



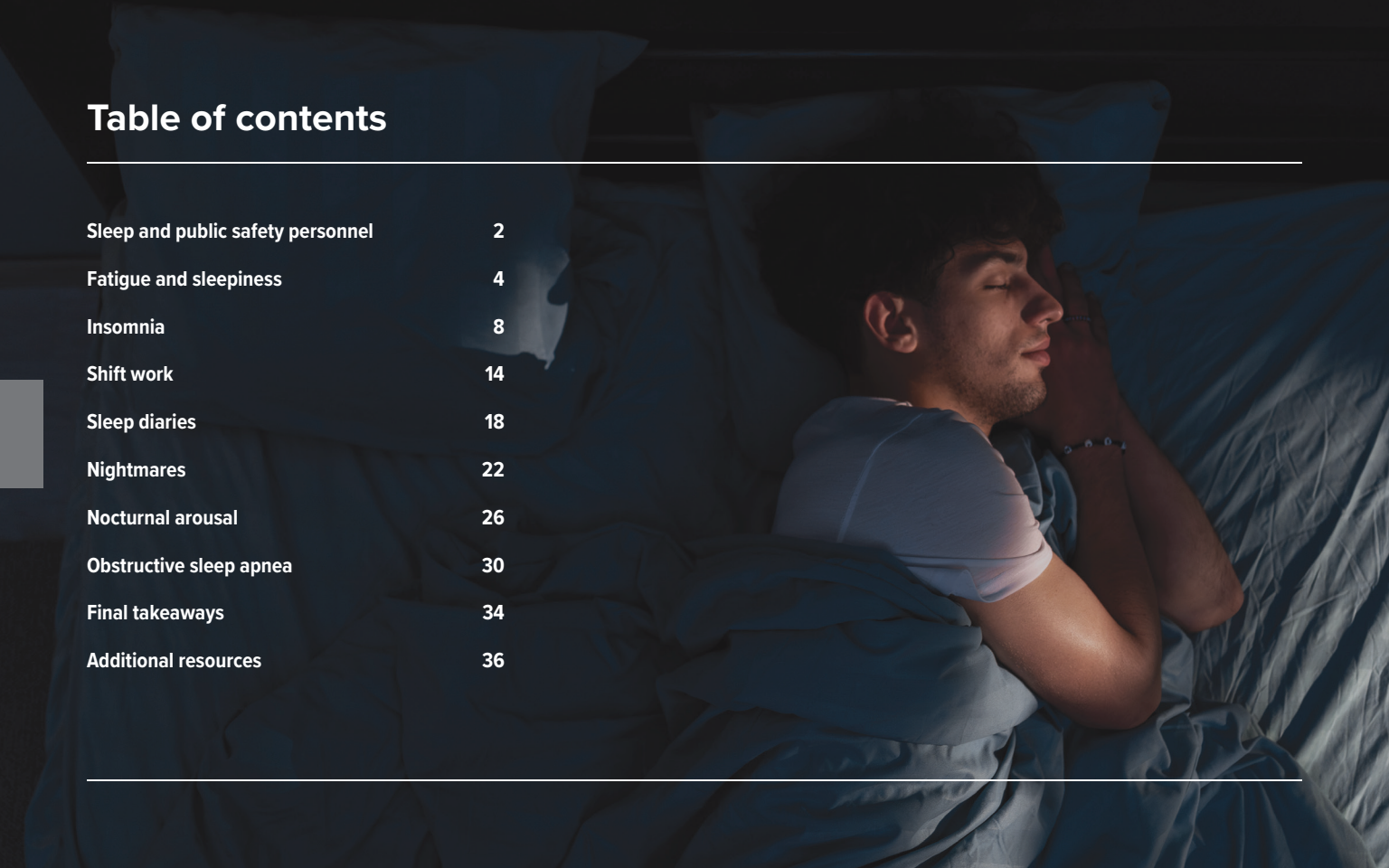
CIPSRT | ICRTSP

SLEEP

Resources for Public Safety Personnel

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Resources for Public Safety Personnel

Items in this resource were created based on materials provided by Dr. Colleen Carney, Director of the Sleep and Depression Laboratory at Toronto Metropolitan University as part of the Sleep 101 training course and adapted by the Canadian Institute for Public Safety Research and Treatment (CIPSRT) for the purposes of this booklet.

HOW TO USE THIS BOOKLET

This booklet is intended to provide information about sleep challenges commonly experienced by public safety personnel and suggest strategies you can use to support healthy sleep and wellbeing.

You may find it useful to use this booklet with the **Sleep Toolkit for Public Safety Personnel** resource cards, featuring practical tips for building and maintaining healthy sleep.



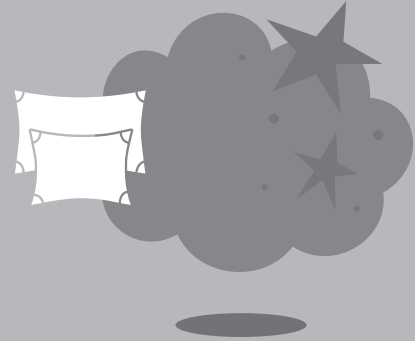
Sleep and public safety personnel

Why sleep challenges are common in public safety work

First responders and other public safety personnel (PSP) – including border services personnel, emergency communications personnel (such as 911 dispatchers), correctional workers, firefighters, Indigenous emergency managers, paramedics, police officers, operational and intelligence personnel, and search and rescue personnel – perform demanding work that often entails exposure to potentially traumatic events.

