

**Canadian Standards Association:
Psychological health and safety in the paramedic service
organization
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BCEHS Gap Analysis Report

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The Canadian Standards Association developed a Standard to address psychological health and safety in the paramedic service organization. This Standard builds upon its predecessor, a National Standard of Canada, to capture psychological health and safety considerations specific to paramedic service organizations. In order to understand where BCEHS sits vis-à-vis this Standard, a gap analysis was conducted. As part of the gap analysis, various aspects of the organization were examined and interviews were conducted with numerous stakeholders including CUPE representation, workers, human resources, disability management, the Chief Operating Officer, learning and development, critical incident stress program, PHSA psychological health and safety, risk management, patient care delivery, and PCCP.

The intent of this report is to provide a summary of the major findings of the gap analysis and put forth recommendations for BCEHS' consideration. To provide further insight into these findings and recommendations, this report also references the psychosocial workplace factors contained within the CSA Standard and includes results from the Psychosocial Survey for Paramedics Findings for B.C. Emergency Health Services (herein after referred to as "the Psychosocial Survey"). This survey offered BCEHS workers an opportunity to provide their perception of resources, services, and the psychological health and safety culture at BCEHS.

The findings and recommendations captured in this report provide BCEHS with an opportunity to understand what general measures need to be taken in order to align itself with the CSA Standard for paramedic service organizations. Depending on the direction BCEHS wishes to take, the specifics of any initiative will need to be identified and implemented based on the findings of this report and the requirements of the CSA Standard.

Communication and Information Sharing

Psychosocial Workplace Factors: *Psychological and social support; Organizational culture; Clear leadership and expectations; Psychological demands; Cumulative exposure to critical or stressful events*

One of the most notable findings from this analysis suggests there is a need for BCEHS to review its communication and information sharing strategies. Although the organization has many components aligned with the CSA Standard, these are not well-communicated across the organization and workers are not aware of them.

Effective communication and dissemination of information is essential to supporting the psychological health and safety of workers and aligns with many of the workplace psychosocial factors identified in the Standard. Efforts to improve communication and awareness within the organization would achieve the objectives of eliminating the identified presence of silos (i.e. no collaboration between or awareness of other departments) within the organization, overcoming challenges presented by having a decentralized workforce, fostering a greater sense of community and trust, empowering workers to know about and access information/resources, and ensuring consistent messaging across the organization.

Psychosocial Survey Results:

- 62% of respondents ***strongly or somewhat disagree*** with the statement "My PSO provides clear and consistent communication."
- 54% of respondents ***strongly or somewhat disagree*** with the statement "At work, I am informed about important changes in a timely manner."

- 66% of respondents *strongly or somewhat disagree* with the statement “In my PSO, workers, management and their representatives (e.g. union representatives) exhibit mutual trust.”

In order to improve communication and dissemination of information within the organization, it is recommended that BCEHS consider the following opportunities:

- Review and implement an effective communications strategy.
- Train leaders in psychological health and safety.
- Utilize supervisors to ensure timely and consistent messaging, especially with respect to change management.
- Establish an effective information hub that can be easily accessed by all workers.
- Identify modes of communication that align with the needs and behaviours of all workers.

Specific areas for review include the following:

BCEHS’ Commitment to Psychological Health and Safety: While there is a strong commitment from BCEHS’ leadership to psychological health and safety, there is a need to create a policy statement and communicate this commitment across the organization. Many people within the organization do not know about BCEHS’ stated values. As per the CSA Standard, these marketing efforts should also include suicide and anti-stigma campaigns, as well as regularly updating staff about what the organization is doing to reduce stigma and raise awareness about psychological health and safety. BCEHS may also wish to consider introducing a specific employment position or committee responsible for overseeing all initiatives and/or recommendations pertaining to the psychological health and safety of the organization.

Roles and Responsibilities: Across all facets of the organization there is a need to both clarify roles and responsibilities, as well as communicate this information out across the organization. This will serve to ensure that those in their position of work, as well as others within the organization, have a clear understanding of expectations of self and others. This initiative should also be extended to include all departments within the organization, so that workers know what resources are available and when they may need to access them (i.e. disability management, human resources). The CSA Standard requires that particular attention be given to disability management, as it states that all workers need to be aware of and receive clear communication about all policies and procedures related to return-to-work and stay-at-work programs.

