

LAW AMENDMENTS COMMITTEE

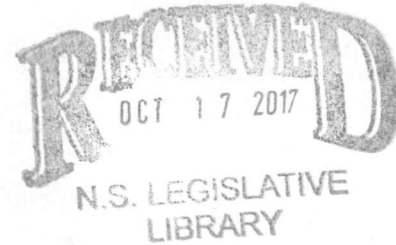
Red Chamber, Province House

Monday, October 16, 2017

9:00 a.m.

Bill #16 - Adult Capacity and Decision-making Act

- 9:00 a.m.
1. Professor Sheila Wildman
 2. Wendy Lill
Community Homes Action Group
 3. Charlie Macdonald
 4. Michael Bach, Managing Director
Institute for Research & Development on Inclusion in Society (IRIS)
- 10:00 a.m.
5. Brenda Webb
 6. Darrell Webb
 7. Dave Kent
People First Nova Scotia



Bill No. 29 - Marine Renewable-energy Act (amended)

- 10:45 a.m.
1. Jamie MacNeil

Bill #7 - Workers' Compensation Act (amended)

- 11:00 a.m.
1. Janet Hazelton, President
Nova Scotia Nurses' Union
 2. Jason MacLean, President
NSGEU
 3. Mary Lloyd
Larry Maloney
Pictou County Injured Workers Association
 4. Micah MacIsaac

12:00 noon

~~5. Judy Lewis~~ cancelled

6. Jim Cormier, Atlantic Director
Retail Council of Canada

7. Richard Biggar DIDN'T APPEAR

8. Debra Fortune

1:00 p.m.

9. Shaun Watters

10. Kevin Johnson

11. Rachel Barbour

12. Dean Tupper DIDN'T APPEAR

13. Terry Chapman

Bill No. 15 - Environment Act (amended)

2:00 p.m.

1. Stephen Thomas
Ecology Action Centre

2. Brian Gifford, Chair
Affordable Energy Coalition

3. Daniel Roscoe, P. Eng, Partner
Roswall Incorporated

4. Christine Saulnier, Nova Scotia Director
Canadian Centre for Policy Alternatives

Bill #7 - Workers' Compensation Act (amended) - continued

3:00 p.m.

14. Eunice Abaga

Bill No. 17 - Solemnization of Marriage Act (amended)

No representation

Bill No. 19 - An Act to Amend Various Consumer Protection Statutes

No representation

Bill No. 27 - Intimate Images and Cyber-protection Act

No representation

Bill No. 33 - Gas Distribution Act (amended)

No representation

Law Amendments Committee
Bill 7 – Workers’ Compensation Act (amended) – re PTSD

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October 16th, 2017

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My last comment concerns when the presumption will be deemed to be in force. The Nurses' Union strongly urges that in the legislation or the regulations, this date be set in the past such that those who were unjustly denied coverage are able to receive it. Rectifying potential past injustices could involve a review of rejected claims related to PTSD, a grace period to allow for new claims based on past events, and an ability for workers who were previously denied coverage to easily instigate a claims appeal.

I thank you again for the opportunity to comment on this important piece of legislation. We encourage its passing, and hope you will heed the recommendations we have made today.

Law Amendments Committee
Bill 7 – Workers’ Compensation Act (amended) – re PTSD

Janet Hazelton, President, Nova Scotia Nurses’ Union
October 16th, 2017

The Nova Scotia Nurses’ Union is a professional union representing 7,000 Licensed Practical Nurses, Registered Nurses and Nurse Practitioners in Nova Scotia’s hospitals, long term care facilities, adult residential centers, VON branches and Canadian Blood Services Centres. On behalf of the NSNU, I would like to thank the committee for the opportunity to speak to this important legislation which the Nurses’ Union supports.

Nursing is an amazing profession, but unfortunately it sometimes involves traumatic experiences. Nurses see patients experiencing extreme pain and suffering. They care for children who are abused, both physically and sexually. Like other first responders, they see humanity at its worst, and patients at their most vulnerable. Unfortunately, the thoughts and experiences at work are not easily compartmentalized; they stay with the nurse and affect every aspect of her life.

