# Rail industry trauma management framework

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# Acknowledgements

TrackSAFE Foundation hosted a best practice forum on 10 and 11 July 2012 in Brisbane. The purpose of the forum was to bring together rail operators from across Australia and New Zealand to workshop best practice in trauma management for the Australasian rail industry. The Edge innovation team at QR National facilitated the forum.  The workshop participants were: Andrew Hosie,  RailCorp; Brett Garrigan, QR National; Gayle White, Queensland Rail; Melissa Cribb, RioTinto; Denise Fishlock, Asciano; Reuben Delamore, Metro Trains; Jo Clarke, V/Line; Brent Gillett, KiwiRail; Derek Van der Heide, TasRail; Brett Andruszkiewicz, Government of SA Department of Planning, Transport and Infrastructure; Bronwyn Trlin, Public Transport Authority WA; and Darren Trengove, Brookfield Rail.

Throughout the two day workshop the group developed a draft skeleton of the framework document comprising: Guiding Principles (overarching); Recruitment; Education / Training; Performance; Program; Measuring; Culture; Priming; Immediate Response; Transition; Support and Return to Work; and Review. Members of the group subsequently drafted content for each component.

In 2012 Phoenix Australia – Centre for Posttraumatic Mental Health (at that time called the Australian Centre for Posttraumatic Mental Health (ACPMH)) was then engaged to finalise the Framework document, ensuring consistency with current best practice for managing potentially traumatic events in the workplace.

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# Executive summary

**1. Introduction**

There is a predictable risk of exposure to potentially traumatic events (PTEs) in the rail industry. While most people are resilient and will recover without professional help, a minority are at risk of developing posttraumatic mental health problems. The trauma management framework provides a best practice approach to managing trauma in the rail industry and thereby minimising the risk of adverse mental health outcomes.

**2. Best practice principles**

Twelve best practice principles for managing trauma before, during and after an incident underpin the Framework.

**3. Establishing an optimal workplace culture**

Workers in organisations with high morale are more resilient when faced with potentially traumatic incidents.  Social support after an incident is the best predictor of recovery.

**4. Recruitment**

Recruitment to safety critical positions with predictable risk of exposure to trauma should include a realistic job preview for applicants and, through behavioural interview and reference checking, assessment of applicants' coping strategies.

**5. Pre-incident preparedness**

The organisation and individual employees should be prepared prior to an incident occurring. Organisational preparedness involves the development and implementation of best practice policies and procedures for managing trauma and associated staff education and training. Individual pre-incident preparedness involves education about potential immediate reactions to trauma exposure and strategies to manage those reactions.

**6. Incident response**

Recommendations are provided for procedures to minimise exposure to psychological hazards at an incident scene, support affected workers in fulfilling operational requirements and provide appropriate emotional support.

**7. Post incident response**

A three level stepped care model of support is outlined.  Level 1, psychological first aid, is an intervention for all provided by supervisors and peer supporters. Level 2, skills for psychological recovery, is a targeted psychological intervention for those who do not appear to "bounce back" provided by EAPs and other counsellors. Level 3 is evidence based

treatment, for the small minority who go on to develop posttraumatic mental health problems, delivered by mental health professionals.

### 8. Return to work

An expectation of recovery and return to work is fundamental to the Trauma Management Framework.

### 9. Incident record keeping

The benefits of a reliable system to capture information about critical incidents, trauma management responses and outcomes for individuals are outlined.

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Implementation of the Trauma Management Framework should be evaluated and periodically reviewed to ensure ongoing best practice.

# Introduction

It is a tragic reality that, in the course of their work, most train drivers will witness or be involved in an incident that involves death or serious injury on the rail network. Exposure to a potentially traumatic event (PTE) of this kind can have a profound impact on those involved, with the risk of adverse outcomes influenced by the severity of the trauma, past history of traumatic incidents, proximity to the trauma and repeated exposure to the trauma. In addition to drivers, rail staff exposed to PTEs include train crew, station staff, managers, supervisors, investigators, and other rail employees who may be called to the scene.

