Natural Hazards Research Australia

# Good practice principles for tracking potentially traumatic event exposure and organisational responses in emergency services

## A guide for fire and emergency service agencies

Phoenix AUSTRALIA

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THE UNIVERSITY OF MELBOURNE

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We acknowledge the Traditional Custodians across all the lands on which we live and work, and we pay our respects to Elders both past, present and emerging. We recognise that these lands and waters have always been places of teaching, research and learning.





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# Introduction

## Background

Emergency service workers are exposed to potentially traumatic events (PTEs) throughout their career due to the nature of their role. These events can have negative and lasting impacts on individual mental health and wellbeing and their organisation more broadly. Tracking PTE exposure and organisational responses to PTEs occurs in various ways across many high-risk organisations globally, however there is a lack of evidence regarding the benefits of and best approach for such systems.

The AFAC Mental Health and Wellbeing Group identified the need to determine current best practice approaches, and through Natural Hazard Research Australia, engaged Phoenix Australia – Centre for Posttraumatic Mental Health to work with AFAC representatives on *Best practice for tracking potentially traumatic event exposure and organisational responses*.

Detailed information on the project aims, methodology and findings can be found at www.naturalhazards.com.au/tracking-pte. Tools to assist agencies with reviewing their existing systems and implementing best practice are also available.

While any need for a tracking system focuses on the potential impacts exposures to cumulative traumatic events have on the mental health and wellbeing of workers, there are a range of other operational and organisational stressors that can also impact workers' psychosocial health. A tracking system is one part of a broader organisational mental health and wellbeing strategy to protect and support their workforce.

## Aim of the guide

This guide provides Australian and New Zealand fire and emergency service agencies with good practice principles for tracking PTE exposure and organisational responses to PTEs, to complement broader sector/organisational efforts to support worker mental health and wellbeing. Agencies may wish to use this document to help consider alignment of their current systems against principles, update policies and procedures and/or inform design or selection of future tracking systems.

## Target audience

The primary audience of this guide is the wellbeing teams and leaders within the Australian and New Zealand fire and emergency service agencies.

## Scope

Given the lack of evidence related to tracking systems internationally, this guidance drew heavily on industry expertise, experience and current practice, representing the sector's initial attempt to articulate potential best practice principles. It is recommended that use of this guidance is closely monitored for any unintended impacts and reviewed by the industry within two-to-three years or earlier if evidence changes.

This guidance is designed to be used flexibly and be tailored to each organisation's context before use, recognising that each fire and emergency service agency has unique characteristics and many possible types of tracking systems could be suitable.

This guidance is not intended to be prescriptive, nor does it seek to establish standards for which agencies must adhere.

This guide is additional to – and does not replace – existing organisational policy, guidance and protocols.

# Elements of tracking systems

Figure 1 displays the elements model which categorises the range of considerations and characteristics for a PTE and organisational response tracking system into six clearly delineated dimensions (i.e., elements). The elements are:

1. *Element 1:* The **primary purpose of a tracking system** considers the motivations for having a tracking system, including the goals, purpose/s and perceived benefits of the system. This dimension is positioned across the top of the model to highlight that all stages of design and development are related to the core purpose.
2. *Element 2:* The **design and implementation of the system** considers the specific design, development and implementation aspects unique to an organisation's tracking system. This dimension is positioned alongside the model as it interplays through all elements of a tracking system.
3. *Element 3:* **What data is collected by the tracking system** considers the type of data collected when a PTE exposure and/or organisational response occurs.
4. *Element 4:* **How is data collected and stored** considers the processes used to collect PTE exposure and organisation response data, as well as how data is stored by an organisation.
5. *Element 5:* **How is the data analysed, reported and utilised** considers how organisations analyse and report PTE exposure and organisational response data and how it is used.
6. *Element 6:* **Monitoring and evaluation of the system** considers the specific monitoring, evaluation and continuous improvement of organisational tracking systems. This dimension is positioned along the base of the model to highlight the critical nature of evaluation for ensuring the system meets its purpose while minimising unintended negative consequences. This is especially important given the lack of available evidence about the effectiveness and usefulness of tracking systems.

The model also takes into account that any system exists within, and is influenced by, unique and changing organisational and industry contexts. While the following are not elements, they are represented in the model:

- The **organisational context** refers to the unique characteristics of each agency, mental health climate, mental health and wellbeing initiatives and supports in place.
- The **industry influence** refers to affiliations and co-dependent relationships with stakeholders in the emergency services sector, such as government, unions, WorkCover providers and the legal and ethical impacts.

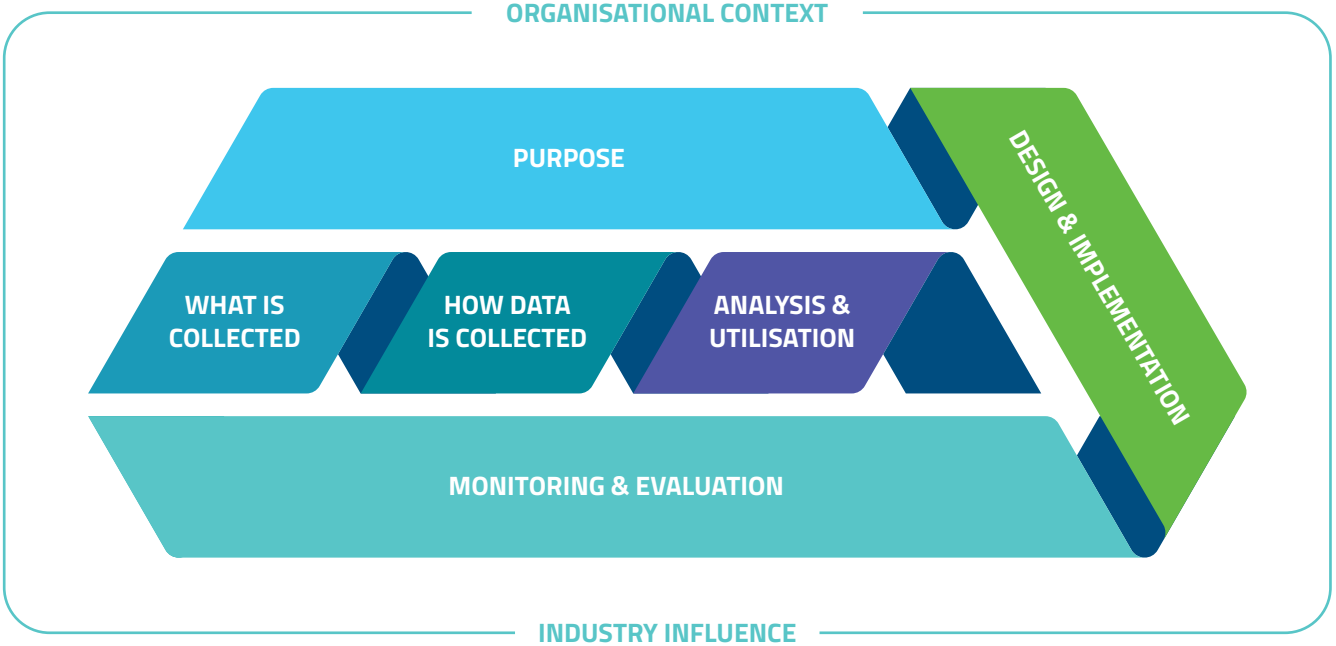


**Figure 1.** Model of PTE and organisational response tracking system elements

# Principles framework

Figure 2 provides a schematic of the overall principles' framework grouped by elements. The listed principles are abbreviated for high level oversight and do not include the subprinciples that sit underneath. These principles are derived from the data and expert opinion, noting that the way the principles are categorised is just one of numerous ways they could be grouped.

These principles incorporate trauma-informed considerations. This means that, where possible, the principles demonstrate an understanding of the impacts of trauma on how individuals engage with others and systems, as well as provide opportunities for choice and control, support safety and trust, and minimise the risk of re-traumatisation and distress. By incorporating trauma-informed considerations, this guide assists organisations to promote overall workforce wellbeing by implementing tracking system policies, procedures and environments that are mindful of individual trauma histories and that support the physical, psychological and emotional safety of their workforce.

## Navigating the principles

The following pages detail principle and subprinciple descriptions and in-practice examples organised by elements. Specifically:

- Principles contain a clearly delineated idea (e.g., vision, shared understanding).
- Subprinciples capture a single idea relevant to their respective principle.
- Examples of principle application. Current practices (including quotes) identified during consultation with the sector are listed first, followed by suggestions from the authors.

Each principle and subprinciple includes:

a. short overview statement 'label' in bold
b. brief description
c. rationale for the importance of applying the principle.

Appendix Table 2 provides a **quick reference table** for these principles and subprinciples (refer to page 30).


