



## Tracking trauma exposure in emergency services

Howard, A., Pedder, D. J., Watson, L., Savic, A., Huckvale, K., & Sadler, N. (2025). [Good practice principles for tracking potentially traumatic event exposure and organisational responses in emergency services: A guide for fire and emergency service agencies](#). Prepared for Natural Hazards Research Australia.

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### Research problem

Fire and emergency service roles involve routine and repeated exposure to potentially traumatic events (PTEs), with cumulative impacts on mental health and wellbeing. To date, agencies have monitored this exposure inconsistently, and no agreed, evidence-based standard exists to guide how organisations should track PTEs or respond to them. This lack of consistency limits cross-agency comparison, shared learning, and sector-wide insight, and highlights a persistent gap in guidance for agencies seeking to design or strengthen their tracking systems.

### The project

The project 'Best Practice<sup>1</sup> for Tracking and Responding to Potentially Traumatic Event Exposure' began in 2024 was:

- led by Phoenix Australia's Centre for Posttraumatic Mental Health) were the lead organisation
- funded by Natural Hazards Research Australia
- initiated by AFAC Mental Health and Wellbeing Group (MHWG) and;
- endorsed by Australasian Fire and Emergency Services Authorities Council (AFAC)

The project had eight stages, organised across three phases:

#### Phase 1: Best practice review

- Stage 1: Literature review and expert consultation
- Stage 2: Define tracking system elements
- Stage 3: Environmental scan (survey of current practice)
- Stage 4: Thematic analysis

#### Phase 2: Developing good practice principles

- Stage 5: Drafting good practice principles
- Stage 6: Workshop consultations

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<sup>1</sup> Since the researcher only found highly variable current practice (with some working well and some not), they settled on the term "good practice principles" (built from expert consensus) rather than claiming "best practice" (which would require an evidence base that simply doesn't exist yet).

Stage 7: Project Management Committee review

Stage 8: Finalisation of principles

Phase 3: Translation for practice.

To help agencies put the principles into practice, delivered a guidance document (the *Good Practice Principles* guide) to let agencies benchmark their current tracking systems against the agreed principles, to identify gaps and inform decisions about updating or building a system.

Knowledge dissemination: peer-reviewed conference presentations, sector presentations (including to ESF's Learning Network)

## Key Outputs

### 1. Good Practice Principles Guide

This is Australia's first sector-endorsed framework (it was formally endorsed by AFAC) for tracking PTE exposure and organisational responses. The principles:

- Are flexible and supposed to be adapted to existing tracking systems.
- Cover both exposure tracking and the follow-up support response. This dual focus recognises that identifying exposure is only valuable if that information is used to connect to meaningful, timely and appropriate support.
- Were designed for wellbeing teams and leaders within the Australian and New Zealand fire and emergency service agencies.
- Recognise the model will be shaped by external influences, specifically organisational context (agency's culture, mental health climate, and existing supports) and industry influence (relationships with government, unions, WorkCover, and legal/ethical considerations)

**The framework** has 28 trauma-informed<sup>2</sup> principles (each with supporting subprinciples), build on six elements. This is outlined in table 1, which was developed for this knowledge digest.

**Table 1: Elements of Tracking Systems by good practice principles**

| Elements                                                                                                                                                                            | Principle                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Purpose:</i> The motivations for having a system: its goals, purpose(s), and perceived benefits. Sits across the top of the model since it underpins all other design decisions. | <ol style="list-style-type: none"> <li>1) document a clear vision</li> <li>2) recognise the system as part of a broader mental health strategy</li> <li>3) ensure shared organisational understanding</li> </ol>                                                                                                        |
| <i>Design and implementation:</i> The specific development and rollout aspects unique to an organisation's system. This interplays across all other elements.                       | <ol style="list-style-type: none"> <li>1) assess necessity/feasibility</li> <li>2) assess readiness</li> <li>3) involve all levels in design</li> <li>4) collaborate with other agencies</li> <li>5) select user-friendly platforms</li> <li>6) develop implementation</li> <li>7) develop maintenance plans</li> </ol> |