While most people are resilient and will recover from exposure to a PTE with the support of family and friends, there can be serious mental health effects, including acute stress disorder (ASD) and posttraumatic stress disorder (PTSD). These and other posttraumatic mental health conditions are associated with significant emotional, social and economic costs with impacts for the individual, their family and friends, and the workplace. Minimising these impacts will not only improve employee wellbeing but bring benefits to the rail organisation in ensuring legislative/regulatory compliance, improved lost time injury frequency rate (LTIFR), and savings in workers compensation claims.

**Through its implementation across Australasian rail organisations, the intent of the Trauma Management Framework is to promote a uniform, best practice approach to trauma management for all rail employees and thereby minimise the risk of an adverse psychological outcome.**

The Trauma Management Framework developed for the rail industry would serve as a platform for developing standards, specifications and associated guidelines/resource materials which rail organisations formally embed into their own safety management system (SMS). This Framework can be used to guide the development of practical trauma policy, procedures and training for managers and supervisors, first responders to incidents and rail employees determined to be at highest risk of exposure to PTEs.

Access to formal processes and guidelines are important for a number of reasons:

- There should be a clear and shared understanding of what constitutes a potentially traumatic event in the rail industry, and therefore, when the policy is activated;

- There is a need to promote a consistent approach for supporting workers in line with evidenced based research;

- PTE are often infrequent events– and as such these skills not regularly practised; and

- It is often a highly stressful time for persons subjected to a PTE, as well as those rendering support - availability of reference material to fall back on/refer to is vital.

The components of the Trauma Management Framework are outlined on the following page.

# Trauma management framework

| Best Practice Principles | | | | | | | |
|---|---|---|---|---|---|---|---|
| Optimal workplace culture | | | | | | | |
| Recruitment | | | | | | | |
| Pre-incident | | | | Incident | Post-incident | | |
| Development of policy and procedures | Implementation of policy | Staff training and education | Worker preparedness training | Operational response | Immediate support and monitoring | Brief targeted psychological strategies | Evidence based treatment |
| Return to work | | | | | | | |
| Incident record keeping | | | | | | | |
| Review | | | | | | | |

# Best practice principles that underpin the framework

The content of the Trauma Management Framework is underpinned by a number of best practice principles derived from research and practice. These principles are integral to a holistic program that has the best opportunity to be adopted, accepted and successful. These principles should be made explicit to staff at all levels of a rail organisation, in order to encourage engagement in relevant education and training, compliance with appropriate procedures, and a commitment to best practice trauma management in the workplace, from the outset of employment.

The best practice principles are delineated below.

**Pre-incident**

1. There is a predictable risk of exposure to potentially traumatic events (PTE's) in the rail industry and, as such, rail organisations have a responsibility to have policies and procedures in place designed to minimise the impact of trauma on their staff.

2. Effective trauma management requires a commitment across all levels of the organisation, with roles and responsibilities of management, supervisors, peers and staff clearly delineated.

3. Managing trauma should be considered separately, but not at the exclusion of, the general mental health and wellbeing of staff. Policies and procedures that raise awareness of mental health in the workplace and promote the mental wellbeing of staff are an important basis for the introduction of specific policies to manage trauma.

**Peri-incident**

1. Effort should be made to minimise the number of people exposed and length of exposure to psychological hazards such as dead bodies or body parts and CCTV footage of rail incidents.

2. Distress at the time of trauma is to be expected and is not a sign of mental health disorder.

3. Adaptive coping can be promoted by helping those affected to maintain focus on their work role as far as possible.

**Post-incident**

1. Social support following trauma is the best predictor of recovery. In the case of workplace trauma, the support of peers and supervisors is critical.

2. Most people recover from trauma without professional help. All interactions with staff exposed to trauma should promote positive expectations of resilience and recovery.

3. Immediate distress can be assisted with simple validation of reactions and emotional support.

4. A mechanism that allows for timely identification of individuals experiencing ongoing difficulties is required. There should be routine and "low key" procedures to monitor the wellbeing of everyone exposed to trauma (consistent with the principles of psychological first aid).

5. Early access to evidence based care for those who do not appear to be "bouncing back", with a focus on effective treatment should be facilitated.

6. Return to work after trauma or injury should be promoted as beneficial for recovery as well as the long term health and wellbeing of employees.

# Establishing an optimal workplace culture

Purpose: Efforts to minimise the impact of workplace trauma need to begin before a traumatic event, with consideration of the "culture" of the organisation.

