



OCCUPATIONAL HEALTH AND SAFETY (OHS)

PSYCHOLOGICAL INJURY GUIDE

UNDERSTANDING AND RESPONDING TO PSYCHOLOGICAL INJURY IN THE WORKPLACE

Psychological injury and illness are growing workplace concerns. They include mental health conditions, and disorders, caused by exposure to a psychologically traumatic event(s) and/or other psychosocial stressors. This guide outlines common symptoms, what to do, and how to report so that your experience is heard and supported.

COMMON PHYSICAL SYMPTOMS

<ul style="list-style-type: none">> Fatigue or exhaustion, even after rest> Headaches or migraines> Muscle tension or pain> Digestive issues (nausea, stomach pain)> Sleep disturbances (insomnia, nightmares)	<ul style="list-style-type: none">> Heart palpitations or chest tightness> Shortness of breath> Appetite changes (loss of appetite or overeating)> Sweating or trembling> Loss of memory/cognitive abilities
---	---

BEHAVIORAL AND EMOTIONAL INDICATORS

<ul style="list-style-type: none">> Excessive anxiety or panic attacks> Persistent sadness/depression> Irritability / mood swings, anger/rage> Flashbacks or intrusive thoughts (especially after a traumatic event)> Emotional numbness or detachment> Isolation/withdrawal from physical and social interactions	<ul style="list-style-type: none">> Feelings of hopelessness or worthlessness> Avoidance of people, places, or activities that remind you of the trauma.> Increased absenteeism, presenteeism or lateness> Decreased productivity/inability to concentrate, sense of incompetence
---	--

HOW TO KNOW WHEN SOMETHING IS WRONG

It can be hard to find time to stop and think about your own mental when working in a busy healthcare setting. Checking in with yourself, is the best way to determine how you are doing. Use the How am I Doing? Self-check Tool below as a guide to assess changes in your physical health, how you think, feel and act and your use of substance.

Are you feeling a loss of hope or experiencing emotional pain that feels unbearable? Have you thought about ending your life, the steps you would take, or planned to end your life? You are not alone. Help is available 24/7.

STOP: If you are experiencing suicidal ideation, call or text the Suicide Crisis Hotline 24/7 at 9-8-8.



OCCUPATIONAL HEALTH AND SAFETY (OHS)

PSYCHOLOGICAL INJURY GUIDE

HOW AM I DOING?