In some Canadian jurisdictions, presumptive PTSD legislation is reserved for traditionally male-dominated professions. Nurse unions across the country have been lobbying governments and compensation boards to recognize the reality of PTSD in nursing and the obligation to provide appropriate care and compensation to those affected. The NSNU is happy to see that in Nova Scotia, the legislation specifically names nurses and continuing care assistants,

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Notes for a Submission

By

Jason MacLean
President

Nova Scotia Government & General Employees Union

To the Law Amendments Committee
On Bill No. 7

An Act to Amend the Workers' Compensation Act
October 16, 2017

Introduction

Thank you, Madam/Mr. Chairperson and members of the Committee for the opportunity to speak to you about Bill 7 – *An Act to Amend the Workers' Compensation Act*. I am Jason MacLean president of NSGEU.

The Nova Scotia Government and General Employees Union (NSGEU) is the largest union in the province representing approximately 31,000 workers across the public sector in the provincial government, corrections, health care, public schools, community colleges, universities, municipalities, and community organizations.

The NSGEU represents a range of workers who are emergency responders: police/peace officers, social workers, correctional workers, paramedics, sheriffs, probation officers, firefighters, Licensed Practical Nurses & Registered Nurses, home support/continuing care workers and more. These are the people you need by your side in a time of crisis and all of them can be confronted with unthinkable, and unfortunately unforgettable situations.

The very nature of their work makes these workers vulnerable to Post-Traumatic Stress Disorder (PTSD). Unfortunately, these emergency responders aren't receiving the supports they need when they develop PTSD, because of their working environment and the variety of calls, they respond to.

So first off, thank you. Thanks to Dave Wilson and the NDP Caucus for their numerous attempts at bringing this issue forward and keeping it on the front burner. Thanks to the PC caucus for their support on this issue and thank you to Minister Regan who brought this Bill forward last spring and Minister Kousalis and all members of the Liberal Government for introducing Bill 7 in this session.

You are all going to be surprised by my next comment, but I want to thank the Premier for this Bill. I know it's something that has struck a chord with him.

On November 10, 2016, just right outside on the corner of Granville and George Street. The NSGEU joined with the Union of Canadian Correctional Officers (UCCO) to raise awareness for the need for amendments to the WCB Act nationally and provincially to include automatic coverage of PTSD for first responders.

UCCO was doing a Nationwide campaign to give the public and law makers like yourself a sense of what work life is like in a Correctional Facility. They designed the inside of a truck trailer as a jail and had people playing the role of inmates. It just so happened that when I toured the vehicle the Premier was right behind me. When we finished up the Premier and I chatted and he said something along the lines of "we have to do something about this."

I said anytime. We met a few times last winter and spring to discuss the Bill and he even gave me a preview before it was introduced. So even though

he and I may disagree on some issues, it's important that we can always set those issues aside and work together on common interests for the betterment of Nova Scotia.

As it stands, the legislation intends to covers continuing-care assistants, correctional officers, emergency-response dispatchers, firefighters, nurses, paramedics, police officers and gives Cabinet the ability to cover other persons in occupations prescribed by the regulation.

I would like to see the initial list broadened to include sheriffs, social workers and probation officers all who may have to deal with horrific situations.

For instance, when Bill 7 was introduced I received an email from a Sherriff asking if they would be covered. When I said no, they were missed I asked him to send some issues I could use in my presentation.

Here is what he said: Jason, A few incidents spring to mind.....Just in our geographical area.....

- One officer has witnessed 3x hangings.....
- In cells we have had urine and feces thrown our way, as well as intimidation and threats, threats to family, our person and property.
- Dealing with people in the common areas of the courthouse;
- during trials hearing testimony regarding sexual misconduct against children, violent murder evidence...and yes, at times autopsy pictures are viewed by the court.
- On transport, we have witnessed violent accidents resulting in death; had prisoners breach the cages and try to get at us

- all this and not even mentioning when we have been physically assaulted, spit upon etc.....verbal obscenities all day long directed our way by persons in custody.
- Jason... although these things come with the territory as it were, it does affect some officers to their detriment.....anyways, thanks for your time....these thoughts were contributed by a number in our office and we appreciate your word to respect our anonymity.

So stop and think what this would do to each of you and remember that the social workers we send into broken homes and the probation officers who deal with troubled youth face the same kinds of problems.