Research shows that factors within the workplace can promote or impede resilience and recovery in staff exposed to trauma at work. There are two key mechanisms that seem to underpin an optimal workplace in this regard:

1.  Morale - employees in workplaces with high morale are more likely to be resilient [1]; and,

2.  Social support – the support that a person receives following a traumatic event is the best predictor of recovery [2,3].

When there is a predictable risk of trauma exposure at work, a supportive workplace in which staff morale is high, provides the optimal conditions for maximising staff resilience and recovery.  In seeking to create an optimal workplace culture, efforts should focus on factors found to influence staff morale.  These include:

*   Clear lines of accountability.

*   Clarity around defined roles and responsibilities.

*   Fair, transparent and equitable employment, performance management and career development protocols.

*   Clear and transparent OHS policies and procedures including well established risk assessment and risk management practices, bullying and harassment policies and procedures, Employee Assistance Program (EAP) service access and availability.

*   Frequent, easily accessible and supportive supervision.

*   Flexible work practices that allow individuals to establish a healthy work/life balance (eg space to prioritise and manage family responsibilities, capacity to implement a sustainable physical exercise regime, access to healthy food options etc.

*   Regular team meetings and/or staff forums where staff can both access information and have a chance to provide input into or feedback on decision making, including strategic planning.

*   Opportunities for and ready access to operational debriefing following stressful work related events.

*   Establishment of routines, practices and traditions that build a socially supportive and inclusive workplace free of bullying and harassment.

- Regular and repeated workplace training to ensure development and maintenance of core skill competencies.

Efforts should also focus on mechanisms to ensure that staff involved in a potentially traumatic event receive appropriate support.  For this to occur, there needs to be a workplace culture that:

- Acknowledges a range of incidents that occur in the rail industry as potentially traumatic;

- Recognises the potential mental health and wellbeing impact of exposure to traumatic events and validates the reactions of individual affected workers;

- Provides appropriate support at all levels of the organisation.

- Communicates care about the individual and their family.

Importantly, establishing an optimal culture is not something that can be dictated by management; rather it builds through the consistent application of actions, support and practices across all levels of management. With respect to managing traumatic events specifically, the more confidence individual members of staff have in the sincerity of support that will be offered, the more likely they are to seek and/or accept support, with benefits to both the individual and the organisation in addressing any posttraumatic mental health and wellbeing concerns as early as possible.

# Recruitment

Purpose: Recruitment processes aim to identify suitable applicants for a position whilst providing the applicant with the relevant information that enables them to make a decision about whether the company and the job is a good match for them.  Whilst meeting the legislative and company specific requirements of recruitment, rail organisations should employ a particular approach to recruitment to high trauma risk safety critical roles.

There are a number of roles within the rail industry that involve a predictable risk of exposure to potentially traumatic events.  When recruiting to high trauma risk safety critical roles, the potential risk of exposure to PTE should be communicated. For example, for personnel interested in becoming a train driver, information about the likely exposure to rail suicide / Level Crossing accidents should feature in information sessions and/or interviews.  During the recruitment process, a realistic job preview should be provided so that applicants are in a position to make an informed choice about accepting the job.

In this context, applicants may be advised of factors that increase the risk of adverse mental health responses to trauma, to assist in their consideration of their fit with the job. These factors include [2,3]:

- Poor current psychological well-being

- Previous mental health issues

- Poor recovery from a past traumatic experience

- Current life stressors

- Poor social support

Importantly, these risk factors are not sufficiently reliable to use as selection criteria.  Some individuals can carry all of these risk factors but still be resilient in the face of trauma, while others, without any of these risk characteristics, can be vulnerable.

Resilience is not a fixed attribute, but an interaction between the circumstances, individual variations (e.g. vulnerability, protective mechanisms, coping style) and support following the event [4].  Of these factors, and as noted above, social support following exposure is the strongest predictor of recovery.

Recruitment procedures may include:

- Applying position descriptions and job profiles which identify a realistic job environment.

- Incorporating the relevant behavioural competencies into the recruitment and selection process, and assess at a number of stages during the selection process— i.e. during the behavioural interview, tests and reference checking;

- Asking about anticipated response to trauma exposure – people who anticipate excessively high distress may not be suitable but equally, those who anticipate no distress at all may be psychologically unprepared, and equally unsuitable.  Moderate distress is to be expected – ask for coping strategies when experiencing distress.