**Figure 2.** Good practice principles framework for tracking systems, with abbreviated labels.

# Element 1:

## The primary purpose of a tracking system

PURPOSE

The principles within Element 1 consider the motivations for having a tracking system, including the goals, purpose/s and perceived benefits of the system.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **1.1 Document a clear vision for a tracking system**<br>Define and document the overarching purpose, goals and desired outcomes of tracking. Sub-purposes, goals and desired outcomes can also be defined at the individual, manager/supervisor, regional and organisational levels.<br>**RATIONALE:** A clear vision across the organisation helps focus tracking system design, implementation and evaluation. | → Examples of **problems** include using an outdated system (e.g., "the current system is based on [system name] from 1988") and high prevalence of mental health problems (e.g., "mental health is poor").<br>→ Informed by identified problems, **needs** may include updating the system and taking additional steps to protect and promote worker mental health.<br>→ **Gather input from stakeholders** to understand their perspectives about the system's purpose, goals and desired outcomes, e.g., host workshop, anonymous online vote, discussion in individual worker supervision.<br>→ **Overarching purposes** may include:<br>– raising **organisational awareness/gathering intelligence** (e.g., "build awareness of the extent and impact of traumatic exposure on staff"; "help identify risks and hazards") which can help understand patterns (e.g., "examining trends between areas and over time") and inform responses (e.g., "to enable proactive contact to those members who have been exposed to multiple PTEs, to set check-ins to try to minimise or disrupt the potential of cumulative trauma")<br>– **taking action** (e.g., "support a safer workplace," "reduce the severity of injury and promote early intervention and proactive recovery")<br>– **strategic planning** (e.g., "guide expenditure and resource allocation," "support training strategies")<br>– **facilitating compliance** with relevant legislation (e.g., management of psychosocial hazards under Work Health and Safety Regulations; evidence for WorkCover claims).<br>→ **Define system purpose at different levels and** consider if there is one **purpose to initially prioritise.**<br>– **Individual-level purposes** may include workers exposed to PTEs receive appropriate and coordinated responses, workers perceive the organisation cares about their mental wellbeing. |
| **1.1.1 Define the need for a tracking system**<br>Define the organisational problems and associated needs to be addressed by implementing a tracking system.<br>**RATIONALE:** Clear definitions help focus system design, implementation and utilisation. Problems inform needs, which in turn inform the system's purpose. | |
| **1.1.2 Gain broad stakeholder input about the system's purpose**<br>Gain input from internal stakeholders (e.g., staff, volunteers, managers/supervisors and leaders) and external stakeholders (e.g., unions, similar agencies with systems) as to the system's purpose, goals and desired outcomes.<br>**RATIONALE:** Involving stakeholders can enhance buy-in and maximise alignment of purpose, goals and outcomes with stakeholder groups and organisational needs. | |
| **1.1.3 Define the system's purpose, goals and desired outcomes: overarching and individual, manager/ leader, regional and organisational levels**<br>Define the overarching purpose, goals and desired outcomes of the tracking system before development and implementation (where possible). Operationalise these goals to assist monitoring and evaluation (i.e. define indicators of system success).<br>Organisations adopting a level-specific focus may also define the purpose, goals and desired outcomes at the:<br>→ individual level, considering role differences (e.g., career staff, volunteers, non-operational staff)<br>→ management and leadership level, ensuring alignment with role responsibilities<br>→ regional level, considering local needs, resources and patterns of PTE exposure<br>→ organisational level, ensuring the system aligns with the overarching mental health and wellbeing priorities and strategy/initiatives, including health and safety. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **1.1.3** continued<br><br>Organisations may wish to prioritise some purposes, at least initially, to help focus efforts and test the benefits of the tracking system (i.e., the goal may not be to have the system operating at all levels in the first instance).<br><br>**RATIONALE:** Adopting a level-specific approach to defining and operationalising purposes recognises the perceived value of tracking may differ across stakeholder groups, such as the exposed individual, their direct managers, their organisation and wellbeing response teams. This can provide a granular understanding of the system's effectiveness but requires greater resource investment during evaluation. | – **Manager/supervisor-level purposes** may include: empowering managers/supervisors with tools to perform their role (e.g., to manage rostering, to know when to have conversations with staff).<br>– **Region-level purposes** may include synthesising insights for individual locations to increase awareness of 'hot-spots' and oversee region-wide responses to risk.<br>– **Organisation-level purposes** may include oversight of organisation-wide risk to identify high-risk groups/roles, develop risk mitigation strategies and advocate for funding and resources to enhance worker safety. |
| **1.1.4 Identify potential unintended outcomes of system implementation**<br><br>Identify potential unintended/undesirable outcomes or consequences of tracking and start developing and documenting strategies to minimise or avoid.<br><br>**RATIONALE:** Anticipating unintended outcomes can help prevent their occurrence. From a trauma-informed perspective, this can help minimise harm to workers. | → Potential **unintended or undesirable outcomes** may include: compromised data security including breaches or unauthorised use, perpetuation of mental health stigma (e.g., "fear of reporting and the implications and outcomes") and negative perceptions of being "tracked" (e.g., "the word tracker poses issues for the workforce, as they feel they are being tracked in some way"). |
| **1.1.5 Define system scope**<br><br>Define the system's scope (i.e., what it can and aims to do and what it cannot or is not intended to do) and limitations (e.g., reliance on human data input and potential errors and omissions in data collection).<br><br>**RATIONALE:** Establishing boundaries can help manage scope (i.e., prevent "scope creep") and safeguard data from unauthorised use, so the system is not exploited beyond its intended purpose. From a trauma-informed perspective, this can help maintain a sense of safety and trust. | → Establish boundaries around **the scope** of the system to help prevent "*scope cree*p" (e.g., "potential for scope creep. People will find out we have this information and will request it for well-meaning but challenging reasons, such as attendance management"). |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **1.2 Recognise the system as one part of the organisation's mental health and wellbeing strategy**<br><br>Contextualise the tracking system within the broader workplace mental health and wellbeing strategy and initiatives.<br><br>**RATIONALE:** Currently, there is no evidence to suggest that tracking PTEs alone directly contributes to positive workplace mental health and wellbeing. | → **Recognise the system as part of the mental health and wellbeing strategy** (e.g., the system "meets policies and guidelines [within the] Mental Health and Wellbeing Strategy").<br>→ Utilise the system to help reduce the risk of **WorkCover claims** (e.g., "lower risks of WorkCover claims") and/or configure it (i.e., to collect relevant data) to assist with claims management (e.g., "ease with WorkCover claims").<br>→ Utilise the system to facilitate compliance with **workplace legislation** (e.g., "OHS regulations in our state are changing and are anticipated to include some requirements for greater tracking of psychosocial risks, including PTE. Any tracking systems would need to be suitable for capturing this required data").<br>→ **Relevant legislation** includes state/territory and Commonwealth work health and safety (WHS) laws, e.g., Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024[1]. |
| **1.2.1 Describe how the system integrates with existing mental health and wellbeing initiatives**<br><br>Articulate and document the relationship between the system and other organisational mental health and wellbeing initiatives and trauma management strategies (e.g., how the tracking system can integrate with and complement these existing initiatives).<br><br>Establish whether internal wellbeing support programs will utilise the tracking database for information, record updates and prompt support responses, while still allowing self-referral options.<br><br>**RATIONALE:** Mapping how the system aligns with existing initiatives can help improve a coordinated organisational approach to mental health and wellbeing. | |
| **1.2.2 Outline how the system facilitates compliance with legislative directives and workplace health and safety requirements**<br><br>Articulate and document the relationship between the system and workplace health and safety requirements.<br><br>**RATIONALE:** Ensuring legal obligations are met. | |

1 https://www.legislation.gov.au/F2024L01380/latest/text

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **1.3 Ensure shared organisational understanding of the system's purpose**<br>Clearly communicate the agreed purpose(s) of the system across all areas of the organisation.<br>**RATIONALE:** A shared understanding across the organisation can contribute to positive perceptions of the system enhancing trust and buy-in. | → **Engage workers in discussions** about the system's agreed purpose in various forums (e.g., staff meetings, supervision, induction, training) multiple times.<br>→ **Provide plain language information** through various platforms (e.g., newsletter, intranet, staff room notice board) multiple times.<br>→ **Develop and maintain current policies** and procedures around the tracking protocol (e.g., "there are policies, procedures and education programs encouraging the reporting of PTEs").<br>→ **Develop a communications plan** including familiarisation of workers with the system purpose (e.g., "will require communications plan and key stakeholders training") and the tracking process once someone has been exposed to a PTE (e.g., "includes automated email responses to all parties to communicate processes").<br>→ Considerations around **automated responses** include providing opt-out option (some organisations do this to respect workers' preferences to not be 'tracked') and whether automated responses may be perceived by workers as "box ticking" and potentially irritating. |
| **1.3.1 Make a plain language purpose description available and accessible to the entire workforce**<br>Create awareness and provide accessibility of the documented system purpose, goals and intended outcomes to all workers.<br>**RATIONALE:** Promoting organisation-wide awareness can help establish the system as standard practice across all staff levels and from a trauma-informed perspective, accessibility supports workers' trust, choice and control. | |
| **1.3.2 Develop and maintain policies and procedures that support achievement of the system's purpose**<br>Develop system policies and procedures, i.e., describe the 'tracking' process from start (e.g., a PTE prompts data collection) to finish (e.g., reporting or response). Conduct regular policy and procedure reviews and updates.<br>**RATIONALE:** Keeping policies and procedures current can enhance system use consistency, help meet anticipated organisational future needs and maintain industry best practice. Outdated policies and procedures may represent organisational risk of, for example, failure to comply with new laws and regulations. | |
| **1.3.3 Implement organisation-wide system communication strategy**<br>Develop and implement ongoing, tailored strategy communicating the system's purpose, policies and procedures for different organisational levels.<br>**RATIONALE:** Tailoring communications to unique organisational characteristics and specific levels and roles can allay worker concerns about the system, reduce mental health stigma, increase transparency (and workers' choice and control) around the system's operation and promote buy-in. | |

# Element 2:
## Design and implementation of the system

DESIGN & IMPLEMENTATION

The principles within Element 2 consider the specific design, development and implementation aspects unique to an organisation's tracking system. Various implementation and change management frameworks exist and organisations may already have a preferred approach. Therefore, these principles focus on specific system design aspects and implementation to tailor for trauma-related tracking systems.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.1 Assess the necessity and feasibility of implementing a tracking system**<br><br>The value and necessity of implementing a dedicated PTE tracking system is articulated and driven by needs and available evidence.<br><br>**RATIONALE:** To inform decisions regarding whether to implement new/additional systems for tracking and identify system requirements. | Authors' suggestions:<br><br>→ **Balance current potential need** for a dedicated system to achieve recorded tracking purposes with the resources required and the practicality of implementing a system.<br><br>→ Conduct this **need-gap assessment** as part of broader organisational assessments of psychosocial hazards (per current and/or proposed OHS regulations) or draw on information already captured through these mechanisms. |
| **2.1.1 Conduct a need-gap assessment**<br><br>Conduct a need-gap assessment to determine the necessity of dedicated tracking system implementation. This could involve:<br><br>→ assessment of current and desired trauma management strategies and identification of existing systems or datasets to adequately inform those strategies, or whether gaps (i.e., needs) exist (e.g., determine data collection and reporting needs not met by existing systems) that require a new/additional system to be implemented<br><br>→ acknowledgment of risk mitigation strategies already integrated into roles with high PTE exposure and consideration of their benefit to and impact on a new tracking system<br><br>→ Identification of different analysis and reports required for each audience to fulfil the system purposes from individual to organisational level.<br><br>**RATIONALE:** Informing decisions regarding tracking system requirements. | |
| **2.1.2 Assess the advantages and disadvantages of a stand-alone system or one integrated with other existing systems**<br><br>Assess whether the tracking system should be integrated into existing systems or implemented as a stand-alone solution.<br><br>Consider organisational priorities and recorded tracking purposes, as well as available resources, operational requirements and data management needs to inform this decision.<br><br>**RATIONALE:** Informing decision regarding implementing stand-alone or integrated system. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.2 Assess organisational readiness for a tracking system**<br><br>The organisation demonstrates adequate readiness and commitment for tracking system implementation.<br><br>**RATIONALE:** To ensure implementation of system will improve workplace mental health and wellbeing. | → Ensure **leadership accountability** and **demonstrated commitment** to the successful implementation of the tracking system.<br>→ **Obstacles to implementation identified** may relate to mental health stigma within the organisation, privacy concerns, resourcing constraints, budget approvals, integration with current systems, inability to respond to data insights and executive commitment.<br>→ **Building support** may include leaders communicating reasons for and demonstrating enthusiasm for change, anticipating and heading off skepticism, engaging organisational change 'influencers' (or champions) and using transparent communication around key issues including the reason for implementation, purpose, how it works, time investment, privacy (how your data will be treated) and stigma (the system is not intended to single out and exclude people whose mental health may be impacted by PTEs, i.e., jobs not at risk), training to use.<br><br>Authors' suggestions:<br><br>→ Establish **clear measures and indicators** to determine organisation's adequate readiness across various domains (resources, infrastructure, culture, leadership).<br>→ When mapping organisational response options, consider aligning them with the **hierarchy of control** referred to in model WHS laws regarding psychosocial hazards (i.e., options ranging from elimination of risks to control) to highlights strengths and weaknesses in current approach.<br>→ Refer to existing evidence base for guidance on **best practice responses to PTE** exposure and first responder workplace mental health and wellbeing[2], noting this is outside this tracking project's scope. |
| **2.2.1 Evaluate and increase organisational readiness, prioritising level of leadership investment/commitment to a system**<br><br>Once decided an organisation will implement tracking, assess readiness through:<br><br>→ examining evidence of leadership investment, dedicated resources, suitable IT infrastructure, positive mental health culture and existing successful trauma management strategies<br>→ identifying and planning to address potential risks, barriers and obstacles to system implementation<br>→ understanding the needs and expectations of people impacted by the change<br>→ gauging and building support for the system and other changes accompanying system implementation.<br><br>**RATIONALE:** Minimising the likelihood of implementation failure. | |
| **2.2.2 Map organisational response options, ensuring they are evidence-informed and the organisation has capability to deliver them**<br><br>Map the organisation's current trauma management related initiatives, ranging from those offered to PTE exposed individuals through to organisational-wide mental health and wellbeing initiatives. This identifies what organisational actions can be taken as a result of tracking data insights.<br><br>Ensure organisational capability and resourcing to support individuals identified as in need, as well as provide appropriate responses to roles, regions and areas identified through data analysis as at risk of PTE impacts. Not all responses will fall within the remit of the wellbeing team.<br><br>**RATIONALE:** Ensuring organisation can adequately respond to insights gained through tracking systems and help fulfil legal obligations regarding psychosocial hazards. | |

