

CLIENT BRIEFING

CaseNote for exposure tracking and wellbeing

Manage exposure records, peer support and clinical care in one system, with reporting for program oversight.

For Australian emergency-service organisations evaluating CaseNote.



ALL READERS · READING GUIDE

Your guide to CaseNote

The briefing starts with the case for adoption, then explains daily use, clinical review and implementation. Each audience section can also be read on its own.

Executive

Introduction

Solution overview 3

Executive

Organisational case 4

Value and oversight 5

Program reporting 6

Program mandate 7

Program owners

Operating workflow 8

Incident case list 9

Dashboard and exposure views 10

Assigned outreach 11

Peer tasks and contact log 12

Early warning and workload 13

Modules and incident recording 14

Program owners

Clinical

Procurement

Clinical

Exposure classification 15

Classification flow 16

Exposure scoring 17

Bands and guardrails 18

Alert review 19

Worked examples 20

Assessment signals 21

Assessment history 22

Clinical notes 23

Procurement

Phased implementation 24

Access setup 25

Service safeguards 26

Commercial engagement 27

Back page

Discuss your program 28

Use the edge tabs. Executive, Program owners, Clinical and Procurement each have a labelled colour tab at a different height. The tab repeats throughout its section on the outside edge of each page.

INTRODUCTION · SOLUTION OVERVIEW

CaseNote for exposure tracking and wellbeing

CaseNote records PTE exposure and supports the response: prioritising outreach, contacting members and documenting follow-up. It is built for Australian emergency-service peer-support and wellbeing programs.

For organisations already committed to tracking exposure, the next challenge is making the information useful. Incident histories, contact records and clinical care need to connect without giving every participant access to the same sensitive information.

Exposure history

Link incidents to the members who attended. Explainable rules make severe events and repeated exposure visible for review.

Outreach and follow-up

Assign outreach, record contact, escalate concerns and manage follow-up tasks. Link this work to the member's record.

Clinical records

Bring assessments, clinical notes, care plans and referrals together for authorised practitioners.

Program oversight

Report on activity, workload and exposure patterns. Role-based access and suppression of small counts limit the sensitive information shown.

Designed around your program

CaseNote supports paid staff and volunteers. Your organisation sets its incident catalogue, response arrangements and access roles. The system calculates exposure consistently and records the response. Your people decide what support is appropriate.

Each organisation has its own application, database and encryption key, hosted in Sydney. Optional modules extend the core workflow with early warning, peer-workforce supervision and WHS tools.

Questions for your evaluation: Can your team identify repeated exposure, make timely contact and show what support was offered?

The Executive section begins with that organisational value and the governance needed to deliver it.

EXECUTIVE · THE ORGANISATIONAL CASE

Executive

Respond to cumulative exposure

CaseNote links recorded exposure with a documented welfare response. Its records help a program identify concerns, assign outreach and document what happens next.

A recent coronial recommendation

On 1 October 2026, South Australian State Coroner Naomi Kereru recommended an electronic approach to repeated traumatic exposure in the findings into the death of Benjamin Edward Warren.

“That SAPOL develop and implement an electronic platform which captures and flags repeated exposure to potentially traumatic taskings.”

Recommendation Two, paragraph 236, *Benjamin Edward Warren [2026] SACC 44*, p 44. [Read the original findings.](#)

Recommendation Three connects exposure thresholds identified by that platform to mandatory psychological or psychiatric reviews through an EAP or another external provider (paragraph 249, p 47).

These recommendations concern SAPOL. They provide a relevant example of the need to recognise repeated exposure and connect it to professional review. They do not endorse CaseNote or establish a universal requirement to buy a particular platform.

How CaseNote addresses the operational need

Record exposure and raise alerts

Record incident attendance, maintain each member's cumulative exposure profile and raise alerts that identify the exposure trigger.

Arrange and record support

Assign outreach, record contact and manage referral or follow-up within the same program workflow.

CaseNote's exposure indicators support prioritisation. They do not diagnose a condition, guarantee prevention or replace clinical assessment. Your organisation determines its review and referral arrangements.

The next page sets out what leadership can assess when considering that workflow.

EXECUTIVE · VALUE AND OVERSIGHT

Review the response to alerts

Leadership needs to know how the program responds to recorded exposure. CaseNote records contacts and follow-up tasks so the response can be reviewed.

LEADERSHIP QUESTION	WHAT CASENOTE PROVIDES
Where is exposure accumulating?	Recorded exposure patterns and aggregate reporting to inform program priorities.
Has support been offered?	Contact history, assigned tasks and documented follow-up linked to the member.
Where does the program need capacity?	Activity and peer-workload information to guide supervision and resourcing.
Can we explain the response?	Explainable alerts and an audit trail to support review of what was known and done.

What a pilot should demonstrate

Agree the measures that matter to your organisation before rollout: whether incidents are recorded consistently, whether staff use the workflow, how quickly members are contacted and whether follow-up tasks are completed. CaseNote supplies the records; the pilot tests how the platform and your operating model work together.

Report without sharing clinical records

Program reporting provides counts and patterns while clinical information remains restricted by role. Small-group suppression helps reduce identification risk in aggregate reports. Leadership oversight should focus on program delivery and support needs.

Set the purpose clearly. CaseNote's PTE Tracking Scope Statement limits exposure data to welfare and program purposes. It forbids use for performance, discipline, individual rostering, fitness-for-duty decisions or surveillance.

The following reporting views show how that oversight can be put into practice.

EXECUTIVE · PROGRAM REPORTING

Reporting for program oversight

Use reporting to ask whether support is reaching people and where the program needs attention. Agree who receives each report and the level of detail they need.

Reports

Reports

De-identified aggregate insights across clinical outcomes, workload, incident response, and cumulative exposure.


