



AIHS

Australian
Institute of
Health & Safety

Think forward

ACT Legislative Assembly – Inquiry into Immediate
Trauma Support Services in the ACT:
Consultation Submission

15 December 2023

Acknowledgement of Aboriginal and Torres Strait Islander Peoples

We acknowledge the Aboriginal and Torres Strait Islander peoples as the Traditional Owners of Australia and their ongoing strength in practising the world's oldest living culture. We acknowledge the Traditional Owners of the lands and waters on which we live and work, and we acknowledge that sovereignties of these lands and waters were never ceded. We pay our respects to Traditional Owners' Elders past and present, and commit to supporting them and Aboriginal and Torres Strait Islander emerging leaders to create more equitable, healthy, and safe workplaces for all Australians, and in particular for the most disadvantaged of Australians.

About us

The Australian Institute of Health and Safety (AIHS) is the national association for people who work in generalist health and safety roles, including practitioners and professionals. The AIHS directly represents more than 4,000 work health and safety (WHS) practitioners and professionals working nationally, with 79 affiliated with the ACT and nearly 1,000 with NSW. Beyond our membership, we advocate for the >20,000 people who work in WHS across Australia.

In July 2019 our name changed from the Safety Institute of Australia to emphasise the importance of occupational health as well as safety. For 75 years we have worked towards our vision of “safe and healthy people in productive workplaces and communities”.

Our voice as a profession and association of WHS experts is often distinct from those of government, employers, and workers. Our focus is on the science-, evidence-, and risk-based practice of WHS, to create safer and healthier workplaces.

For more information see www.aihs.org.au.

Background and general feedback to Inquiry

WHS practitioners and professionals play a vital role in working to minimise incidents leading to fatalities and serious morbidity. They do this by advising duty holders, including persons conducting a business or undertaking (PCBUs) and workers, on:

- practical solutions to minimise health and safety risks to workers,
- early interventions to reduce the likelihood of existing risks exacerbating harm, and
- redesigning work, plant and equipment, and systems of work to assist safe and sustainable recovery at work and prevent others from being harmed.

Many AIHS members also act as expert advisers to regulators, peak industry bodies, and union organisations on WHS research and policy.

Unfortunately, work-related fatalities and serious incidents still occur. Between 2003 and 2022 inclusive, 22 workplace fatalities occurred in the ACT (<https://data.safeworkaustralia.gov.au/interactive-data/topic/work-related-fatalities>), slightly more than one a year. Many more experience highly distressing traumatic injuries including amputations, serious head, eye or burn injury, crushing, degloving, scalping, spinal injuries, and deep lacerations.

Whilst road safety/fatality dataset limitations constrain our understanding of how many road deaths are work-related, we know that between 2013 and 2022 inclusive 98 deaths occurred on ACT roads.

We also estimate that around 100 ACT workers die each year from work-related diseases (see Steer C., Bennett A. (2019) *AIOH Foundation paper on occupational disease AIOH Foundation*, accessed online Nov 2023).

The impacts of these deaths are far-ranging. We know that individuals' families and their communities sustain disproportionately high levels of financial and other burdens associated with these events. In 2021-22, 1,497 claims were made for serious injuries in the ACT. The median time lost for these claims was eight weeks; the median compensation paid was \$21,641 (<https://data.safeworkaustralia.gov.au/interactive-data/topic/key-whs-statistics>). More than 70% (1,074) were for injury events, as opposed to diseases or health conditions.

In recent years there has been a gradual but persistent evolution in Australian society's acceptance, understanding, and knowledge of mental health and well-being issues.

The WHS profession and the broader WHS ecosystem have been on their own journey to improve our skills to provide advice to PCBUs on the management of psychosocial and physical risks that can lead to poor mental and physical health. Our understanding of how to provide practical advice to PCBUs on managing these risks through good work design is dramatically growing.

Increasingly, generalist WHS professionals are also upskilling to respond to general mental health challenges that may present in workplaces, for example by completing mental health first aid training courses (<https://www.mhfa.com.au>).

Generalist WHS professionals are not medical clinicians so cannot provide medical advice such as post trauma counselling. Rather our role is to help the PCBU by advising on for example:

- Management of reasonably foreseeable WHS risks,
- Emergency response plans which may include the need for support and facilitating engagement of specialist clinical services to deal with traumatic incidents,
- Duties around reporting serious workplace incidents to WHS regulatory bodies,
- Evidence-based workplace early interventions for those with preclinical levels of distress,
- Assisting post incident redesign of work to stop others being harmed, and
- Assisting injured workers with the safe and sustainable recovery at work if the WHS professionals also holds appropriate health qualifications (e.g. psychologists, occupational therapists, physiotherapists, nurses etc.), and/or through return to work systems.

What immediate supports are offered to people in the ACT following a traumatic incident?