2 E.g., https://www.phoenixaustralia.org/australian-guidelines-for-ptsd/ and https://edge.sitecorecloud.io/beyondblue1-beyondblueltd-p69c-fe1e/media/Project/Sites/beyondblue/PDF/Resource-Library/Workplace/bl2042_goodpracticeframework_a4.pdf?sc_lang=en

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.3 Involve representatives from all levels and areas of the organisation in system design**<br><br>All levels and areas of the organisation are involved in the design phase so it is developed/customised to meet organisational needs.<br><br>**RATIONALE:** Designing a system fit for purpose and increase likelihood of successful system implementation | → People in **internal development** typically include a data analyst and a mental health representative, e.g., "Analytics team and Manager Critical Incident Services", "Principal Psychologist", "myself and analysts", "use of analytical support in order to understand what data we hold and how to draw it into a report", refined in {XXX} by the current Manager Mental Health Services, two Senior Psychologists on the team and is somewhat supported by internal strategy project team members."<br>→ Engage an **external provider to develop and/or assist** with the development of a custom-made system, e.g., "The system was developed by the former Manager Mental Health Services, Senior Psychologists and the Peer Support Coordinator, with consultation and input from the peer team. Considerable support to develop, test etc. the system was provided by [external company]."<br>→ Some described an **underpinning rationale** for the system design (e.g., empirical, theoretical foundations, modelled on other systems).<br><br>Authors' suggestions:<br><br>→ Agencies could consider an **option for a two-tiered system**:<br>– PTE exposure and organisational response information is collected at **region/organisation level**. The data is owned by the organisation to identify thematic areas of concern and to allocate resources and supports accordingly.<br>– PTE impact information is collected at the **individual level**. This personal data is owned by the individual to monitor their own wellbeing and share with relevant parties at their discretion. |
| **2.3.1 Determine necessary system capabilities for data collection, analysis and reporting to achieve identified system purpose**<br><br>The system should have user-friendly data collection capabilities.<br><br>The system should have analytic capabilities to facilitate actionable insight extractions and reporting capability suitable for different audiences.<br><br>**RATIONALE:** A quick, easy-to-use that provides timely data insights to inform decision making that encourages use. | |
| **2.3.2 Involve diverse stakeholders in system design, including those whose data will be collected**<br><br>Use co-design principles and involve internal stakeholders from all areas and levels to ensure system design aligns with various needs and requirements. This may include proposing options (with examples) to navigate conflicting needs across the organisation during the design phase.<br><br>Consider engaging an external provider to assist with system design and development.<br><br>**RATIONALE:** Engaging with key stakeholders may help foster understanding and support for the tracking system's purpose and improve system design. | |
| **2.4 Collaborate with other agencies about design and development**<br><br>Engage in inter-agency collaboration to explore sector-wide system development, review existing systems to inform design, share learnings and enable evaluation.<br><br>**RATIONALE:** Shared understanding and learning potentially benefits whole sector while facilitating efficiency. | Authors' suggestions:<br><br>→ Agencies consider **standardised data** (e.g., demographics, exposure, measures) that would facilitate inter-agency analysis.<br>→ Leverage **existing systems reviews** across agencies to inform sector-wide system design and enable comprehensive evaluation, e.g., conduct "research on what we could track", utilise "a system used by many agencies."<br>→ Investigate development of **tailorable** emergency services organisation product to facilitate cost-effectiveness, consistency and share learnings across agencies. |
| **2.4.1 Share system implementation learnings across the sector**<br><br>Review and learn from existing systems in the emergency services sector to inform and enhance the efficiency of the design process, as well as share own learnings with other agencies.<br><br>This collaboration may consider the standardisation of data elements being collected, common systems used and/or data sharing agreements for sector-wide analysis.<br><br>**RATIONALE:** Sharing understanding and learnings potentially benefit whole sector while facilitating efficiencies. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.5 Select user-friendly software/platforms with the required capability**<br>Functionality, capability and usability of multiple system options are carefully considered before making selection.<br>**RATIONALE:** Informed decision making regarding system selection and functionality increases likelihood of the system fulfilling its purpose. | → **Instruments or platforms** used to collect and transmit data to agency systems vary in sophistication and include Microsoft products (e.g., Excel, Forms, PowerBI), data analytics and visualisation dashboards, existing systems (e.g., incident response system) and custom-made/purpose-built tracking systems.<br>Authors' suggestions:<br>→ Consider current and future **functionality and capability** needs, e.g., Excel may be suitable for small amounts of data but loses functionality as more data is added.<br>→ Evaluate the **integration capabilities** of an external system with existing organisational systems and understand possible contingency plans should the external provider cease operating. |
| **2.5.1 Assess functionality and capability of potential platforms**<br>To determine the most suitable option (e.g., software, web-based platforms, call-in systems), assess:<br>→ whether the system meets organisational needs, for example, intended data volume and complexity, capability to analyse quantitative and qualitative (e.g., open-text, narrative) data, etc. Capability includes personnel, software/platforms and agreed data analytic methods (e.g., coding and synthesis processes)<br>→ the advantages and disadvantages of developing a system in-house or off-the-shelf, considering level of ownership, resources required and cost<br>→ how the system will operate to achieve purposes. Develop scenarios or pathways to demonstrate how the tracking system can inform organisational planning and support subsequent trauma management responses to achieve agreed tracking purposes.<br>**RATIONALE:** Well-informed system selection decision making increases the likelihood of tracking fulfilling its purpose. | |
| **2.5.2 Prioritise usability and ease of access and reporting**<br>Emphasising system simplicity may encourage proper and consistent use of the system by workers, avoid additional administrative burden and minimise technical training needs.<br>Ensure the system does not create additional burdens for workers (including volunteers), particularly in the context of their operational roles.<br>**RATIONALE:** Increase engagement with system whilst minimising burden. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.6 Develop and document implementation plan**<br>A clear implementation plan is established, detailing dedicated team responsible, sufficient resourcing, time and measures to secure workforce buy-in.<br>**RATIONALE:** Aligns with best-practice approach to program implementation and change management. | → Decide who will have **ownership** of the system. For many organisations this will be the Wellbeing Team, OHS and/or Operations Team. For others ownership could be shared by the Safety Team, Chaplaincy, Mental Health Services Team, PSO [Peer support officer] Coordinator, Operational Communications Centre and/or Service Managers. System ownership (infrastructure) and data may be different, e.g., "Wellbeing has ownership of the data, IT has ownership of the system."<br>→ Use **existing in-house systems**, e.g., "based on existing systems, this will be used as an interim measure until a specific system is found."<br>→ **System testing** (e.g., test for data security/privacy) before going live/rolling out across locations (e.g., the system "has been built and we are now consulting on its accuracy and how we will use and respond to the data"; "database storage is currently being assessed before going live. The individual nature [of the data being collected] is sensitive and we will need to ensure protected access only"; "... tested the system on the Operations division with X result.").<br>→ Organisations must **anticipate worker resistance** to change (e.g., "Change management – our workforce is generally resistant to change.").<br>→ Workers' perception of additional **administrative burden** may be a barrier to system use (e.g., "Volunteer workforce – our peers volunteer their time making it difficult to force additional things like admin and paperwork.").<br>Authors' suggestions:<br>→ **Initial system implementation focused on tracking group level trends and risks** (i.e., team, role, region, organisational) may be a good starting point for a tracking system as:<br>– limited evidence for using a single PTE exposure to predict impacts on individuals and match to a tailored response<br>– may reduce worker concern about data privacy and misuse<br>– can still benefit worker mental health and wellbeing by informing broader workplace initiatives, increasing support for the system. |
| **2.6.1 Establish implementation team**<br>Establish a dedicated role, team or unit with the necessary skills and expertise to oversee the implementation and ongoing management of the tracking system.<br>**RATIONALE:** Aligns with best-practice approach to program implementation. | |
| **2.6.2 Identify and implement needed resources and capabilities to support change**<br>As part of a broader structured approach to change management, identify what resources and capabilities are needed for the system and how these can be attained. For example:<br>→ identify what roles will be impacted by or engage with the system and what capabilities are required for different roles, e.g., from those involved data collection, through to data analysis and interpretation<br>→ incorporate comprehensive communication, training and support initiatives for leaders, line managers and workers as part of the system rollout<br>→ develop and implement an organisation-wide strategy to communicate the purpose, policies and procedures around the system in a way that is ongoing and tailored to different roles and concerns (e.g., privacy, mental health stigma) within the organisation.<br>**RATIONALE:** Aligns with best practice approaches to program implementation and change management. | |
| **2.6.3 Adopt a staged implementation approach**<br>Adopt a staged implementation approach through:<br>→ launching a system that does *not* initially attempt to address all purposes and all requirements (from data collection through to analysis);<br>→ involving a pilot phase for system and usability testing so adjustments can be quickly made to ensure the system translates effectively into practice. Involve a variety of internal and potentially external stakeholders in pilot testing<br>**RATIONALE:** Allows organisations to prioritise their tracking implementation efforts. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **2.7 Develop and implement system maintenance plan**<br><br>Develop a plan ensuring the system consistently operates as intended, backed by organisational structures, defined roles, training/support and monitoring of mechanisms needed to ensure proper utilisation.<br><br>**RATIONALE:** Ensures system's sustainability and resilience. | Authors' suggestions:<br><br>→ **Incorporate controls** to support problem detection and appropriately respond to/ recover from detected problems. Consider:<br><br>– what **critical capabilities/services** must the system continue to provide despite disruptions (e.g., minimum data collection, so that if IT system goes down, there is the ability to switch to manual system to capture data)<br>– what **disruptions** should these critical capabilities be able to withstand (e.g., down IT systems, lack of prompt IT support) |
| **2.7.1 Develop comprehensive system maintenance plan**<br><br>Develop and implement a maintenance plan that includes:<br><br>→ robust business continuity plan to ensure system resilience and uninterrupted operations<br>→ governance frameworks for auditing, quality assurance and maintaining system integrity<br>→ integration of selected system within organisational structures, processes and defined support roles, including service level agreements with third-party providers, if applicable<br>→ built-in monitoring mechanisms to ensure appropriate and consistent organisational system utilisation<br>→ establish clear accountability measures and responsibilities for system operations, monitoring and adherence to defined standards<br><br>**RATIONALE:** Ensuring continued optimal operation of tracking system. | |
| **2.7.2 Appropriately resource the system for sustainability**<br><br>Forecast required capabilities and resources that would ensure:<br><br>→ ongoing system maintenance e.g., internal or external IT support; modifications; ongoing training, etc.<br>→ proper system utilisation by end-users e.g., a comprehensive training program, including refreshers and support resources.<br><br>**RATIONALE:** To ensure the continued optimal operation of tracking system. | |