- While there is no established measure that has been found to predict resilience in the face of trauma exposure, consideration may be given to the use of a resilience measure in recruitment, in order to build evidence about predictive validity of the measure.

Pre-incident preparation → Incident response → Post-incident response → Support and return to work

## Pre-incident preparedness

Objective: Pre-incident preparedness should promote the expectation, within individuals and the organisation overall, of resilience and recovery following trauma exposure and build organisational capacity to respond in an optimal way.

Pre-incident preparedness can be addressed in three stages:

**1. Development of organisational policies and procedures**

- Policy should clearly define what is meant by a potentially traumatic event in the rail industry and which staff are covered by the policy.

- Policy should explicitly recognise that PTEs occur, can have a negative impact on mental health and wellbeing, and that every member of the organisation has a role in supporting staff involved.

- Organisational commitment to providing necessary training to ensure that psychological first aid [5] is implemented appropriately should be reflected in policy.

- Acknowledgement at the highest level of the organisation establishes legitimacy, informs the culture and context for psychological first aid, contributes to supportive environment that promotes rather than punishes self-identification of psychological distress.

- Clear delineation of roles and responsibilities for supervisors, managers, specialised peer support staff, peers and welfare personnel including EAPs. Who is responsible for monitoring exposed staff, providing support, providing information about self-care, navigating pathways to accesss further care if needed? Lack of clear delineation can lead to some aspects being neglected or duplicated. Immediate line supervisors have a key role. They have prior knowledge of the individual and what else is or has been going on for them. Further, employees are likely to be particularly sensitive to reactions from their immediate supervisor – it is critical that this reaction communicates support and validation rather than criticism for being weak or inadequate.

- Strategies to minimise exposure to trauma. This may include minimising the number of employees exposed to the PTE, minimising exposure to psychological hazards such as dead bodies and body parts at the incident scene (e.g., covering with a blanket as soon

as practical), and, where possible, limiting the number of events a particular person is exposed to (i.e. minimise exposure to multiple PTE). The practicalities of this recommendation need to be considered within the particular circumstances of each organisation but may involve, for example, rotating drivers through parts of the network with the highest concentration of critical incidents and ensuring that the role of those attending an incident scene as first responder or incident commander is shared amongst a number of people trained to perform that role.

- Development of easy to read flow charts to guide actions in the event of a potentially traumatic event.

### 2. Implementation of the policy

Consideration should be given to comprehensive dissemination of the policy through routine staff communication channels as well as specially designed promotion initiatives. Implementation across different levels – overall organisation and individual work groups should be planned.

*Implementation across the organisation*

At an organisational level there needs to be a unified vision of how and why a program aimed at trauma management is considered and applied.  The stated values and observed actions of senior management are influential in staff confidence that the issue is being taken seriously. This assists to develop trust and consistency in the application of programs. When staff expectations are consistently met in a timely manner, trust builds and the program becomes valued. If applied consistently this approach influences buy in and engagement at multiple levels, creating an expectation of what is available and what should happen for any employee following a traumatic event.

Slow or inconsistent roll out of initiatives undermines confidence and risks undermining the intent of the program.  The use of organisational "champions" who are recognised and admired by staff as advocates of the trauma management framework should be considered.

*Implementation in work groups*

Similarly, the behaviour and attitudes of peers and immediate managers will be influential in staff perceptions of the trauma management framework. The following factors should be considered in implementation of the trauma management framework at a team level:

- Ensure that processes are achievable, practical and easy to access/ or apply.

- Engage frontline team members or supervisors in the development of team protocols. This will ensure that protocols are appropriate to the particular circumstances, well understood and "owned" by the team. Involvement in development at this level also ensures that training programs can be incorporated into normal scheduling requirements in such a way to minimise any potential conflict with operational requirements.

- Use peers and supervisors who are appropriately trained and experienced in providing support as well as the internal processes for managing events as change leaders with responsibility for mentoring others.

- Establish a process of review at the team level that benchmarks current team practice against the intent and operational procedures. This allows for the identification and correction of any practices that have drifted from the agreed approach or reverted back to previous practices.

