

Under Review – Revisions planned to align with new policy

# Administrative Practice Document

## Traumatic Mental Stress

**Note:** This is not a policy. It is a supplementary document to illustrate how the WSIB will administer the *Workplace Safety and Insurance Act, 1997*, (WSIA) and Policy [15-03-02, Traumatic Mental Stress](#) in practice. If there is a conflict between this Administrative Practice Document and the WSIA and/or WSIB policy, the decision-maker will rely on the WSIA and/or WSIB policy, as the case may be.

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## INTRODUCTION

Decision-makers at the Workplace Safety and Insurance Board (WSIB) must decide a worker's entitlement to benefits and services under the *Workplace Safety and Insurance Act (WSIA)*. For entitlement to exist it must be established that the worker's injury resulted from an accident that arose out of and in the course of employment, or that the worker suffers from an occupational disease that occurred due to the nature of employment.

In addition, s.13 (5) of WSIA states:

A worker is entitled to benefits for mental stress that is an acute reaction to a sudden and unexpected traumatic event arising out of and in the course of his or her employment. However, the worker is not entitled to benefits for mental stress caused by his or her employer's actions relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the employment.

This document outlines the approach for dealing with several of the more challenging issues faced by decision-makers when determining entitlement for traumatic mental stress (TMS). Decision-makers are guided by s.13 (5) of the WSIA and Policy [15-03-02, Traumatic Mental Stress](#)

Note: For a psychological condition that becomes evident secondary to a work-related physical injury, decision-makers are guided by Policy [15-04-02, Psychotraumatic Disability](#).

Note: Entitlement for a first responder or other designated worker diagnosed with posttraumatic stress disorder (PTSD) is considered first under [Policy 15-03-13, Posttraumatic Stress Disorder in First Responders and Other Designated Workers](#) (Legislative reference Bill 163, Supporting Ontario's First Responders Act, 2016). This document does not relate to the application of Policy 15-03-13. Where the criteria in Policy 15-03-13 are not met, entitlement may be considered under the TMS policy.

## Collecting Relevant Evidence

When gathering the evidence in a TMS claim, direct contact with the worker is essential in order to understand the worker's view of the workplace event(s), any personal events, and the onset and details of the worker's symptoms. Decision makers employ sensitive questioning and active listening as the worker's medical status

## KEY PRINCIPLES

- Adjudication is the process used to determine entitlement to benefits and services under the WSIA.
- A decision-maker is the person who makes decisions regarding entitlement.
- Decision-makers will gather relevant information and weigh evidence in order to make adjudicative decisions.
- Workers are entitled to receive benefits for injuries and diseases that result from accidents that arise out of and in the course of employment.
- Work-relatedness is established when determining initial entitlement. Decision-makers continue to evaluate the work-relatedness of a worker's ongoing impairment and treatment throughout the life of a claim.
- The WSIB makes its decisions based on the merits and justice of each case.
- When the evidence for and against an issue relating to a worker's claim are equal, the benefit of doubt is given to the worker.

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may be fragile. Decision-makers may request the assistance of the nurse consultant (NC) when obtaining information from a worker whose medical status is especially fragile.

Decision-makers must gather all relevant and available information in order to assess and weigh the evidence to determine a worker's entitlement to benefits and services under the WSIA. Wherever possible, information is gathered by telephone, and medical reports are obtained from the health care professionals involved in the worker's case. All reasonable attempts must be made to obtain any missing information to ensure the relevant information is available for consideration by the decision-maker throughout the adjudicative process. Utilizing the claims investigator is advisable in these cases, especially if several statements are required from the employer, co-workers or other individuals.

In some instances, initial inquiries may reveal other potential factors may have contributed to the onset of the condition. They may include non-work-related stressors and/or traumatic events, stressors resulting from the employer's employment decisions or actions, or a pre-existing psychological condition. Information related to other stressors and the associated medical history must be gathered as it is relevant to determining the work-relatedness of the onset of the worker's psychological condition.

Information is relevant to the claim when it has value in weighing the evidence to establish a matter of fact in a case, i.e. it has a bearing on the decision-making process. Relevancy does not speak to the weight given to the information in the decision-making process. All relevant information is considered and weighed in order to reach a decision. When determining entitlement for TMS, decision-makers must assess and weigh each piece of evidence to determine whether the worker's psychological condition is work-related, particularly in cases where there is a delayed onset of the condition or seeking of medical attention.