	HEALTHY	REACTING	INJURED	ILL
Changes in Mood	<ul style="list-style-type: none"> • Calmness • Confidence/optimism • Healthy mood fluctuations 	<ul style="list-style-type: none"> • Nervousness • Occasional self-doubt/pessimism • Irritability/impatience 	<ul style="list-style-type: none"> • Feelings of Anxiety • Loss of self-confidence, apathy, frequent pessimism • Anger 	<ul style="list-style-type: none"> • Feelings of excessive anxiety • Feelings of depression, numbness, hopelessness • Excessive anger or rage
Changes in Thinking and Attitude	<ul style="list-style-type: none"> • Good sense of humour and optimistic • Healthy attitude and thinking patterns • Ability to concentrate and/or focus on tasks • Occasional inability to cope and/or handle competing demands 	<ul style="list-style-type: none"> • Displaced sarcasm • Occasional negative intrusive thoughts • Occasional distraction and/or loss of focus on tasks • Some difficulty and/or procrastination 	<ul style="list-style-type: none"> • Cynicism • Frequent negative intrusive thoughts/suicidal ideation • Frequent distraction and/or loss of focus on tasks • Frequent inability to cope and/or handle competing demands 	<ul style="list-style-type: none"> • Humourless • Obsessive negative intrusive thoughts/suicidal intent • Inability to concentrate and/or complete loss of memory or cognitive abilities • Pervasive sense of incompetence and/or feeling completely overwhelmed
Changes in Behaviour and Performance	<ul style="list-style-type: none"> • Healthy physical/social activity • Good performance; occasional performance issues • Physically present and engaged • Mentally present and alert 	<ul style="list-style-type: none"> • Occasional avoidance of physical/social activity • Occasional performance issues and/or procrastination • Occasional presenteeism • Occasionally distant/distracted 	<ul style="list-style-type: none"> • Frequent avoidance of physical/social activity • Frequent performance issues and/or procrastination • Frequent presenteeism/absenteeism • Frequent distant/distracted and/or pulling away from others 	<ul style="list-style-type: none"> • Isolation and/or complete withdrawal from physical/social activity • Inability to perform duties and/or complete tasks • Constant and prolonged absenteeism • Not mentally present
Physical Changes	<ul style="list-style-type: none"> • Healthy sleep patterns • Healthy appetite • Feeling energetic • Healthy and stable weight 	<ul style="list-style-type: none"> • Occasional trouble sleeping • Occasional gain/loss of appetite • Occasional lack of energy • Occasional weight fluctuations 	<ul style="list-style-type: none"> • Frequently distant/distracted and/or pulling away from others • Frequent trouble sleeping/restlessness • Frequent gain/loss of appetite • Frequent weight fluctuations 	<ul style="list-style-type: none"> • Inability to fall/stay asleep and/or insomnia • Excessive food intake or complete loss of appetite • Constant and prolonged physical exhaustion • Extreme weight fluctuations
Changes in Substance Use and Addictive Behaviours	<ul style="list-style-type: none"> • Limited/no alcohol consumption and/or binge drinking • Limited/no addictive behaviours (i.e. gaming, social media use, etc.) • No trouble/impact due to substance use (i.e. smoking, vaping, etc.) 	<ul style="list-style-type: none"> • Occasional alcohol consumption and/or binge drinking • Occasional addictive behaviours (i.e. gaming, social media use, etc.) • Limited trouble/impact due to substance use (i.e. smoking, vaping, etc.) 	<ul style="list-style-type: none"> • Frequently alcohol consumption and/or binge drinking • Struggle to control addictive behaviours (i.e. gaming, social media use, etc.) • Frequent trouble/impact due to substance use (i.e. smoking, vaping, etc.) 	<ul style="list-style-type: none"> • Excessive alcohol consumption and/or binge drinking • Inability to control addictive behaviours (i.e. gaming, social media use, etc.) • Severe trouble/impact due to substance use (i.e. smoking, vaping, etc.)

Do your symptoms interfere with daily life and work? Have they persisted for a few weeks? Are they linked to a traumatic workplace event or ongoing occupational stress? Remember that psychological injury can have both delayed onset and / or be the cumulative result of repeated exposure to psychosocial hazards.



OCCUPATIONAL HEALTH AND SAFETY (OHS) PSYCHOLOGICAL INJURY GUIDE

Am I doing OK?

My health and capacity to function is excellent and my outlook is positive.

What has changed?

My health is good but I sometimes struggle to focus and cope.

How long have I been feeling this way?

My health and capacity to function is fair but my outlook is negative.

I need help!

My health is poor, I struggle to cope and my outlook is pessimistic.



I feel **HEALTHY**

When you are feeling healthy, keep doing what is working for you. Use simple coping tools like going for a walk, talking to friends, enjoying hobbies and music. Limit your exposure news and media

I feel **REACTIVE**

When you are feeling reactive, focus on increasing your self care strategies such as eating well, getting enough sleep, and seeking support. This is a good time to proactively seek professional mental health supports to learn new and different ways to cope and improve your emotional intelligence.

I feel **INJURED** or **ILL**

If you are feeling injured or ill, you may be experiencing psychological injury. It's time to seek professional support from your doctor, primary care provider, or mental health care provider.

CARE for yourself first.

READY TO TALK?