**3. Staff education and training**

Appropriate training and education of staff is critical to the successful implementation of the trauma management policy.  Staff with roles and responsibilities within the policy need to be informed, willing and competent to fulfil their role if there is to be a consistent approach to the management of potentially traumatic events and consistent level of support to those impacted, according to need.

The education and training material should be designed to guide staff towards best practice in trauma management in a railway environment. Where possible, training should be integrated into existing training, as part of an overall safety and wellbeing strategy. Training and education materials should be developed in consultation with frontline staff, managers, service providers and industry bodies and experts to ensure appropriate tailoring of best practice to the particular operational requirements of the rail organisation.

The level of training and education given to rail employees will vary, depending upon the level of risk an employee has of experiencing PTE as part of their employment and the level of responsibility an employee would have in managing a PTE. **All training should make clear that staff are not expected to assume the role of a mental health professional, and indeed, that it would be inappropriate for them to do so.**

All staff, including senior management, should participate in brief education sessions, backed up by video, web-based or written material.  The goals of brief education would be to: a) ensure all staff understand the policy and know what is likely to happen in the event of PTE; b) enhance perceptions of psychological first aid as supportive and valuable; c) ensure all staff are able to provide basic support to themselves and colleagues.

Specifically tailored training should be provided in addition to those staff who have a direct role in providing support after a potentially traumatic event.  The primary target audience for this training would be line managers and supervisors.

The content of supervisor training could include:

- Training in the management of incident response described in the trauma management policy, including:
    - When the system is activated, at what level and following which incidents,

- o How progress to higher level of support is determined,
- o Reporting requirements, records, and confidentiality.
- Process guide for providing immediate support/assistance (e.g. removal from incident site as soon as practicable, safe return to depot/work, whether support available upon return to home, etc.)
- Training to monitor the wellbeing of staff over time and improve recognition of poor coping strategies or post-event problems
- Training to provide or recommend simple support strategies for distressed staff and suggest further help if necessary.

Where organisations have a peer support system, and the peer supporters have an ongoing role in the support of staff following a PTE, additional training would be appropriate. This could involve:

- Training to monitor the wellbeing of staff over time and improve recognition of poor coping strategies or post-event problems

- Training to provide or recommend simple support strategies for distressed staff and suggest further help if necessary.

Where peer support systems exist or are developed, they should be consistent with international consensus on best practice in peer support. [6] These consensus guidelines include consideration of: the goals of peer support; selection of peer supporters; training and accreditation; role of mental health professionals; role of peer supporters; access to peer supporters; looking after peer supporters; and program evaluation.

The training and education material should be delivered by multiple methods, tailored to the needs and preferences of the target group. The latest technologies, including online video materials and mobile phone applications should be explored to their fullest potential. However, the training of those responsible for providing support as part of the trauma management response should also involve hands-on workshops with opportunity to practice skills and receive feedback.

### 4. Pre-incident preparation for safety critical workers

Safety critical workers have a greater risk of exposure to a PTE, however, other groups of rail employees e.g. incident controllers or investigators, are also likely to be exposed and so should be included in any pre-incident preparedness program.

The purpose of pre-incident preparedness is to enhance a person's ability to cope with exposure to trauma. Although there is no evidence to date that pre-incident preparedness training is effective in preventing the development of posttraumatic mental health problems, drawing from the broader literature on effective coping strategies [7] it is prudent to consider methods aimed at increasing psychological preparedness for what may be confronted in the

context of a traumatic event, teaching effective coping strategies for managing any immediate psychological distress and ensuring a plan for own positive coping resources including the use of social support ahead of time.

The following content should be considered in training for staff at high risk of trauma exposure.

1.  Information about realistic likelihood of a PTE occurring

2. Information about the particular psychological hazards that they may be exposed to – e.g. dead bodies, body parts, distress of others

3. Information about the nature of potential immediate reactions and effective coping strategies.

4. Preparing a personal resource kit for looking after self in the following days (plan coping strategies including use of social support).

5. Promoting an expectation of resilience and recovery but providing information about support available from peers, supervisors, management, EAP, professional counselling/treatment services.

6. Providing "trauma packs" that contain all relevant information (e.g. outline what will happen in the event of a PTE, contact details for peer support, EAP etc.) to staff so that this information is readily available when needed.

Consideration should be given to providing this training at recruitment and again on an annual basis to reinforce the information provided, self-management strategies and support mechanisms.

