
CIPSRT
Canadian Institute for Public Safety
Research and Treatment



ICRTSP
Institut canadien de recherche et
de traitement en sécurité publique

SLEEP 101

Toolkit for Public Safety Personnel

Items in the toolkit were created and provided by Dr. C. Carney as part of the Sleep 101 Course



Are you sleepy during the day?

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

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

Situation	Chance of dozing off			
	0	1	2	3
Sitting and reading				
Watching TV				
Sitting inactive in a public place (e.g. a theater or a meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped for a few minutes in the traffic				

Is your score 10 or greater? If so, talk to your doctor. You may need a sleep study.

Sleep apnea



Do you have risk factors for sleep apnea?

For each item, score 1 if you select **Yes** and 0 if you select **No**.

	Yes	No
Do you snore loudly, and persistently (most nights)?		
Are you sleepy during the day? (If you have a 10 or greater on the sleepiness scale above, you should answer yes.)		
Has anyone ever seen you stop breathing during sleep?		
Do you have high blood pressure?		
Calculate your BMI. Is it greater than 35?		
Are you 50 years old or older?		
Is your neck circumference 40 cm (15.7 in) or greater?		
Are you a male?		

Is your score 3 or greater? If so, talk to your doctor. You may need a sleep study.



Insomnia

Are you bothered by insomnia?

1. Please rate the current severity of your insomnia problem(s):

None (0) Mild (1) Moderate (2) Severe (3) Very Severe (4)

Difficulty falling asleep

Difficulty staying asleep

Problem waking up too early

Very satisfied (0) Moderately satisfied (2) Very dissatisfied (4)

2. How satisfied/dissatisfied are you with your current sleep pattern?

All (0) A little (1) Somewhat (2) Much (3) Very much (4)

3. To what extent do you consider your sleep problem to INTERFERE with your daily functioning (e.g., daytime functioning, ability to function at work/daily chores, concentration, memory, mood, etc.)?

4. How NOTICEABLE to others do you think your sleeping problem is in terms of impairing the quality of your life?

5. How WORRIED/distressed are you about your current sleep problem?

Add the score up. Is it 10 or greater? Insomnia appears to be a problem with you.

Tips for healthy sleep with occasional insomnia

1. Keep a regular rise time.
2. Wind-down an hour before bed.
3. Do not go to bed until sleepy.
4. If you process information in bed, try setting aside time for problem-solving earlier in the evening.
5. Do not use the snooze button.
6. When you feel tired, activate. Seek light.
7. Prioritize physical activity and (sun)light during the day.
8. Remind yourself that it is a normal part of life to have 1-2 nights per week with disrupted sleep. Anxiety and preoccupation with sleep can turn occasional insomnia into chronic insomnia.

Tips for chronic insomnia

1. Keep a regular rise time.
2. Wind-down an hour before bed.
3. Avoid wakeful activities in bed. You can make sex an exception.
4. Do not go to bed until sleepy.
5. If you find yourself awake for more than 20 minutes, get out of bed and don't return until you are sleepy.
6. If you process information in bed, try setting aside time for problem-solving earlier in the evening.
7. Do not use the snooze button.
8. When you feel tired, activate. Seek light.
9. Do not nap during the day unless it is for safety (i.e., you feel sleepy).
10. Prioritize physical activity and (sun)light during the day.
11. If you are suffering from a co-occurring condition that worsens insomnia, such as Post-Traumatic Stress Disorder, Depression, Substance Abuse, Chronic Pain, seek treatment. Change providers, if you are not satisfied with your care. Cognitive behavioural therapy is an evidence-based, brief treatment that helps with all of these conditions. <https://cacbt.ca/en/certification/find-a-certified-therapist/>

12. Remind yourself that your body has a built-in mechanisms to compensate for chronic insomnia, so let your body do it's thing. Anxiety and preoccupation with sleep will make things worse.
13. If you are suffering from chronic insomnia and need treatment, cognitive behavioural therapy for insomnia is an evidence-based, brief treatment that helps address insomnia. It is effective as one-on-one or group therapy, internet delivered therapy, or self-help books www.drcoleencarney.com. To find a provider near you, check the Canadian Sleep Society provider map (currently under construction) <https://css-scs.ca/provider-map/> or email sadlab@ryerson.ca.