Because of these occupational demands, PSP are at increased risk for posttraumatic stress injuries, sleep disorders, mental health challenges, and a range of physical health problems.

Sleep challenges are widespread among PSP, yet often underdiagnosed and untreated. Many PSP come to believe that chronic poor sleep is “just part of the job,” leading to underreporting of sleep problems and delays in seeking care.



Several aspects of public safety work can contribute to sleep disruption, including:

- Long work hours
- Shift work
- Overnight calls
- Operational stress
- Frequent exposure to traumatic events

Over time, sleep deprivation can have significant impacts on health and wellbeing, including:

- Short-term memory loss
- Slower reaction times and reduced awareness and attentiveness
- Mood changes
- Cardiovascular impairments
- Reduced immune function
- Gastrointestinal issues
- Increased risk for obesity
- Increased risk of workplace injury and fatalities
- Increased risk of mental health challenges

The demands of public safety work can contribute to several different types of sleep disruption. In the following sections, we explore some of the most common sleep challenges experienced by PSP – including shift work, insomnia, nocturnal arousal, and obstructive sleep apnea – and outline strategies and supports for addressing them.

KEY TAKEAWAY

Sleep problems are common among public safety personnel but are often overlooked or normalized as “part of the job.”
Untreated sleep disruption can have serious impacts on health, wellbeing, and workplace safety.

The terms fatigue and sleepiness are often thought of as interchangeable, but they are actually very different.

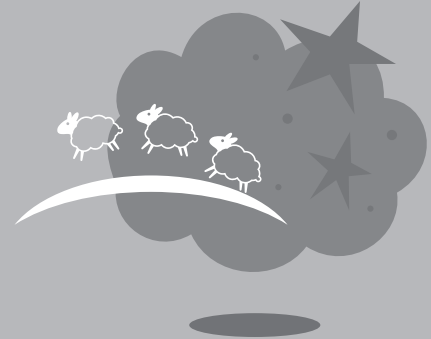
FATIGUE

Fatigue is often experienced as that tired, sluggish, and heavy feeling common among those experiencing sleep difficulties. Fatigue can make one feel mentally cloudy and unable to concentrate, and can impact memory, mood, and decision-making abilities.

Because of the demands of their work – including irregular schedules, long shifts, and frequent traumatic exposures – PSP are at elevated risk of fatigue. Fatigue can impair alertness, decision-making, and performance, potentially affecting not only the

health and safety of first responders themselves, but also that of their colleagues and the public.

Over time, fatigue may also contribute to longer-term health concerns, including musculoskeletal disorders, cardiovascular disease, and mental health conditions.



TIPS FOR MANAGING FATIGUE



Hydrate frequently throughout the day



Eat three healthy and regularly timed meals, and avoid snacks that spike blood sugar



Ensure you get daily (safe!) daylight exposure, or recreate it with indoor lighting



Ensure you get daily physical activity

SLEEPINESS

Sleepiness is the experience of struggling to stay awake. If you give yourself the chance to sleep while feeling sleepy, you will fall asleep, and quickly, but if you give yourself the chance to sleep when fatigued, you will not necessarily fall asleep. Sleepiness carries significant safety issues caused by falling asleep unintentionally – behind the wheel for instance.

Several factors can contribute to sleepiness among PSP, including shift work schedules, intentionally shortening sleep in order to meet work and life demands, undiagnosed sleep disorders or medical conditions, and certain medications.

Excessive daytime sleepiness is associated with a range of significant health conditions, including:

- Cardiovascular disease, coronary heart disease, and stroke
- Weight gain, obesity, and type II diabetes
- Increased risk of motor vehicle accidents
- Sexual dysfunction
- Increased risk for certain cancers
- Cognitive impairment

Tips for dealing with excessive sleepiness:

- Nap when needed for safety and alertness
- If you are unable to nap, ensure exposure to light to increase alertness
- Take a walk, or do other physical activity to increase alertness
- Taking a stimulant like caffeine can be helpful, but it is not a good long-term strategy

KEY TAKEAWAY

Public safety personnel are at heightened risk for fatigue and sleepiness, which can affect safety and contribute to long-term health risks. See your primary health provider if excessive fatigue or sleepiness is impacting your quality of life or daily functioning.

ASSESSING YOUR DAYTIME SLEEPINESS

Are you excessively sleepy during the day? How likely are you to doze off or fall asleep in the following situations? Use the following scale to choose the most appropriate number for each situation:

0 – would never doze 1 – slight chance of dozing 2 – moderate chance of dozing 3 – high chance of dozing

If you score 10 or more, consult your primary care provider. You may need referral for a sleep study.