Reporting your psychological injury means talking about it, and talking about it, can be difficult and retraumatizing. Take some time to determine if you're ready to talk about the incident and reach out for support if you are not ready or not sure. You can connect with your steward, worksite BCNU Joint Occupational Health and Safety Committee representative, your BCNU Regional Occupational Health and Safety or Mental Health Representative. Find out who your rep is on the member portal

Things to keep in mind when you make your initial report to the Provincial Workplace Health Contact Centre or your employer reporting form,

- > You do not need to provide ALL the details now.
- > Keep it brief, succinct, simple and to the point.
- > The DETAILS can be added later during the investigation
- > Write down what you want to say to stay on track
- > It's okay to say 'NO, I can't give more details about that right now'

NOTIFY your supervisor or manager, even if you are not ready to report or talk about the incident it is important to let your supervisor or manager know, to ensure that any immediate harm is dealt with and prevent a similar incident recurring.

CALL WorkSafeBC claims assistance line to report your injury when you experience time loss related to your incident.

WorkSafeBC Crisis and Critical Assistance Support Line, 24/7. Contact 1-800-624-2928

WorkSafeBC Critical Incident Response Assistance. 7 days a week 9am -11pm. Contact 1-888-922-3700



OCCUPATIONAL HEALTH AND SAFETY (OHS)

PSYCHOLOGICAL INJURY GUIDE

PSYCHOLOGICAL INJURY REPORTING

When reporting psychological injury, it is important to link the effects and impact with the psychological and physical symptoms you experience, using accessible language. This will ensure your report is taken accurately and appropriately. Describing what was witnessed or occurred does not always mean there is injury or illness. Just like with a physical injury or illness, describe the symptoms that affect you personally.

- 1. Take Notes** as soon as you can after the event, be objective, describe the events and facts as they happened. Include Dates, times, locations, who was present, what was said, tone of voice, body language. Note any immediate psychological and physical symptoms. Keep track of how long the symptoms occur, when they happen and the intensity.

Describe any related psychosocial hazards, refer to the chart below.

Common Psychosocial Hazards	Use Accessible Language to Describe your Experience	
	Say	Avoid
Short Staffing	"I had to care for more patients than usual which left me unable to take breaks. This caused fatigue, headaches and irritability."	"We are always short staffed"
Lack of Support	"When I raised concerns about workload to my manager, I did not receive feedback or assistance. Since then I feel isolated, and am having difficulty focusing at work."	"Management doesn't care."
Bullying & Harassment	"A coworker raised their voice and used insulting language toward me in front of others. Since then, I have had (XYZ) symptoms (of anxiety) and avoid team meetings."	"They are a bully." "They don't know what they are doing" "They are not a good nurse"
Violence Traumatic Events	"I was grabbed by a patient who threatened me. Since then, I've had nightmares, muscle tension in my ___, and trouble focusing at work."	"That patient is violent".
Low job Control	"I have no say in how I organize my tasks." "I'm constantly redirected without input."	"Micromanaging boss" "Management doesn't trust us"
Lack of Clarity	"I wasn't sure who was responsible for what." "I received different directions from different people."	"No one knows what they're doing" "Poor leadership"
Inadequate Recognition	"I felt my work wasn't acknowledged." "Efforts go unnoticed even when we're short-staffed."	"Management doesn't care" "We're treated like we don't matter"
Poor Organizational Management	"There were sudden changes without consultation." "We didn't get information in time to prepare."	"Upper management is useless" "No one communicates anything"
Physical Environment	"The workspace is loud and distracting." "The lighting makes it hard to concentrate."	"This place is a dump" "It's not a safe or functional environment"
Remote/Isolated work	"I work alone with no backup available." "I feel disconnected from my team."	"I'm completely abandoned" "Nobody cares that I am out here by myself"



OCCUPATIONAL HEALTH AND SAFETY (OHS) PSYCHOLOGICAL INJURY GUIDE

2. **Report** the injury using your employers Incident Reporting system. Call Agents use scripted pathways to take your report, using terms like psychological injury, mental health injury, or trauma will trigger the correct report pathway.
 - > Health Authority: Call the Provincial Workplace Health Contact Centre at 1-866-922-9464.
 - > Affiliate or Independent: Use your employer's Employee Incident Report Form.