Clinical Outcomes

Assessment score trends, risk distribution, treatment effectiveness, and safety screening rates across clinical instruments.

8 reports


Workload

Peer-program capacity, care obligations, and safe distribution of workload across peers and duty officers.

3 reports


Incidents & Crisis

Incident volume by type, action outcomes, alert response times, crisis intervention rates, and welfare check volumes.

8 reports


Cumulative Exposure

Aggregate exposure profiling across volume, severity, and recency dimensions with acceleration detection and early warning.

7 reports

The report catalogue includes clinical outcomes, clinician workload, incident activity and cumulative exposure. Access depends on role.

Team Health

Org-level psychosocial intelligence. Counts only — no individual member data. Small teams are suppressed to protect privacy.

Team risk breakdown

Active case members by assigned team and current clinical risk band. These counts come from case records, not workplace wellbeing survey responses.

TEAM	CRITICAL	HIGH	MODERATE	LOW	NONE	TOTAL
—	<5	<5	<5	<5	0	8

Cells with fewer than 5 members are hidden to protect privacy.

The Team Health view shows aggregate risk counts. Counts smaller than five are suppressed in this demonstration.

Demonstration captures · 4 October 2026 · Synthetic data.

Agree the reporting arrangements when you define the program responsibilities.

EXECUTIVE · GOVERNANCE AND SPONSORSHIP

Agree program responsibilities

A platform can support consistent practice when the organisation agrees who owns the program, how members are informed and what happens when a concern is raised.

Executive

Executive sponsor

Approves adoption, resourcing and governance arrangements.

Program owner

Leads the daily workflow, configuration, training and response arrangements.

Privacy lead

Reviews data flows, member communications, retention and access responsibilities.

Build member confidence from the start

Explain why information is collected, who can see it and how it will be used. Adopt the scope statement and a privacy notice before going live. Involve the clinical lead in the exposure settings and the referral model, and agree how peers escalate concerns.

Use published guidance to review the design

The AFAC-endorsed *Good practice principles for tracking potentially traumatic event exposure and organisational responses in emergency services*, developed by Phoenix Australia with Natural Hazards Research Australia, offers a framework for reviewing purpose, design, collection, storage, analysis and evaluation.

Natural Hazards Research Australia, [good practice principles guide](#), released 2 December 2025.

Ideation Labs can provide its own mapping of CaseNote to the principles, including identified gaps. CaseNote is not endorsed by or affiliated with AFAC, Phoenix Australia or Natural Hazards Research Australia.

Start with a pilot. Agree a pilot with a defined group, clear ownership and review criteria. Use the results to decide the scope of rollout.

The Program owners section explains how the team records incidents, arranges support and follows up.

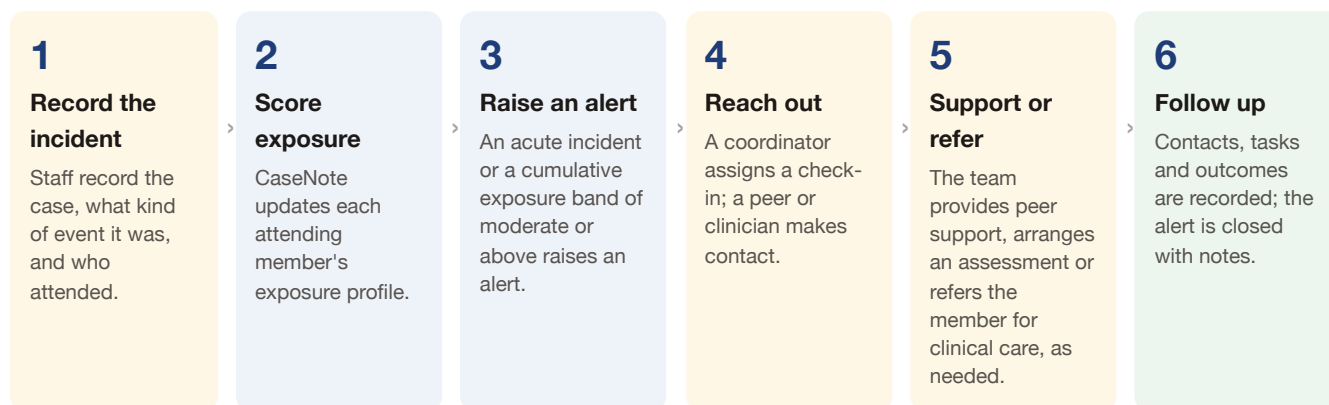
PROGRAM OWNERS · THE DAILY WORKFLOW

Incident recording and follow-up

CaseNote links incident recording, outreach and follow-up in one workflow. Coordinators organise the response; peers and practitioners work within their roles.

System does this
A person decides
Recorded as evidence

Program owners



Who does what

ROLE	WHAT THEY DO IN CASENOTE	WHAT THEY CAN SEE
Peer Support	Log contacts and wellbeing check-ins, raise concerns, complete assigned tasks	Members and peer notes, with clinical detail removed
Duty Officer	Senior peer role: triage concerns and coordinate the peer response	Peer information plus triage detail; clinical alerts only if your organisation enables it
Coordinator	Oversee the program: assign outreach, review referrals, supervise peers	Every member, peer notes and program reports; never clinical notes or scores
Practitioner	Clinical care: notes, assessments, care plans	Clinical records of their assigned members
Admin	Configure the system, manage users, run privacy processes	Full access for administration, with protected audit records
External provider	Complete tasks shared with them (for example an EAP)	Only what is explicitly shared, through a separate portal

A further **Custom** role can be given work-health-and-safety permissions only (such as managing hazard surveys) with no access to member records.

Start with the case record, then use the program views to coordinate the response.

