

MASS CASUALTY COMMISSION COMMISSION DES PERTES MASSIVES

Mass Murder Commission Recommendations Part 1 of 4 monthly installments

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(b) The federal government support the inclusion of rural communities in decision-making on issues within their jurisdiction.

19: Recommendation C.2 NATIONAL RESOURCE HUB FOR MASS CASUALTY RESPONSES

The Commission recommends that: The federal government should establish, by September 2023, a National Resource Hub for Mass Casualty Responses with a mandate to:

- serve as a centre of expertise for the provision of services to victims and affected persons, including families and friends of victims, during and after a mass casualty;
- draw on national and international experience, research, and promising practices;
- build capacity across all levels of government to plan responses to future mass casualty incidents and respond effectively to victim needs in the short, medium, and long term, including through the development of draft protocols, training modules, handbooks, and other resources, and a databases of experts;
- assist in the development of a standard of victim response across jurisdictions in Canada, while building in flexibility to respond in ways appropriate to the specific community; and
- facilitate the provision of assistance to victims, family members, and other affected persons who reside outside the jurisdiction where the mass casualty took place (whether in Canada or in another country) and facilitate assistance to foreign victims and affected persons, including, for example, through cross-border support service referrals.

IMPLEMENTATION POINTS

- The federal government should consult the Canadian Association of Chiefs of Police National Working Group Supporting Victims of Terrorism and Mass Violence; their relevant Indigenous, provincial, and territorial counterparts; the Canadian Resource Centre for Victims of Crime; other victims' rights advocacy organizations; provincial victims' services programs; and the Federal Ombudsman for Victims of Crime.
- The expertise developed by this National Resource Hub for Mass Casualty Responses could extend to other types of emergency and major incident response.
- The National Resource Hub could also assist directly in training personnel, and could potentially establish a small national team to be mobilized quickly in response to a mass casualty.

20: Recommendation C.3 AMENDING THE CANADIAN DISASTER DATABASE TO INCLUDE MASS CASUALTY INCIDENTS

The Commission recommends that The Minister of Public Safety Canada amend the categories of events used in the Canadian Disaster Database to include mass casualty incidents as defined in Recommendation V.1: "An intentional act

of violence during which one or more perpetrator(s) physically injure(s) and/or kill(s) four or more victims, whether or not known to the perpetrator, during a discrete period of time."

21: Recommendation C.4 FUNDAMENTAL REVIEW OF ALERT READY

The Commission recommends that The federal, provincial, and territorial governments should undertake a fundamental review of public emergency alerting to determine whether and how the Alert Ready system can be reformed in such a way that it meets the legal responsibility to warn the population of an emergency that threatens life, livelihoods, health, and property. This joint governmental review of the national public alerting system should be comprehensive and at a minimum address the following:

- It should include substantive community and stakeholder engagement at all stages.
- It should establish a national framework for public alerting, led by Public Safety Canada, with operationalization to continue on a provincial, territorial, and Indigenous government basis but pursuant to national standards. It should restructure in order to transition from reliance on a private corporation as the provider of Canada's national alerting system.
- It should be completed in advance of and inform the next round of negotiations with the licensee / candidates and be taken into consideration in any renewal issued before the completion of the review.
- It should be based on the following system design principles: centring the public; building a system of systems; enhancing governance; formulating a concept of operations; protecting privacy; focusing on preparedness; assuring equality and inclusiveness; and promoting continuous learning and improvement.
- It should include a comprehensive review of communications interoperability across the public safety system.

IMPLEMENTATION POINT

- Consideration should be given to the value of establishing a national emergency management system.

22: Recommendation C.5 TRIENNIAL REVIEW OF THE NATIONAL PUBLIC ALERTING SYSTEM

The Commission recommends that The senior officials responsible for emergency management undertake a review of the national public alerting system every three years and that a report on the process and findings of this review be made public. The review include a public-engagement component, including a national poll about the awareness and assessment of the national public alerting system. The review take into consideration the diverse needs of people living in Canada, including urban, rural, and remote communities, official language minorities, and marginalized communities.

23: Recommendation C.6 REVITALIZING POLICE-BASED VICTIM SERVICES WITH A DUTY OF CARE

The Commission recommends that: (a) The RCMP and other police services adopt policies recognizing a duty of care in the provision of services to survivors and affected persons.