CHANCE OF DOZING OFF	0	1	2	3
Sitting and reading				
Watching TV				
Sitting inactive in a public place (such as a meeting, a theatre)				
As a passenger in a car, for an hour without break				
Lying down to rest in the afternoon				
Sitting and talking to someone				
Sitting quietly after lunch (no alcohol consumed)				
In a car, while stopped for a few minutes in traffic				



Insomnia

Why insomnia can be cause for concern

Those who struggle with insomnia may experience intense fatigue, but not sleepiness, even if they would very much wish to sleep.

OCCASIONAL INSOMNIA

Occasional insomnia can be caused by external factors, like stress, shift work, or chronic pain. Most of us have experienced some of the symptoms of insomnia, including:

- Difficulty falling asleep
- Difficulty staying asleep
- Waking too early

- Fatigue and sleepiness
- Reduced concentration
- Mood problems, emotional and mental exhaustion

Occasional insomnia can be activated by a wide range of stressors or life changes, including work schedule changes, illness, travel, or major life events. It is typically short-term and can often be resolved once the underlying cause or stressor is managed.



When dealing with occasional insomnia:

- Don't rely on so-called "sleep hygiene" alone
- Maintain a regular rise time
- Avoid using the snooze button
- Try to wind down an hour before bed
- Don't go to bed until you are sleepy
- Set aside time for thinking and problem solving earlier in the evening so that you aren't preoccupied while in bed
- If you feel tired during the day, try to re-energize by seeking out (safe!) sunlight

- Prioritize physical activity during the day

It is normal to have one to two nights per week of disrupted sleep. But stress, anxiety, and preoccupation with sleep can turn occasional insomnia into chronic insomnia.

INSOMNIA DISORDER

We know that PSP are prone to insomnia. According to one major study, the rate of insomnia in Canadian PSP is twice that of the general population. PSP who have insomnia are more likely to also have a mental health disorder.

Insomnia becomes chronic when sleep difficulties persist over time and begin to affect daily functioning. This can happen when the body's sleep systems become disrupted or out of sync.

KEY TAKEAWAY

Occasional insomnia is common and usually short-term. Maintaining regular routines and avoiding preoccupation with sleep can help prevent occasional insomnia from becoming a longer-term problem.

Sleep is regulated by three interacting systems in the body:

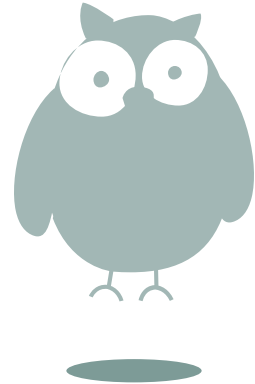
- 1. Sleep drive** – This is the body’s pressure to sleep. It builds the longer you are awake and helps make sleep deeper and more restorative.
- 2. The body clock, or circadian rhythm** – This is your “internal clock.” It responds to natural cues of light, dark and routine to signal to the body when it’s time to be awake or be asleep.
- 3. Arousal** – This is your alertness and response system. It is designed to keep you ready for alertness, but it can interfere with sleep if it *stays* activated.

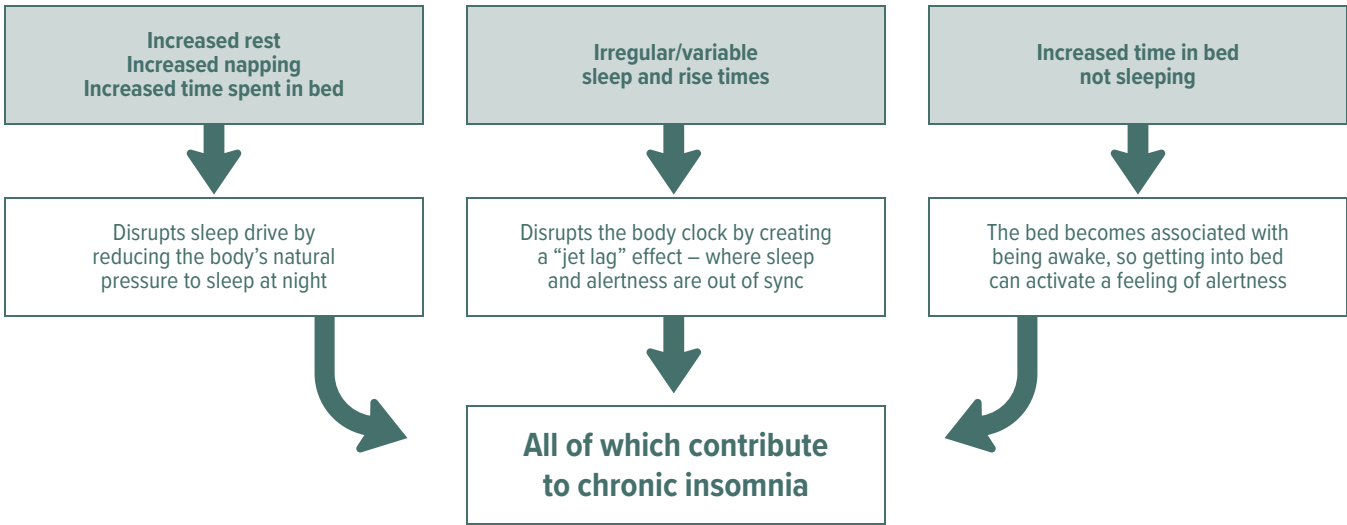
When these systems are working in sync, sleep comes more easily. When they become misaligned, sleep is much more difficult.