In complex situations, a case conference with the nurse consultant and/or manager may assist the decision-maker's assessment of the evidence. In complex cases of causation and compatibility, decision-makers may request the opinion of the Psychiatric Medical Consultant. In some cases, the decision-maker may determine an assessment by an external expert is necessary to provide an additional opinion.

It is important to note a worker is not entitled to benefits for TMS resulting from the employer's employment decisions or actions.

## Determining a Sudden and Unexpected Traumatic Event

In order to consider entitlement for TMS, an identifiable sudden and unexpected traumatic event must have 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

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- unexpected in the normal or daily course of the worker's employment or work environment.

In addition to information from the worker, decision-makers may obtain information from co-workers, supervisory staff, or others. It can be accepted that a traumatic event occurred when co-workers, supervisory staff, or other individuals have direct knowledge of the event, and the event is generally considered to be traumatic.

## **Sudden and unexpected traumatic events include:**

- witnessing a fatality or a horrific accident
- witnessing or being the object of an armed robbery
- witnessing or being the object of a hostage-taking
- being the object of physical violence
- being the object of death threats
- being the object of threats of physical violence where the worker believes the threats are serious and harmful to self or others (e.g., bomb threats or confronted with a weapon)
- being the object of harassment including physical violence or threats of physical violence (e.g., the escalation of verbal abuse into traumatic physical abuse)
- being the object of harassment including being placed in a life-threatening or potentially life-threatening situation (e.g., tampering with safety equipment; causing the worker to do something dangerous).

The worker must have suffered or witnessed the traumatic event first-hand, or heard the traumatic event first-hand through direct contact with the traumatized individual(s) (e.g., speaking with the victim(s) on the radio or telephone as the traumatic event is occurring).

## **Determining Unexpected in the Normal Course of Employment**

Some jobs are potentially more dangerous while others can suddenly become so. Police officers, firefighters and paramedics are a few examples of jobs where workers may be exposed to personal danger on a frequent basis and are often engaged in horrific events. An understanding of what is 'unexpected' in the normal day for these professions will be somewhat different from many other occupations, such as retail sales or office work.

When considering whether the event is "unexpected in the normal or daily course of the worker's employment or work environment", it is important to first look closely at the details of the event itself before making an assessment. After the nature and details of the event are clearly understood, the decision-maker must then look at the type of normal or daily work the worker is required to carry out. The decision-maker must look at the whole job, including the work history and the individual circumstances of the worker's employment. By comparing the details of the event with the individual's normal work, it can be determined if the event would be considered unexpected.

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Decision-makers must also consider if the event is “unexpected in the normal or daily course of the worker’s employment or work environment” in the context of the ‘cumulative effect’ section of the TMS policy. It acknowledges a traumatic event can be considered ‘unexpected’ even if the worker has experienced such traumatic events as part of their employment in the past without apparent reaction.

In certain jurisdictions, police officers rarely, if ever, discharge their weapons. In other jurisdictions, the environment may result in more situations in which there is potential for violent confrontation. A police officer may be significantly impacted by the first instance of discharging his/her weapon, or may have discharged his/her weapon several times and then have a reaction after a particular shooting event. A nurse may care for many patients over the course of his/her career, but a particular death can have a more significant impact, depending on the circumstances surrounding the death, the nature of the patient and their illness, and the relationship between the nurse and the patient. It is important for decision-makers to recognize the fact if a worker has previously experienced a similar traumatic event at work, does not mean it can be automatically inferred the event was expected.

When assessing whether the event is “unexpected in the normal or daily course of the worker’s employment or work environment”, decision-makers should consider factors such as:

- How long has the worker been employed in the field or job?
- Have there been any changes to the job duties or work environment?
- Have there been any extended breaks from the job?
- What has been the actual work history and regular ‘day-to-day’ experience of the worker?
- Is there any personal attachment to the traumatic event?
- How does this event compare to previous similar work experiences?
- Are there any prior life experiences that increase the significance of the event for the particular worker involved?
- Have there been any intervening life experiences that increase the significance of this event over previous similar events?