- All police personnel communicating with survivors and affected persons do so pursuant to trauma-informed and victim-centred principles, and that they receive the education, mentoring, and support required to integrate these principles effectively.
- RCMP policies, protocols, and training recognize the priority of providing to survivors and affected persons full and accurate information at the earliest opportunity, including through regularly scheduled contact updates even where there is no new information to provide.
- Any holdback of information for investigative purposes should be limited in time and scope to that which is truly necessary to protect investigative integrity.
- The RCMP update its description of the role and responsibilities of family liaison officers in consultation with subject matter experts and integrating lessons learned and feedback received from Participants at the Commission.
- The RCMP should review and revise its next of kin notification policy and protocols and design an education module to facilitate its implementation.
- The RCMP take steps necessary to ensure these policies and their implementation fully meet or exceed Nova Scotia policing standards.

IMPLEMENTATION POINTS

- Preservation of victim dignity should be a priority, including through taking steps to ensure victim's bodies are secured, covered as quickly as possible, and protected such that video footage and photographs cannot be taken.
- RCMP policies, protocols, and training should recognize that in order for the family liaison officer to succeed, their colleagues (e.g., those in the Major Crimes Unit) must support them by providing accurate and timely information.
- A family liaison officer should offer meaningful updates and guidance about the investigation, as well as general information on related offices and services—including, but not limited to, the medical examiner, insurance, crime scene and evidence cleaning, and mental and physical health supports.

24: Recommendation C.7 POLICE-BASED SERVICES FOR PERSONS AFFECTED BY MASS CASUALTIES

The Commission recommends that (a) Critical incident command groups should include a member dedicated solely to victim management and that the critical incident plan include a victim crisis response component to meet the information needs of survivors and affected persons during a major event or emergency.

- The victim crisis response should include: a dedicated telephone line for individuals seeking information about family or friends; a website platform; a multidisciplinary victim response team; and protocols and guidelines, including for the establishment of a family assistance centre.
- The time standard for mobilizing the victim management response plan should be 90 minutes from the time a critical incident response is activated.
- Victim management response should be a component of annual table-top critical

incident response preparedness exercises. (e) Upon request, the National Resource Office for Mass Casualty Responses (Recommendation C.1) assist municipal police forces to build their capacity to activate a victim management response to a critical incident, including by developing model protocols, a website plan, training modules, and other tools.

25: Recommendation C.8 PROACTIVE PRE-CRITICAL INCIDENT WELLNESS PLANNING

The Commission recommends that: (a) All public safety agencies should develop and promote pre-critical incident wellness planning.

- All public safety agencies should develop wellness programming that is proactive and preventive in nature.
- The leadership of public safety agencies should take proactive steps to ensure that all responders are accorded equal organizational support and to promote healthy help-seeking behaviour.
- Public safety agencies in each jurisdiction should collaborate to provide training, including tabletop exercises, to civilian members of the responder community, including volunteers, as one aspect of their pre-critical incident planning.

IMPLEMENTATION POINTS

Proactive and preventive wellness programs should address the following areas:

- pre-critical incident planning and training;
- integrated and intensive training to develop skills and build awareness about mental wellness (such as the Before Operational Stress Program and breathing techniques to modulate stress);
- enhanced mental health training for supervisors and officers, to promote cultural change;
- peer support programs, supported by evidence-based training, that take hierarchy into account, matching experience to experience, and ensure that a diversity of peer supporters are available to connect;
- effective informal peer support and for peer support to spouses and families of responders;
- readily available information and knowledge about the resources for peers; and
- active facilitation of help-seeking behaviour, including by: addressing stigma; increasing and ongoing awareness about resources; enhancing confidential options; raising awareness about problematic forms of stoicism; openly acknowledging the difficult work; promoting effective workplace policies making supports available, including in the discussion those who should play a role in these support systems; and providing evidence-based supports.

26: Recommendation C.9 POST-MASS CASUALTY INCIDENT EMERGENCY RESPONDER MENTAL HEALTH LEAD

The Commission recommends that Immediately following a mass casualty incident, the provincial government should appoint a mental health point person to coordinate the mental health leads in each division or agency that responded to the incident. This liaison role would have the responsibility to oversee and evaluate the provision of confidential support services to emergency responders from all agencies and the informal sector, and to promote their wellness.

IMPLEMENTATION POINTS

The mandate of the mental health lead would include the following tasks: establish and maintain regularly scheduled contact with emergency responders in the aftermath of the incident; coordinate and convene cross-agency debriefings; take steps to ensure a continuum of care to responders in the immediate, short and long term; advise the leadership of public safety agencies on issues that affect personnel mental health (including work and shift assignments); liaise with the post-incident support lead (Recommendation C.1) to coordinate the provision of service to emergency responders whose needs cannot be met through public safety agencies; advise the provincial government concerning unmet needs; and evaluate the impact of the mass casualty on emergency responders and provide advice to public safety agencies, other employers, and the provincial government concerning steps to be taken to better meet wellness needs.