And they all have to do their jobs shorthanded and with a lack of additional resources like mental health supports to help their clients.

Therefore, I strongly urge you to amend the initial list to include the above mentioned occupations.

In conclusion, thanks to again for finally recognizing this issue, thanks again for reintroducing this Bill and thanks in advance for passing this amended Bill and getting these Nova Scotians the help and support they need.

We appreciate this opportunity to speak with you, and we welcome your questions or comments.



*Pictou County Injured Workers Association
142 Provost Street
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B2H 2P7
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Fax: 902-695-3153
E-mail: pciwa@eastlink.ca*

October 16, 2017

Honourable Mark Furey, Chair
Law Amendments Committee
Nova Scotia Legislative Counsel
PO Box 1116
Halifax, NS B3J 2X1

Dear Mr. Chairperson and Committee Members:

Re: Bill No. 7 – Workers' Compensation Act

Pictou County Injured Workers' Association (PCIWA) is a not for profit association providing support and assistance to injured workers and their families. Founded in 1992, our association advocates for change to the workers' compensation system to ensure it maintains consistency with its founding principles which include compensation regardless of fault, the total cost of the system being shared by all employers, the assurance and security of prompt compensation and future benefits, and the Board being a neutral third party administrator which is autonomous and non-political.

We are grateful for the Government to introduce this Bill with the intent to provide presumptive benefits to first responders and others dealing with emergency related events who suffer from work related post traumatic stress disorder (PTSD). However, the proposed legislation is not sufficient to meet the stated goal.

Automatic Assumption v. Presumption

The consultation materials identify the purpose of the amendment is to ensure PTSD experienced by emergency first responders will be presumed to be the result of their work and they will not be required to prove the work relatedness of the condition.

The proposed amendment does not provide any greater presumption of work relatedness than that which currently exists in the legislation. Section 10(4) of the Workers' Compensation Act ("The Act") presumes that **all injuries** have arisen out of and in the course of employment, unless the contrary is shown. A worker needs only to show a causal connection between the injury/condition and the workplace activity. The proposed amendment contains essentially the same language as that in section 10(4). It is not the legislation that results in the worker having to prove the work relatedness of the PTSD, it is the WCB's policy and adjudicative practices.

The current requirement of establishing a claim for psychological injury pursuant to the section 2 definition of accident is a worker must link the psychological condition to a traumatic event at the workplace, that is, make a causal connection. This can be accomplished usually via the WCB Injury Report and medical documentation from treating physicians/psychologists. WCB Policy 1.3.9 requires the worker to provide a diagnosis, in accordance with the DSM (Diagnostic and Statistical Manual of Mental Disorders) by a registered psychologist or psychiatrist. The proposed amendment does not change this criteria...it simply codifies in legislation the WCB's policy process. The current Bill does not provide faster adjudication of a PTSD claim and does not alleviate the burden upon a worker to re-live their experience.

PCIWA suggests Bill 7 be amended to establish an "Automatic Assumption" for PTSD claims. The language should be clear and unambiguous:

“Any worker diagnosed by a treating medical practitioner as displaying characteristics of PTSD shall have their claim for compensation accepted.”

The WCB would then be able to accept the claim promptly in order to provide any wage replacement benefits and expedite treatment with a psychiatrist or registered psychologist. The formal diagnosis of PTSD pursuant to the DSM can be done in due course. It is vital to note the definition of “accident” in section 2 does not require a diagnosis of PTSD. A psychological condition arising as the result of a traumatic event is a compensable condition which may result in a loss of earnings, require ongoing medical treatment and lead to a permanent impairment. The codification of the WCB Policy requirements into legislation would be inconsistent with the section 2 definition of “accident”

Workers Eligible for Coverage

All workers experiencing a traumatic workplace event and who develop PTSD symptoms should be included in this legislative assumption/presumption. For example, a pedestrian is struck and killed by a professional driver (delivery truck, snow plow, bus, etc.) Under the proposed legislation the paramedics, police officer, fire fighters, nurses, etc, who develop PTSD as a result of the traumatic event would be covered by WCB for benefits and services via the presumption. However, the driver of the vehicle would not. The driver would be required to endure the lengthy process of proving to WCB the PTSD is related to the accident. This is unfair and creates a potential Charter challenge.