HOW OCCASIONAL INSOMNIA CAN BECOME CHRONIC

When people experience difficulty falling asleep or staying asleep, they often become tired and spend less time being physically active. They may nap more and spend more time in bed trying to sleep. They are also more likely to develop irregular or variable schedules by going to bed earlier and getting out of bed later.

These coping strategies can inadvertently disrupt the three sleep systems and create hidden causes of insomnia.





KEY TAKEAWAY

Although stress is a major cause of occasional difficulty falling or staying asleep, over time, new factors can take over and insomnia can become chronic. Insomnia will not improve unless increased time in bed, variable rise times, and the unintentional pairing of the bed with wakefulness are addressed.

These strategies are designed to help you reassociate the bed with sleep again:

- Maintain a regular rise time all week, no matter how you may have slept
- Try to wind down an hour before bed
- Avoid wakeful activities in bed – you can make an exception for sexual activity
- Do not go to bed until you are sleepy
- Set aside time for thinking and problem solving earlier in the evening so that you aren't preoccupied while in bed

- If you find yourself awake for more than 20 minutes, get out of bed and don't return until you are sleepy
- Do not use the snooze button
- Do not nap during the day unless it is absolutely necessary
- Prioritize physical activity and (safe!) sunlight exposure during the day

TREATING INSOMNIA DISORDER

Insomnia disorder is highly treatable. The recommended treatment is cognitive behavioural therapy for insomnia (CBT-I). CBT-I is an evidence-based treatment that can help you to:

- Establish your optimal dose of time in bed to increase sleep pressure and depth
- Maintain stimulus control and re-establish the bed as the place you will sleep
- Challenge misconceptions about sleep and fatigue that interfere with healthy sleep
- Manage anxiety, and process information that would otherwise be likely to keep you up at night

Evidence shows that CBT-I is highly effective for treating insomnia, including in individuals with co-occurring conditions such as depression, anxiety, PTSD, panic disorder, and chronic pain.

KEY TAKEAWAY

Insomnia disorder is common and poses a serious health risk for PSP. It is highly treatable with cognitive behavioural therapy for insomnia.

YOU MAY BE EXPERIENCING INSOMNIA DISORDER IF THE FOLLOWING APPLY TO YOU:

Insomnia disorder is a very serious health concern, with wide-ranging effects on mental health, physical health, and daily functioning. How do you know if your insomnia has developed into insomnia disorder?



You have difficulty falling asleep, staying asleep, or both




The sleep difficulty causes daytime problems for you (such as fatigue or trouble concentrating)




You have the sleep difficulty four nights per week or more



You have had the sleep difficulty for three months or more



You have the sleep difficulty even when you have the time and opportunity to sleep



The sleep difficulty is not better explained by another sleep disorder, medical condition, or by substance use

If you meet several of these criteria, it may be helpful to speak with your primary care provider about your sleep.

Shift work

How shift work disrupts sleep

The circadian system is the body's internal clock. It helps regulate when we feel alert and when we feel sleepy. Under normal conditions, this system promotes wakefulness during the day and sleep at night.

Shift work often requires schedules that conflict with this natural rhythm. When this happens, the body can experience circadian misalignment and sleep deprivation.

Along with sleep disruption, shift work can contribute to:

- Sleepiness and reduced functioning during waking hours
- Memory difficulties and mood changes
- Sudden decreases in alertness during night shifts

- Slower reaction times and increased risk of accidents

Over time, shift work can also contribute to chronic health conditions such as cardiovascular disease, immune and gastrointestinal problems, certain cancers, weight gain, and early mortality.



CIRCADIAN RHYTHM SLEEP-WAKE DISORDERS

When circadian disruption becomes a health concern

Circadian rhythm sleep-wake disorders occur when the timing of a person's internal body clock conflicts with the sleep schedule they want or are required to follow.

If sleep problems related to shift work begin to interfere with your safety, work performance, or your daily functioning, speak to your primary care provider. They can assess your symptoms and connect you with appropriate supports.

Circadian rhythm misalignment may be contributing to your sleep problems if:

- Your sleep timing is consistently different from your preferred schedule
- Work or life demands force a sleep schedule that conflicts with your body clock
- Your sleep quality improves when you are able to sleep at preferred times



KEY TAKEAWAY

Shift work often conflicts with the body's natural circadian rhythm, which is designed for sleep at night and wakefulness during the day. This can lead to sleep disruption, reduced alertness, increased risk for accidents, and long-term health problems.

ADAPTING TO SHIFT WORK

Strategies that may help reduce circadian disruption

Where possible, shift schedules should follow models that minimize disruption to the body's circadian system. Longer and more irregular schedules may cause greater circadian disruption, making it harder for the body to return to normal sleep patterns.

Research suggests that a 24 on / 48 off schedule may cause less circadian disruption and allow shift workers to more easily return to typical sleep patterns.