New technologies such as interactive websites and mobile phone applications should be explored as a method of delivering training and education to staff.

# Incident response

Objective: To ensure that the organisational response to a potentially traumatic event is consistent with the policy with respect to minimising exposure to psychological hazards, having a clear delineation of roles and responsibilities in providing practical and emotional support to affected employees, and providing a level of support appropriate to the needs of the individual.

The first contact a person has after being involved in a critical incident is vital to communicate organisational support and validation of the experience as potentially traumatic. While there needs to be an established procedure for dealing with incidents, it should be flexible enough to provide individualised support as every incident and every person will be different.

First responders should have ready access to a toolkit that includes an easy to read flowchart that guides their actions in the event of a PTE. A checklist, based on the flowchart may also be a useful tool in improving consistency with intended procedures. The toolkit should also contain contact details for further support if required (e.g., peer support, EAP) with business cards to hand to the worker. The individual and their family should also be provided with written information about the support available and triggers for when a professional assessment is recommended.

When an incident is reported there is an immediate need for an operational response. The first contact with the driver should assist him or her to fulfil operational requirements, encouraging a focus on the task at hand in a supportive manner.

The reporting of an incident should also trigger the trauma management response.

- A person should be tasked with the role of dealing with the parties involved; not having to also deal with the incident. Where possible, a member of the immediate work group is best placed to respond as they provide a familiar face and prior knowledge of the individual, which may be a comfort.

- It is imperative that those responding to an incident do so in a timely manner to minimise the time rail workers involved are exposed and have people take control of the incident to relieve the worker.

- Prior to tasking or en route, the first responder who is assisting the worker involved should be updated with as many particulars about the incident and worker as possible to help prepare them mentally for what to expect and to minimise any unnecessary questions once on scene.

- Any other employees who will be attending the incident site for operational reasons (e.g., incident controllers, investigators), should also be given as much information as possible so that they are mentally prepared for what they will confront at the scene.

- Where possible, employees who may be required to attend the site should be given the option to not attend if they do not want to.

- Once on the scene, the first responder should provide comfort and emotional support, whilst helping the person to maintain a practical task-oriented focus.

- Responders should try not to leave the worker alone and remove the worker in a safe and practical manner away from the scene being aware that the remnants of the incident may be over some distance and to try and avoid unwanted sights and exposures.

- It is important to manage direct contact with the employee in order to minimise the number of times they have to re-tell the incident, i.e. emergency services, investigators, managers, rail regulators etc.

- As soon as practical, once all legal obligations and relevant operational requirements have been fulfilled, the person should be removed from the incident scene. The worker should be transported back to the depot and assisted in completing necessary reports.

- The supervisor should ensure that the worker is safely transported home following an incident and that they have someone at home or can access a social/family support network if required.

- Support should be offered to all who are involved in the incident including responders/investigators as well as those that may be away from the scene such as controllers.

# Post-incident response

Objective: To assist employees in their transition back to normal function at home, at work and in their leisure activities.

The level of support provided following a potentially traumatic event should be based on the needs of the individual involved. A "stepped care model" that promotes the expectation of resilience and recovery and return to normal work routines as soon as possible is recommended. The stepped care model would incorporate: 1) immediate support and monitoring for all exposed (e.g., psychological first aid); 2) brief focused intervention for those who do not "bounce back" (e.g., skills for psychological recovery [8]); and, 3) referral to evidence based treatment for the minority who develop posttraumatic mental health problems (e.g., cognitive behavioural therapy, medication). The stepped care model requires a systematic approach to monitoring the wellbeing of staff in order to make decisions about the appropriate level of care (e.g., indicators that specialist referral is warranted).

**Level 1: Intervention for all - immediate support and monitoring wellbeing over time**

Psychological first aid [5] is not a structured or standardised intervention. Rather it involves a set of principles that can be used to guide the support offered to people following a potentially traumatic event. The nature and intensity of the support offered should be determined by the needs of the individual. Psychological first aid aims to: help the person feel safe and secure; encourage the person to ask for and/or accept help and support from colleagues, supervisors/managers, family and friends; reduce immediate stress related reactions; promote helpful coping strategies; and enhance natural resilience.