# Element 3:

## What data is collected by the tracking system


The principles within Element 3 consider the type of data collected when a PTE exposure and/or organisational response occurs.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **3.1 Define recordable PTEs**<br><br>Establish guidelines for what constitutes a recordable PTE for tracking purposes (an event that initiates the tracking protocol).<br><br>**RATIONALE:** A shared understanding of what prompts the tracking protocol will assist adherence to intended system purpose. | → **Tailor the standard PTE criteria** (refer to glossary in Appendix 1) to fit organisational system context and purpose (e.g., "we are currently only tracking exposure to PTEs that meet a criterion for support activation"; "an operational incident meeting the criteria triggers [data] collection"; "the criteria for what is traumatic is taken from the [name withheld] model"; "no incidents that fall within the criteria are missed."). This includes considering type of traumatic events that are recordable; direct or vicarious trauma; expected exposure within roles; cumulative exposure; difference between expected role exposure and excessive PTE exposure; and events disclosed by workers occurring outside the organisation.<br><br>→ **Examples of broad PTEs types organisations typically collect data on include** attending vehicle or other accident; exposure to disaster caused by natural hazard; seeing a dead body; experiencing physical threat; injury or death (including suicide) of a co-worker; and attending a child-related incident. More nuanced examples include: taser use; hate crimes against personnel; providing CPR; vicarious trauma; protracted or delayed extraction; and biological washaway.<br><br>→ **Examples of traumatic exposures occurring outside work** include a PTE in the community outside of work role (e.g., surf life savers may assist with a rescue during non-work hours). |
| **3.1.1 Specify criteria for recordable PTEs (with examples)**<br><br>Document criteria for what constitutes a recordable PTE, tailored to organisational needs (reflecting unique characteristics and types of PTE exposure). Provide examples of what does and does not constitute a PTE. An important consideration is whether the system should track PTE exposures that occur outside of work.<br><br>**RATIONALE:** Specifying recordable PTE criteria supports shared understanding of when to initiate the tracking protocol and ensure consistent capture of relevant data. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **3.2 Collect minimum data required**<br><br>Establish guideline for minimum data collection required for the system to fulfil its purpose.<br><br>**RATIONALE:** Reduces privacy risks and administrative burden while achieving system aim. | |
| **3.2.1 Establish data framework to capture minimum data requirement for the system to achieve its purpose**<br><br>Consider and document the minimum PTE incident, individual and organisational response data required for the system to achieve its purpose while avoiding unnecessary data capture for the sake of data 'richness'. Develop and communicate a rationale for data collection.<br><br>**RATIONALE:** Ensuring consistency and system compliance, reducing data collection burden, protecting individuals' privacy, reducing risk of scope creep (i.e.; data being used for unintended purposes), and thereby aligning with trauma-informed practice. | → **Determine the level of data detail** required to meet organisational needs and encourage data collection consistency (e.g., "the data is there, but not detailed enough", "the detail provided for each notification varies depending on the individual completing the form as the form has a free text field.").<br><br>→ **Only collect necessary information** (e.g., "there's heaps of information we could collect because it might be useful in future. Need to ensure clear purpose for each variable, not just because it's good to have."). Refer to **Principles 3.4 to 3.6** for examples of data collected.<br><br>→ When permitted and clearly explained to workers, data can also be "**reviewed in context with other data** (e.g., WorkCover, annual wellbeing and engagement survey data)" to provide a fuller picture of exposure and impacts.<br><br>→ **Types of contextual data** include: information about a worker's personal stressors or circumstances (e.g., a worker with a young child attends an incident involving a young child); organisational stressors relevant to the worker (e.g., shift work leading to disrupted sleep); and workers' communities (e.g., "we also incorporate community size to take into account that smaller locations can amplify the impact of a PTE as members often know the people involved"). |
| **3.2.2 Consider capturing key contextual data to achieve the system's purpose**<br><br>Consider capturing contextual data to enrich understanding of the PTE and/or organisational response.<br><br>Examples of contextual information include circumstances before and after the incident (e.g. media attention), personal stressors, organisational and cultural factors that may influence the impact of trauma exposure or effectiveness of the organisational response.<br><br>**RATIONALE:** Integrating contextual data with incident-related data can help 'tell a story' about the incident and the experience of trauma-exposed individuals. | |
| **3.2.3 Adhere to privacy and consent requirements**<br><br>Adhere to privacy guidelines and obtain necessary consent for recording individuals' personal and health information:<br><br>→ Comply with relevant state-level requirements, such as Privacy Impact Assessments (PIAs) and Health Information Protection Acts (HIPA), when collecting personal or health-related data.<br><br>→ Inform individuals about the personal data being captured and recorded on their behalf, as well as how it will be used and by whom and gain and document their informed consent.<br><br>**RATIONALE:** Meets legislation and other obligations, as well as facilitates workers' trust and safety, enhancing trauma-informed tracking practice. | → **Adhere to privacy laws** (e.g., "all data within [system name] is protected according to privacy legislation provisions.") and consider **obtaining legal advice around privacy requirements** (e.g., "we have been liaising with our legal department to conduct a privacy impact assessment as the collection of individual information is used to track cumulative exposure.") and **conducting privacy audits.**<br><br>→ **Be familiar with consent requirements** in Australian privacy legislation3 (e.g., the Privacy Act, the Australian Privacy Principles) for collection and use of individuals' personal and sensitive information and have **policies regarding consent.**<br><br>→ Provide workers with enough information so they can make an **informed decision to consent** to the collection and use of their data and **ensure there is no coercion and consent is voluntary** (e.g., "there is an optional reporting system that allows all personnel to capture exposure"; "provide an 'opt-out' option."). |

3 https://www.oaic.gov.au/privacy/your-privacy-rights/your-personal-information/consent-to-the-handling-of-personal-information

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **3.3 Draw on existing data collection activities**<br>Leverage existing organisational data and data collection systems to collect tracking data.<br>**RATIONALE:** To avoid duplication of data collection activities. | → Examples of **existing systems that capture relevant data** to understand PTE exposure include incident management/ reporting systems; risk management systems; command and control systems; and other OHS systems.<br>Authors' suggestions:<br>→ A separate system may be needed to capture indirect trauma, such as **vicarious trauma exposure** where existing operational data is not sufficient.<br>→ Incorporate direct (e.g., self-flagged) and indirect (e.g., absenteeism) **objective measures** as useful indicators of PTE exposure and impact. |
| **3.3.1 Draw on existing data collection systems and use existing data where available**<br>Map existing data and data collection systems relevant to (i)≈tracking PTE and organisational responses and (ii) evaluating the tracking system's benefits. Wherever possible, use existing data and data collection systems, addressing gaps to ensure the collection of the minimum data requirement.<br>**RATIONALE:** Leveraging existing organisational resources and expertise and avoiding unnecessary duplication of data collection, which creates additional burden on workers and other resources. Minimising burden supports trauma-informed practice. | |
| **3.4 Capture recordable PTE incident key information**<br>Specify and capture agreed details about the PTE and the worker exposed to the PTE.<br>**RATIONALE:** A shared understanding and rationale for data type captured aids system compliance and usefulness. | → **Objective information** typically collected includes PTE type; location(s); equipment used; exposed personnel names; ID number(s); length of exposure; direct or indirect exposure; and role at the PTE incident.<br>→ **Subjective information** may include: workers' or other relevant perceptions of the severity of the event; changes in impact over time; and compounding organisational stressors (e.g., publicly available Police Traumatic Events Checklist (PTEC) developed for the UK Police Force "offers a means for individuals, teams and forces to self-assess for trauma exposure impact over periods of time and within specific job roles[4]." This recognises "complexity of exposure rating."<br>→ **Contextual information**, refer to subprinciple 3.2.2.<br>Authors' suggestions:<br>→ Consider sharing **screening tools** with workers to complete post-incident (e.g., impact of exposure). Note that an approach to operationalising subjective information continues to be a current practice gap.<br>→ For individuals working or volunteering across multiple agencies, consider the benefit of capturing **dual/multi-role PTE exposure** information. |
| **3.4.1 Specify relevant details to be captured about the recordable PTE incident**<br>Specify and capture the level of objective and subjective detail necessary about the PTE to ensure comprehensive understanding of the incident according to organisational needs, aligned with the system's documented purpose.<br>**RATIONALE:** Promoting shared understanding, compliance and consistency in data collection practices. | |
| **3.4.2 Specify relevant details to be captured about worker exposed to the PTE**<br>Record worker information and relevant objective and subjective information about workers' PTE exposures and impacts.<br>PTE exposure alone is not sufficient to predict impacts or determine required organisational response so subjective and impact information can assist organisational response decision making.<br>**RATIONALE:** Promoting shared understanding, compliance and consistency in data collection practices. | |