Strategies that may help reduce the impact of shift work include:

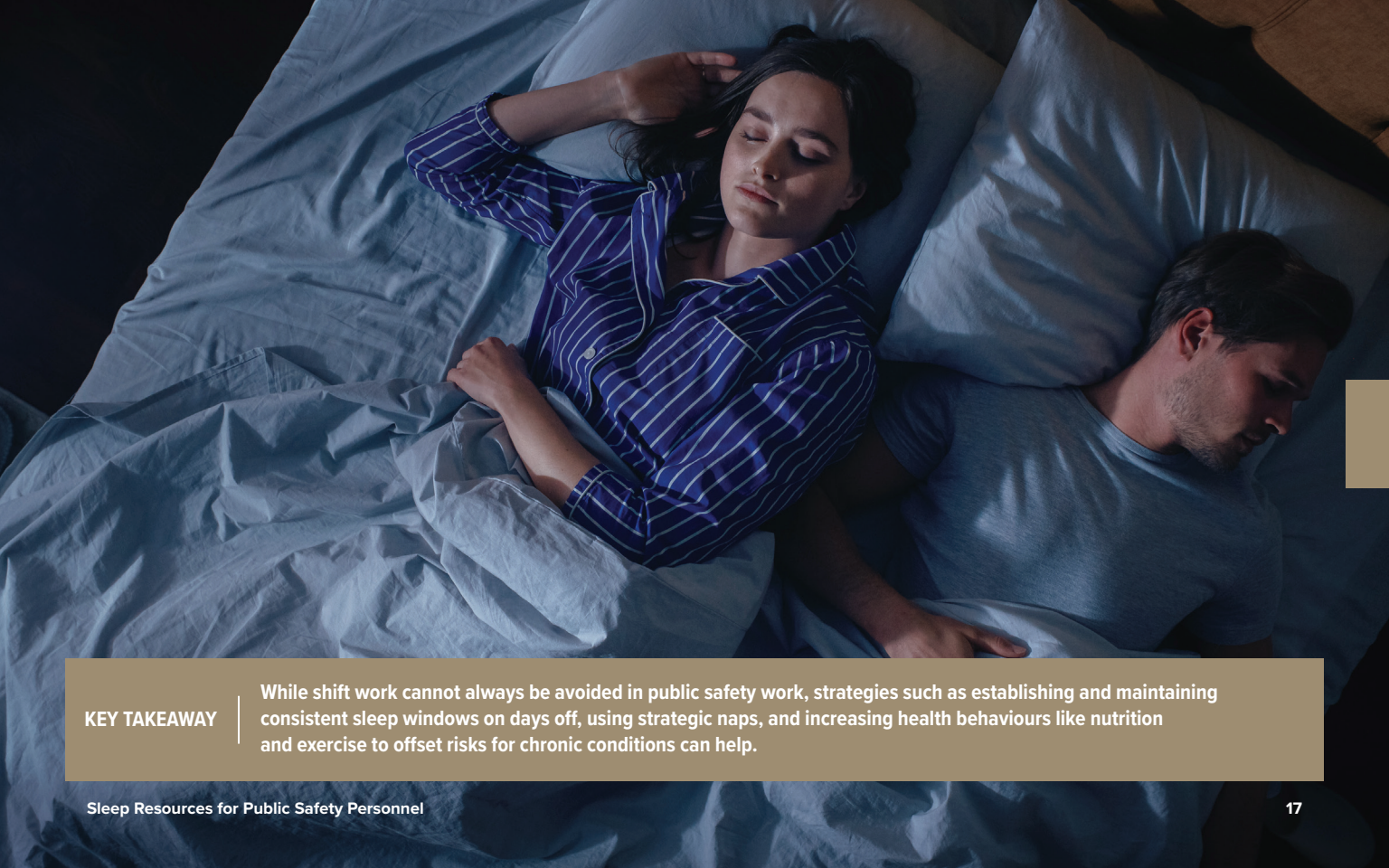
- Minimizing excessively long shifts where possible
- Maintaining a consistent sleep and wake schedule during days off
- Taking short naps before shifts, and using naps strategically for safety and to alleviate fatigue
- Sleeping while on call, if possible
- Using caffeine strategically to help with alertness (keeping in mind fatigue may return during caffeine withdrawal 4-6 hours later)

- After a shift, allowing time to wind down before going to bed

Shift workers are at a much higher risk for vehicle accidents. Check your level of sleepiness before driving home after your shift. Consider making other arrangements if you are too tired to drive safely.

KEY TAKEAWAY

When the timing of your internal body clock consistently conflicts with your required sleep schedule, you may develop a circadian rhythm sleep-wake disorder. If these symptoms interfere with your functioning or safety, speak with your primary care provider.



KEY TAKEAWAY

While shift work cannot always be avoided in public safety work, strategies such as establishing and maintaining consistent sleep windows on days off, using strategic naps, and increasing health behaviours like nutrition and exercise to offset risks for chronic conditions can help.