It is also recommended that, in order to align with the requirements of the Standard, a job demand analysis be completed to include psychological considerations. This analysis should then be used to review and develop effective hiring practices that support a healthy workplace, as well as return-to-work and stay-at-work programs.

Policies and Procedures: Ensuring that all workers are aware of relevant policies and procedures, especially as they relate to psychological health and safety, is imperative. It is not sufficient for policies and procedures to merely exist; workers need to know that they exist. This information needs to be accessible, communicated, and applied consistently across the organization, while being proactively supported by leaders.

Confidentiality: While the gap analysis revealed no concerns with respect to confidentiality practices within the organization, it did suggest that workers do not have a good understanding

of their rights or what the employer does with their information. The CSA Standard recognizes that this lack of understanding serves as a barrier because workers will not access resources or report psychological injuries where they have concerns about confidentiality. Therefore, all departments that handle workers' personal information should ensure they are clearly communicating their confidentiality practices with workers. It was also suggested that gossip/ 'coffee conversations' amongst workers is prevalent within the organization and thus, BCEHS may wish to introduce and/or reiterate expectations around the appropriate exchange of information in the workplace.

Exposure to Critical/Stressful Events: While there are recommendations to follow that will include expanding the sentinel list, the gap analysis revealed that there are a significant number of workers unaware of this list in its current form. Thus, from the perspective of communication and information sharing, it is recommended that BCEHS takes strides to create worker awareness about the sentinel list and its corresponding practices and procedures to support it.

Health Promotion and Mental Health Resources: The CSA Standard suggests that workers be encouraged to recognize responsibilities for maintaining their own psychological health and contributing to the well-being of those around them. Similarly, it recognizes that self-care promotion and support is an essential preventative workplace intervention. While this report will make recommendations for additional mental health training and education, the gap analysis did reveal that there are a number of existing resources, including self-assessment tools and educational resources, and external resources, such as Employee and Family Assistance Program, available to workers at BCEHS. Efforts to market these resources and identify opportunities to include them in existing training, such as New Employee Orientation, should be considered.

Frontline Leadership

Psychosocial Workplace Factors: *Psychological and social support; Organizational culture; Clear leadership and expectations; Civility and respect; Psychological demands; Growth and development; Recognition and reward; Involvement and influence; Engagement; Work/life balance; Psychological protection; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events*

The analysis illustrates that the role of supervisors in the organization are not being utilized effectively from a psychological health and safety perspective. Supervisors at BCEHS have the opportunity to is due have direct contact with workers, which is especially valuable in an organization that has a decentralized workforce. Similarly, supervisors also serve as a conduit between upper management and workers in the organization; thereby, serving as an effective mechanism for communication, especially in the context of change management.

Psychosocial Survey Results:

- 61% of respondents **strongly or somewhat disagree** with the statement "In my PSO, leadership is effective"

Effective leadership is imperative to supporting many aspects of the CSA Standard. Thus, in addition to ensuring that supervisors are adequately resourced to perform the requirements of their job, it is recommended that BCEHS review the following two areas for skill development:

Leadership Skills and Competencies: The gap analysis suggests that the quality and competency of BCEHS supervisors is inconsistent and often dependent upon the individual’s characteristics: Reputation, demeanour, trust, previous encounters, approachability, communication style, and availability have all be identified as influencing worker perceptions of leadership. Moreover, perceptions are that many supervisors are not aware of resources available to BCEHS employees, are not comfortable in and/or do not have the experience to manage difficult situations, and are reluctant to engage staff. There was some speculation that supervisors own unaddressed occupational stress injuries may be a contributing factor to these shortcomings.

Psychosocial Survey Results:

The following results from the Psychosocial Survey reflect the inconsistency in workers’ perception of leadership noted above

“In my PSO, all people are treated fairly.”	31% strongly disagree 29% somewhat disagree 33% somewhat agree 7% strongly agree
“I am able to discuss how I do my work with the person to whom I report”	17% strongly disagree 25% somewhat disagree 38% somewhat agree 20% strongly agree
“I can talk to the person to whom I report when I am having trouble maintaining work-life balance”	29% strongly disagree 27% somewhat disagree 30% somewhat agree 14% strongly agree
“I receive feedback at work that helps me grow and develop.”	40% strongly disagree 31% somewhat disagree 22% somewhat agree 7% strongly agree
“I can safely discuss my workload with the person to whom I report”	15% strongly disagree 25% somewhat disagree 40% somewhat agree 19% strongly agree

Thus, in order to build effective leadership, it is recommended that the organization consider reviewing both the required competencies, including prerequisite training, for supervisors and implement hiring practices which are competency based. Furthermore, as outlined in the CSA

Standard, professional development opportunities for frontline leadership should be expanded to include more extensive leadership training and conflict management skills.