4 https://www.policingtrauma.sociology.cam.ac.uk/checklist

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **3.5 Determine whose data will (and will not) be collected**<br>Establish procedure for whose data will be collected and whose will not, and consider the tracking system's opt-out options.<br>**RATIONALE:** Provides shared data capture understanding and promotes individual choice while achieving system aim. | → Organisations typically **collect PTE exposure data about operational and non-operational staff and volunteers**. Some organisations also collect data about workers' family members.<br>→ **Individuals whose data can be overlooked** include drone operators; media personnel/advisors; contractors' "behind the scenes staff whose exposure to jobs or incidents is vicarious" and corporate staff. Consider data collection continuity over individuals' careers in and outside the organisation.<br>→ A tracking system may include **automated email responses** to all parties to communicate processes and provide an 'opt-out' option'. |
| **3.5.1 Specify which workers will be included in the PTE tracking protocol**<br>Decide whether data will be collected across the whole organisation or specific groups (e.g., determined by role, unit, employment or volunteer status, etc). Document rationale for particular groups' inclusion/exclusion. The rationale may include:<br>→ value of tracking PTE exposures across different populations and the ability to provide appropriate responses based on the collected data.<br>→ organisational responsibility incurred by including all workers, including non-operational workers indirectly exposed (i.e., vicarious trauma).<br>→ certain work locations or roles inherently involve higher risk of PTE exposure.<br>→ some roles may have existing integrated risk monitoring and mitigation strategies while other roles/units may be more impacted due to unidentified risks or lack of preparedness.<br>**RATIONALE:** Promoting shared understanding, compliance and consistency in data collection practices. | |
| **3.5.2 Consider enabling a worker opt-out option for some/all system elements**<br>Consider providing workers who prefer not to be tracked or do not consent with the ability to entirely opt-out of the tracking protocol or control which data points are collected and/or shared (i.e., allow for partial participation in tracking).<br>Evaluate implications of semi or complete opt-out and establish alternative processes to provide support that meet legislative and OHS requirements for those opting out.<br>**RATIONALE:** Facilitating PTE exposed individuals' choice and control over their participation in the system, aligning with trauma-informed practice. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **3.6 Capture organisational responses to PTE exposures**<br>Specify and capture agreed organisational response details and invite worker feedback.<br>**RATIONALE:** A shared understanding and rationale for the data captured will assist with system compliance and usefulness. | → Organisations typically offer a suite of tailored **wellbeing initiatives which can function as responses to PTE exposure** including: Employee Assistance Programs (EAPs); peer support programs; provision of psychological first aid; critical incident support; chaplains; chaplaincy dogs; other spiritual supports; internal counselling services; external referral pathways for mental health support; wellbeing promotional messages and self-help resources from leadership delivered via organisational intranet; mobile apps or printed materials; individual worker checks for monitoring mental health and wellbeing after a PTE (via self or clinician-administered validated assessment tools); and anonymous organisation-wide wellbeing survey. Some also offer physical health initiatives and bespoke programs (e.g., suicide intervention).<br>→ **Plan and action follow-up to initial response**. Follow-up can be initiated by the individual (e.g., "individuals record exposure and ask to be followed up on through voluntary reporting system") or support workers (e.g., "PSOs [peer support officers] who have been activated … propose follow-up support.").<br>→ Most organisations tend to **track exposure and responses/ incident follow-up separately** (e.g., "the follow-up information is collected using a different logging system [to exposure tracking]", "the current system does not link to the response reporting system. This is a future recommendation to track exposure and response together, with complexity of exposure rating."). This approach calls for double handling of data, enables greater potential for error and greater administrative burden, e.g., when producing reports (e.g., "ensuring information recorded is valuable and process not administratively burdensome.").<br>→ Some organisations have **criteria to prompt a response** (e.g., "there is a tactical directive that directs leaders to activate support when an incident meets mandatory or advisory notification requirements.") |
| **3.6.1 Specify what qualifies as a recordable organisational response**<br>Determine what actions or initiatives are considered a recordable organisational response to a PTE and consider if the system will track follow-up actions to the initial response (i.e., over what time period from the PTE exposure will responses be tracked and linked back to the PTE).<br>**RATIONALE:** Tracking this information can help demonstrate the organisation's commitment to duty of care fulfillment. | |
| **3.6.2 Allow workers to evaluate the organisational response**<br>Allow individuals to evaluate the organisational responses and support they receive following a PTE, e.g., through feedback channels, satisfaction ratings and measure of the response impact or effectiveness.<br>**RATIONALE:** Facilitating the evaluation of organisational response perceived effectiveness and a sense of shared power for workers. Workers are offered the opportunity to influence organisational responses following PTE exposure. | |
| **3.6.3 Determine how response tracking fits with the PTE tracking**<br>Decide whether responses will be tracked within the same system as PTE exposures or through a separate tracking system.<br>If different systems are used, maintain a clear connection between tracking systems for PTE exposures and organisational responses. This may include having a criterion for what PTE data prompts a response, understanding that PTE exposure data alone (i.e., without contextual data) is insufficient to predict impacts on the individual.<br>**RATIONALE:** A shared understanding of the relationship between PTE and response tracking data will assist with system compliance and usefulness. | Authors' suggestions:<br>→ Potentially use **tiered system to categorise organisational response type** (i.e., universal, selective and indicated interventions) to build understanding of links between PTE and organisational response could then form the basis of organisation-specific criteria to prompt response and identify gaps in organisational response options. |

# Element 4:
## How is data collected and stored


The principles within Element 4 consider the processes used to collect PTE exposure and organisation response data, as well as how data is stored by an organisation.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **4.1 Document the procedure and processes for data collection**<br>The system has well-defined, integrated and comprehensively documented procedures outlining data collection triggers, timeframes and responsible personnel.<br>**RATIONALE:** To maintain compliance and consistency in data collection practices. | → **Various mechanisms may prompt data collection** including the occurrence of predefined recordable PTE criteria (e.g., "The criteria for what is traumatic is taken from PoliceCareUks PTEC model"); an individual (e.g., "A PTE identified by Manager or impacted person can trigger an entry, however this is inconsistent"); automated processes (e.g., "[users] enter the operational data on all incidents they have attended themselves. A formula is then applied to this data set to amplify PTEs from other types of turnouts"; "automatic system linked to deployment system, with option of inputting other data. Linked to HR systems and physical health systems"; word search functions (e.g., "Identify PTE via word search in Incident Reporting System").<br>→ **Mechanisms supporting data quality** include assignation of responsibility for identifying and following up on missing data ('completeness') and collecting data within the set timeframe following the PTE incident ('timeliness').<br>→ **Various platforms can be used for data capture and transmission**, e.g., "The data can be captured via Redcap, Microsoft Forms or Excel. This may or may not be via link, QR code or email"; "… is mobile accessible to logging incidents".<br>Authors' suggestions:<br>→ **Defining** what data is collected will have implications for how, when and where the data is collected.<br>→ Have clear and simple policies and procedures related to **processes within the data trail**, including mandated touchpoints (that is, who handles the data at what point in data trail from collection through to analysis and actionable insights). |
| **4.1.1 Standardise the organisational prompt/s for data collection**<br>Document which event(s) needs to occur to initiate tracking system data collection (i.e., recordable PTE as per Principle 3.1).<br>**RATIONALE:** Promoting shared understanding, compliance and consistency in data collection practices. | |
| **4.1.2 Assign responsibility and support capabilities for data collection and transmission to the database**<br>Assign individuals, staff levels (e.g., managers), units, etc., to collect PTE and response tracking data. More than one person is likely to be involved in data collection and transmission, each with different data collection and transmission responsibilities.<br>**RATIONALE:** Enhancing data collection ownership and accountability. | |
| **4.1.3 Specify when data is to be collected in relation to the PTE incident**<br>Outline when data should be collected (e.g., during the PTE; immediately or longer post-PTE) and consider implications of recording post-PTE (e.g., recall bias).<br>**RATIONALE:** Assisting in timely and accurate data collection. | |
| **4.1.4 Specify how data is to be collected and transmitted to the database**<br>Describe the acceptable platforms (determined in Element 2) for data collection and transmission to central collection point. If technology is used, allow for system outages by having a manual system in place, for example.<br>**RATIONALE:** Promoting shared understanding, compliance and consistency in data collection practices. | |
| **4.1.5 Define the processes that follow initial data collection, with an emphasis on data quality and reliability and appropriate use of data**<br>Before data reaches analysis and reporting, incorporate system mechanisms and processes that ensure:<br>→ data quality, encompassing dimensions including accuracy, timeliness, completeness and consistency.<br>→ the data is fit for purpose.<br>→ the privacy and security of data of individuals are maintained during data sharing within the organisation.<br>**RATIONALE:** Enhancing quality, reliability and appropriate use of data. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **4.2 Centralise storage and/or link data**<br>Tracking data is stored centrally and/or can be linked in multiple ways to other relevant data.<br>**RATIONALE:** Facilitates data insights to help achieve system purpose. | → **Advantages of centralised data**: "All data collected is held in a centralised data warehouse which makes it easier to draw down into reports," "It allows for a pull of data from one system, seeing convergences and related events".<br>→ **Disadvantages of de-centralised data**: "It doesn't map to a central location and staff can move across sectors for relief so an individual's data is disconnected."<br>→ Centralised data may require a **dedicated data manager** (person or unit).<br>→ **Data linkage**: "linked to other data such as HR and WorkCover and linked to what was done in terms of response," "linked to HR systems and physical health system." **Integrate** with other relevant health and safety data (e.g., "integrated with HR, payroll, rosters, patient care records and critical incident summary," "PTE exposure would ideally be integrated into the OHS system and operational evaluation (lessons management) system."). |
| **4.2.1 Maintain a centralised database where appropriate**<br>Consider which data benefits from storage in a centralised database versus storage locally to individuals or units. Noting that not all data needs to be centralised, the documented system purpose(s) will help organisations identify which data is most valuable to store centrally.<br>Establish centralised data storage, management and analysis processes.<br>**RATIONALE:** Having central data storage can enhance data security (secure data at one versus multiple locations) and facilitate ease of reporting. | |
| **4.2.2 Enable multiple data linkage pathways**<br>Bring together data from two or more sources relating to the same individual or PTE incident. There are multiple ways the data could be linked at the individual through to the organisational level, e.g., at individual level could link PTE exposure to response or link data across time to provide cumulative exposure insights.<br>**RATIONALE:** Linking data can help build a more comprehensive picture of the incident and the experience of PTE-exposed individuals, teams, or units (e.g., factors affecting the incident, potential impact of the incident). | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **4.3 Safeguard and contain data**<br>Authorise access and implement security measures to protect workers' privacy, safeguard organisational information and secure data storage, as well as minimise indirect PTE exposure for other workers.<br>**RATIONALE:** Fulfil ethical and legal obligations regarding privacy and psychosocial hazards and increase trust of system. | Authors' suggestions:<br>→ Clear and thorough **auditing processes** to ensure data is not misused (e.g., "concerns that the system may be misused for disciplinary proceedings or breach confidentiality") and ensure minimisation of privacy risk and other breaches (e.g., "the individual nature is classified as sensitive and will need to ensure protected access only.").<br>→ **Communicate data governance policies** and procedures to workers, emphasising safeguards, transparency of data use and levels of access to enhance confidence in the system and encourage adoption.<br>→ **Securely transmit and store data** (privacy, confidentiality, protect from data hacks), including protected data access (only those who need to see the data can see it).<br>→ Possible **two tiers of data ownership**, e.g., exposure event owned by organisation while impact information owned by individual.<br>→ **Multiple data storage options**, e.g., "data is kept on SharePoint or local drives." |
| **4.3.1 Establish data governance policies**<br>Establish data governance policies covering:<br>→ data ownership, maintenance, retention, protection responsibilities and access permissions.<br>→ governance controls and regular monitoring and auditing to prevent misuse or unauthorised access.<br>→ incident response plans to address potential data breaches.<br>→ how ethical and legal obligations are adhered to if/when repurposing existing data for secondary use in the tracking system.<br>**RATIONALE:** Helping data governance initiatives mitigate the risk of inappropriate use or mishandling of data and personal information. | |
| **4.3.2 Restrict and monitor data access within the organisation**<br>Identify authorised personnel at each data handling touchpoint and determine appropriate data formats (raw or transformed) for each user group, based on their legitimate need for access. Implement role-based access based on these determinations. Limiting access both protects the data owner's privacy (i.e., the PTE exposed individual) and minimises the exposure of others to details of traumatic events (i.e., indirect/vicarious exposure).<br>Incorporate security logs to track data access and modifications and ensure data is not permanently removed but inaccessible by unauthorised users.<br>**RATIONALE:** Restricting access helps mitigate the risk of inappropriate use or mishandling of data and personal information and help fulfil obligations of workplace to prevent exposure to psychosocial hazards (i.e. exposure to details of PTEs). | |
| **4.3.3 Clarify data ownership at the individual level**<br>Implement processes allowing PTE-exposed individuals appropriate access, visibility and potential use of the data held about them for agreed purposes.<br>**RATIONALE:** Providing workers with ownership of their data facilitates a sense of choice and control. | |
| **4.3.4 Implement third-party access controls**<br>Develop data sharing agreements and limitations with external industry partners aligning with the system's purpose and that adhere to ethical and legal obligations including around minimising exposure to psychosocial hazards (i.e., exposure to details of PTEs).<br>Foster collaboration and outcome sharing (while protecting worker anonymity) among agencies or other external partners to facilitate shared learnings, as well as enable the development of targeted organisational solutions and responses to identified high-risk areas.<br>**RATIONALE:** Restricting access helps mitigate the risk of inappropriate use or mishandling of data and personal information. | |