In ACT workplaces, the Work Health and Safety Act (2011) (<https://www.legislation.act.gov.au/a/2011-35/>) imposes a duty on the PCBU to protect the health, safety, and wellbeing of their workers. Section 43 of the WHS Regulations (2011) (<https://www.legislation.act.gov.au/sl/2011-36/>) requires that PCBUs ensure that emergency plans are prepared for their workplace, and additional related requirements. Various Codes of Practice (<https://www.worksafe.act.gov.au/laws-and-compliance/codes-of-practice>) provide greater details about the requirement for emergency plans in relation to particular risks and activities.

In the event of any workplace-based traumatic incident it would be expected that the PCBU would have in place an emergency response plan that would outline a predetermined course of action in the event of any emergency, such as a major injury or death of a worker or other person impacted by the PCBU's work activities.

Whilst smaller PCBUs may have in place more rudimentary plans and be more reliant on external emergency services, larger PCBUs may have extensive first aid and warden teams pre-trained and prepared to respond.

In dealing with the trauma of a major incident, many larger or more mature PCBUs may also use an employee assistance program (EAP), or engage external counsellors/psychologists, to render trauma counselling and assistance services (see Neil P. Roberts, Neil J. Kitchiner, Justin Kenardy, Catrin E. Lewis & Jonathan I. Bisson (2019) *Early psychological intervention following recent trauma: A systematic review and meta-analysis*, European Journal of Psychotraumatology, 10:1, DOI: 10.1080/20008198.2019.1695486).

However, most EAP providers employ relatively junior staff, and the effectiveness of any post-trauma counselling is highly reliant on appropriate trauma screening, the approach suiting the individual and work context, and the individual professional's skills (see Neil P. Roberts, Neil J. Kitchiner, Justin Kenardy, Catrin E. Lewis & Jonathan I. Bisson (2019) *Early psychological intervention following recent trauma: A systematic review and meta-analysis*, European Journal of Psychotraumatology, 10:1, DOI: 10.1080/20008198.2019.1695486).

What type of immediate supports are needed by people who have experienced a sudden or traumatic incident?

Workers and others such as PCBU's customers who may be onsite when a traumatic event occurs will likely become highly stressed, making them less likely to make good decisions.

In the ACT all PCBUs must have simple, clear, and appropriate emergency plans in place that suit their organisational risks. All staff, including casual and temporary staff, must receive appropriate training in this emergency plan. If a PCBU and individuals know that they did everything they reasonably could in the circumstances to respond to a traumatic incident, the risk of post-traumatic stress disorder (PSTD) and guilt is less likely.

PCBUs should ensure:

- all exits signs are well lit and appropriately located, and clear from obstructions,
- fire extinguishers are present and compliant, first aid kits well stocked and accessible, and safety equipment like eye washes if required in that workplace are where they are needed,
- emergency contact numbers (e.g. first aid officers, ambulance, police, and key contacts within the PCBU to be notified) should be clearly displayed, and
- post incident response requirements are outlined, such as preserving the incident scene (where possible and safe to do so).

In a workplace setting, people who have experienced a sudden or traumatic incident, whether it is as a death or serious injury of a fellow worker, threat of suicide, serious near miss, or a major incident such as an armed intruder, explosion or fire-related incident, need to be provided with a level of support so that they can process the trauma, as well as be reassured that the workplace will be safe for them to return to.

We must remember that trauma can also arise, albeit less frequently, from experiencing or witnessing painful and debilitating chronic work-related illnesses. The unacceptably high numbers of mainly young men suffering rapid onset silicosis is a pertinent example.

This may include affected persons being shown tangible changes to workplace design and practices that will prevent recurrence of similar incidents. The PCBU must demonstrate that improvements/changes have been made to ensure similar incidents cannot occur.

It is the PCBU's duty to facilitate these changes and improvements, either with internal resources or with external specialists.

ACT PCBUs should be encouraged to prepare for sudden or traumatic incidents, both in the short-term immediate response, but also the longer-term support services and resources for affected workers.

At what point do Victim and Coronial Support services engage in the process following a traumatic incident?

The role of the WHS professional is to ensure that notifiable incidents are communicated to WorkSafe ACT in the required timeframes (see Part 3 of the WHS Act). From here police may be notified, which will trigger notifications/communications to the Coronial system. WHS professionals may also be called later to provide evidence.

WorkSafe ACT (the regulator) will investigate most traumatic injury workplace deaths. This evidence may also be used by the Coroner.

The Coroner does not investigate every workplace fatality or traumatic incident, but the criteria in which deaths must be investigated mean most workplace fatalities do result in coronial inquiries (see http://www8.austlii.edu.au/cgi-bin/viewdoc/au/legis/act/consol_act/ca1997120/s13.html).