Sleep diaries

Why monitoring your sleep is important

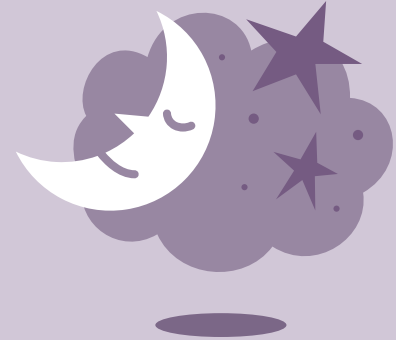
Self-monitoring is key for any behavioural change. A sleep diary is one of the most useful tools we have for understanding and addressing sleep problems because it can help identify patterns, habits, and possible causes of disrupted sleep over time.

Using a sleep diary, you will track:

- The time it takes you to fall asleep. Ideally this would be 10-30 minutes.
- The time you spend awake in the middle of the night. Ideally this would be under 30 minutes.
- Your total time in bed and your sleep efficiency – the percentage of time you spend ASLEEP in your bed. Ideally this would be 85-90 percent.

- Your total sleep time. For most adults this is between 6-9 hours.

Tracking your sleep for at least two weeks before beginning any sleep improvement plan can help you and your healthcare provider identify effective sleep strategies and treatments.



CONSENSUS SLEEP DIARY

The online Consensus Sleep Diary is a free, easy to use, and evidence-tested method of monitoring your sleep.

<https://consensusleepdiary.com/>



KEY TAKEAWAY

Monitoring your sleep habits using a sleep diary can provide useful information for you and your healthcare provider and help guide your treatment.

BEHAVIOURS TO NOTICE IN YOUR SLEEP DIARY:

1. Is your rise time (the time you get out of bed) similar on workdays and days off?

Every hour of variability is the equivalent of traveling a time zone so try to minimize the difference.

If your earliest rise time on workdays is 5 a.m., but shifts to 9 a.m. on your days off, your body can experience a form of “jet lag” (with effects on mood, thinking, physical wellbeing, sleep, and alertness) similar to travelling from Halifax to Vancouver!

2. Is your time in bed fairly matched to your total sleep time?

If you spend 10 hours in bed on your day off but your average sleep time is 7 hours, your body is not able to produce enough deep sleep across this extended time in bed. When this happens, you can get poor quality sleep and insomnia may develop.

Try to match your time in bed to your average total sleep time (but keep a minimum time in bed of 6 hours).

3. Do you take more than 30 minutes to fall asleep?

If so, consider delaying bedtime until you feel sleepier. You may be going to bed too early.



Nightmares

The link between nightmares and trauma

Nightmares are common among those who have been exposed to trauma. There is a well-established relationship between posttraumatic stress disorder (PTSD), nightmares, and other sleep disruptions.

Because PSP are routinely exposed to potentially psychologically traumatic events as part of their work, it is important to be aware that trauma-related nightmares can occur.

WHAT TO DO IF YOU ARE EXPERIENCING OCCASIONAL NIGHTMARES

If you wake from a nightmare, these strategies may help:

- Getting out of bed and not returning until you have settled

- Orienting yourself to the present moment. Do this by noticing the things around you that remind you that you are safe (for example: *“I’m in my bed. I just had a bad dream. The door is locked. My cat is sleeping nearby. I am safe.”*)
- Avoiding alcohol or substances such as marijuana that may increase the likelihood of nightmares



If you have experienced trauma you would likely benefit from trauma-focused treatment with a mental healthcare professional. If nightmares persist after treatment, or if your nightmares are not related to trauma, a treatment such as imagery rehearsal therapy may help.

TREATING NIGHTMARES WITH IMAGE REHEARSAL THERAPY

Image rehearsal therapy (IRT) is a form of cognitive behavioural therapy often recommended for individuals who experience chronic nightmares, particularly those associated with trauma or posttraumatic stress disorder. It can be especially useful when recurring nightmare themes are present.

IRT is based on the idea that the content of a nightmare can be modified by mentally rehearsing a new version of the dream while awake. By reimagining the nightmare as a more pleasant dream and consistently rehearsing it, the frequency and intensity of nightmares may decrease.

KEY TAKEAWAY

Nightmares are common after trauma exposure. Occasional nightmares may be managed with grounding strategies, but nightmares following trauma may benefit from trauma-informed treatment.

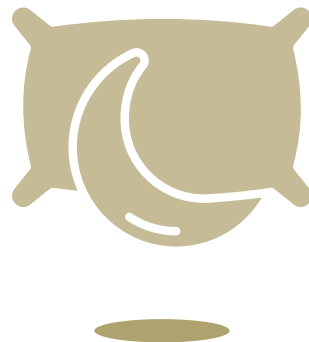
How to practice image rehearsal therapy

1. Write a description of the nightmare that is troubling you, including as much detail as possible.
2. Rewrite the dream so that it is no longer a nightmare. You might do this by changing the ending or creating a more positive version of the dream.
3. Once satisfied with your new dream, spend at least 20 minutes imagining it as vividly as possible.

4. Rehearse no more than two new dreams per week, and never rehearse nightmares.

Rehearsing the new dream may reduce how often the nightmare occurs and make it less distressing if it does. Continue practicing until you notice improvement.

It is recommended that if your nightmares are trauma-based, you practice IRT with the assistance of a qualified mental health professional.