# Element 5:

## How is the data analysed, reported and utilised


The principles within Element 5 consider how organisations analyse and report the PTE exposure and organisation response data and the purposes for which it is utilised.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **5.1 Draw on existing and/or automated reporting mechanisms**<br>Leverage organisation's existing analysis and reporting systems and/or automated reporting capabilities.<br>**RATIONALE:** To avoid duplication of analysis and reporting efforts. | → **Existing reporting systems** that may be relevant include running sheets, incident reports, record of which personnel are on appliances at the scene, an existing data set that captures all operational data and in terms of response systems, a close out report for each incident detailing the support that has already been provided to members and the planned support to be provided. |
| **5.1.1 Use existing reports and automate reporting where possible**<br>Explore the potential of leveraging existing reporting procedures and/or automated analysis and reporting mechanisms to gain data insights.<br>**RATIONALE:** Reporting should enhance efficiency, avoid duplication of analysis and reporting efforts and should not increase administrative burden or exposure of other staff to PTE details. | |
| **5.2 Assign analysis and reporting responsibility**<br>Assign responsibility and support capability for data analysis and reporting.<br>**RATIONALE:** Clear and shared understanding of responsibilities and capabilities needed assists implementation. | → **Data may be analysed by** wellbeing/safety unit team members, psychologists, clinical and HR team members, or the person with oversight of the tracking system. Example responsible roles identified in practice: analysed by several areas including the clinical team and HR areas, commanders and safety, health and wellbeing team.<br>→ Ensure technology-based data analysis **capability** (e.g., availability of data analysis tools) and trained people (e.g., accessibility and usability by managers and the ability for analytics to be run.). |
| **5.2.1 Assign responsibility and support capability for data analysis and reporting**<br>Assign responsibility (e.g., to a role or unit) and support them to build and maintain the relevant analytical skills, time and other resources to carry out this responsibility. Reports may be shared with multiple roles/areas within the organisation in a format tailored to their specific needs.<br>**RATIONALE:** Assisting implementation through shared and clear understanding of responsibilities, supported by appropriate capabilities. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **5.3 Data analysis to produce actionable insights**<br>Develop a planned approach for flexible, insightful data analysis that informs decisions and initiatives.<br>**RATIONALE:** Facilitates the tracking system purpose to be met. | Organisations may **manipulate/analyse data in various ways**:<br>→ categorisation (categories of PTEs or categories of workers, e.g., individual and group-level analysis) to enhance data usability.<br>→ filtering, such as exposure to PTE type filtered by various characteristics, e.g., regions, roles etc (e.g., system will identify numbers of PTE exposure relative to individual, location and region) to facilitate targeted risk management and support allocation.<br>→ trend analysis over time (e.g., analysis is performed at the individual, group, and organisational level, over time).<br>→ deriving statistics (e.g., averages), frequencies (e.g., frequency of occurrence of PTE type X), summation (e.g., to understand cumulative exposure).<br>**Actionable insights** include:<br>→ **identification of risks** per psychosocial risk management/mitigation requirements, including identifying previously hidden/unknown areas or roles exposed to PTE, and inform responses, e.g., "In terms of the response, my agency is proposing to create annual wellbeing plans for sites with the highest PTE exposure. This will specify the support and education services being offered."<br>→ **identification of 'hot-spots'** locations at high risk of specific types or greater severity of PTEs can facilitate delivery of targeted and tailored supports in those areas.<br>→ **identification of trends** (e.g., "it has allowed us to identify any trends or themes with certain individuals, teams and areas", "it shows whether there are patterns and an increase in incidents.") Understanding trends can support compliance with workplace psychosocial hazard mitigation legislation.<br>→ understanding the extent of PTE exposure within the organisation (e.g., understand the scale and extent of traumatic exposure) and **the potential impact** on the exposed individual (e.g., understand the different workplace experiences that go with [PTE exposure] based on differing characteristics).<br>→ **Combined PTE and response insight**: e.g., "reporting data can be performed for any period capturing: number of of PTE incidents reported; number of individuals' CISM [Critical Incident Stress Management] notified; number of individuals initially contacted by a peer; number of individuals followed up by a peer; number of incidents with psychologist referral; number of individuals contacted by a psychologist; number of one-on-one sessions with psychologist; number of group defuses (on scene support) held; number of group debriefs held. |
| **5.3.1 Adopt a reasoned and flexible approach to data analysis**<br>Clearly articulate the analytical approach and intended outcomes of data reporting, ensuring they align with the system's purpose. Organisations may prioritise some system purposes, at least initially, to guide data analysis and reporting (i.e., the goal may not to have the system operating at all levels in the first instance).<br>Ensure analysis flexibility to identify and accommodate future needs, allowing for adjustments and customisation of analysis functionality and reporting.<br>**RATIONALE:** Maximising tracking system insights through reasoned, shared and clear understanding of data analysis. | |
| **5.3.2 Leverage analytical capabilities to provide leaders and wellbeing teams with insights to inform decision making**<br>Use organisational analytical capabilities (i.e. systems and individuals) to generate actionable insights that may inform:<br>→ risk mitigation, e.g., monitoring PTE data trends to identify high-risk roles, events and locations and inform risk mitigation strategies and/or psychosocial hazard prevention plans.<br>→ targeted and tailored responses for PTE-exposed individuals through to roles, teams, regions and organisations, e.g., insights may inform proactive, targeted organisational responses and supports, rostering for identified high-risk roles, training needs and other resourcing requirements for enhancing psychological safety.<br>→ resourcing needed to reduce PTE exposure risk, minimise impacts and/or increase support.<br>→ proactive, coordinated outreach to impacted individuals/areas and targeted risk mitigation strategies (e.g., training, policies).<br>→ evaluation of response efficacy (i.e., determine the outcomes of proactive support initiatives).<br>**RATIONALE:** Assisting the tracking system achieve its documented purposes in the most efficient way and fulfil legal obligations regarding psychosocial hazards. | |
| **5.3.3 Draw on organisational response data insights to update trauma management plans and offer wellbeing initiatives**<br>Organisational response uptake and outcome data collected can improve existing trauma management responses as well as address gaps identified with new mental health and wellbeing initiatives.<br>**RATIONALE:** Using response tracking and evaluation data to best support workplace mental health and wellbeing. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **5.4 Use contextualised data in reports where possible**<br>Reporting contextualised data with other relevant information builds a narrative around incidents, impacted individuals and associated responses and outcomes.<br>**RATIONALE:** Recognises complexity of understanding impact and generating actionable insights based on tracking data alone. | → Some agencies **integrate data from multiple systems** to enhance the 'story' told by the data, e.g., personnel/HR systems; "reviewed in context with other data (WorkCover, annual wellbeing and engagement surveys)"; "the platform will allow a view of trends over time. The [organisation] completes regular workforce wellbeing surveys and this will feature in them. The [organisation] also monitors sick leave data and the reasons for it".<br>→ **Avoid over-reliance on PTE exposure as sole indicator of wellbeing**, e.g., some areas may have high exposure to PTEs, while others face high exposure to different organisational stressors. |
| **5.4.1 Integrate data with contextual details when reporting**<br>In analysis and reporting, incorporate contextual details such as relevant details surrounding the incident and factors that may influence incidents or the impact on individuals.<br>**RATIONALE:** Recognising an understanding of trauma impacts maximises insights gained through the tracking system while minimising burden on system users and PTE exposed individuals. | |
| **5.4.2 Include linked data in reports**<br>Explore potential benefits (and costs) of overlaying PTE and response data analysis (not at individual level) with workers' compensation, EAP usage and HR data for a more comprehensive understanding and actionable insights.<br>**RATIONALE:** Maximising insights gained through tracking system while minimising burden on system users and PTE exposed individuals. | |
| **5.5 Report data in formats that are useful and suitable for intended audiences**<br>The system has user-friendly reporting capability to present information in reporting and presentation formats suitable for diverse audiences.<br>**RATIONALE:** Protects workers' privacy while efficiently generating and sharing actionable insights. | → **Communicate and share findings among different organisational levels** (for PTE findings, e.g., "reports are shared with geographical districts and we ask that they break the report down to a team level and send them onto the affected teams, requiring debrief be conducted." For response findings, e.g., response data is "shared with wellbeing team after being captured … in incident messaging.").<br>→ Consider how communicating and sharing findings might influence **mental health stigma and perceptions** (e.g., "for locations that opt into the services offered, there will be increased mental health literacy and reduced stigma encouraging individuals to … seek help when necessary. Better monitoring of mental health and encouragement to… engage in self-care and seek help when needed.").<br>→ Analysis should **generate useful outputs** (e.g., reports, statistics, trends, cumulative exposure) to inform decision-making and action (i.e., actionable insights) (e.g., "ensure the dashboard collects the right data and informs the services offered."; "provide evidence to inform staffing, resourcing and training needs."; "Inform regions where problems may be occurring."; "Identify and resource hot spots.").<br>→ Key report insights should be made available to **frontline workers and manager**s in a suitable format. |
| **5.5.1 Prioritise reporting aggregated and de-identified findings**<br>Preserve worker anonymity (i.e., ensure individuals cannot be identified in reported data) by reporting aggregated and de-identified data wherever possible. Ensure that even when small numbers of individuals are represented in data groups individuals are unable to be inadvertently identified.<br>**RATIONALE:** Facilitating trust and safety in the system by protecting workers' privacy and enhancing confidence in the system. | |
| **5.5.2 Implement user-friendly internal data sharing protocols**<br>Establish data sharing and comparison protocols across the organisation, including standardised reporting formats, target audiences, reporting frequencies and information shared.<br>Enable easy access and use of data and findings by various teams (e.g., wellbeing, HR, operations) tailored to their specific needs and role in risk mitigation and support provision.<br>**RATIONALE:** Protecting workers' privacy while efficiently generating and sharing actionable insights. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **5.6 Enhance and draw on organisational capacity to action insights gained from PTE data**<br><br>The organisation and relevant teams have the capacity to address identified risks, supported by well-defined plans and adequate resourcing.<br><br>**RATIONALE:** Organisations have a legislated responsibility to identify and manage psychosocial hazards risks and impacts (i.e., PTE exposure). | Authors' suggestions:<br><br>→ **Allocate sufficient resources** to provide additional support measures (e.g., workshops, wellbeing screenings) as indicated by the data analysis.<br><br>→ **Communicate clearly** how the information is reported, used and organisational solutions to the findings.<br><br>→ **Focus initially on using data to inform responses/ actions at a trend and group level** (i.e., team, role, region, organisational) may be a good starting point for a tracking system as:<br><br>– there is limited evidence for using a single PTE exposure to predict impacts on individuals,<br><br>– it may reduce worker concern regarding data privacy and misuse of data,<br><br>– it can still benefit worker mental health and wellbeing by informing broader workplace initiatives and so may increase support for the system. |
| **5.6.1 Harness organisational resources to act on insights gained from data in a reactive and proactive manner**<br><br>Data insights can inform both reactive and proactive organisational actions. For example:<br><br>→ develop well-defined response plans (reactive response to insights) that effectively address the risks and needs identified through PTE and organisational response data analysis.<br><br>→ offer outreach initiatives (proactive response to insights) for prevention and support, rather than solely reactive post-incident interventions (e.g., enabling the system to contribute to proactive wellbeing checks).<br><br>**RATIONALE:** Ensuring data is utilised for improving workplace mental health and wellbeing outcomes. | |
| **5.6.2 Inform workforce of actions taken and their outcomes**<br><br>Establish clear communication protocols for reporting findings and organisational solutions to the workforce and relevant stakeholders.<br><br>**RATIONALE:** Promoting accountability and transparency to assist with engagement with the system. | |