Prescribed Diagnostician

Persons who may diagnose a worker with PTSD should be defined in the Act not in the Regulations. PTSD is a serious disorder which significantly affects a person's ability to work, to interact with other people and to function in all aspects of life. The treatment of this condition requires specialized skills and training. Such treatment should only be provided by psychiatrists and registered psychologists with experience and training in PTSD. Recently, a PCIWA client diagnosed with severe PTSD was informed by a WCB Tier 3 clinic psychologist that she lacked the training and skills to treat his PTSD. Within weeks, the psychologist informed the worker she could now commence treatment because she was provided with a book by WCB and that the worker would be her "guinea pig" regarding the treatment of PTSD. Without clear legislative direction on this issue, PTSD sufferers will receive "cost effective" treatment rather than therapeutically effective treatment.

Time Limitation for Claim Recognition

Section 8(d) authorizes the Government to prescribe by regulation the time period following the worker ceasing employment within which a diagnosis for PTSD must be made in order for the presumption to apply. The inclusion of any time frame for this purpose is inconsistent with the Government's *Backgrounder for Stakeholder Consultation* document of August 2017. On page 1, under the heading "What is Post Traumatic Stress Disorder" the Department of Labour and Advanced Education writes:

"A person can develop PTSD soon after the triggering event or days, months, or even years later."

The imposition of a legislated limitation within which to be diagnosed is inappropriate considering the PTSD may not be diagnosed for years following the traumatic event and which may occur years after the person ended employment as a first responder. The current legal test utilized in adjudication is the section 83 time limits on filing a claim commence when a person reasonably becomes aware the condition or symptoms are related to a traumatic workplace event. The inclusion of a legislated time frame in this Bill makes it more difficult for those suffering from PTSD to file a claim rather than making it easier. Imposing time limits is inconsistent with the intent of the legislation. No time limits should be identified in the Act or in the regulations.

Systemic Changes Required

Major changes to the legislation, WCB policies and WCB adjudicative practices are required in addition to the assumption/presumption amendment.

First, the current mindset of WCB adjudication is that all claims fit into the same box. The injury occurs, the worker is sent to physiotherapy for an assessment to determine the weight a person can lift, push, pull and carry and the worker is deemed fit to return to work in some capacity. Unfortunately, WCB adjudicators and case managers appear to have no sensitivity or awareness of the issues relating to psychological or mental health related injuries. For example, a WCB Case Manager will interpret an injured worker's unwillingness or inability to return to work or undergo certain medical treatment as non-

cooperation and non-compliance when, in fact, it is the psychological condition that may be inhibiting the Worker from participation. WCB staff persons require significant sensitivity and diversity training in order to effectively adjudicate psychological injury claims.

Second, the current legislation identifies maximum gross annual earnings of 135.7% of the average industrial wage upon which to calculate benefits paid to a worker. For the year 2017, the maximum gross annual earnings are \$59,300.00. Many first responders, such as police officers, fire fighters and nurses, earn more than the maximum allowable amount. For example, a first responder earning \$95,000.00 per year would only be entitled to WCB benefits calculated at the rate of 75% or 85% of the net earnings of \$59,300.00. This dramatic loss of income would only increase the psychological damage already being experienced by the PTSD condition. Many first responders would be better served by receiving disability benefits from a private insurer rather than being on WCB benefits. The intent of Government to make it easier for PTSD sufferers is undermined by the financial penalties contained in the current legislation. Numerous sections of the Act relating to financial penalties need to be amended.

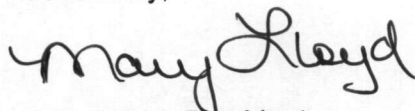
Third, the WCB focus on disentitlement and upon meeting the corporate performance measures of reducing the number and duration of claims results in adjudicative decisions which are inconsistent with the legislated requirements of sections 186 and 187 to base all decisions on the real merits and justice of each case, to be made in accordance with the Act, Regulations and Board Policy and to grant the benefit of a doubt to a worker. This adjudicative approach of reducing costs as opposed to treating and insuring the worker gets the treatment and help that is needed will add further psychological harm to an individual suffering from PTSD.