Training in psychological first aid would teach skills in the following areas, with the expectation that the responder would draw upon the skills as required, depending on the needs of the individual.

- Making first contact

- Attending to immediate practical and safety needs

- Helping to calm the person

- Providing reassuring information about the person's reactions

- Encouraging the use of helpful coping strategies

- Connecting with social supports

- Ongoing monitoring and planning follow-up

The effectiveness of psychological first aid in preventing the development of posttraumatic mental health problems has not been proven. However its recommended use is based on

the evidence that support following a potentially traumatic event is the best predictor of recovery [9].

Psychological first aid can be delivered by anyone with appropriate training and is ideally provided by people in the person's existing network (e.g., line managers and supervisors). However the individual's preferences also need to be considered; some people would rather talk to a mate, co-worker or their partner than a counsellor while others would prefer to talk to a counsellor in the first instance.

If the individual's distress does not settle within the first week or so, or their work performance or behaviour is affected beyond this time, they should be referred for further assistance.

**Level 2: Intervention for those who don't bounce back - brief, targeted psychological strategies**

Skills for psychological recovery [8] is an evidence-informed skills-training package that can be used to target particular wellbeing issues that may be barriers to recovery. The core skill sets are: Problem solving; engaging in positive activities; managing upsetting feelings such as anxiety and grief; promoting helpful thinking; building social support; and managing ongoing reactions to the event (e.g., managing reminders).  Skills for psychological recovery can be delivered by EAPs or other counsellors. Where external service providers are used, evaluation measures that allow for assessment of the quality of services (at individual case and program levels) should be implemented.

If problems persist, the individual should be referred for mental health assessment and treatment.

**Level 3: Intervention for those with mental health problems – evidence based treatment**

A small minority of employees may develop posttraumatic mental health problems.  While ASD and PTSD are the "signature" disorders following trauma, depression, substance misuse and anxiety problems may also arise. There are evidence-based treatments for these disorders [9], that can involve psychological as well as pharmacological treatments. Evidence based treatment for mental health disorders can be delivered by qualified mental health practitioners such as clinical psychologists and psychiatrists.  General practitioners should also be involved in the care of people with mental health disorders.

To ensure a high quality service from external mental health practitioners, practitioners should be required to provide evidence based treatment and monitor treatment outcomes through agreed evaluation measures.

# Return to work

Purpose: Regardless of the level of support (1, 2 or 3 as outlined above) provided to workers following exposure to potentially traumatic events, the goal is to facilitate a successful return to work for the employee. Research has consistently found that returning back to work after trauma or injury is beneficial for the long term health and wellbeing of employees [10].

It is important to communicate an expectation of recovery and return to work from the outset, with information about the return to work process including onsite support and when needed, assistance with a graduated return to work program.

The support and assistance to return to work should commence as soon as possible, usually with the direct line manager of the employee.  Managers should convey their attitude of concern and care for the individual and their family, ensuring that their approach is collaborative rather than forced, and tailored to the needs and preferences of the individual. However setting clear expectations of available support and return to work options allows the employee to take better control of their recovery.

Return to work initiatives may include:

- Mentor Program

    Providing a fellow colleague who has had similar experiences may provide a positive role model and sounding board for an employee who is struggling with return to work.

- Graduated Return to Work

    Where necessary, options for graduated return to work should be offered. When managers have the flexibility to assist employees to return gradually to their normal role, the process can be collaborative and is more likely to lead to a positive outcome for both the individual employee and the organisation.

# Incident record keeping

The purpose of a record keeping system is to ensure capture of information that will allow rail organisations to:

- Monitor the incidence and any patterns (e.g., time, location) of potentially traumatic incidents affecting the rail network

- Monitor the cumulative exposure of individual employees

- Monitor the implementation of psychological first aid (timeliness, extent)

- Monitor the impact of psychological first aid (routine (e.g. annual) survey for those delivering as well as those receiving)

- Monitor organisational outcomes of trauma management – morale, RTW, lost work days, workcover claims

Of course the information contained in a record keeping system is only useful in so far as it is comprehensive and reliable. If information capture is poor, consideration of methods to improve incident reporting is a worthwhile investment.

The data collected could be used to at an individual level to:

- Identify individuals who experience multiple potentially traumatic events in a short time frame, prompting supervisors to make a point of checking on their wellbeing;

- Provide an alert//trigger mechanism if an employee is unfit for duty to ensure adequate individual support is provided.

