD | Chronic PTSD | Delayed Onset PTSD |

[Fig. 1: PTSD Subtypes]

It's important to understand that sensory exposure to what you witnessed at work is in the mechanism of injury in psychological injury cases, and includes what you saw, heard, and/or smelled. You may have witnessed a worker crushed by machinery, lying limp and unconscious, watched them take their last breath as the life force leaves their body, heard a worker scream in pain, or the sound of an explosion (arc flash), including the smell of burned flesh, all of which can leave an indelible mark on the human psyche.

If you have been involved in a critical workplace accident, and feel psychologically unwell, you should see your Family MD, and report that you witnessed a critical incident at work. Each person will react differently, but as a precaution, I recommend that you see a health professional because acute mental stress and PTSD can progress without proper assessment and treatment. We've come a long way over the years, and there is no shame if you've suffered a psychological reaction to an objectively traumatic workplace injury.

Twenty-five years ago when I represented police officers there was a tremendous stigma for cops to report mental health issues for fear they'd be issued a "rubber gun." Now emergency responders, which includes police, fire, and EMS are protected by presumptive legislation codified in the *Workplace Safety and Insurance Act*, because if they are diagnosed with Acute Stress and PTSD it is presumptively assumed to be work related, unless proven otherwise.

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Pension Gifts

The following pensioners are to receive their pension gifts:

Anton Boychuk, Shaun Cox, Frank DeSousa, Patrick Doyle, William Finnerty, Jim Klingelstein, Stephen Magladry, Manuel Marques, Alistair Maule, Terry O'Brien, Raymond Ramos and Randy Richards.