Our association has grave concerns the current Bill, if passed, will not provide the prompt adjudication and treatment necessary for workers suffering psychological injury as a result of traumatic workplace events.

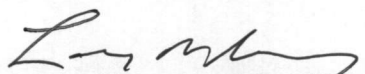
Our association strongly encourages the Government to ensure such serious issues as time limits for claim recognition, prescribed diagnosticians and workers covered by the Bill are defined in legislation and not in regulation. The Minister has already indicated the creation of regulations would be strongly influenced by the Workers' Compensation Board.

All of which is respectfully submitted this 16th day of October, 2017.

Yours truly,



Mary Lloyd, President



Larry Maloney, Vice President

VA » Health Care » PTSD: National Center for PTSD » Professional » PTSD and DSM-5

PTSD: National Center for PTSD

PTSD and DSM-5

In 2013, the American Psychiatric Association revised the PTSD diagnostic criteria in the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders (DSM-5; 1)*. PTSD is included in a new category in *DSM-5*, Trauma- and Stressor-Related Disorders. All of the conditions included in this classification require exposure to a traumatic or stressful event as a diagnostic criterion. For a review of the *DSM-5* changes to the criteria for PTSD, see the American Psychiatric Association website on Posttraumatic Stress Disorder [↗](#).

DSM-5 Criteria for PTSD

Full copyrighted criteria are available from the American Psychiatric Association (1). All of the criteria are required for the diagnosis of PTSD. The following text summarizes the diagnostic criteria:

Criterion A (one required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Witnessing the trauma
- Learning that a relative or close friend was exposed to a trauma
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties (e.g., first responders, medics)

Criterion B (one required): The traumatic event is persistently re-experienced, in the following way(s):

- Intrusive thoughts
- Nightmares
- Flashbacks
- Emotional distress after exposure to traumatic reminders
- Physical reactivity after exposure to traumatic reminders

Criterion C (one required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related reminders

Criterion D (two required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma

- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Decreased interest in activities
- Feeling isolated
- Difficulty experiencing positive affect

Criterion E (two required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Heightened startle reaction
- Difficulty concentrating
- Difficulty sleeping

Criterion F (required): Symptoms last for more than 1 month.

Criterion G (required): Symptoms create distress or functional impairment (e.g., social, occupational).

Criterion H (required): Symptoms are not due to medication, substance use, or other illness.

Two specifications:

- **Dissociative Specification.** In addition to meeting criteria for diagnosis, an individual experiences high levels of either of the following in reaction to trauma-related stimuli:
 - Depersonalization. Experience of being an outside observer of or detached from oneself (e.g., feeling as if "this is not happening to me" or one were in a dream).
 - Derealization. Experience of unreality, distance, or distortion (e.g., "things are not real").
- **Delayed Specification.** Full diagnostic criteria are not met until at least six months after the trauma(s), although onset of symptoms may occur immediately.

Note: *DSM-5* introduced a preschool subtype of PTSD for children ages six years and younger.

How Do the *DSM-5* PTSD Symptoms Compare to *DSM-IV* Symptoms?

Overall, the symptoms of PTSD are generally comparable between *DSM-5* and *DSM-IV*. A few key alterations include:

- The revision of Criterion A1 in *DSM-5* narrowed qualifying traumatic events such that the unexpected death of family or a close friend due to natural causes is no longer included.
- Criterion A2, requiring that the response to a traumatic event involved intense fear, hopelessness, or horror, was removed from *DSM-5*. Research suggests that Criterion A2 did not improve diagnostic accuracy (2).
- The avoidance and numbing cluster (Criterion C) in *DSM-IV* was separated into two criteria in *DSM-5*: Criterion C (avoidance) and Criterion D (negative alterations in cognitions and mood). This results in a requirement that a PTSD diagnosis includes at least one avoidance symptom.
- Three new symptoms were added:
 - Criterion D (Negative thoughts or feelings that began or worsened after the trauma): Overly negative thoughts and assumptions about oneself or the world; and, negative affect
 - Criterion E (Trauma-related arousal and reactivity that began or worsened after the trauma): Reckless or destructive behavior

What Are the Implications of the *DSM-5* Revisions on PTSD Prevalence?