Psychosocial Survey Results:

- 66% of respondents ***strongly or somewhat disagree*** with the statement “In my PSO, workers, management and their representatives (e.g. union representatives) exhibit mutual trust.”
- 64% of respondents ***strongly or somewhat disagree*** with the statement “Difficult situations at work are addressed effectively.”
- 76% of respondents ***strongly or somewhat agree*** with the statement “Hiring/promotion decisions consider the ‘people skills’ necessary for a specific position.”
- 71% of respondents ***strongly or somewhat disagree*** with the statement “I receive feedback at work that helps me grow and develop.”

Mental Health Education and Training for Frontline Leadership: Findings from the gap analysis suggest that, on the whole, supervisors lack the knowledge and skills required to effectively address psychological concerns amongst their workers. It has been noted that, in many cases, these leaders are not comfortable even discussing the topic of mental health. As a result of this shortcoming, there is a missed opportunity for frontline leaders to serve as a source of intervention and informal support for workers, or to model BCEHS’ commitment to psychological health and safety. Increasing opportunities for intervention is especially important given that current interventions at BCEHS have been identified as reactive rather than preventative or protective.

Psychosocial Survey Results:

- 39% of respondents ***strongly or somewhat disagree*** with the statement “The person to whom I directly report would say or do something helpful if I looked distressed while at work.” 19% of respondents ***strongly agree*** with this statement.
- 52% of respondents ***strongly or somewhat disagree*** with the statement “The person to whom I report makes efforts to support my emotional well-being.”

The CSA Standard outlines that a component of a psychological health and safety awareness and stigma reduction program includes encouraging all levels of management to actively endorse and participate in psychological health and safety activities. Similarly, it suggests that mental health literacy awareness and training be included in this program and that there be training and processes in place for leadership roles so as to prevent psychological harm, promote psychological health of workers, and prevent problems related to psychological health and safety. As such, it is recommended that BCEHS consider specific training opportunities that will allow frontline leadership to understand the root cause of many of the signs and symptoms they observe amongst their workers, offer interventions and early identification, prioritize the psychological well-being of worker, and demonstrate BCEHS’ commitment to psychological health and safety. Section 4.4.6.1. of the Standard outlines training areas that should be considered.

Worker-Centred Approach

Workplace Factors: *Psychological and social support; Organizational culture; Clear leadership and expectations; Civility and respect; Psychological demands; Growth and development; Recognition and reward; Involvement and influence; Workload management; Engagement; Work/life balance;*

Psychological protection; Protection of physical safety; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events

Findings from the analysis highlight the perception that BCEHS adheres to a top-down, systems approach with a primary focus on patient care. The effectiveness of this approach has been questioned as it not only fails to prioritize worker well-being, but also because there is an understanding that the quality of patient care delivered and/or any other output is directly influenced by worker well-being. Thus, it is recommended that BCEHS consider moving towards a worker-centered approach. This will create an opportunity for BCEHS to align itself with many components of the CSA Standard and Psychosocial Workplace Factors, including organizational culture. In accordance with the workplace factor of organization culture, this approach would allow the primary focus of organizational decision making to, or key drivers of decision making, to include consideration of humanistic factors and the psychological needs and wellness of the front-line workers.

It is also important for BCEHS to recognize that there is a strong foundation upon which they can build a worker-centered approach. One of the most meaningful findings from both the gap analysis and the Psychosocial Survey is the sense of pride and identity that workers have in the work they do. In the Psychosocial Survey, engagement represents the highest agreement score of all workplace factors. Thus, it is reasonable to suggest that implementing measures that serve to reinforce and support this will only enhance the overall psychological health and well-being of the workers.

Psychosocial Survey Results:

- 96% of respondents ***strongly or somewhat agree*** with the statement “I am proud of the work I do.” 67% of those ***strongly agree*** with this statement.
- 92% of respondents ***strongly or somewhat agree*** with the statement “I enjoy my work.” 56% of those ***strongly agree*** with this statement.
- 91% of respondents ***strongly or somewhat agree*** with the statement “My work is an important part of who I am.” 53% of those ***strongly agree*** with this statement.