# Element 6:
## Monitoring and evaluation of the system

MONITORING & EVALUATION

The principles in Element 6 consider the specific monitoring, evaluation and continuous improvement of tracking systems within the emergency service context. Agencies are likely to have existing monitoring and evaluation frameworks and processes in place that can be adapted for tracking systems, therefore, these principles emphasise aspects needed to be specifically tailored to traumatic event tracking systems.

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **6.1 Monitor and evaluate system performance against purpose**<br>Develop and implement plan to monitor and evaluate the system against its documented purposes and share learning across the sector.<br>**RATIONALE:** Improve tracking systems and understanding of their impacts. | → Specify **evaluation parameters, e.g., support, usability, usefulness, does it meet the purpose, utilisation rates, etc.** that allow issues to be identified and changes to be tracked. (e.g., "the system is under continuous review and improvement with the aim of providing the best support for members, a user-friendly experience for team members and an effective management and reporting tool for managers. It meets the intent but is not utilised fully.").<br>→ Evaluation can point to the need for specific **improvements in the system** which can lead to **improvements in the organisation's approach to mental health and wellbeing** (e.g., "Managers of CISM always looking at ways for continual improvement. For example, we are creating a list of any peers who haven't accessed the case management system within three days after being allocated a member to contact, ensuring good service delivery."; "This is a work in progress … creating member profiles and the ability to flag a profile or situations are very recent improvements.").<br>→ Reviews may be done **internally** (e.g., worker feedback/surveys, internal team reviews) or by an **external** organisation. |
| **6.1.1 Develop and implement monitoring and evaluation plan aligned with documented system purposes**<br>The monitoring and evaluation plan should facilitate:<br>→ clarity around monitoring responsibilities, frequency and data sources.<br>→ organisations to understand how the system is performing in relation to all levels of the system's purposes, from individual level through to organisational.<br>→ feedback and continuous improvement of the system itself (e.g., processes, usability etc.).<br>→ understanding of the impact of the system on general workplace mental health indicators.<br>→ continuous improvement of the organisation's overall approach to trauma management and therefore workplace mental health and wellbeing.<br>→ external review and evaluation of the system when appropriate.<br>**RATIONALE:** Monitoring and evaluating builds understanding of performance and impacts of the tracking system and informs continual improvement activities. | |
| **6.1.2 Collaborate with agencies across the sector to evaluate and build tracking system evidence**<br>Review and learn from system monitoring and evaluation of tracking systems across the emergency services sector to inform and enhance the efficiency of systems.<br>Consider sector-wide research program addressing the current evidence gap regarding the impacts of tracking systems on individual worker mental health and more generally on workplace mental health and wellbeing.<br>**RATIONALE:** Extending understanding and potential benefits of tracking systems with other emergency service organisations. | |

| Principle and Subprinciples | Examples of how the principle might be applied |
|---|---|
| **6.2 Monitor risks and unintended consequences**<br>Plan to monitor, identify and quickly address risks and unintended consequences.<br>**RATIONALE:** Minimise risks of tracking. | Potential **unintended or undesirable consequences** may include:<br>→ compromised data security, e.g., breaches, unauthorised data use.<br>→ perpetuation of mental health stigma (e.g., "fear of reporting and the implications and outcomes").<br>→ negative perceptions of being 'tracked' (e.g., "the word 'tracker' poses issues for the workforce, in that they feel they are being tracked in some way").<br>→ use of data by internal or external parties outside of agreed scope, e.g., work performance, disciplinary or legal proceedings.<br>→ PTE definition implications (e.g., "for the most part, PTEs are largely considered events encountered while completing or supporting operational duties. There is a risk some other PTEs listed (e.g., witnessing physical or sexual assault) may not receive as coordinated a response or be taken as seriously by some members (inclusive of leaders))." |
| **6.2.1 Monitor risks and unintended consequences of tracking**<br>Given the evidence around tracking systems is in its infancy, ensure the monitoring and evaluation plan includes frequent monitoring of risks, adverse events and unintended consequences of the tracking system, e.g., from engagement with the system itself through to the (mis)use of data.<br>Ensure clear escalation pathways if/when risks are identified so swift action can be taken to minimise further or future harm.<br>**RATIONALE:** Minimising negative workforce impacts. | |
| **6.3 Demonstrate continuous improvement**<br>Documented processes and demonstrated commitment from organisation for continuous improvement, review processes and evaluation.<br>**RATIONALE:** Improve system efficiency and engagement. | → **Collaborate** on efforts for system improvements (e.g., "ideally, we would work with our lessons management team and Health Safety Wellbeing committee and Health and Safety representatives to evaluate the system and identify improvements.") |
| **6.3.1 Allocate resources for continuous improvements**<br>Allocate resources and capabilities for regular system modifications and updates (e.g., internal technical capacity for quick iterations) to be made based on monitoring and evaluation findings.<br>**RATIONALE:** Improving the efficiency of the system. | |
| **6.3.2 Communicate system improvements linked to workforce feedback**<br>Share evaluation outcomes with the workforce, ensuring the level of detail is tailored to different roles within the workforce.<br>Communicate changes made based on workforce and other stakeholder feedback gathered through the monitoring and evaluation process.<br>**RATIONALE:** Improving engagement with system and with monitoring and evaluation processes. | |

# References


Australian National Audit Office. (2018, March 7). Managing mental health in the Australian Federal Police (Auditor General report No. 31 of 2017-18). Accessed May 17, 2024, from https://www.anao.gov.au/work/performance-audit/managing-mental-health-the-australian-federal-police

Beyond Blue Ltd. (2018). *Answering the call national survey, National Mental Health and Wellbeing Study of Police and Emergency Services – Final report.* Accessed April 10, 2024, from https://apo.org.au/sites/default/files/resource-files/2018-11/apo-nid206886.pdf

Buetow, S. (2010). Thematic analysis and its reconceptualization as 'saliency analysis'. *Journal of Health Services Research & Policy*, *15*(2), 123-125. https://doi.org/10.1258/jhsrp.2009.009081

Essex Police. (2023a). *Force Management Statement 2023,* Accessed May 17, 2024, from https://www.essex.police.uk/SysSiteAssets/foi-media/essex/how-we-make-decisions/force-business-plan-2023.pdf

Essex Police. (2023b). *Performance and Resources Scrutiny Programme 2023*. Accessed May 17, 2024, from https://www.essex.pfcc.police.uk/wp-content/uploads/2024/03/08i-Contact-Management-Paper-V2.pdf?x59655

Expert Advisory Group. (2018). *Expert Advisory Group Report prepared for St John Ambulance (WA) Ltd* (The high rates of mental health conditions experienced by first responders, emergency service workers and volunteers (submission 101), Issue. Accessed May 17, 2024, from https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Education_and_Employment/Mentalhealth/Submissions

Fong, N. (2017). *NT Road Ambulance Service scoping review.* Accessed April 10, 2024, from https://s3.documentcloud.org/documents/4324778/NT-Road-Ambulance-Service-Scoping-Review.pdf

King, N. (2012). Doing template analysis. In G. Symon & C. Cassell (Eds.), *Qualitative organizational research: Core methods and current challenges* (pp. 426-450). SAGE Publications.