PROGRAM OWNERS · CASE MANAGEMENT

Incident case records

The case list gives coordinators a starting point for incident-related work. Status, priority, tags and linked-member counts help the team find the record they need.

Cases

3 cases

New

In Progress

On Hold

Escalated

Fatality

LOD Death

Suicide

Body Recovery / Crime Scene

Self Harm

Mental Health Concern

Assault

Flood Rescue

DV

RCR

Missing Person

Land Rescue

Crash

Natural Disaster

Storm

Fire

Medical

Ambulance Assist

Welfare Check

General Support

Other

Call Off

Aviation

Animal Rescue

Burnover / Entrapment

Bushfire

Hazard Reduction

Hazmat

LARO

Search & Rescue

Storm Assist

Structure Fire

Vertical Rescue

CASE #	DATE	PRIORITY	STATUS	CLIENTS	TAGS
0042-10231	—	Pri 1	In Progress	2	RCR, Crash
0089-20145	—	Pri 1	In Progress	2	Natural Disaster
0123-30089	—	Pri 2	New	1	Self Harm

Showing 1-3 of 3

Show

20

50

100

<<

<

Page 1 of 1

>

>>

View closed cases in the Archive

Three synthetic cases illustrate the case list, search and filters. Each row brings together status, priority, incident tags and member counts.

Open the relevant case to review its details and linked members. Staff remain responsible for recording attendance and choosing the appropriate incident tags.

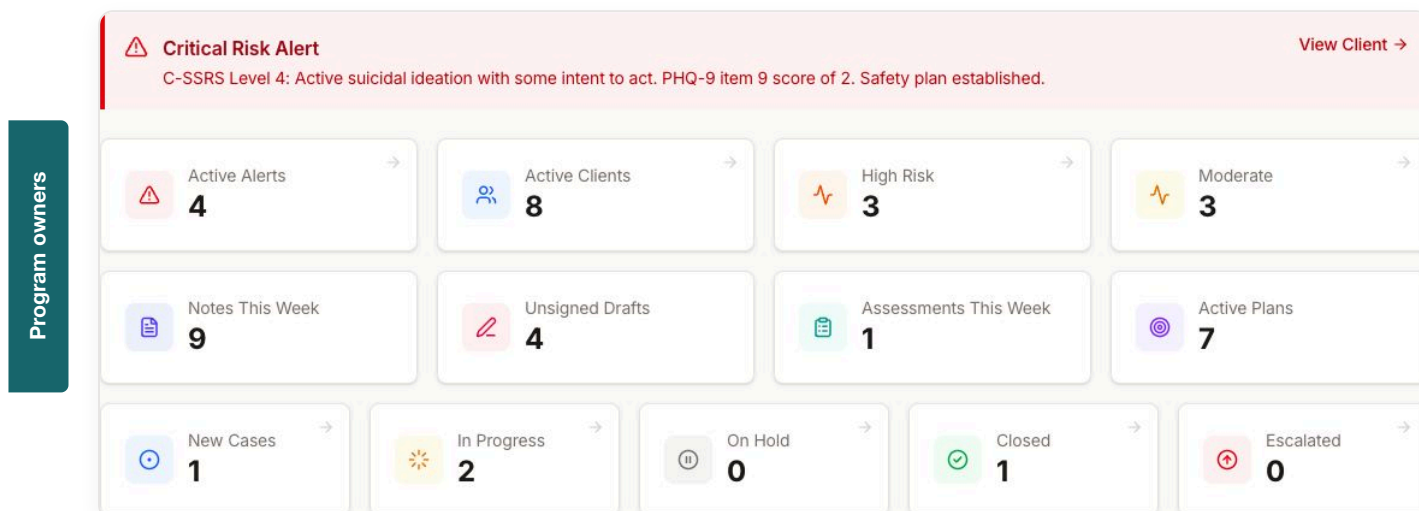
Demonstration captures · 4 October 2026 · Synthetic data.

The dashboard and exposure report then bring the wider pattern into view.