Tips for sleepiness

1. Find out why you are sleepy. Sleepiness can be dangerous.
 - Take the sleep apnea quiz above. See your doctor if your score is 3 or higher.
 - Examine your sleep habits and determine if you spend enough time in bed. If you fall asleep in less than 10 minutes on average, extend your time in bed by 30 minutes each night for a week. Does it make it better? If so, you may be sleep depriving yourself and not know it.
 - Sleepiness without an understanding of why, may require a trip to your doctor.
 - Does this only occur after on-call 24 hour shifts? This is an understandable reaction, follow the tips below.
2. Do not drive or operate heavy machinery, if you are sleepy. You are impaired if you are sleepy.
3. Nap to alleviate sleepiness.
4. Use (sun)light exposure to increase alertness when you cannot nap.
5. Go for a walk. Exercise can increase alertness.
6. Stimulants such as caffeine are helpful in the short term but not a good long-term strategy.
7. If sleepiness persists, even with these strategies, talk to your doctor. They will investigate causes and may prescribe alerting medications.

Tips for sleep apnea

1. Use your mask. It will prevent diseases from developing. Keeping the airway open, means that you will not stop breathing and will not be deprived of oxygen. Remind yourself that it is not a sleep device, it is a "save your life" device.
 2. Advocate for yourself. You deserve a mask, or other option, that fits. There should be post-purchase support for you.
 3. Keep your equipment clean.
 4. Use a humidifier for comfort.
 5. Avoid smoking and alcohol.
 6. Get support in your community from others who have sleep apnea (<https://sleeponitcanada.ca/events-and-patient-support-groups/patient-support-group/>) or consider starting your own Facebook or MeetUp group.
 7. If you are having panic/suffocating type reactions, expose yourself to the mask under conditions that are less challenging. Wait for your stress/irritation to decrease by half before you stop the exposure. Then move to a slightly more challenging situation. For example:
 - Hold mask over your nose and mouth, and practice breathing with machine on while awake. Start with short periods of time (1-5 min) and gradually build up to longer periods of time.
 - Wear the mask over your nose and mouth with the straps on your head. Practice breathing with CPAP on while awake. Wear CPAP for longer periods of time until you can have it on for 15-20 min comfortably.
 - Take a nap, or just rest lying down, during the day with CPAP machine and mask on.
 - Wear CPAP at night when you go to sleep. If you find you have taken it off, put it back on.
- Receiving a diagnosis of sleep apnea is difficult because you may know several other people with the diagnosis and they have to use an expensive mask – people can become suspicious that diagnosis is a scam to sell devices. Most sleep disorder centres have no relationship with those who sell masks, other than they know which sellers provide the best service, and will recommend them over providers who are not helpful to users. It is not a conspiracy that most people that get assessed for apnea, receive the diagnosis. This is because there is a very high sensitivity with our screening, such that only those who are highly likely to have apnea receive testing. If you are a middle aged man, with a thick neck, whether it be because you are overweight or into body building, you are in the highest risk group, so you may see your friends who are similar to you also get diagnosed.
 - Receiving a diagnosis of sleep apnea is difficult because the mask seems like such an inconvenience and might even feel embarrassing. Some worry about intimacy because they think the mask is unattractive. Keep in mind that no one finds snoring sexy ;-) and more importantly, apnea impairs sexual functioning and leads to erectile dysfunction in men.
 - Receiving a diagnosis of sleep apnea is difficult if the mask "drives you crazy" or makes you want to "rip it off your face." This is a fairly common reaction because it is unnatural to sleep with something covering our airway. If you find yourself taking off the mask in your sleep, simply put it back on when you notice. If you feel anxious or irritated by the air, follow these steps to become more acclimated to the sensation.
 1. Find a comfortable seated position during the day and turn the PAP machine on. Hold the mask a few inches from your face. Take note of how tense/irritated/anxious you are on a scale from 0-100. Keep holding it there for 20-30 minutes, or until your score of tension/anxiety is reduced by half or less than 40. Repeat this step a few more times that week. Once it is no longer producing much anxiety or tension, go to step 2.
 2. Find a comfortable seated position during the day and turn the PAP machine on. Hold the mask on your face but use your hand rather than the straps. Take note of how tense/irritated/anxious you are on a scale from 0-100. Keep holding it there for 20-30 minutes, or until your score of tension/anxiety is reduced by half or less than 40. Repeat this step a few more times that week. Once it is no longer producing much anxiety or tension, go to step 3.

Tips for those having trouble using the positive airway pressure mask

- Receiving a diagnosis of sleep apnea is difficult because many people with apnea have no sleep complaints and consider themselves "great sleepers." Apnea is about the damage that is done to multiple vital systems in your body when your body is continuously deprived of oxygen. Remember that the mask is not a sleep device, it is a "safe your life device." Apnea causes many chronic illnesses that will degrade your quality of life in the future and will likely be at least a secondary cause of death for you. Keeping the airway open while you sleep, prevents this.

