



## Post-traumatic Stress Disorder (PTSD) & Ambulance Crashes: A Workers' Compensation Liability Issue

It has been established in psychiatric literature that motor vehicle crashes can lead to post-traumatic stress symptoms. Prior to the Gulf, Afghanistan and Iraqi wars, a psychologist named Norris concluded that "traffic accidents have become the leading cause of PTSD since the Vietnam War". Independent of the number of current veterans with PTSD, it is estimated that as many as 9% of survivors of severe vehicular crashes have post-traumatic stress symptoms or PTSD-like reactions.

Previous articles in "Vitals" have clearly established the staggering incidence of ambulance crashes. It only makes sense that if we don't decrease the number of crashes, there will be an increased number of our personnel who experience PTSD. Since PTSD is a psychological phenomenon, we must remember that the stressors involved in its initiation will vary from individual to individual.



Risk factors for PTSD specific to crash events include: severe accident, fatalities or severe injury among those involved, perceived life-threatening event, intrusive memory immediately following the event (flashback), subsequent difficulty driving or traveling in vehicles, history of prior traumatic experience; history of underlying psychiatric disorder, and ongoing litigation.

The American Psychiatric Association publishes specific diagnostic criteria for PTSD. It takes a licensed mental health professional to diagnose PTSD. Unfortunately, up to 80% of patients diagnosed with PTSD have a co-morbid psychological disorder, such as depression, anxiety disorder, substance abuse, and others. These co-existing conditions must be treated as well because these issues cannot be separated. This can make defining the Workers' Compensation component difficult.



A common screening technique that some mental health professionals use can be described by the mnemonic **DREAMS**:

- D**etached ( from the event or in relationships);
- R**e-experiences the event (nightmares or flashbacks);
- E**vent involved substantial emotional distress (threatened death, feelings of helplessness);
- A**voids places, activities, or people reminiscent of the event;
- M**onth (symptoms last longer than this);
- S**ympathetic hyperactivity (insomnia, irritability and difficulty concentrating).

When an employee suffers from this malady, what does it do to his/her quality of life? What happens to the dynamic in the workplace? Isn't this a clear example of "an ounce of prevention is worth a pound of cure"?

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