<sup>2</sup> Trauma informed means the principles aim to support choice, control, safety, trust, and minimise re-traumatisation.

|                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>What is collected:</i> The type of data gathered when a PTE exposure or organisational response occurs.                                                                                                        | <ol style="list-style-type: none"> <li>1) define recordable PTEs</li> <li>2) collect minimum data needed</li> <li>3) draw on existing data sources</li> <li>4) capture key incident info</li> <li>5) determine whose data is collected</li> <li>6) capture organisational responses</li> </ol> |
| <i>How data is collected:</i> The type of data gathered when a PTE exposure or organisational response occurs.                                                                                                    | <ol style="list-style-type: none"> <li>1) document procedures</li> <li>2) centralise/link storage</li> <li>3) safeguard data</li> </ol>                                                                                                                                                        |
| <i>Analysis and utilisation:</i> How organisations analyse, report, and use the data.                                                                                                                             | <ol style="list-style-type: none"> <li>1) use existing reporting mechanisms</li> <li>2) assign responsibility</li> <li>3) analyse for actionable insights</li> <li>4) contextualise data</li> <li>5) tailor reports to audiences</li> <li>6) build capacity to act on insights</li> </ol>      |
| <i>Monitoring and evaluation:</i> Ongoing evaluation and continuous improvement of the system, positioned at the base of the model to emphasise its importance given the limited evidence base for these systems. | <ol style="list-style-type: none"> <li>1) monitor performance against purpose</li> <li>2) watch for unintended consequences</li> <li>3) demonstrate continuous improvement</li> </ol>                                                                                                          |

## 2. Final Report

The 65-page final research report provides an overview of the underlying research which the shorter guide reviewed above is based. It investigates how fire and emergency service agencies track worker exposure to potentially traumatic events (PTEs) and organisations' responses to that exposure. It is organised around the project's three phases and eight stages.

Following the front matter and introduction, it presents the findings from Phase 1: Best Practice Review (Stages I–IV), Phase 2: Development of Good Practice Principles (Stages V–VIII), and Phase 3: Translation for Practice. The seven appendices provide detailed supporting material, including: literature search parameters; existing tracking approaches identified in the review; the full survey instrument; strengths and limitations of current tracking systems; workshop participant demographics; the complete set of principles and sub-principles with practice examples; and conference abstracts.

It's key findings, organised by the three research components are:

### 1. Literature review findings

- Very little published research exists on tracking cumulative PTE exposure in high-risk organisations
- The field is essentially unstudied as no evidence-based best practices were found in either peer-reviewed or grey literature
- Nine different tracking approaches were identified internationally (mostly in grey literature), but with limited detail on how well they'd been implemented or whether they actually worked



## 2. Environmental scan (survey) findings

- 22 emergency service agencies and high-risk organisations participated, giving a diverse, representative sample
- 64% already had some form of PTE tracking system in place
- 73% tracked organisational responses to PTE exposure
- Of the 14 implemented systems: 57% were rated as performing well, while 21% were rated as underperforming
- There was wide variability across agencies in nearly every dimension: definitions of what counts as a recordable PTE, data collection methods and technologies used, analysis/reporting processes, and the purposes to which tracking data was put

## 3. Good practice principles findings

- Through workshops and expert review, the team distilled the sector's inconsistent practices into a six-element framework (which appears in the guide document)

## Conclusion

Aside from what has been delivered, the project team has recommended:

- A self-evaluation / gap-analysis / self-assessment audit tool to help agencies benchmark against the principles (possibly with accompanying training)
- Specific implementation tools, e.g., a checklist of minimum data to collect per incident, or guidance on which workers to include
- Piloting and evaluation of the guidance with a small number of agencies, including a monitoring/evaluation framework
- Webinars, communications pieces, and infographics for broader dissemination
- A formal review process to keep the framework current with emerging evidence and practice, every 2–3 years