A worker-centered approach would also enable opportunities for worker participation, which is a key component of the CSA Standard and speaks to the Psychosocial Workplace Factor of involvement and influence. Worker participation is essential to demonstrating BCEHS’ commitment to prioritizing and validating workers’ needs. It is recommended that BCEHS take strides to ensure that workers are afforded the time and opportunity to actively participate in all matters related to psychological health and safety.

Psychosocial Survey Results:

- 62% of respondents ***strongly or somewhat disagree*** with the statement “My opinions and suggestions are valued by my PSO.”

When exploring opportunities to move towards a worker-centered approach, BCEHS should review the following areas:

Policy, Procedures and Guidelines / Workload Management: Operational policies, procedures, and guidelines should be reviewed to ensure that they prioritize the needs of workers, consider the psychological demands of the job, and protect workers from undue stress. Necessary to this process, will be to understand and address workload management issues – an important protective factor which contributes to both the collective and self-efficacy of workers – and

chronic stressors inherent to the work. The gap analysis and CSA Standard suggest the following areas for review to include: Paramedic partners, overtime, shift change practices, adequate coverage, conditions of stations, call volume, high and low acuity calls, and call duration.

Psychosocial Survey Results:

- 50% of respondents ***strongly or somewhat disagree*** with the statement “The amount of work I am expected to do is reasonable.”
- 74% of respondents ***strongly or somewhat disagree*** with the statement “My PSO demonstrates support for my work-life balance in a tangible way.”
- 65% of respondents ***strongly or somewhat disagree*** with the statement “My PSO takes actions to minimize the psychological demands of my job.”
- 72% of respondents ***strongly or somewhat disagree*** with the statement “My PSO is committed to minimizing unnecessary stress at work.”
- 56% of respondents ***strongly or somewhat disagree*** with the statement “My PSO deals effectively with situations that may threaten or harm workers (e.g. bullying, harassment, discrimination, violence).”

Opportunities for Growth and Development / Stages of Employment: The gap analysis identified limited opportunities for growth and development for workers, both within and outside the organization. With respect to the latter, it was suggested the BCEHS consider building an external network that will support workers that are no longer able to or interested in performing work as a Paramedic. For those that spend the duration of the career with BCEHS, recognizing and supporting their changing needs is imperative. Specific considerations should be given to those preparing for retirement. At present, there are some initiatives being introduced to support this cohort of workers; however, BCEHS should ensure that these initiatives are sufficient to meet the needs of these workers. This is especially important when recognizing the sense of identity and pride that workers attached to their work.

Psychosocial Survey Results:

- 59% of respondents ***strongly or somewhat disagree*** with the statement “I have the opportunity to take on new roles and challenges within my PSO.”

Recognition and Reward: While BCEHS has recently introduced some initiatives, both formal and informal, to recognize the accomplishments of their workers, findings from both the gap analysis and Psychosocial Survey suggest this is an area for improvement. Thus, despite facing the challenges of having a decentralized workforce, BCEHS should identify opportunities to enhance their program for recognizing and rewarding their workers, including introducing more day-to-day recognition of workers’ accomplishments.

Psychosocial Survey Results:

Results from the Psychosocial Survey report rewards and recognition as one of the lowest agreement scores.

- 60% of respondents ***somewhat or strongly agree*** with the statement “The person to whom I report values my work.”
- 73% of respondents ***strongly or somewhat disagree*** with the statement “My PSO provides meaningful recognition of my work.”

- 68% of respondents ***strongly or somewhat disagree*** with the statement “My PSO demonstrates appreciation of my commitment to my work.”

Sense of Community: The CSA Standard identifies sense of community as a protective factor and defines it as feelings of belonging or emotional attachment that are achieved by identifying, establishing, and maintaining acceptable behaviours that are supportive and inclusive of a psychologically health and safe workplace. Although BCEHS faces the challenge of a decentralized workforce, it should consider opportunities to implement measures that serve to foster a greater sense of community within the organization. Two areas for particular consideration would include NEO cohorts, as well as workers exiting the organization.

