



RESPONSE TEMPLATE

Area Health Service / Organisation Name: Department of Health

Community Development and Justice Standing Committee

Inquiry into the recognition and adequacy of the responses by State Government agencies to experience of trauma by workers and volunteers arising from disasters

1. What pre-planning and training activities does your Area Health Service / organisation undertake with your staff and volunteers to deal with trauma before a disaster?

Staff:

The Department of Health conducts regular disaster training via the Disaster Preparedness and Management Unit (DPMU). This training includes the psychological impact of disasters, and strategies on how to mitigate these effects, including how to manage a responder who is psychologically affected during disaster responses. DPMU works closely with Mental Health to develop training sessions and response plans for Mental Health workers to deploy to the site of a disaster to offer assistance to either the affected community or staff members.

WA Health strategies also include appropriate staff selection (e.g. staff selected from departments that are used to dealing with disaster situations).

In areas where there is no specific training given to staff to deal with trauma prior to a disaster, a series of training activities are run by individual health sites throughout the year that test responses to a disaster.

Mental Health

Mental Health staff, whether within an inpatient or community setting, deal with incidents related to patient care that may result in trauma. As part of annual mandatory training, staff are trained and tested in regards to the Emergency codes – mainly Red, Orange, Purple Blue and Black. Staffs also attend skills development training annually in CPR, Defibrillator, Aggression and Manual handling.

Mental Health Services have a number of staff who have attended specific Emergency Management training coordinated through the DOH and are available on the behalf of Mental Health Service to render assistance in regards to emergencies. This is a group specially trained as a deployable group or individuals on behalf of Mental Health Services.

As part of the Mental Health Subplan, Mental Health Services have developed a Disaster Response Guide for Mental Health Services. The aim of this guide is to provide detailed guidelines and procedures to assist mental health professionals in their response to disaster situations and to minimise the impact of any disaster that threatens life or health.

Mental Health Staff have access to Employee Assistance Programs (EAP). The EAP is provided through one independent provider and, if any staff or a family member wants to see a counsellor, all you have to do is phone the EAP provider.

Mental Health Services personnel are available to assist Department for Child Protection (DCP), as the lead agency, in regards to declared state emergencies.

Mental Health Services personnel receive and delivery training at the DPMU Courses.



Externally information regarding services is available on the DCP and DOH website under emergency services, including the brochure 'Dealing with the effects of a traumatic event'.

SJA

SJA provides various support services to staff to assist in dealing with stressful incidents, including disasters. New staff are provided training on the support services available to them, which includes Employee Assistance Program, Peer Support and Chaplaincy. Peer Supports are provided training on how to assist colleagues in dealing / coping with stressful situations.

RFDS

Doctors, nurses and pilots undergo extensive professional training on commencement with the RFDS and this covers elements of dealing with trauma in the context of all their work at RFDS. Annual recurrent training also covers these issues.

Volunteers:

Mental Health

Mental Health Services are a specialist service and generally do not engage volunteers within delivery of Emergency Services.

SJA

SJA provides various support services to staff and volunteers to assist in dealing with stressful incidents, including disasters. New staff / volunteers are provided training on the support services available to them, which includes Employee Assistance Program available to volunteers, Peer Support and Chaplaincy. Peer Supports are provided training on how to assist colleagues in dealing / coping with stressful situations.

2. What annual budget would you spend on these pre-event activities?

WA Health

No specific figure can be attributed to training as the annual budget for training is sourced from multiple departments cost centres (i.e. nursing, medical, administration). There is an ongoing commitment which is part of the health services operational budget. There is no separate allocation.

SJA

Approximately \$100,000 per annum on all support services for pre, during and post event activities.

RFDS

The RFDS total operational training budget for 2011-12 is \$192,000. That covers all operating staff and doesn't include the wage cost of employees conducting the training, or the time spent by staff participating in training.

3. What programs do you undertake during a disaster to assist your staff and volunteers to deal with trauma?

WA Health

Health Commanders, who attend the site, and senior staff are trained to monitor staff during disasters and identify anyone who is struggling psychologically. Strategies on how to manage staff, who are struggling, are also in place.



Strategies to minimise the effects on staff includes:

1. Selection of appropriate teams.
2. Managerial monitoring to identify early anyone at risk.
3. Attention to support, including monitoring hours on duty, relief, family concerns and appropriate meal breaks and rest periods.
4. Occupational Health and Safety staff available as well as Employee Assistance Programs conducted by external staff counselling is available.
5. Other routine actions include: regular phone contact with the staff, scheduled phone calls, dissemination of information at staff meetings as it comes to hand by whatever means applicable, and ensuring staff fatigue management is considered by providing relief.

Mental Health

As per i), mental health would be sponsored by both the DOH and DCP if additional assistance or training was required.

SJA

Staff are made aware of the support services available to assist them in dealing with trauma. Peer Supports are available in both metro and regional areas to assist colleagues by offering practical support and an opportunity to discuss their experiences in a confidential setting. Information is provided to staff and volunteers about the impact of stress and signs and symptoms to encourage them to seek assistance from support services if needed.

RFDS

Where possible, briefing sessions on tasking staff include advice on what injuries may be expected, the number of victims, the facilities and equipment available and doctors, nurses and pilots are always advised that trauma counselling is available in-house with management, or from an independent employee assistance program on a confidential basis.