Post-critical incident wellness plans should include: provision for relief workers to relieve emergency responders affected by the critical incident; changes to leave policies to facilitate emergency responders taking the time required to meet their wellness needs; the opportunity to jointly debrief after a critical incident; provision for more in-person meetings and communication in the post incident period; sufficiency of support resources, both regularly and over a longer period of time; uniformity in support resources for emergency responders (including civilians) across agencies; facilitation of on-site support for responders;

- coordination of supports within public safety agencies to facilitate access by emergency responders; resources for in-house wellness units following a mass casualty to meet the additional demands; and
- training for coach officers / supervisors / managers / leaders to ensure proactive support of emergency responders with up-to-date information about available mental health supports and understanding of the issues facing emergency responders members on the ground.

27: Recommendation C.10 MAINSTREAMING AND INCREASING AVAILABILITY OF MENTAL HEALTH SERVICES

The Commission recommends that Federal, provincial, and territorial governments should develop a national action plan to promote better integration of preventive and supportive mental health care into the Canadian healthcare system, so as to ensure greater access to these services on an equal level as physical healthcare.

28: Recommendation C.11 ENHANCE GRIEF, BEREAVEMENT, TRAUMA, AND RESILIENCY LITERACY

The Commission recommends that: (a) The Nova Scotia Health Authority, in consultation with community-based health organizations and service providers in the affected communities, should develop a public education and awareness campaign to foster greater literacy about grief, bereavement, trauma, and resiliency. (b) Other Canadian health authorities, in consultation with community-based health organizations and service providers, should take steps to increase grief, bereavement, trauma, and resiliency literacy.

IMPLEMENTATION POINT

- These education and awareness campaigns should include ongoing education in schools. Consideration should also be given to include them alongside existing programs – for example, as a requirement for workplaces as part of workers compensation programs.

29: Recommendation C.12 POST-MASS CASUALTY INCIDENT SUPPORT PLANS

The Commission recommends that: (a) Health Canada, in consultation with provincial and territorial health authorities and subject matter experts, should develop a national policy, protocols, and program to provide a range of health and social support services required by those most affected by a mass casualty, both for individuals and for communities as a whole. (b) The national policy and protocols should establish a national standard that can be adapted to the specific circumstances of the mass casualty, and the program should include allocations of funding to support their implementation. (c) The national standard for post-mass casualty incident support plans should be developed on the basis of, and integrate, these guiding principles: (i) respectful treatment of those most affected, including through recognition of their unique perspective, experiences, and needs and their involvement in the implementation of the post-critical incident support plan; (ii) recovery and resilience established as the desired outcomes; (iii) trauma-informed and victim-centred service provision; (iv) proactive, comprehensive, and coordinated support services that include navigation assistance; (v) commitment to providing services in the immediate, short and medium, and long term; and (vi) ongoing needs assessments, monitoring, and periodic evaluation of programs and services. (d) One of the national protocols should provide that a multidisciplinary team be established and mobilized within 24 hours to assist local service providers to initiate a support plan immediately following a mass casualty. (e) The protocols for post-mass casualty incident support plans should provide for the designation of a post-incident support lead with the responsibility to coordinate the implementation of the plan, including through adapting it to the specific circumstance of the mass casualty. (f) The national program should liaise with the National Resource Hub for Mass Casualty Responses (Recommendation C.2) to develop and operationalize a knowledge exchange network to facilitate the sharing of promising practices, research, and evaluations across Canada, including through monitoring international developments in post-critical incident support planning and service provision.

IMPLEMENTATION POINTS

- Service providers should receive training to enable them to provide support services following a mass casualty, including through modules to support the wellness of service providers who are engaged in this work.
- The national policy and protocols should include the issue of the financial assistance required to support affected persons and communities.
- The national policy and protocols should include designated liaisons for directly affected family members who live elsewhere in Canada, beyond the jurisdiction of the mass casualty, or outside Canada.
- Trauma-informed training should be integrated across public sector service delivery and be made available to community-based organizations.

Part 2 which will be published in the July 2023 issue will include recommendations 30 to 61.

Yes it still hurts...

The Mass Murder Commission Final Report has been released with 130 recommendations. We are publishing all 130 recommendations in a four part series – June, July, August & September.

We want our publishing effort to provide a larger audience so people can save the pages, hold in their hands to read and study.

By understanding the recommendations, although we might not agree with them in their entirety, We can use as tool and

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