Disability Management: The CSA places great emphasis on the need for return-to-work and stay-at-work programs to be worker-centered. It also recognizes support for these programs as an important part of a psychological health and safety awareness and stigma reduction program. Although BCEHS is currently implementing initiatives through CIS and in collaboration with WorkSafeBC to support the stay-at-work program, the gap analysis suggests that there are further opportunities for disability management to align its current practices to be more worker-centered: There is the perception that return-to-work programs are not flexible nor do they prioritize the needs of the worker. Some of the challenges identified in the current program could be addressed by implementing practices that include follow-up meetings with workers, timely communication, creating a clear mandate of roles and responsibilities to ensure an effective use of resources, and ensuring that leadership is educated about and able to effectively support and collaborate on the return-to-work and stay-at-work process. In addition, the CSA Standard requires there is clear communication to all workers about the disability management program, including its policies and procedures and any income variances that they may encounter.

Psychological Wellness Checks: The CSA Standard suggests that a psychological wellness check should be established, implemented and maintained. While this is only a suggestion within the Standard, it presents BCEHS with an opportunity to consider whether psychological wellness checks should be introduced into practice, in one capacity or another. The CSA Standard indicates that a psychological wellness check should be conducted by a regulated health professional; however, BCEHS may wish to consider other, more informal, opportunities, such as utilizing frontline leadership, to align itself with this objective.

Chronic Stressors and Cumulative Exposure

Workplace Factors: *Psychological and social support; Psychological demands; Workload management; Work/life balance; Psychological protection; Protection of physical safety; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events*

The CSA Standard recognizes that the psychological demands of work in a paramedic service organization include chronic stressors and cumulative exposure to critical or stressful events. Moreover, the Standard requires that the organization monitor and mitigate exposure to traumatic and chronic stressors. The gap analysis identifies this as an area for improvement within BCEHS. Although BCEHS does have a sentinel list, it has been noted that this list does not adequately capture psychological considerations; thus, there is an opportunity to expand this list. Similarly, at present, the organization has no mechanisms in place to monitor or measure chronic stressors or cumulative exposure: As per the

CSA Standard, the organization is required to implement a system for data collection that will track worker exposure to trauma over time.

In order to align with the CSA Standard, BCEHS will also need to complete a job demand analysis to properly identify the psychological demands of work. Job demand analyses need to be completed for all workers in the organization, given that many workers, such as dispatchers or administration, are often exposed to secondary trauma. These findings should then be acknowledged as part of the requirements of the job and, as per previously cited recommendations, should be factored into current policies, procedures, and guidelines. Some stressors identified by workers include: cross coverages, treating people differently based on rank, working out of cars that are ergonomically uncomfortable and not properly equipped, interpersonal issues between level of care and perception of practitioner competence, staff turnover and influx of new employees, and not being able to advance careers due to financial barriers.

Psychosocial Survey Results:

- 81% of respondents ***strongly or somewhat disagree*** with the statement “My PSO monitors compassion fatigue and burnout.”
- 69% of respondents ***strongly or somewhat disagree*** with the statement “My PSO tries to limit the impact of chronic stressors.”

Formal and Informal Supports:

Workplace Factors: *Psychological and social support; Psychological demands; Psychological protection; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events*

The presence of both formal and informal supports are identified as important preventative and protective factors in the CSA Standard. The CSA Standard also acknowledges the need for formal supports to be culturally competent and meet the needs of the diverse population that makes up a paramedic service organization. The gap analysis recognizes that BCEHS’ Critical Incident Stress (CIS) program as an effective internal, formal support within the organization that offer post-trauma support to workers. The CIS program was also identified as a culturally competent resource for workers. However, it was noted that, as some workers do not identify as first responders, there may be a need to consider additional internal resources that can meet the needs of all workers. In many cases, there are workers, such as administration, supervisors, management, and other support teams, who are not in the position of paramedic, but often subject to secondary trauma.

The analysis also brought attention to the issue of post-incident debriefing. Observations were shared that there is opportunity for the organization to improve this process. It was noted that there is often no organized debriefing and/or those that should be in attendance are not invited or able to attend. Some additional barriers include a lack of resources or staffing, a sense that senior crews are unaffected by the event due to their experience, and concerns about passing workload off onto others.

As for external resources, it is recommended that the organization review its current supports, as well as seek opportunities to introduce additional, more relevant, resources for workers. While workers can access the Employment and Family Assistance Program, it has been identified as not providing services that understand the diversity and unique needs of first responders.

Psychosocial Survey Results:

- 73% of respondents ***somewhat or strongly agree*** with the statement “My PSO provides appropriate services to support my psychological health (e.g. peer support programs, Employee Assistance Programs, stress management training).”