Volunteers:

SJA

Volunteers are made aware of the support services available to assist them in dealing with trauma. Peer Supports are available in both metro and regional areas to assist colleagues by offering practical support and an opportunity to discuss their experiences in a confidential setting. Information is provided to staff and volunteers about the impact of stress and signs and symptoms to encourage them to seek assistance from support services if needed.

4. What post-event activities do you undertake with your staff and volunteers to deal with trauma arising from a disaster?

WA Health

Operational debriefs are conducted and it is through this process that staff who are struggling psychologically are identified and offered Employee Assistance Program counselling. Additionally, the Australian Medical Assistance Team that deploys to disasters within the state, interstate or internationally are offered post deployment counselling and support as required. The employee's line manager is advised of the deployment and asked to monitor the staff member. Staff are contacted 6 months post disaster to see how they are coping.

Departments within Health usually conduct staff debriefing sessions that are arranged by hospital / health service. This includes:

1. Formal operational debrief
2. Access free of charge to confidential debriefing
3. Formal psychological debriefing



Other strategies includes:

- Site visits by senior management
- Whole of staff meetings. Involvement of all site agencies e.g. St Johns Ambulance in debrief.
- Involvement of staff in identifying areas for improvement.
- Ensuring all staff aware of how to access Employee Assistance Program.
- Managers and work colleagues are encouraged to monitor their co workers and report any concerns
- Acknowledgement of contribution via various means – morning tea etc
- Allowing appropriate time off for staff where they may have been personally affected by the disaster
- Follow-up directly with staff by their direct managers
- Training programs

Mental Health

As per i and ii, which is ongoing through the Recovery stage of a disaster. Additionally, a Post Activity Report is required to be submitted by Mental Health Services to the DOH and DCP.

From an internal point of view, there is the lesson learnt exercise, debrief to key personnel, updating of procedural manuals and inclusion with rehearsal exercises.

SJA

Following a critical incident such as a disaster, an operational debrief is conducted, during which staff and volunteers are advised of support services available. Additionally, when required, a stress diffusion session may be held to allow staff and volunteers the opportunity to discuss their experiences and their reactions. Following major incidents, the organisation may deploy the chaplain or encourage the Employee Assistance Provider to provide Critical Incident Stress Management on a larger scale.

RFDS

Staff are invited to participate in de-briefing sessions internally and with external stakeholders such as WA Country Health Services and the Department of Health after the event. Counselling is available from an independent employee assistance program on a confidential basis.

5. What annual budget would you spend on these post-event activities?
WA Health

There is no separate allocation of funds; however, there is an ongoing commitment which is part of the health services operational budget.

For all Area Health Services, there is no premium or cost to have the Employee Assistance Program service providers available. Access to this service is a “user pays” system, whereby staff and their families are permitted to access the EAP and the cost of this is borne by the relevant Area Health Service. Each Area Health Service has to individually tender for EAP contracts. A review of this system is being undertaken by way of a working group.

SJA

As per Q2

RFDS

Unknown, approx \$10,000. This doesn't include employment costs.



6. The Committee is also interested in hearing comments in relation to the points in the Terms of Reference as follows:

- **whether existing agency responses adequately address the trauma experienced by staff and volunteers during and after a declared natural disaster, which has occurred since 2001;**
- **the barriers to those suffering trauma from accessing available assistance services; and**
- **the measures to mitigate any health impacts from trauma to those State Government workers and volunteers who responded to a declared disaster.**

Comments:

- The committee should consider psychological support for contractors, not just staff and volunteers
- It should be noted the current Employee Assistance Program provides for staff or their families to access to counselling advice and support including any requirement/need that may arise from critical incidents including such as a natural disaster
- The extensive damage resulting from the hail storm of 22 March 2010 was a natural disaster. Minimal staff or volunteer trauma was reported. The disaster plan and systems put in place to cope were activated and were adequate for the size of the disaster. Staff were kept safe and counselling was available if required.
- Evaluating effectiveness of intervention and follow up of staff/volunteers in the longer term needs to be further considered.
- Often the barriers are through lack of knowledge of the processes and availability of resources. Knowledgeable managers or co-workers can give the right information to those staff that are affected, if they are aware of the need.
- Though psychological support is and has been provided to staff, the effectiveness of this support has not been formally evaluated.
- The most important measure that can be offered is that of an 'ear' to hear and listen to the affected person's experiences. Not to take away from that experience, but to give the staff the ability to work through, confidence and support while in that period.

SJA

Although the organisation has systems and services in place to enable adequate response to Trauma of staff and volunteers following a disaster, the major barrier in accessing assistance services is the geographical remoteness of some staff and volunteers which limits access to professional counselling services. The organisation has mitigated this impact by offering telephone counselling to assist remote staff and volunteers.

RFDS

The Royal Flying Doctor Service of Australia (Western Operations) is sensitive to the needs of staff attending disasters and witnessing severe trauma and supports efforts to provide appropriate training as preparation and to aid in prevention of post traumatic stress. The barriers to RFDS staff accessing available assistance relate to distance and time. RFDS staff are stationed at regional bases at Derby, Port Hedland, Meekatharra and Kalgoorlie as well as our metropolitan base at Jandakot. Staff located in regional areas may not be able to access training and counselling services as quickly or at a convenient location as those in the metropolitan area. Debriefing sessions after the event have been found to be positive and valuable to staff and management.

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