KEY TAKEAWAY

Rescripting nightmares using image rehearsal therapy may help reduce their frequency and severity. It is recommended that you practice IRT with the assistance of a qualified mental health professional if your nightmares are trauma-based.



Nocturnal arousal

Distinguishing nighttime arousal events

Some nighttime events that involve sudden awakening, fear, or confusion can appear very similar but may have different causes and treatments.

Nightmares, night terrors (also called sleep terrors) and **confusional arousals** belong to a category of sleep disorders known as parasomnias.

Parasomnias involve unusual behaviours or experiences that occur during sleep or during transitions between sleep and wakefulness.

They can sometimes be associated with sleep disruption (such as shift work) or external events that disrupt sleep (such as responding to an overnight call).

Distinguishing between sleep-related arousal events and nocturnal panic attacks is important for proper diagnosis and treatment. PSP may be more prone to parasomnias and other sleep disruptions due to irregular schedules, sleep deprivation, and occupational stress.

Parasomnias may also be associated with conditions such as obstructive sleep apnea and some mental health disorders, particularly depression.



CONFUSIONAL AROUSAL AND NIGHT TERRORS

Confusional arousal is typically characterized by disorientation after partial awakening from deep sleep. Someone experiencing confusional arousal may have slow speech, reduced responsiveness, and may appear confused, but they are generally not in distress. People typically have little or no memory of the episode afterward.

Night terrors are characterized by sudden and intense fear, often accompanied by behaviours such as screaming, rapid heart rate, or bolting out of bed. A person experiencing a night terror might appear awake but is not fully conscious and usually has little memory of the episode. Night terrors occur most often in children, but adults experiencing sleep deprivation and/or stress can also experience them.

Treatment for confusional arousals and night terrors usually focuses on addressing potential safety concerns within the sleep environment, improving sleep stability, mitigating stress, and addressing potential underlying sleep disorders (such as insomnia, obstructive sleep apnea, or circadian rhythm sleep-wake disorders). Reducing sleep deprivation and maintaining a regular sleep schedule can also help. Medication is generally reserved for more severe cases.

NOCTURNAL PANIC

Nocturnal panic occurs when a panic attack begins during sleep and awakens the individual. Symptoms are similar to panic attacks that occur during waking hours and may include sudden intense fear, heart palpitations, shortness of breath, dizziness, and fears of losing control or dying.

Unlike many daytime panic attacks, which may be activated by stressful thoughts or situations, nocturnal panic typically occurs without an obvious activation. People who experience nocturnal panic are also likely to experience daytime panic attacks. For this reason nocturnal panic is considered a subtype of the panic attacks associated with panic disorder.

Importantly, nocturnal panic is associated with panic disorder rather than a sleep disorder, even though it may initially appear to be a sleep-related problem. Because nocturnal panic and parasomnias can look similar, proper assessment by a healthcare provider is important.

Consult your primary healthcare provider if nighttime arousal incidents frequently disrupt your sleep, endanger your nighttime safety or someone else's, or are impairing your daytime functioning.

Your symptoms may be related to nocturnal panic if:

- You awaken fully
- You awaken with intense fear or distress*
- You awaken with panic symptoms such as: heart palpitations, shortness of breath, dizziness, and fear of losing control or dying
- You remember the incident**
- The incident is not associated with a bad dream**

*No? Then consider that you may be experiencing confusional arousal.

**No? Then consider that you may be experiencing night terrors.



KEY TAKEAWAY

Nighttime episodes involving fear or sudden awakening may be caused by sleep disorders (parasomnias) or by nocturnal panic attacks. Because these conditions have different causes and treatments, proper assessment by a health care provider is key.

PANIC DISORDER

Why panic disorder is a concern for PSP

Panic attacks can occur during the day or during sleep (nocturnal panic). Symptoms of panic disorder include:

- Recurring, unexpected panic attacks
- Persistent fear or worry about experiencing another panic attack
- Behaviour changes intended to avoid another panic attack (such as avoiding certain places)

Not everyone who experiences panic attacks will develop panic disorder. However, panic disorder may be of particular concern for PSP because it is one of the mental health conditions included within posttraumatic stress injury (PTSI).

PTSI is an umbrella term used to describe a range of mental health conditions that may develop following exposure to trauma. In addition to panic disorder, PTSI may include posttraumatic stress disorder, major depressive disorder, generalized anxiety disorder, and social anxiety disorder.

Panic attacks and panic disorder are highly treatable. Treatment for panic attacks and panic disorder typically includes a combination of psychotherapy and medication.

If you are experiencing panic attacks, whether at night or during the day, consult your primary care provider. They can assess your symptoms, begin treatment if appropriate, and provide referrals to additional supports if needed.

KEY TAKEAWAY

Panic disorder may be particularly relevant for PSP because it is one of several mental health conditions that can develop following trauma exposure. Panic attacks and panic disorder are highly treatable with psychotherapy and medication.

Obstructive Sleep Apnea

The dangers of untreated obstructive sleep apnea

Obstructive sleep apnea (OSA) is a sleep disorder in which the airway collapses or becomes blocked during sleep, causing breathing to become very shallow or stop altogether. These pauses in breathing can last 10 seconds or longer and may occur many times throughout the night.