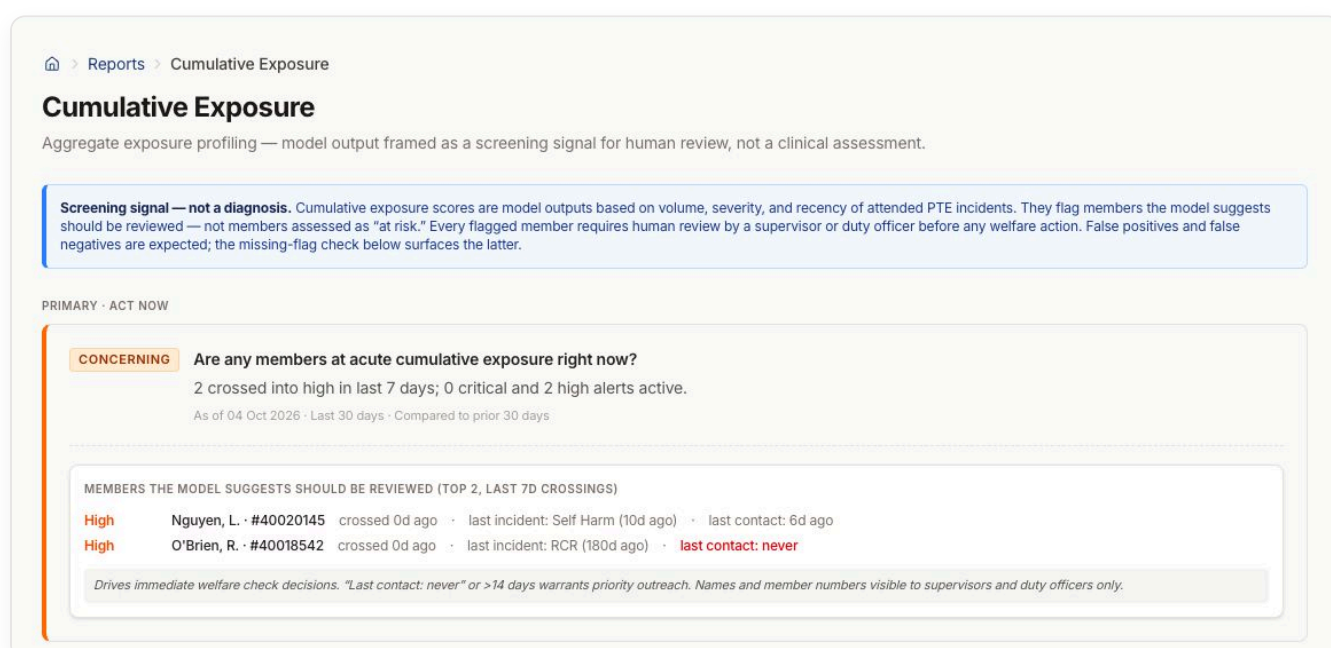
PROGRAM OWNERS · INSIDE THE PRODUCT

Dashboard and exposure reporting

The dashboard and exposure report show alerts, activity and recorded exposure. The examples use synthetic data and illustrate information available according to each user's role.



The administrator dashboard brings active alerts, member and care-activity counts, and case status together.



The cumulative exposure report shows exposure priorities and the date of each member's most recent recorded contact. Members with no recorded contact are easy to identify for follow-up.

A coordinator can assign a task to arrange the contact.

PROGRAM OWNERS · COORDINATED OUTREACH

Assign outreach and track progress

Once outreach is needed, coordinators can assign the work, set a due date and review progress. The task record keeps the instructions and discussion together.

Coordinator

Assign and track tasks for peer support, duty officer and co-ordinator staff.

[New bulk tasks](#)
[New task](#)

Pending
1

In progress
1

Overdue
1

Completed (30d)
1

Tasks needing attention

Welfare check-in with member after callout

high Overdue

Assigned to PeerSupport User

03/10/2026

The coordinator overview separates pending, in-progress, overdue and completed work, and brings overdue tasks into the attention list.

Welfare check-in with member after callout

high Pending Overdue

Instructions

Synthetic demonstration: check in with the member and record the outcome.

Shared records

No shared records on this task.

Discussion

Admin User Admin

Just now

Please prioritise this check-in today.

Add a comment...

Post comment

Assigned to
PeerSupport User
Peer Support

Assigned by
Admin User

Linked member
Liam Nguyen

Due
03/10/2026

Created
01/10/2026, 04:18 pm

Edit task

Reassign

Edit shared records

Cancellation reason (optional)

Cancel task

The task detail shows instructions, the assigned person, due date and discussion, with controls for updating the task.

Demonstration captures · 4 October 2026 · Synthetic data.

Assigned peer supporters receive their own task list, with the detail needed to carry out the work.

PROGRAM OWNERS · PEER SUPPORT

Peer tasks and contact logging

A peer supporter's own task list shows assigned work and its current status. After a contact, the quick log records the interaction without asking for clinical notes.

My Tasks

Tasks assigned to you by a coordinator.

Open (2)

Completed (1)

Welfare check-in with member after callout

high

Pending

Overdue

1 new comment

Assigned by Admin User

Due 03/10/2026
Created 01/10/2026

Arrange debrief session for the responding crew

normal

In progress

Assigned by Admin User

Due 05/10/2026
Created 02/10/2026

The peer supporter's My Tasks view shows an overdue welfare check-in, a debrief in progress and a new comment indicator.

Anonymous

Only contact time, method, category and zone are recorded.

Session Date

04/10/2026

End Time

05:21 pm

When did the contact end? Start time is calculated from the duration.

Duration (minutes)

30

Contact Method

Phone

In Person

Category

Select...

Zone

Select...

Submit

The anonymous contact form records date, end time, duration, method, category and zone, without a member identity.

Demonstration captures · 4 October 2026 · Synthetic data.

The recorded response helps coordinators see gaps in support and pressure on the peer workforce.

PROGRAM OWNERS · SUPPORT GAPS AND PEER WELLBEING

Monitor follow-up and peer workload

Beyond the core exposure alerts, optional modules help your team notice lapses in support, changes in assessment results and workload pressures on peer supporters.

Early warning (optional module)

SIGNAL	WHAT IT LOOKS FOR
Support gap	A member with a high or critical risk level and no recorded peer contact for 14 days (adjustable)
Worsening trend	The same questionnaire scoring worse across three or more assessments
Compound risk	A high exposure alert <i>and</i> a high recent assessment for the same member
Wellbeing pulses	Short WHO-5 check-ins at 48 hours, 14 days and 28 days after an acute event
Trend projection	A rules-based projection of where exposure is heading (no machine learning)

Program owners

Looking after the peer supporters

Peer supporters also need support when helping colleagues after traumatic incidents. CaseNote records contact and escalation counts for review by the peer supporter and their supervisor. These are welfare indicators, not performance measures.

WORKLOAD SIGNAL (DEFAULT)	ELEVATED AT	HIGH AT
Contacts in the last week	8	15
Contacts in the last 30 days	30	55
Escalations handled in 30 days	3	6
Contacts with incident-affected members in 30 days	5	10

Alongside this, a self-care snapshot shows weekly support hours (amber from 6 hours, red from 10), hours spent on contacts involving traumatic experiences (amber from 2, red from 4) and consecutive active days (amber from 5, red from 7). The system also tracks whether supervision and training are up to date.

Choose the modules and recording arrangements that fit your program before configuration.

Modules and incident recording

The core workflow can be extended to suit your response model. Agree which capabilities your team needs and who is responsible for maintaining incident records.

Modules you can switch on

CaseNote is modular. Each organisation chooses what it needs, and module settings can be changed without reinstalling the system.

Program owners

Core

Members, cases and exposure scoring, alerts, peer support, notes, assessments, care plans, referrals, tasks, reports, audit.

Early warning

Support-gap alerts, worsening-trend alerts, combined exposure-and-assessment alerts, trend projection, scheduled wellbeing pulses after a severe event.

Workforce and WHS

Peer training status, supervision tracking, team health heatmap, an anonymous psychosocial hazard survey informed by ISO 45003, external-provider portal.

Reliable incident entry

What if someone was called off before arriving?

Mark them as called off and the incident stops counting for them. If a case is reclassified as not a PTE, close it with that status and it stops counting for everyone.

Do we have to re-type incidents from our operational system?

Today, staff enter cases in CaseNote. An integration with your operational incident system can be developed as a separate project to transfer incident and attendance data.

[The Clinical section explains how incident records are classified and scored for exposure review.](#)

CLINICAL · INCIDENT CLASSIFICATION

Classifying recorded exposure

CaseNote describes incidents using tags from a catalogue your organisation controls. Consistent recording gives practitioners an exposure history they can examine alongside clinical information.

The tag catalogue

Each tag names a kind of event (fatality, road crash rescue, flood rescue, structure fire, and so on) and carries two settings:

- **A weight from 0 to 5:** how heavily the event counts towards cumulative exposure. A fatality is 5, a vehicle crash with no one trapped is 2, a storm-damage job is 1.
- **An acute flag:** whether the tag triggers a welfare alert after a single counted incident. By default these are fatality, line-of-duty death, suicide, body recovery, self-harm and turnover.

CaseNote ships with a catalogue of 33 emergency-service tags. Your administrators can adjust weights, add tags or retire them, and every change is audited.

How tags are applied. The person recording the case picks the tags that describe it. A single incident can carry several, for example *fatality* and *crash*. Where an organisation connects its operational incident system, the catalogue's trigger phrases can tag incoming incidents automatically; that connection is delivered as an integration project. A coverage report identifies untagged incidents that still need classification.

Use consistent incident labels. A consistent label is what lets the system apply the same classification rules across recorded histories. The chosen tags, rather than differences in narrative wording, determine how the incident contributes.

Active Tags (33)

Weights drive cumulative-exposure severity. Acute tags trigger immediate alerts.

CODE	LABEL	DESCRIPTION	WEIGHT	ACUTE	TRIGGERS	
Edit	fatality	Fatality	Fatal Incident	5.0	ACUTE	{(fatality fatal death deceased died)}
Edit	lod_death	LOD Death	Line of Duty Death	5.0	ACUTE	{(lod line of-duty killed)}
Edit	suicide	Suicide	Suicide or Attempt	5.0	ACUTE	{(suicide suicidal jumped suicide)}
Edit	body_recovery	Body Recovery / Crime Scene	Police-assist body retrieval, crime scene pr...	5.0	ACUTE	{(body recovery crime scene)}
Edit	self_harm	Self Harm	Self Harm Incident	4.0	ACUTE	{(self harm attempt suicide)}
Edit	mental_health_concern	Mental Health Concern	Non-suicidal mental health crisis or assess...	2.0		{(mental health concern crisis assessment)}
Edit	assault	Assault	Physical Assault	4.0		{(assault attacked struck beat)}
Edit	flood_rescue	Flood Rescue	Flood Rescue / Swift Water	4.0		{(flood rescue swift water)}
Edit	dv	DV	Domestic Violence	3.0		{(domestic violence assault)}
Edit	rcr	RCR	Road Crash Rescue — Persons Trapped	3.0		{(road crash rescue trapped)}
Edit	missing_person	Missing Person	Land search / SAR / missing or overdue per...	2.0		{(missing person search overdue per)}
Edit	land_rescue	Land Rescue	General Land Rescue / Search	2.0		{(land rescue search general)}
Edit	crash	Crash	Vehicle Accident — No Persons Trapped	2.0		{(vehicle accident collision no trapped)}
Edit	natural_disaster	Natural Disaster	Natural Disaster	2.0		{(natural disaster event catastrophe)}
Edit	storm	Storm	Storm Damage / Severe Weather	1.0		{(storm damage severe weather)}

Part of the default tag catalogue, with weights and acute flags. Weights are a starting point for your clinical lead to review, not a clinical standard.

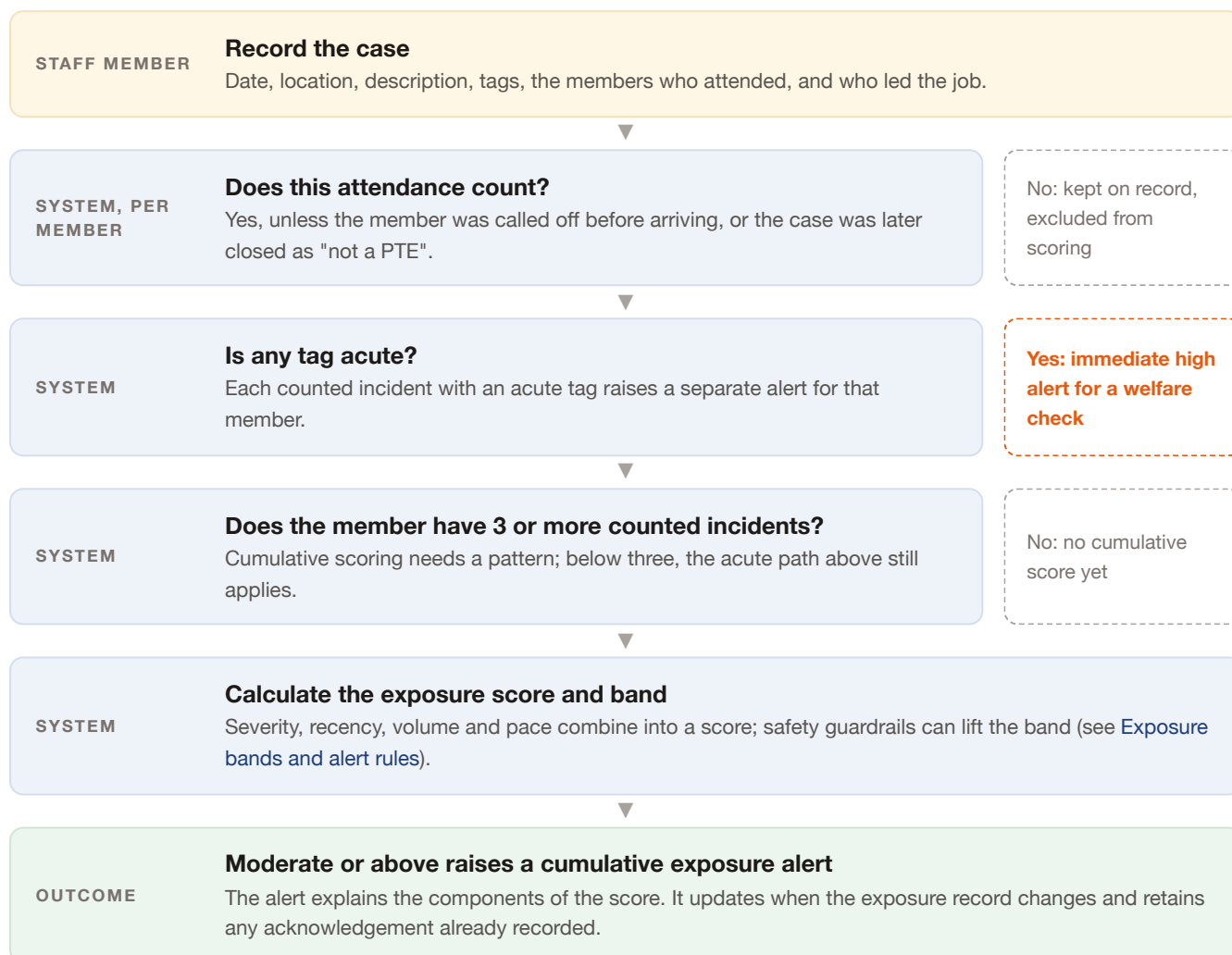
The classification flow on the next page shows how tags, attendance and review status determine what counts.

CLINICAL · WHAT COUNTS AS EXPOSURE

The classification flow

What happens, member by member, each time a case is saved or changed.

☐ System does this
 ☐ A person decides
 ☐ Outcome



Corrections flow through automatically: unlinking a member, marking them called off or re-classifying a case recalculates exposure for the affected members.

Counted incidents determine the four components of the cumulative exposure score.

CLINICAL · THE SCORING METHOD

Calculating cumulative exposure

The cumulative exposure score combines incident severity, recency, volume and pace. Severity has a 50% weight in the formula.

Severity
50%

Recency
30%

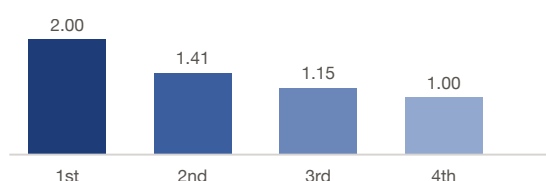
Volume
10%

Pace
10%

score = 0.50 × severity + 0.30 × recency + 0.10 × volume + 0.10 × pace
rounded to two decimal places

Severity

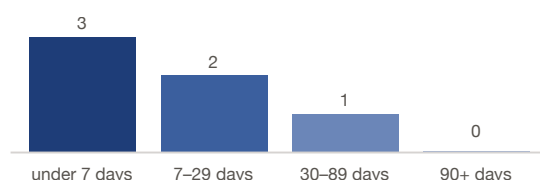
Add up the weights of the tags on every counted incident. Repeated incidents of the same type make a smaller contribution each time (the second counts $1/\sqrt{2}$ of its weight, the third $1/\sqrt{3}$), so repeated incidents contribute to the score at a decreasing rate. If the member led the response, that incident counts 25% more to account for command responsibility.



Four vehicle crashes (weight 2): 2.00 + 1.41 + 1.15 + 1.00 = 5.57, not 8.

Recency

Based on the member's most recent counted incident. During recalculation, more recent incidents receive a higher recency value.



Clinical

Volume

The number of counted incidents, on a "doubling" scale ($\log_2$): 2 incidents score 1, 4 score 2, 8 score 3, 16 score 4. Each doubling adds 1 to the volume component.

INCIDENTS	1	2	3	4	8	16
SCORE	0	1	1.58	2	3	4

Pace

The average gap between incidents. Shorter gaps produce a higher pace value. If recent gaps are less than 60% of the earlier gaps, the exposure is **accelerating** and the pace score is multiplied by 1.5.

AVERAGE GAP	< 7 d	7–13 d	14–29 d	30–89 d	90 d +
SCORE	4	3	2	1	0.5

The score determines an exposure band. Additional alert rules apply to acute incidents and the patterns described next.

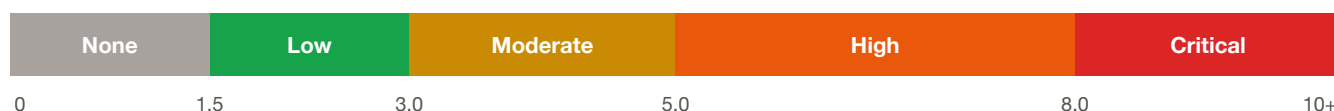
[Contents](#)

CLINICAL · BANDS AND GUARDRAILS

Exposure bands and alert rules

Five bands

The score places the member in one of five bands. The same numerical score thresholds apply across organisations. Incident weights and guardrail settings remain configurable.



A band of **moderate or above** raises a cumulative exposure alert for a person to review.

Safety guardrails

A weighted average can understate some patterns of recorded exposure. Four guardrails can lift the band (never lower it). The score itself is unchanged; the alert says which guardrail applied.

GUARDRAIL	TRIGGERS WHEN	LIFTS THE BAND TO AT LEAST
Heavy severity	Severity total of 10 or more, across 3 or more incidents	High
Accelerating	Shortening intervals across 4 or more incidents	High
Recent suicide or line-of-duty death	Within the last 7 days, with 3 or more incidents	High
Rapid succession	3 or more incidents within 14 days	Critical

These are the defaults. Your administrators can adjust or disable each guardrail; the band cut-points stay fixed.

Alerts after a single acute incident

A counted incident with an acute tag (for example a fatality) raises a high alert immediately, including a member's first recorded incident. The alert does not depend on the cumulative score. It prompts the team to arrange a welfare check under the organisation's response protocol.

Interpret the score within its limits

The score measures recorded exposure. It does not diagnose a condition or predict harm. Its explicit rules support prioritisation and can be checked by hand.

Unrecorded incidents cannot contribute. Severity covers the whole history; recency reduces with elapsed time. Scores refresh when a member's record changes, rather than on a daily timer.

The alert view shows how authorised users review a signal and record their response.

CLINICAL · CLINICAL REVIEW

Review alerts and record follow-up

The alert view brings the trigger and review status together. Acknowledgement records that an alert has been reviewed; the resolution note documents the follow-up recorded by the authorised user.


Critical Risk Alert
Member
Assessment

C-SSRS Level 4: Active suicidal ideation with some intent to act. PHQ-9 item 9 score of 2. Safety plan established.

6 Sept 2026, 05:12 pm

Acknowledge

View Member →


High Risk Alert
Member
Acute Exposure

ACUTE EXPOSURE: Member linked to self_harm incident 0123-30089. Proactive welfare check recommended.

4 Oct 2026, 05:12 pm

Acknowledge

Active alerts identify the assessment or exposure trigger, severity and date, with a route to the member record.


Critical Risk Alert
Member
Assessment

PHQ-9 score 18 (Moderately Severe). Item 9 score 2 - active suicidal ideation. Immediate safety assessment completed.

6 Sept 2026, 05:12 pm

Acknowledged

by 4a8db018-8f9d-48b4-982f-817086090c90

7 Sept, 05:12 pm

Resolution Notes

Describe the resolution steps taken...

Resolve Alert

An acknowledged alert retains its trigger and acknowledgement details. The resolution field records the follow-up; it is separate from the exposure score.

Apply the agreed review protocol. The alert supports clinical triage and follow-through. Its status records activity in CaseNote and does not establish that a member is safe or that treatment has succeeded.

Demonstration captures · 4 October 2026 · Synthetic data.

The worked examples that follow show why different incident histories produce different exposure signals.

CLINICAL · WORKED EXAMPLES

Exposure scoring examples

These fictional examples use CaseNote's default scoring settings as at 1 October 2026. Automated tests verify the calculations against the product's scoring code.

MEMBER	COUNTED INCIDENTS	SEVERITY	RECENCY	VOLUME	PACE	SCORE	RESULT
A · "Alex" one acute incident	A single fatal crash, tagged <i>fatality</i> and <i>crash</i>	no cumulative score: fewer than 3 incidents					High acute path, immediately
B · "Sam" spaced incidents	3 vehicle crashes, 60, 30 and 1 days ago	4.57	3	1.58	2	3.54	Moderate
C · "Jo" clustered incidents	The same 3 crashes, but 12, 6 and 1 days ago	4.57	3	1.58	4	3.74	Critical rapid-succession guardrail
D · "Priya" shorter intervals	Crash 90 days ago, fire 45, flood rescue 20, crash 5	9.41	3	2	3	6.11	High
E · "Chris" severe history	Storm (150 days), crash (100), structure fire (60), fatal crash as team leader (20), self-harm (3)	18.02	3	2.32	1	10.24	Critical

Sam's score calculation

```

severity 2 + 2/√2 + 2/√3 = 4.57 × 0.50 = 2.285
recency last incident 1 day ago = 3 × 0.30 = 0.900
volume log2(3) = 1.58 × 0.10 = 0.158
pace average gap 29.5 days = 2 × 0.10 = 0.200
score = 3.54 → Moderate

```

What the examples show

Sam and Jo

The same three crashes give scores only 0.20 apart. Jo's three incidents within 14 days trigger the rapid-succession guardrail and lift the band to critical. Recalculation after 15 days with no new incidents gives 3.44 (moderate), as recency reduces and the guardrail no longer applies.

Priya and Chris

Priya's shrinking gaps trigger the accelerating pattern. Chris's leadership weighting lifts the score from 9.44 to 10.24. After 60 days with no new incidents, recalculation still gives 9.64 because the earlier severe incidents remain in the history.

Recorded exposure is one part of the picture. Assessments and clinical judgement add the member's current context.

[Contents](#)

CLINICAL · ASSESSMENTS AND CLINICAL REVIEW

Clinical risk and assessment results

CaseNote brings exposure and clinical information together for authorised practitioners. A member's displayed overall risk is the highest risk level from their open alerts, most recent clinical assessment and any risk level set manually by a clinician. A lower result does not reduce a higher risk level from another source.

Clinical assessments

Nine recognised questionnaires can be completed in session or privately on a member's own device, without an account, through a secure one-time link that expires after 72 hours. The same questionnaire's history supports review of changes over time.

QUESTIONNAIRE	WHAT IT LOOKS AT	QUESTIONNAIRE	WHAT IT LOOKS AT
PHQ-9	Depression	PCL-5	Post-traumatic stress symptoms
GAD-7	Anxiety	C-SSRS	Suicide risk screening
K10	Psychological distress	WHO-5 *	General wellbeing
DASS-21	Depression, anxiety and stress	ProQOL-5 *	Burnout and secondary trauma in helpers
		CBI *	Burnout (Copenhagen Burnout Inventory)

* Occupational wellbeing measures, available as an optional module. Their scores do not feed a member's clinical risk level directly; any alert they trigger contributes to overall risk in the same way as other open alerts.

Example: how a PHQ-9 is scored

The published PHQ-9 bands are used unchanged: 0–4 minimal, 5–9 mild, 10–14 moderate, 15–19 moderately severe, 20–27 severe. A total of 12 is **moderate**.

Question 9 asks about thoughts of self-harm. **Any** answer above "not at all" raises a flag for clinical follow-up, whatever the total. By default, CaseNote raises a critical risk alert for a score of 2 or more on that question. The alert appears when the form is submitted.

Configure alert thresholds

Your clinical lead can adjust the scores that trigger alerts within each questionnaire's allowed range. The published scoring bands cannot be changed, and suicide-risk safeguards cannot be disabled.

The member's assessment history makes those results available together for clinical review.

CLINICAL · ASSESSMENT HISTORY

Review assessment history

The assessment history brings recorded results together in the member profile. Clinicians can review the instrument, completion date and score before deciding what needs further discussion.

Clinical

Assessments

6 assessments administered

+ New Assessment

PCL-5

Low

27/09/2026, 05:12 pm

Score: 30

Total score 30 - improvement from 50. Below clinical cutoff. Clusters B and E sti...

C-SSRS Screener

Low

20/09/2026, 05:12 pm

Score: 2

Ideation level reduced from 4 to 2. Intensity decreased. Positive response to tre...

PHQ-9

Moderate

20/09/2026, 05:12 pm

Score: 13

item9: 1

Score 13 - Moderate depression. Improvement from previous assessment. Item ...

C-SSRS Screener

High

06/09/2026, 05:12 pm

Score: 4

Active suicidal ideation with some intent to act (Level 4). High intensity ratings. ...

PHQ-9

Critical

06/09/2026, 05:12 pm

Score: 18

item9: 2

Score 18 - Moderately Severe depression. Item 9 score of 2 indicates active sui...

PCL-5

High

06/09/2026, 05:12 pm

Score: 50

Total score 50 - above clinical cutoff (33). All cluster criteria met. Provisional PT...

Send Assessment Link

Email a one-time assessment link to the member

Select instrument...

Send Link

The synthetic member's assessment history displays dated results across several instruments, followed by the form for sending a new assessment link.

Demonstration captures · 4 October 2026 · Synthetic data.

The clinical note records the practitioner's assessment and plan alongside these supporting results.

CLINICAL · CLINICAL DOCUMENTATION

Record clinical notes and addenda

Authorised users can write structured notes in the member's record. Clinicians can draft session notes, sign completed notes and record later information in an addendum.

New Session Note

Session Details

Contact Date *

04/10/2026

Note Format *

SOAP

DAP

Freetext

SOAP Note

Subjective, Objective, Assessment, Plan

S — Subjective

Member's reported symptoms, feelings, and concerns

Synthetic example: member reports improved sleep following a post-incident debrief and would like a follow-up check-in next week.

The note editor offers SOAP, DAP and free-text formats, with session details and a subjective entry shown here.

SOAP Note

Signed
Session: 13/09/2026
Signed: 13/09/2026, 05:12 pm

SOAP Note

Subjective, Objective, Assessment, Plan

S — Subjective

Client reports some reduction in nightmares (3 per week, down from 5). Started GP-prescribed sertraline 50mg two days ago. Reports nausea as side effect. Alcohol consumption slightly reduced (4-5 drinks per evening). States "I tried to go to the BBQ but left after 20 minutes - too many people."

O — Objective

Affect slightly improved from last session. Maintained intermittent eye contact. No tremor observed. More engaged in conversation. Reports compliance with medication.

A — Assessment

Marginal improvement in nightmare frequency. Medication side effects expected to settle. Social avoidance remains significant. Alcohol reduction is positive but consumption still elevated.

P — Plan

1. Begin trauma narrative work (session 1 of prolonged exposure). 2. Monitor medication side effects. 3. Introduce relaxation techniques for sleep hygiene. 4. Review alcohol use diary next session.

Add Addendum

A signed SOAP note displays its Subjective, Objective, Assessment and Plan sections, signing details and the Add Addendum action.

Demonstration captures · 4 October 2026 · Synthetic data.

With the workflow and clinical approach understood, Procurement can assess implementation, access and the engagement.

PROCUREMENT · IMPLEMENTATION

Phased implementation

Implementation brings your operating model and clinical settings into a configured service. Start with a defined pilot group, test incident recording through follow-up and decide when to expand.

PHASE	WHO	WHAT HAPPENS	DECISION TO MOVE ON
0 · Set up	Steering group	Governance agreed, your organisation's service configured, privacy and security review, configuration decisions made	Each item signed off
1 · Pilot	Program staff and coordinators	Launch with a defined pilot group; starting measures recorded; first aggregate report to leadership	Agreed uptake and response measures; privacy issues reviewed
2 · