

# Carmichael Connection

**INSIDE THIS ISSUE:**

- Self-Care** 2
- Cultural Competency** 3
- Health & Safety** 4

*“In-house peer supports for their paramedics are in place to help address mental health fatigue”*

**Shannon Miller**

**New focus on mental wellness reaping rewards for Nanaimo Fire Rescue**

<https://nanaimonewsnow.com/article/608563/new-focus-mental-wellness-reaping-rewards->

NANAIMO - A cultural shift is underway within Nanaimo's fire department, aimed at addressing the mental health toll caused by the overdose crisis.

Nanaimo Fire Rescue chief Karen Fry said 100 firefighters underwent resiliency training over the past several months to help members identify mental health distress and seek treatment options earlier.

“I'm really proud of the department for the work that they're putting into it and that we're talking openly about mental health and stress related injuries,” Fry told *Nanaimo NewsNOW*. She said the effects of the rampant overdose crisis made it clear more mental health attention was required for their members.

Several NFR members are trained to provide resiliency support on a continuous basis, a program Fry said was developed by the Canadian Mental Health Association and BC Professional Firefighters.

Fry recently spoke at the inaugural BC First Responders Mental Health conference in Richmond. NFR data showed



their members responded to a staggering 458 overdoses in 2018, an increase from 288 three years prior.

NFR assistant chief Geoff Whiting said the entire department is on board with paying closer attention to their mental health. “Giving them these new tools to help deal with their mental health and recognize any problems they may be having has been really well received,” he said.

Whiting, an in-house resiliency trainer, said after years of emergency responders masking mental trauma the stigma is being lifted.

“That's been the problem in the past, they've had tough skin, they've tried push any issues they've had down and just get on with their jobs. We're recognizing that's not healthy for them.”

Seventy-five overdose-reversing naloxone injections were given by firefighters in Nanaimo last year, well up from 39 in 2017.

Paramedics in Nanaimo meanwhile responded to 637 overdose and poisoning calls last year, significantly more than double the 2015 number. A majority of those responses by local paramedics were due to illicit drug use, according to the agency's Shannon Miller.

## Staff Spotlights

**February Birthdays**

Amritjot Farah  
Katelynne Ron  
Adam Michael  
Jennifer T

**January Birthday Winner:**  
William M.  
**February Birthday Winner:**  
Katelynne

**March Birthdays**

Ola Melvin  
Faith Mark W  
David Lucille  
Samantha S Jason R  
Sebastian Larissa  
Stephen Kehinde  
Christie

**New Staff ~ Returns**

Ugonna  
Mora  
Nneamaka  
Carmen  
Annette

## Healthy Eating

**Healthy eating is more than the foods you eat. It is also about where, when, why and how you eat.**

### Be mindful of your eating habits

- Take time to eat
- Notice when you are hungry and when you are full

### Cook more often

- Plan what you eat
- Involve others in planning and preparing meals

### Enjoy your food

- Culture and food tradition can be a part of healthy eating

### Eat meal with others

**Make it a habit to eat a variety of healthy foods each day.**

**Eat plenty of vegetables and fruits, whole grain foods and protein foods. Choose protein foods that come from plants more often.**

- Choose foods with healthy fats instead of saturated fat

**Limit highly processed foods. If you choose these foods, eat them less often and in small amounts.**

- Prepare meals and snacks using ingredients that have little to no added sodium, sugars or saturated fat
- Choose healthier menu options when eating out

### Make water your drink of choice

- Replace sugary drinks with water

### Use food labels

**Be aware that food marketing can influence your choices**



*“Choose foods with healthy fats instead of saturated fat”*

Canada's Food Guide

**Health systems often discriminate against Indigenous patients: Philpott**

<https://globalnews.ca/news/3773740/indigenous-patients-health-discrimination/>

OTTAWA – Aboriginal physicians are praising Indigenous Services Minister Jane Philpott for acknowledging discrimination that unfolded at her Toronto-area practice prior to her political life – an issue doctors say is widespread.

