



**Deputy Premier of Western Australia  
Minister for Health; Training and Workforce Development**

Our Ref: 25-40011

Ms Margaret Quirk MLA  
Chair  
Community Development and Justice Standing Committee  
Parliament House  
PERTH WA 6000



Dear Ms <sup>Margaret</sup> Quirk

Thank you for your letter of 15 May 2014 concerning *The Toll of Trauma on Western Australian Emergency Staff and Volunteers – Report 4, 2014*.

Below are responses to Recommendations 6, 11, 13 and 15 which fall within the Health Portfolio.

**Recommendation 6 - Supported**

Funding from the Road Trauma Trust has been approved to establish a road trauma counselling service. The Injury Control Council of WA has been contracted to establish and manage the service, which was launched on 17 November 2013. Details can be found at [www.rswa.org.au](http://www.rswa.org.au).

**Recommendation 11 – Supported in part**

Information-sharing about issues of stress from disasters and critical incidents currently occurs on an informal basis. The relevant agencies are committed to continued communication in the future.

**Recommendation 13 - Noted**

WA Health is currently assisting with the review of the Mental Health Disaster Response Plan. The Plan outlines a stepped response to those people (including employees) suffering mental health trauma, as a result of an emergency event. It is considered that any peer support program needs to work within existing frameworks and complement established services, and should not substitute or delay referral to professional counselling services.

**Recommendation 15 - Noted**

The overall objective of conducting exercises is to test preparedness and planned response strategies to identified gaps in current capabilities. The primary focus of any exercise is to ensure the safety and welfare of participants. With this focus in mind, exercises are usually extremely controlled and strictly limit risks or potential trauma. Exercises may test and expose personnel to pressures involved in emergencies, but do so in such an artificial environment that they would have limited value in this sense.

Exercises usually involve relatively small numbers of staff. As the number of persons involved is small, the value in exposing personnel to pressure or trauma situations is also limited. Simulations and discussions exercises can include worst case scenarios but are primarily designed to test agency arrangements and command and control structures. They have no trauma component.

The 2012 Western Australian State Emergency Preparedness Report identified several areas in Emergency Management exercising to improve the State's capabilities: the frequency, adequacy and appropriateness of emergency management exercises and the need for the robust evaluation of these exercises. These elements were investigated in December 2012 by the SEMC Secretariat, which has endorsed the establishment of a working group to develop the Exercise Management Advisory Group to guide exercise writing and management across the State

A risk based approach to exercise management, that is in line with the State Emergency Management Policy (SEMP) 2.9 – Management of Risks, is currently being considered. This type of approach would exercise certain elements of a plan that have been deemed to present a high risk to the State (e.g. communication).

If you should require further information please contact Dr Andy Robertson at the Department of Health on 9222 2277 or e-mail: [andy.robertson@health.wa.gov.au](mailto:andy.robertson@health.wa.gov.au).

Yours sincerely



Dr Kim Hames MLA  
**DEPUTY PREMIER**  
**MINISTER FOR HEALTH**

17 JUN 2014