When assessing whether a sudden and unexpected traumatic event has occurred, the decision-maker needs to consider the worker’s occupation, and also what events have taken place over his/her career. In some cases, there may have been multiple sudden and unexpected events, none of which resulted in lost time from work or the need for medical attention. Despite having had previous more serious traumatic events take place, one considered minor in comparison may trigger an emotional response. There should be no presumption that exposure to a series of traumatic events precludes the most recent one from being “unexpected”. The decision-maker must carefully investigate whether it is the cumulative effect of each of these events that has caused the reaction after the most recent event.

## Other Sudden and Unexpected Traumatic Events

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The list of examples set out in policy as sudden and unexpected traumatic events generally characterize the types of events decision-makers would consider for entitlement to TMS. There may be other types of events not contained in this list, which would reasonably align to the events described.

The involvement by an individual in an event which poses imminent danger but does not in the end result in a tragic outcome can be considered to be a sudden and unexpected traumatic event. One such event may be a circumstance where a worker believes his/her life is in imminent danger, only to find out this is not the case, as the circumstances play out. This “close call” event may be sudden and unexpected, and traumatic from the worker’s perspective. If the decision-maker accepts this was objectively traumatic, there may be entitlement should the worker develop an acute reaction to the event. In order to decide entitlement, a fulsome review of the circumstances surrounding the event is required.

Decision-makers should consider the following questions:

- What was the potential impact of the event? Could it have resulted in serious injury or death to the worker or to others?
- Were there previous related incidents that might add objective strength to the concern/reaction of the worker to the event?
- Was timely medical attention sought, and is the description provided to the treating health care practitioner consistent with the facts as known?

Another situation which may support entitlement for TMS concerns harassing and abusive interactions within the work environment. Decision-makers should consider:

- Were the actions of the supervisor or co-worker repeated, humiliating, and threatening?
- Is the worker’s version of events credible? Is it corroborated by others?
- Was there an immediate and obvious impact demonstrated by the physical reaction and the immediacy of the diagnosis?
- Would any person recognize this occurrence as traumatic?
- Is the supervisor’s behavior/approach consistent with action that would be considered “not part of the employment function” as noted in the policy

## Determining an Acute Reaction

The Operational Policy details a distinction between events resulting in an immediate, as opposed to a delayed, emotional response. When there is a delay, there must be **clear and convincing** evidence of the work link for entitlement to exist.

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. The following are diagnoses commonly seen in traumatic mental stress claims.

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## Acute Stress Disorder

Acute Stress Disorder (ASD) is an anxiety condition that develops within days after a severe traumatic event or experience and does not persist beyond four weeks. The nature of the acute reaction can be variable, but generally would be described in terms of apprehension, anxiety, insomnia, poor concentration, unwanted recollections of the event, guilt or anger.

When evaluating cases that have these features, it is important to review the presenting medical information to determine the extent of detail provided around the severity and duration of the symptoms. In some of these cases, the initial treating physician may not have recorded all the particulars or used formal conventional DSM terminology. The formal DSM identifier is sometimes indicated by descriptors such as “traumatic reaction”, “overwhelming stressors”, or “traumatic accident”.

In assessing the ‘work link’ in these acute onset cases where there is a less complete diagnosis, it is not unreasonable to accept the medical information as provided and then carefully look at the time between the event and the onset. Where there is a close proximity between the event and the onset, this lends support that the work event was the causal factor and diminishes the likelihood of the impact of other potential intervening factors.

## Posttraumatic Stress Disorder

Posttraumatic Stress Disorder (PTSD) is an anxiety condition that develops after exposure to a traumatic event and where the symptoms last for more than four weeks. Symptoms typically begin within three months of a traumatic event, although occasionally they do not begin until sometime later. The symptoms are essentially the same as ASD, the difference being the timing of when they appear.

Often, physicians may treat the symptoms without immediately associating them with PTSD. Other issues, including depression, are not uncommon in a worker suffering with PTSD.