Other WHS regulators around Australia have explored alternative schemes to support families of WHS incident victims. SafeWork SA's program is one example of this (see <https://www.safework.sa.gov.au/about-us/support-services>). We encourage the Inquiry Committee to ensure WorkSafe ACT investigates these options, to ensure it remains as best practice for providing supports for these traumatic incidents.

Elsewhere, the International Civil Aviation Organisation (ICAO) provides broader best practice examples of arrangements and measures to support family members and other impacted stakeholders in relation to victims of aviation fatalities. There is a good deal that can be learned from better practice family assistance and transparency arrangements, particularly after a fatal aviation accident, as can be seen in the following sources:

- ICAO. 2013. Manual on Assistance to Aircraft Accident Victims and their Families. Doc 9973. 1st edition. International Civil Aviation Organization, Montréal. https://www.icao.int/Meetings/a38/Documents/DOC9998_en.pdf
- ATSB. 2013. Information for families and friends as the next of kin. Australian Transport Safety Bureau, Canberra. <https://www.atsb.gov.au/media/4787672/Next%20of%20Kin%20booklet.pdf>
- NTSB. n.d. Family Assistance. National Transportation Safety Board, Washington, D.C. <https://www.nts.gov/tda/Pages/default.aspx>
- TSB. 2020. Policy on the dissemination of information to families, loved ones and survivors. Transportation Safety Board of Canada (TSB), Ottawa. <https://www.bst-tsb.gc.ca/eng/lois-acts/diffusion-dissemination.html>

What challenges/role do ACT Police and Emergency Service members face at the scene of an accident or traumatic event to support affected community members or family members or witnesses?

Whilst the ACT Police and Emergency Services are the professionally trained response agencies that would be first on call, their own employers, the ACT Government (for Emergency Services) and the Commonwealth Government (for ACT Police) as PCBUs have the same duties towards them under the WHS Act as a private organisation would have to its workers.

They have duties in relation to and appropriate level and scope of training to prepare them for the tasks and situations that they are likely to encounter in responding to the issue, as well as responding to the psychological effects that the issue may have on their personnel.

In relation to the provision of support by these agencies to community and family members and witnesses, this would fall within the skills-based training that they are provided with and the use of specialist staff or external resources to provide such support.

This support may include counselling, liaising between the agency and health providers, and between the courts. The consequences of providing formal statements and appearances in court if the matter either comes to prosecution or Coronial inquiry can be significant. Our legal system is often not gentle on participants. We support the recent appointment of Chief Coroner Ken Archer as one way in addressing these issues (see https://www.cmtedd.act.gov.au/open_government/inform/act_government_media_releases/rattenbury/2022/dedicated-coroner-and-magistrate-appointed#:~:text=Ken%20Archer%2C%20senior%20member%20of%20the%20ACT%20Bar%2C,bereaved%20families%20and%20friends%20involved%20in%20coronial%20matters.). Our view is that the processes involved in prosecuting and/or investigating the circumstances around an incident should not cause more harm to participants than the incident itself.

What immediate trauma support services are available to ACT Police and Emergency Service members who may witness or experience a traumatic incident?

Again, this would fall within the ambit of what their employing PCBU has in terms of duties to provide response, counselling, and support services to their own staff.

The range of services that might fall within this framework may include peer debriefing services facilitated by a more senior or experienced staff member or by a specially qualified staff member, such as a counsellor. It may also involve the provision of external counselling and support by an EAP or by an independently engaged psychologist.

In addition it may highlight the need for additional training and development opportunities focussed on changed approaches to dealing with the traumatic situation, and honing personal coping or compartmentalisation skills on the part of staff that they can use at the time of the incident, particularly if the incident involves children, which is often found to be the most confronting by emergency responders.

What is best-practice, evidence based, 'trauma informed' immediate trauma support service response to community members, witnesses, family members etc. who may be involved in a traumatic incident?

This will very much depend on the nature and extent of the trauma.

If for example the trauma is a mass casualty trauma, such as a bus crash or a trauma that involves a larger section of the community such as a bushfire, the level of response needs to be proportionate to this in both scope and scale to ensure that everyone involved is provided a requisite level of support.

Support services may need to be brought in from external providers or from externally based community support agencies such as the Red Cross or the Salvation Army, to assist those affected.

The role of WHS practitioners and professionals is to identify the need for trauma support and to facilitate the engagement of specialist clinical and/or trained services. We believe those organisations with access to suitably qualified and trained WHS practitioners and professionals stand to significantly benefit from better preparations and more effective responses to traumatic incidents.

We thank you for the opportunity to provide this submission. Should you wish to contact us to discuss any of the points raised above further, please do so via policy@aihs.org.au.

Yours sincerely,

Andrew Heinrichs

Chair AIHS Policy and Advocacy Committee