Koch, A. (2019, Aug 19). *Emergency workers 'too busy' to flag traumatic events and missing out on peer support.* ABC News. https://www.abc.net.au/news/2019-08-19/emergency-workers-mental-health-concerns/11425626

Miller, J. K., Brewin, C. R., Soffia, M., Elliott-Davies, M., Burchell, B. J., & Peart, A. (2022). The development of a UK police traumatic events checklist. *Police Journal: Theory, Practice and Principles*, *95*(1), 207-223. https://doi.org/10.1177/0032258X211002597

NSW Ambulance. (2017). *NSW Ambulance Submission to the Legislative Council Portfolio Committee No.4 – Legal Affairs Inquiry into emergency services agencies (Submission # 81).* Accessed June 25, 2024,, from https://www.parliament.nsw.gov.au/lcdocs/submissions/58440/0081%20NSW%20Ambulance.pdf

NSW Police Force. (2020). *Mental wellbeing strategy 2020 – 2025*. Accessed May 17, 2024, from https://www.nswmentalhealthcommission.com.au/sites/default/files/2021-10/NSW%20Police%20Force_0.pdf

O'Dare, K., Bator, C., Butler, L., Orrange, J., Porter, L., Rehbein, M., Dilks, J., Dillard, D. R., King, E., Herzog, J., & Rotunda, R. (2023). From EAP to BHAP: A conceptual framework to develop and implement a comprehensive behavioral health access program within the fire service. *International Journal of Emergency Services*, *12*(3), 318-342. https://doi.org/10.1108/IJES-11-2021-0078

Phoenix Australia Centre for Posttraumatic Mental Health, & TrackSAFE Foundation. (2012). *Rail industry trauma management framework.* Accessed April 10, 2024, from https://tracksafefoundation.com.au/wp-content/uploads/2021/09/TrackSAFE-Phoenix_Rail-Industry-Trauma-Management-Framework.pdf

St John Ambulance Australia (NT) Inc. (2019). *2018/19 Annual Report.* Accessed May 17, 2024, from https://stjohnnt.org.au/img/documents/reports/annualreport_2019.pdf

The Senate – Education and Employment References Committee. (2019). *The people behind 000: Mental health of our first responders.* Accessed May 17, 2024, from https://parlinfo.aph.gov.au/parlInfo/download/committees/reportsen/024252/toc_pdf/Thepeoplebehind000mentalhealthofourfirstresponders.pdf;fileType=application%2Fpdf

Victoria Police. (2017). *Mental health strategy and wellbeing action plan 2017–2020.* Accessed May 17, 2024, from https://www.police.vic.gov.au/sites/default/files/2019-01/Victoria-Police-Mental-Health-Strategy-and-Wellbeing-Action-Plan-2017-2020.pdf

Victorian Public Sector Commission. (2019). *Victorian Public Sector Cumulative Trauma Framework.* Accessed April 10, 2024, from https://vpsc.vic.gov.au/workforce-capability-leadership-and-management/workforce-management/ohs/

# Appendix 1: Glossary

Table 1 shows terminology and definition used in this guide. Agencies may prefer or need to use their own terminology and definitions.

**Table 1:** Glossary of commonly used terms

| Term | Description |
|---|---|
| **Cumulative trauma** | Repeated exposure to traumatic events during the course of an individual's work and career lifecycle. |
| **Good vs best practice** | Good practice refers to approaches generally accepted as reliable and suitable within the industry based on practical experience and established norms. Best practice refers to the most current evidence-based and widely accepted and implemented approaches that align with the highest standards and latest shared knowledge. |
| **Organisational response** | Organisational responses are activities engaged by agencies in response to individuals exposed to PTEs due to their role or workplace. Examples include post-incident support, peer support, discussion with managers, internal or external wellbeing support services, monitoring or broader organisational responses. |
| **Potentially traumatic event (PTE)** | A potential traumatic event (PTE) includes any threat, actual or perceived, to the life or physical safety of the individual, their colleagues or those around them (e.g., a mass casualty event, fatal fire, a child drowning, near miss of another crew member, death in line-of-duty). Exposure to PTEs may be direct (e.g., experienced or witnessed) or indirect (e.g., learnt about or exposure to details of traumatic events through work). PTEs may be experienced on a single occasion or repeatedly.<br><br>PTE as a term may be used interchangeably with critical incident in emergency services. However, it's important to note that not all critical incidents necessarily involve PTEs (e.g., cyber-attack). This term is used as it recognises that people will be impacted to varying degrees by exposure to a PTE, from not at all impacted to severely and chronically impacted. |
| **Principle** | Principles articulate a set of good/best practice standards considered to be essential for the delivery of a system or service. These have been developed through research and consultation, with agreement from experts in field, academics, researchers and industry representatives. Principles are endorsed by AFAC and contain high level statements about governance, procedures and consideration that are necessary components for tracking system. The principles are not intended to be compulsory requirements or legally binding. |
| **Tracking system** | Tracking systems are introduced by an organisation as a coordinated approach or tools to track: (1) individuals' exposure to PTEs and/or (2) organisational responses to individuals exposed to PTEs. Tracking may be achieved using multiple systems, however, for simplicity in this document we refer to using singular systems. |
| **Trauma-informed** | A trauma-informed organisation promotes workplace wellbeing by ensuring its policies, procedures and environments are mindful of individuals' trauma histories and support the physical, psychological and emotional safety of its workforce.<br><br>A trauma-informed approach demonstrates an understanding of the impacts of trauma on how an individual engages with others and systems, provides opportunities for choice and control and supports a sense of safety and trust, as well as minimises the risk of re-traumatisation and distress. |
| **Worker** | Paid and volunteer members who hold operational or non-operational roles within the emergency service organisation. |

# Appendix 2: Quick Reference Table

**Table 2:** Quick reference for good practice principles and subprinciples for tracking systems

| Principle | Subprinciple |
|---|---|
| **Element 1: The primary purpose of a tracking system** | |
| **1.1 Document a clear vision for a tracking system** | 1.1.1 Define the need for a tracking system<br>1.1.2 Gain broad stakeholder input about the system's purpose<br>1.1.3 Define the system's purpose, goals and desired outcomes: overarching and individual, manager/leader, regional and organisational levels<br>1.1.4 Identify potential unintended outcomes of system implementation<br>1.1.5 Define system scope |
| **1.2 Recognise the system as one part of the organisation's mental health and wellbeing strategy** | 1.2.1 Describe how the system integrates with existing mental health and wellbeing initiatives<br>1.2.2 Outline how the system facilitates compliance with legislative directives and workplace health and safety requirements |
| **1.3 Ensure shared organisational understanding of the system's purpose** | 1.3.1 Make a plain language purpose description available and accessible to the entire workforce<br>1.3.2 Develop and maintain policies and procedures that support achievement of the system's purpose<br>1.3.3 Implement organisation-wide system communication strategy |
| **Element 2: Design and implementation of the system** | |
| **2.1 Assess the necessity and feasibility of implementing a tracking system** | 2.1.1 Conduct a needs-gap assessment<br>2.1.2 Assess the advantages and disadvantages of a stand-alone system or one integrated with other existing systems |
| **2.2 Assess organisational readiness for a tracking system** | 2.2.1 Evaluate and increase organisational readiness, prioritising level of leadership investment/commitment to a system<br>2.2.2 Map organisational response options, ensuring they are evidence-informed and the organisation has capability to deliver them |
| **2.3 Involve representatives from all levels and areas of the organisation in system design** | 2.3.1 Determine necessary system capabilities for data collection, analysis and reporting to achieve identified system purpose<br>2.3.2 Involve diverse stakeholders in system design, including those whose data will be collected |
| **2.4 Collaborate with other agencies about design and development** | 2.4.1 Share system implementation learnings across the sector |
| **2.5 Select user-friendly software/ platforms with the required capability** | 2.5.1 Assess functionality and capability of potential platforms<br>2.5.2 Prioritise usability and ease of access and reporting |
| **2.6 Develop and document implementation plan** | 2.6.1 Establish implementation team<br>2.6.2 Identify and implement needed resources and capabilities to support change<br>2.6.3 Adopt a staged implementation approach |
| **2.7 Develop and implement system maintenance plan** | 2.7.1 Develop comprehensive system maintenance plan<br>2.7.2 Appropriately resource the system for sustainability |

| Element 3: What data is collected by the tracking system | | |
|---|---|---|
| **3.1 Define recordable PTEs** | 3.1.1 | Specify criteria for recordable PTEs (with examples) |
| **3.2 Collect minimum data required** | 3.2.1 | Establish data framework to capture minimum data requirement for the system to achieve its purpose |
| | 3.2.2 | Consider capturing key contextual data to achieve the system's purpose |
| | 3.2.3 | Adhere to privacy and consent requirements |
| **3.3 Draw on existing data collection activities** | 3.3.1 | Draw on existing data collection systems and use existing data where available |
| **3.4 Capture recordable PTE incident key information** | 3.4.1 | Specify relevant details to be captured about the recordable PTE incident |
| | 3.4.2 | Specify relevant details to be captured about worker exposed to the PTE |
| **3.5 Determine whose data will (and will not) be collected** | 3.5.1 | Specify which workers will be included in the PTE tracking protocol |
| | 3.5.2 | Consider enabling a worker opt-out option for some/all system elements |
| **3.6 Capture organisational responses to PTE exposures** | 3.6.1 | Specify what qualifies as a recordable organisational response |
| | 3.6.2 | Allow workers to evaluate the organisational response |
| | 3.6.3 | Determine how response tracking fits with the PTE tracking |
| **Element 4: How is data collected and stored** | | |
| **4.1 Document the procedure and processes for data collection** | 4.1.1 | Standardise the organisational prompt/s for data collection |
| | 4.1.2 | Assign responsibility and support capability for data collection and transmission to the database |
| | 4.1.3 | Specify when data is to be collected in relation to the PTE incident |
| | 4.1.4 | Specify how data is to be collected and transmitted to the database |
| | 4.1.5 | Define the processes that follow initial data collection, with an emphasis on data quality and reliability and appropriate use of data |
| **4.2 Centralise storage and/or link data** | 4.2.1 | Maintain a centralised database where appropriate |
| | 4.2.2 | Enable multiple data linkage pathways |
| **4.3 Safeguard and contain data** | 4.3.1 | Establish data governance policies |
| | 4.3.2 | Restrict and monitor data access within the organisation |
| | 4.3.3 | Clarify data ownership at the individual level |
| | 4.3.4 | Implement third-party access controls |

| Element 5: How is the data analysed, reported and utilised | |
|---|---|
| **5.1 Draw on existing and/or automated reporting mechanisms** | 5.1.1 Use existing reports and automate reporting where possible |
| **5.2 Assign analysis and reporting responsibility** | 5.2.1 Assign responsibility and support capability for data analysis and reporting |
| **5.3 Data analysis to produce actionable insights** | 5.3.1 Adopt a reasoned and flexible approach to data analysis<br>5.3.2 Leverage analytic capabilities to provide leaders and wellbeing teams with insights to inform decision-making<br>5.3.3 Draw on organisational response data insights to update trauma management plans and offer wellbeing initiatives |
| **5.4 Use contextualised data in reports where possible** | 5.4.1 Integrate data with contextual details when reporting<br>5.4.2 Include linked data in reports |
| **5.5 Report data in formats that are useful and suitable for intended audiences** | 5.5.1 Prioritise reporting aggregated and de-identified findings<br>5.5.2 Implement user-friendly internal data sharing protocols |
| **5.6 Enhance and draw on organisational capacity to action insights gained from PTE data** | 5.6.1 Harness organisational resources to act on insights gained from data in a reactive and proactive manner<br>5.6.2 Inform workforce of actions taken and their outcomes |
| **Element 6: Monitoring and evaluation of the system** | |
| **6.1 Monitor and evaluate system performance against purpose** | 6.1.1 Develop and implement monitoring and evaluation plan aligned with documented system purposes<br>6.1.2 Collaborate with agencies across the sector to evaluate and build tracking system evidence |
| **6.2 Monitor risks and unintended consequences** | 6.2.1 Monitor risks and unintended consequences of tracking |
| **6.3 Demonstrate continuous improvement** | 6.3.1 Allocate resources for continuous improvements<br>6.3.2 Communicate system improvements linked to workforce feedback |

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