Use the following **Sample Scripts** to help develop your report.

Witnessing Violence: I'm calling to report a psychological injury. After I witnessed a violent incident on (insert date/time), I am experiencing excessive restlessness, pessimism and difficulty concentrating which has resulted in muscle tension in my shoulder area and caused headaches. My sleep is disrupted, and I am unable to have a restful night of sleep due to insomnia and nightmares. These symptoms have led to constant fatigue. This has been going on for the last 3 weeks.

Experiencing Physical and/or Psychological Injury: I was assaulted by a patient at work today, the patient grabbed my wrist and twisted it while verbally threatening me. I am experiencing pain and bruising of my wrist. I was dizzy and nauseous after the incident. I am panicked about going back to work because this is not the first time this patient has assaulted a nurse. Each time there is an incident my symptoms before each shift increase, I get heart palpitations, am shaky and sweaty, my muscles get tense. I have a difficult time staying focused on my work due to these symptoms. My distress is related to not feeling supported or safe at work and fear of retaliation for speaking up about the problems. I am reporting both a physical and mental health injury

Delayed Onset or Accumulated Trauma: I witnessed a violent incident at work last week; my colleague was assaulted by a patient. I have witnessed other violent incidents before at my place of work but this time I am traumatized. I am experiencing digestive issues, shaking and sweatiness. I am distracted by intrusive thoughts and flashbacks of past violence I witnessed. I have been calling in sick since the incident 6 days ago because I can't concentrate, and I am having memory loss. I use alcohol to calm my nerves sometimes, so I don't have to think about what happens at work. It is not just seeing horrible violent things, it's the systemic issues like patient care delays and lack of support for ethical decision making and moral distress.

Ongoing or Accumulated Moral Distress: I am reporting a psychological injury related to ongoing moral distress and moral injury in my workplace. I am experiencing physical symptoms including persistent headaches, muscle tension, disrupted sleep, fatigue, and difficulty concentrating. These symptoms have developed over time in connection with unresolved workplace stress. Specifically, I have been exposed to ongoing situations where care is being delivered in ways that do not meet expected professional or ethical standards. Despite raising these concerns through appropriate channels, there has been no meaningful action or support from management. This has created a sustained sense of moral conflict and distress.

If you need assistance, reach out to your steward, worksite BCNU Joint Occupational Health and Safety Committee representative, your BCNU Regional Occupational Health and Safety or Mental Health Representative. Find out who your rep is on the member portal. We are here to help.

3. **Participate** in the incident investigation, your input is valuable. You can contribute to safer outcomes by identifying the contributing psychosocial hazards to your incident, and providing specific, realistic, and actionable investigation recommendations. This will assist in prevention of future similar incidents. Use the psychosocial hazards list below, and the following samples to help you draft your recommendations.



OCCUPATIONAL HEALTH AND SAFETY (OHS)