These cases sometimes appear to have a ‘delayed onset’ noting the worker may not immediately seek medical attention, even if they have an acute reaction. The worker may have

Several of the following symptoms may develop during or after the event or experience:

- loss of emotion
- feeling numb and detached
- diminished awareness of surroundings
- dissociate amnesia

### Entitlement for

**is first considered under [Policy 15-03-13](#). Policy 15-03-02, Traumatic Mental Stress may be considered when the facts of the case do not meet the criteria for**

### Symptoms – PTSD

- distressing recollections of the event or experience
- dreams that are reoccurring and distressful
- reliving the event or experience in the form of flashbacks, hallucinations, images, illusions, or thoughts
- avoidance of similar stimuli that provoke memories of the event

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been told or be aware that most of these conditions do resolve within days to weeks. It is, therefore, only after a period of prolonged symptoms, or worsening of symptoms, that the worker may initiate a medical assessment and/or treatment. The delay may also be due to a lack of access to immediate resources such as a physician or counselor. Often it can be factors within the individual, such as personality, history of coping with stressors, expectations from others and possibly the work environment, which motivate workers to attempt to manage the events on their own, thereby delaying the seeking of assistance.

On occasion, the delay in seeking treatment may occur because there was in fact an initial resolution of the symptoms following the traumatic event, however, a further event serves as a triggering factor which can provoke or rekindle the symptomatology experienced around the time of the initial event. The second event may be similar or at times quite dissimilar to the initial event, but it holds something in common with it in terms of the experience of anxiety, horror or fear, which was associated with the original traumatic event.

When assessing entitlement in cases where there is a delay in either the onset, or seeking of medical attention, it is necessary to ensure all the circumstances/symptoms are fully obtained from the point of the traumatic event. It should be recognized in some cases the association between the symptoms and the event may not be readily apparent to the worker or the physician.

In situations where there is a delay in seeking medical attention, decision-makers should pay careful attention to the reasons provided by the worker. The symptoms experienced by a worker are unique to him/her, and at times may not be immediately identified or linked to the event. A full investigation of the sequence of events following the initial event will assist in confirming whether the delay was reasonable. Decision-makers must assess and weigh all the available evidence to determine entitlement. Where the evidence supports the work event as being linked and/or related to the onset and/or development of the Axis I Diagnosis in accordance with the DSM-IV, entitlement should be supported.

## Communication of Decisions

All adjudicative decisions should be communicated verbally to the workplace parties, wherever possible, and then confirmed in writing. The decision letter should

- identify the issue decided,
- provide a summary of the facts of the case,
- provide the entitlement rules that apply to the issue (legislative and/or policy criteria, or standards),
- provide the rationale for the decision reached, explaining how the entitlement rules were or were not met,
- reference only evidence that is relevant to the decision, and
- include the timeframe for appealing the decision for all adverse decisions.

Every effort is made to communicate decisions in plain language to ensure the decision and reasons for the decision are fully understood by the worker and employer. The rationale should outline the evidence that was considered relevant to decision-making on the identified issue.

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In TMS entitlement decisions for, the rationale should explain the decision-makers determination on how the legislative and policy criteria were or were not met. Where the decision-maker has weighed the significance of conflicting or differing information, the decision letter should include an explanation of the assessment of the relative weight of the evidence. The explanation should indicate whether the evidence was accepted or not, and the reasons the evidence was given more or less weight.

Where the decision-maker determines the worker has entitlement for TMS, the decision letter should indicate the accepted diagnosis, the treatment approved, and the benefits payable.

## Conclusion

When determining entitlement for TMS, direct contact with the worker is critical as it is essential to understand the worker's view of the event and how it links to his or her psychological condition. Decision-makers must also gather the relevant and available information from the workplace parties and others, as appropriate, as well as the health care professionals involved in the worker's treatment.

Where it is not apparent the event is unexpected in the normal or daily course of the worker's employment or work environment, decision-makers should gather information about the worker's regular work history and normal day to day work experience, and full details of any previous traumatic events, and consider if the traumatic mental stress is a result of the cumulative effect of multiple traumatic events.

Once all of the critical relevant information is obtained, the decision-maker must assess and weigh the evidence to determine entitlement as guided by Policy [15-03-02, Traumatic Mental Stress](#) and the information provided in this document.

## Document History:

June 2016 – revised to add references to new policy, 15-03-13, Posttraumatic Stress Disorder in First Responders and Other Designated Workers, dated April 7, 2016

March 2015 – replaces the Best Approaches Guide on Traumatic Mental Stress, 2007

**Scheduled Review:** June 2021