Changes in the diagnostic criteria have minimal impact on prevalence. National estimates of PTSD prevalence suggest that *DSM-5* rates were only slightly lower (typically about 1%) than *DSM-IV* for both lifetime and past-12 month (3). When cases met criteria for *DSM-IV*, but not *DSM-5*, this was primarily due the revision excluding sudden unexpected death of a loved one from Criterion A in the *DSM-5*. The other reason was a failure to have one avoidance symptom. When cases met criteria for *DSM-5*, but not *DSM-IV*, this was primarily due to not meeting *DSM-IV* avoidance/numbing and/or arousal criteria (3). Research also suggests that similarly to *DSM-IV*, prevalence of PTSD for *DSM-5* was higher among women than men, and increased with multiple traumatic event exposure (3).

References

1. American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders, (5th ed.). Washington, DC: Author.
2. Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2011). Considering PTSD for *DSM-5*. *Depression & Anxiety, 28*, 750-769. doi:10.1002/da.20767
3. Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using *DSM-IV* and *DSM-5* criteria. *Journal of Traumatic Stress, 26*, 537-547. doi:10.1002/jts.21848

Date this content was last updated is at the bottom of the page.

The National Center for PTSD does not provide direct clinical care, individual referrals or benefits information.

For help please see:

Where to Get Help for PTSD or
Get Help with VA PTSD Care, Benefits, or Claims

For Web site help: Web Policies

PTSD Information Voice Mail:
(802) 296-6300
Contact Us: ncptsd@va.gov
Also see: VA Mental Health

Connect with us



Date 16/Oct/2017

Presentation to Law Amendment Committee Bill 7

Item d.

- 3(d) Enhanced protection for employee who take action.
1. Develop standards/guidelines to protect employees from being victimized and revictimized when they report environmental health concerns related to exposure to pollutants and chemicals at the work place.

One way this could be done is by establishing a non-partisan committee that provides oversight of effective implementation and conformity of the Act. ~~Workplace~~ parties involved in the investigation of complaints and appeals should not be members of this independent non-partisan committee for the Act. Conformity and audits. ^{Representation from the following departments: Ed, Health, Environment, Labour/employment}

Ideally there should be consultation at all levels on what should be included in those standards/guidelines and how implementation and conformity of the act will be governed and reported to the public.

It is my hope that the Law Amendment Committee will take this consideration seriously and ensure that the standards/guidelines are developed and vetted before the Act is passed. Both employers and employees should be included in the consultations.

2. It should also be noted, employers and their representative bodies need to be protected/~~supported~~ by establishing minimum requirements/benchmarks for effectively responding to ~~complain~~ environmental harm complaints in the workplace. Cases involving environmental harm in the workplace should be viewed from an environmental justice perspective.



③ Provision of adequate accommodation for employees who experience environmental harm in the workplace. This is necessary to strike a balance b/n reasonable accommodation and adequate accommodation while preserving people's integrity and respecting their privacy to their medical information

④ Last but not least the Workers Compensation Board should consider the Psychosocial risks that exacerbates psychological conditions among employees with undiagnosed as well as diagnosed environmental health conditions. Other jurisdictions have disability coverage for psychological injuries in the workplace. It is my hope that as you consider all aspects of Bill 7, you will explore the possibility of acknowledging that numerous are susceptible to environmental harm in the workplace and this constitutes injury in the workplace and should be treated just as a broken leg at the workplace.

Thanks for the opportunity to present the Law Amendment Committee for Bill 7.

CARRIED

Bill #7
Workers' Compensation Act (amended)

CHANGES RECOMMENDED TO THE LAW AMENDMENTS COMMITTEE
BY THE MINISTER OF LABOUR AND ADVANCED EDUCATION

PAGE 3, subclause 6(1), proposed clause 83(2A)(b) - delete and substitute the following:

(b) the worker's claim for compensation is made within the period prescribed by the regulations after the worker is diagnosed with post-traumatic stress disorder in accordance with Section 12A and the regulations made under that Section.

PAGE 3, Clause 6 - add after subclause (3) the following:

(4) Section 83 of Chapter 10 is further amended by adding immediately after subsection (6) the following subsections:

(7) The Governor in Council may make regulations prescribing the period for the purpose of clause (2A)(b).