Incident data could be used at an organisational level to:

- Provide an accurate and reliable reporting solution for organisations in the management of trauma, the impact on its employees, and associated costs;

- Gain greater understanding of the effectiveness of services, programs, initiatives, communication and marketing methods to enhance implementation and delivery to employees;

- Provide reliable evaluation to assess against key performance indicators;

- Identify hotspots, clusters, trends across the business, organisation, regions and states to enhance the capacity to provide trauma support programs and customised, preventative solutions.

Consideration should be given to a subset of this information that could be appropriately shared in a national data management system (NDMS).  A NDMS would improve the rail

industry's overall capacity to capture, identify, assess, and analyse the risks and impacts these events have on employees and organisations. Shared data could improve the rail industry's efficiency and effectiveness in providing relevant services, programs and initiatives across rail organisations through pooling shared experience.

Data could be used at a national level to:

- Create national statistical reports allowing individual rail organisations to benchmark their data against national averages;

- Support collaboration between organisations in providing best practice support, allowing each organisation to learn from the experience of others and share potential solutions;

- Identify shared issues (e.g., hotspots, clusters, trends)  across the organisations that may lead to common solutions;

- Determine the appropriate allocation of resources.

# Review

Purpose: To provide a vehicle for continuous improvement by following a structured process to identify highlights and opportunities associated with the trauma support framework. This will ultimately deliver excellence in the management of trauma and associated support functions.

A two tiered approach is recommended, dealing with individual case by case reviews (Tier 1) and a higher level strategic approach (Tier 2) that provides a systematic review of the overall framework and its 8 elements.

**Tier 1**

Following individual events/ cases a system should be established that prompts a review of effectiveness of the service provided to the stakeholders involved. A template could be used to facilitate this process and as a minimum will have the following components:

a) Direct feedback from the individual(s) for whom the support was initiated including an assessment and commentary, where applicable, on the following:

- appropriate level of support
- timely
- professional
- individualised
- peer support
- on-going support
- pressure from the organisation (to return to work etc.).
- feedback on the performance /quality of provider.

A scale of strongly agree to strongly disagree could be used to gauge the overall perception of the service provided.

b) Other involved parties (first response, leaders, wash crews etc.) should also have the opportunity to provide feedback on the support provided for the specific case. The same template / questionnaire would be used.

c) A timely process for providing feedback to the staff involved in the PFA response, based on feedback from the individual who exposed to a PTE.

Confidentiality should be maintained in upward reporting of the results of Tier 1 reviews.

**Tier 2**

A review of the implementation of the Trauma Management Framework should be undertaken on a regular basis, ideally annually. The organisation can determine the most appropriate methodology and personnel involvement but as a minimum the review should include:

- A review of all 8 elements of the trauma support framework;

- Each element should have a series of prompts that represents best practice, allowing a gap analysis of the organisation's performance against this criteria for the review period;

- The identification of any trends based on de-identified data collated from Tier 1 feedback; and

- A prioritised action plan based on the identification of appropriate remedial actions where deficiencies have been identified and sharing learnings / strategies where areas of excellence have been identified.

**Accountabilities**

It is critical that all personnel involved in the review process provide an honest assessment based on their experiences. This is more likely to be achieved with a shared understanding of the reason for the review and how the information will be used. Specifically, it should be independent of any performance appraisal processes.

The organisation's [*insert role*] will co-ordinate the Tier 1 review process and ensure this process is conducted in a confidential manner.

The organisation's CEO will ensure systems are in place to prompt the Tier 2 review and assign resources necessary to complete the review and then to implement any actions leading from the review.

**Review of the content of the Trauma Management Framework**

Based on the rate of progress in the field, a comprehensive review of the content of the Trauma Management Framework is recommended in 3-5 years.

 In the interim, rail organisations should keep abreast with new developments in the field and review the Framework in an ongoing way against current best practice.

# Glossary of terms

ASD:    Acute stress disorder

EAP:    Employee Assistance Program

LTIFR:  Lost time injury frequency rate

NDMS:   National data management system

PTE:    Potentially traumatic event

PTSD:   Posttraumatic stress disorder

SMS:    Safety Management System

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