PSYCHOLOGICAL INJURY GUIDE

PHYSICAL ENVIRONMENT	WORKFLOW AND TASKS	PEOPLE AND INTERACTIONS
<input type="checkbox"/> No secure space to go to if patient/public is violent. <input type="checkbox"/> Isolated when working, no way for co-worker to come help. <input type="checkbox"/> Lack safety equipment such as personal alarm pendants or mechanical lifts. <input type="checkbox"/> Indoor air quality is compromised by smoke, unregulated substances, or pollutants. <input type="checkbox"/> Limited or poor controls to protect against exposures to hazardous substances/disease. <input type="checkbox"/> Hallway beds or other equipment impedes ability to move between patients. <input type="checkbox"/> High noise levels/overstimulation. <input type="checkbox"/> The public and patients can freely access staff areas. <input type="checkbox"/> Patients have weapons while receiving care. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Insufficient nurse-to-patient ratio. <input type="checkbox"/> Short-staffed, unable to follow safe work procedures (e.g., 2-person transfer or 2-person for care). <input type="checkbox"/> High pace of work demands. <input type="checkbox"/> No cover to take breaks or lunch. <input type="checkbox"/> Required to work overtime (risk of fatigue). <input type="checkbox"/> Lack of appropriate resources to provide care. <input type="checkbox"/> Care/environment leads to patient safety risks. <input type="checkbox"/> No control in decision making/not safe to speak up. <input type="checkbox"/> Moral distress. <input type="checkbox"/> Inadequate training to complete tasks safely (e.g. how to don PPE). <input type="checkbox"/> Inadequate education on workplace hazards and controls. <input type="checkbox"/> Lack of leadership direction and/or support. <input type="checkbox"/> Critical incident supports not offered or insufficient. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Verbal violence and threats from patients and the public. <input type="checkbox"/> Physical violence from patients and public. <input type="checkbox"/> Worker: worker harassment/bullying. <input type="checkbox"/> Manager: worker harassment/bullying. <input type="checkbox"/> Experiencing discrimination. <input type="checkbox"/> Experiencing negative consequences after reporting or raising issue with supervisor/leader. <input type="checkbox"/> Sexual harassment or assault. <input type="checkbox"/> Lack of communication to complete tasks. <input type="checkbox"/> Lack of communication to support change. <input type="checkbox"/> Lack of communication from leadership/organization. <input type="checkbox"/> Interpersonal conflicts on team. <input type="checkbox"/> Other: _____

SAMPLE INVESTIGATION RECOMMENDATIONS

- > Involve staff in decision making
- > Provide flexible scheduling or workload autonomy
- > Review and clarify job duties with affected staff
- > Streamline communication channels for assignments
- > Implement regular recognition practices (eg. peer shoutouts, team acknowledgements)
- > Share positive feedback from patients or families with staff
- > Provide timely updates on organizational changes
- > Provide regular check-ins between staff and supervisors
- > Provide leadership training on how to support staff effectively
- > Create feedback loops during planning and implementation phases
- > Conduct workplace inspections to identify hazards
- > Implement noise reduction, better lighting, or improved ergonomics
- > Set up regular check-ins with remote workers
- > Establish buddy systems or team communication protocols
- > Prebook additional staff for expected increased workloads
- > Implement patient search protocols
- > Schedule additional staff when patient numbers or acuity rise.
- > Pre-book casual staff to cover expected absences.
- > Reassign non-nursing duties to support staff
- > Provide RWP training for staff and leaders
- > Set clear expectations for professional conduct
- > Strengthen reporting and follow up procedures
- > Ensure managers address incidents promptly and fairly
- > Place violent risk alerts in patient charts or electronic systems
- > Update care plans with behaviour management strategies
- > Ensure security or designated staff are available if risk is high
- > Implement 1:1 staffing when necessary
- > Implement and activate appropriate protocols and Codes when weapons concerns are identified.



OCCUPATIONAL HEALTH AND SAFETY (OHS)

PSYCHOLOGICAL INJURY GUIDE

4. **Document** your symptoms over time and update your incident report with any new or additional information. Reporting again each time incidents occur. Ensure you have your own detailed records and notes as they will assist you with the claims process and provide evidence of your actions if required in the future.

ADDITIONAL RESOURCES

BCNU	EXTERNAL
<ul style="list-style-type: none">> Health and Safety> Illness and Disability Services> Protect your License> Steward Resource Toolkit	<ul style="list-style-type: none">> WorkSafeBC> Canadian Centre for Occupational Health & Safety> HealthLink BC Mental Health> Crisis Centre BC