3. Find a comfortable seated position during the day and turn the PAP machine on. Attach the mask to your face using the straps. Take note of how tense/irritated/anxious you are on a scale from 0-100. Keep it on for 20-30 minutes, or until your score of tension/anxiety is reduced by half or less than 40. Repeat this step a few more times that week. Once it is no longer producing much anxiety or tension, go to step 4.
4. Attempt to take a nap on your couch during the day with the PAP machine on. It is irrelevant if you actually nap or not. Take note of how tense/irritated/anxious you are on a scale from 0-100. If you are unable to nap, you can stop after about 20 minutes, or until your score of tension/anxiety is reduced by half or less than 40. Repeat this step a few more times that week. Once it is no longer producing much anxiety or tension, go to step 5.
5. Start your night off with the PAP machine on. Take note of how tense/irritated/anxious you are on a scale from 0-100. If you are unable to sleep, you can stop after about 30 minutes, or until your score of tension/anxiety is reduced by half or less than 40. Repeat this step a few more times that week. Once it is no longer producing much anxiety or tension, leave the PAP mask off and start using it regularly. The PAP will protect you from all of the diseases that apnea usually causes and often will provide more energy and alertness during the day.

Tips for shift workers

1. A consistent schedule is important for days off. Maintain a regular rise time.
2. Nap before your shift, if you are able.
3. If you have the option to sleep while on-call and you feel sleepy, do it. Get out of bed when you are no longer sleepy, or if it is your normal "day-off" rise time.
4. A stimulant, such as coffee, can help with alertness, but around 6 hours later, you will experience fatigue and may need another strategy.
5. Alternatives or supplements to coffee include exercise and bright lights.
6. Do a "sleepy" check before driving home from your shift. Make other arrangements to get home, if you are sleepy.
7. Wind down before getting into bed after a shift. We need time to transition between our work-self and our at-home self.
8. If you have to sleep during the day, protect your room from noise (consider a fan, or a noise cancelling machine/app), extremes in temperature (some have their home on an energy savings mode during the day that may not be conducive to sleeping), and light (consider blackout curtains).
9. Remember that shift work is unnatural for humans, so be patient with yourself when you have a poor sleep or don't feel like yourself during the day. Take precautions to be safe when you are sleepy.

SAMPLE SCHEDULE for 24 hour shifts starting at 7, with no on-shift interruptions ;-)



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-8 am				Wake up			
8-9 am	Out of bed	Out of bed, work	Out of bed	Out of bed	Out of bed, work	Out of bed	Out of bed
9-10 am							
10-11 am							
11-12 am							
12-1 pm							
1-2 pm							
2-3 pm							
3-4 pm							
4-5 pm	Nap			Nap			
5-6 pm	Shower, dinner			Shower, dinner			
6-7 pm	Drive to work Work	Drive home Dinner, Stay active		Drive to work Work	Drive home Dinner, Stay active		
7-8 pm							
8-9 pm							
9-10 pm							
10-11 pm		Wind down			Wind down		
11-12 am	Lie down if time permits*	Sleep	Sleep	Lie down if time permits*	Sleep	Sleep	Sleep
12-1 am							
1-2 am							
2-3 am							
3-4 am							
4-5 am							
5-6 am							
6-7 am							

* "Lie down, if time permits" implies that this is a sleep opportunity, when realistically, work may interrupt these rest periods, or it may be difficult to sleep under these circumstances. Thus, sleep deprivation may occur and naps and sleepiness safety may be necessary.

General resources

Free relaxation resources and link to a paper sleep diary: www.drcoleencarney.com.

Free teen sleep help www.dozeapp.ca or doze: goodnight mind for teens on the app store.

Free sleep diary www.consensussleepdiary.com.

Fitness trackers are unreliable for poor sleepers and can lead to sleep preoccupation.

“Normal sleep” cheats for a sleep diary (for the average over a week or two):

- Normal time to fall asleep (called sleep onset latency) is 10-30 minutes.
- Normal time awake during the night after you fall asleep (called wakefulness after sleep onset) is under 30 minutes.
- Normal proportion of time sleeping while in bed (called sleep efficiency) is 85-90% (over 90% means that you are sleepy and under 85% is suggestive of insomnia or perhaps too much time in bed).
- Normal sleep duration for an adult is between 6-9 hours, but there are individual differences.

A provider map for Canada is under construction currently but it's link is here:

<https://css-scs.ca/provider-map/>

Sleep disorder support groups:

<https://sleeponitcanada.ca/events-and-patient-support-groups/patient-support-group/>

Self-help book for insomnia:

Carney, C.E., & Manber, R. (2013). *Goodnight Mind: Turn Off Your Noisy Thoughts and Get a Good Night's Sleep*. New Harbinger Press, Oakland, CA.

Self-help book for teen sleep problems:

Carney, C.E. (2020). *Goodnight Mind for Teens*. New Harbinger Press, Oakland, CA.