The CSA Standard also recognizes the importance of informal mental health supports. Many of the recommendations captured in this report otherwise will also offer informal supports for workers, including such things as worker contact with competent frontline leadership, implementing measures that foster a sense of community, and providing mental health training and education to workers. In addition to these initiatives, the CSA Standard explicitly recognizes that families are an integral part of an informal support system for mental health and indicates that they are an important part of a psychological health and safety awareness and stigma reduction program. The CSA Standard calls for paramedic service organizations to provide workers’ families with information about early warning signs of occupational stress injuries and ensure they are aware of the resources available to both workers and their families. At present, BCEHS does make information available to families on their public site, but it is recommended that they consider introducing additional measures such as creating a handbook specifically for the families of a new hire and/or holding information sharing events for families.

Mental Health Training, Education, and Initiatives

Workplace Factors: *Psychological and social support; Growth and development; Work/life balance; Psychological protection; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events*

The CSA Standard has a strong focus on the need to provide all workers with mental health training and education. Although this need was identified in the discussion about frontline leadership, it is necessary to recognize that the CSA Standard requires these initiatives to be introduced across the organization. Similarly, this training and education must be available at all stages of employment from recruitment to retirement. The gap analysis acknowledges that workers’ needs change throughout these stages of employment and thus, education and training should be aligned with workers’ changing needs. The CSA Standard indicates that workers should have the tools, skills, and knowledge to be able to assess and support their own well-being throughout their career.

Training and education in mental health are embedded in the Standard’s requirements to implement preventative workplace interventions, as well as a psychological health and safety awareness and stigma reduction program. These requirements support the recommendation of the CSA Standard that workers be encouraged to recognize responsibilities for maintaining their own psychological health and contributing to the well-being of those around them. In developing this awareness and skill set for workers, the organization is also contributing to the development of informal mental health supports.

The CSA Standard also recognizes the importance of supporting the physical health and wellness of workers. The organization introduces this concept into NEO, as well as offers a number of resources to workers through Health Promotions. This information can easily be accessed by workers on the POD; however, as per earlier recommendations, the organization should ensure it has the mechanisms in place to communicate with workers that this information is available.

Psychosocial Survey Results:

- 62% of respondents ***somewhat or strongly agree*** with the statement “Workers in my PSO have a good understanding of the importance of employee mental health.”
- 59% of respondents ***strongly or somewhat disagree*** with the statement “My PSO provides tools and training to help me cope with chronic stress.”

The gap analysis identified opportunities to introduce a mental health component, including resiliency and available health-promotion materials, in NEO. The Standard also requires that orientation for new workers include an understanding of the psychological impacts of the job. Beyond the recruitment stage, it is recommended that BCEHS identify opportunities to provide on-going and regularly scheduled refreshers in the areas of resiliency, understanding signs and symptoms of psychological stress injuries, mental health literacy and awareness, suicide awareness, and conflict management. A specific list of areas for further consideration can be found in section 4.4.6.1. of the CSA Standard. It should be noted that this list includes a suggestion of self-defence training. Findings from the gap analysis suggest that BCEHS needs to further understand the intended definition of this and then consider whether or not it is something that is aligned with the organization’s values and preferred approach to conflict resolution.

At present, BCEHS has undertaken initiatives, primarily through the CIS program, to introduce mental health awareness and anti-stigma campaigns in the workplace. The gap analysis recognizes these initiatives and encourages the organization to continue with these efforts and build upon them. These efforts should also be expanded to include suicide awareness and education, as this is a significant issue in a paramedic service organization that is not getting the attention it requires at this time.

Data Collection

Workplace Factors: *Psychological and social support; Organizational culture; Psychological demands; Workload management; Work/life balance; Other chronic stressors as identified by workers; Cumulative exposure to critical or stressful events*

Data collection constitutes a major theme within the CSA Standard. Data collection is required for the purposes of reviewing, planning for change, implementing changes, and evaluating the effectiveness of the change necessary. The gap analysis shows that while BCEHS collects a large amount of data, this data is not being utilized. At present, BCEHS is developing a dashboard about what to measure and monitor both from a physical and psychological health and safety perspective. In order to align with the CSA Standard, this dashboard will need to include data collection to track worker exposure to trauma and to help identify workers at risk. The organization may also wish to include collecting data related to substance use disorders, as this is a significant concern within first responder communities. Once key indicators have been identified, the organization will have the opportunity to create a standard practice for data collection and determine what data is necessary to collect and review. This data should account for all workers in the organization, not just paramedics. It is also recommended that historical data be reviewed for the purposes of identifying trends.