On Wednesday while speaking at a Public Policy Forum event in Ottawa focused on Indigenous health, Philpott said she had witnessed first-hand

the different treatment a female patient who came to see her with a diagnosis of HIV.

“I watched in my clinic the way that my staff treated certain people who came into the clinic,” she said.

“Her language was not very polite ... her behaviour in the clinic was disruptive and disturbing and she was rough around the edges. And I watched how my staff interacted

with her and saw that they didn’t treat her the same as the same guy that walked in and was wearing a business suit.”

Philpott said cultural competency training is one way to address this issue – a recommendation from the Truth and Reconciliation Commission -but she said it is also important for doctors to acknowledge it when they see it.



“We’ve got to call each other on these things and sometimes it is the most subtle, subtle things that we do and we are all vulnerable to on treating people on the basis of the way they look, act, speak, smell differently,” she said.

“It means teaching those cultural competencies in our health institutions, but it means calling people on it when we see it.”

Health systems are “often

discriminatory”, she added, noting it will take everyone fighting for equitable treatment of Indigenous patients.

“The colour of their skin, the language they speak, should not ever be a barrier to getting the best quality of care,” she said.

Dr. Alika Lafontaine, past president of the Indigenous Physicians Association of Canada, welcomed the minister’s

remarks.

“What it signifies is that the minister has reflected on her own practice and decided that certain changes have to occur,” he said. Doctors experience these things every day, he said.

“I think you would be hard-pressed to find a physician who has frequent interactions with Indigenous peoples who has never witnessed racism, but the question

that you have is why cannot you share those things?” Lafontaine said.

Doctors often don’t take time to reflect on how racism and discrimination impact care, he added.

“It may seem to some people reasonable to some people if someone is being verbally aggressive to your

staff that you treat them a certain way and that was part of her story,” Lafontaine said.

“With Indigenous patients, I’ve seen repeatedly people saying ‘They get free health care, they should be grateful they are even in a hospital, they got a free ride here anyway, they’re just here to look

around town.’ It is where these original biases come out.”

A 2015 report entitled “First Peoples, Second-Class Treatment” documented the link between racism toward Indigenous patients and poor health outcomes.

*“There is a story behind every person. There is a reason why they are the way they are. Think about that, and respect them for who they are.”*

-marcandangel

## Carmichael Enterprises Residential Programs

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# Incident Investigation Reporting

## When is an investigation required? (Section 173 of the *Workers Compensation Act*)

Employers are required to immediately undertake an investigation into any accident or other incident that involved:

- Serious injury to or death to a worker
- Major structural failure or collapse
- Major release of hazardous substances
- Blasting accident causing personal injury
- Dangerous incident involving explosives, whether or not there is personal injury
- Diving incident, as defined by regulation
- Injury requiring medical treatment
- Minor injury or no injury but had potential for causing serious injury

Employers must conduct both a preliminary investigation and a full investigation.

## What are the timelines to conduct the investigation?

Employers must immediately undertake the preliminary investigation and complete a preliminary investigation report within 48 hours of the incident. Employers must undertake the full investigation and then submit the full investigation report to WorkSafeBC within 30 days of the incident, unless WorkSafeBC grants an extension.

Depending on the complexity of the incident, an employer may complete its full investigation report within 48 hours.

The 48 hour period can be extended if it expires on a Sunday or other holiday, or it expires the day the employer is not normally open.

## Who should conduct incident investigations?

Incidents must be investigated by people knowledgeable about the type of work involved at the time of the incident. If reasonably available, investigations must be carried out with the participation of an employer representative and a worker representative.

## What types of reports are employers required to prepare?

Employers are required to prepare the following four reports:

1. A preliminary investigation report (within 48 hours of the incident)
2. An interim corrective action report that addresses the findings of the preliminary investigation
3. A full investigation report (within 30 days of the incident)
4. A full corrective action report that addresses the findings of the full investigation