(8) A regulation made under subsection (7) may be of general application or may apply in respect of a worker on the basis of when the worker is diagnosed with post-traumatic stress disorder in accordance with Section 12A and the regulations made under that Section, and there may be different regulations in respect of workers diagnosed at different times.

(9) The exercise by the Governor in Council of the authority contained in subsection (7) is regulations within the meaning of the *Regulations Act*.

From: Smith, Blair L
Sent: Tuesday, October 03, 2017 10:33 AM
To: Office of the Legislative Counsel
Subject: Amendments to the Workers Compensation Act

Legislative Counsel Office
Law Amendments Committee

Re: Amendments to the Workers Compensation Act - Automatic Coverage for Post-Traumatic Stress Disorder (PTSD)

I believe the Bill should also include the following presumptive benefits to, or in the regulations to if they are not already, the following professions, who could also be considered to work on the front-line or in emergency-response situations:

- **Doctors** - Many doctors, especially ER doctors, are exposed to traumatic incidents and deal with traumatic events treating their patients and throughout their careers.
- **Psychiatrists** - Many Psychiatrists, are exposed to traumatic incidents and deal with traumatic events treating their patients and throughout their careers.
- **Psychologists** - Many Psychologists, are exposed to traumatic incidents and deal with traumatic events treating their clients and throughout their careers.
- **Social Workers** – Many social workers (ER , Hospital, Child Protection, Adult Protection, Correctional) are exposed to traumatic incidents and deal with traumatic events with clients and throughout their careers.

I believe that these professions should also be included due to the accumulative affect repeated exposure to traumatic events can have on a person and their mental well-being .

Sincerely,

Blair

Blair Smith, BSW, RSW
Adult Protection Worker
Department of Health and Wellness
3825 Joseph Howe Dr., Hfx., NS, B3L-4R6
Tel: 902-424-6091 Fx: 902-428-2177
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When visiting our office please observe our scent-free policy to keep the workplace safe and healthy for everyone.

From: NancyLaphen <[REDACTED]>
Sent: Monday, October 02, 2017 6:41 PM
To: Office of the Legislative Counsel
Subject: PTSD

Hello,

I believe many medical employees, including clerical, X-ray techs, and/or any persons exposed directly to trauma as a result of contact with patients should also be covered for PTSD as a result of their exposures to these events....the medical industry as a whole can be traumatizing for many folks who are involved with patient care. In particular the opioid crisis that is about to reach critical mass.

Nancy Laphen

Sent from my iPad

From: O'Toole, Sean
Sent: Tuesday, October 10, 2017 4:52 PM
To: Office of the Legislative Counsel
Cc: Jason Noseworthy (Jason.Noseworthy@redcross.ca); Arsenault, David; 'Ancel.Langille@redcross.ca'
Subject: Suggested Amendments to Bill No. 7

Dear Law Amendments,

I am writing regarding suggested amendments to Bill No. 7.

I am a Canadian Red Cross volunteer and have been for 11 years. This is a volunteer position like those in the fire service, we respond after the fire has been put out to assist those affected. We respond to personal disasters and as well as municipal or multiple municipal disasters when the need arises that those most vulnerable Canadians need us most. There are several provincial civil servants that volunteer with the organization and have been involved in deployments domestically and internationally. All of which take vacation time to respond. We as secondary responders do experience the effects of dealing with clients that have experienced death, loss of a home, a community or the sense of their own safety. The clients we deal with on a daily, weekly and monthly basis are dealing with a variety of critical incident stresses in their own lives. Myself and many others have had group and peer debriefing after critical incidents after dealing with very emotional clients. I have seen firsthand the toll that this can take on ourselves as volunteers, the waves of the emotion that have taken their toll. Will this stress take its toll of those volunteers and even Red Cross staff with ever increasing natural disasters, we may not know until they have gotten to a point they are unable to work? We won't know that potentially until it affects on one of our Red Cross family and are diagnosed with PTSD.

I ask the Law Amendments Committee to include a secondary responder definition to include staff and volunteers involved in Disaster Management with the Canadian Red Cross.

Thank you,

Sean O'Toole
Emergency Response and Personal Disaster Assistance Supervisor
Disaster Management Volunteer
Cape Breton Emergency Response Team
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