Untreated OSA is a serious condition associated with a range of significant health risks, including:

- Cardiovascular disease, coronary heart disease, and stroke
- Weight gain, obesity, and type II diabetes
- Increased risk of motor vehicle accidents
- Sexual dysfunction

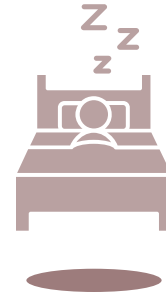
- Increased risk for certain cancers
- Cognitive impairment

OSA fragments sleep but people are often unaware it is happening, and may even believe they sleep well. But repeated bouts of oxygen deprivation during sleep can strain multiple systems of the body, making treatment important for long-term health.



DO YOU HAVE RISK FACTORS FOR OBSTRUCTIVE SLEEP APNEA?

	YES	NO
Do you snore loudly and persistently most nights?		
Do you feel tired or sleepy during the day?		
Has anyone ever seen you stop breathing during sleep?		
Do you have high blood pressure?		
Is your BMI over 35?		
Are you 50 years of age or older?		
Is your neck size larger than 17 inches (for men) or 16 inches (for women)?		



If you answer yes to three or more of these screening questions, speak to your primary care provider about referral for a sleep study.

KEY TAKEAWAY

People may be unaware they have obstructive sleep apnea, but it presents serious health risks.

POSITIVE AIRWAY PRESSURE (PAP) TREATMENT FOR OSA

The recommended treatment for OSA is nightly use of a positive airway pressure (PAP) device. A PAP device delivers a steady flow of pressurized air, which helps keep the airway open during sleep.

Some people find it difficult to adjust to wearing a PAP mask. If you find yourself taking off the mask in your sleep, simply put it back on when you notice. Most people find that the uncomfortable sensation fades in time.

For some, wearing a PAP mask may activate claustrophobic or trauma-related responses. Signs this may be happening include:

- Feeling unable to tolerate something covering your mouth and/or nose
- Feeling anxious, agitated or distressed when thinking about wearing the mask
- Removing the mask abruptly

Gradual desensitization can help reduce these reactions.



PAP DESENSITIZATION

Step 1

Begin by getting comfortable with the PAP mask on while you are awake. Don't attempt to sleep with the mask until you are comfortable wearing it during the day.

Step 2

Turn the PAP airflow on. Hold the mask over your nose and mouth without fastening the straps. Practice breathing with the machine on while awake. Start with short intervals (1-5 minutes) and gradually increase.

Step 3

Turn the PAP airflow on and wear the mask with the straps fastened. Practice breathing with the PAP on while awake until you can comfortably tolerate it for 15-20 minutes.

Step 4

Try taking a daytime nap while wearing the PAP mask. It is not necessary to fall asleep – the goal is to rest comfortably while wearing it.

Step 5

Begin wearing your PAP at night when going to sleep. If you remove it while asleep, put it back on when you wake up. If claustrophobia, discomfort, or anxiety returns, revert to the previous step until you are comfortable proceeding.

If your claustrophobic or trauma-related response to the PAP is severe, you may require additional support from a mental healthcare professional.

KEY TAKEAWAY

For those who feel like they cannot breathe while wearing a PAP mask, gradual desensitization can alleviate these feelings.

Final takeaways

Sleep is essential for physical health, mental wellbeing, and safe performance on the job. Owing to the many demands of public safety work – including shift work, long hours, and exposure to traumatic events – sleep disruption is common among PSP.

Several different factors can affect sleep, including circadian rhythm disruption, insomnia, nightmares, nocturnal panic, and obstructive sleep apnea. Many of these challenges are highly treatable when properly identified.

If you are experiencing ongoing sleep difficulties:

- Pay close attention to symptoms such as excessive sleepiness, frequent awakenings, nightmares, nighttime panic, or loud snoring

- Monitor your sleep patterns using a sleep diary
- Most importantly, speak with your primary care provider if sleep problems are affecting your wellbeing, safety, work performance, daily functioning, or quality of life

Remember, sleep challenges are not part of your job. Healthy sleep is possible, and sleep problems are treatable, even in demanding and high-stakes PSP roles.





Additional resources



CIPSRT's **Sleep 101 Toolkit** includes resources adapted from materials originally developed by Dr. Colleen Carney to help individuals assess their sleep concerns.



PSPNET offers free, therapist-guided or self-guided **internet-delivered cognitive behavioural therapy courses** to support healthy sleep among public safety personnel.



PSPNET Families has **skill-building resources and tips** for PSP and families experiencing sleep challenges.



The Canadian Sleep Research Consortium provides access to **sleep resources and information** about cognitive behavioral therapy for insomnia, including a Canada-wide provider map.



Ontario Health has developed a **guide for adults living with chronic insomnia**. The guide outlines what individuals can expect from care and treatment for insomnia disorder and includes suggestions for how to discuss sleep concerns with healthcare providers.

MY NOTES



The Canadian Institute for Public Safety Research and Treatment (CIPSRT) works to improve the mental health and wellbeing of public safety personnel across Canada through knowledge exchange.

To learn more about CIPSRT's tools and resources for PSP, visit:

www.cipsrt-icrtsp.ca

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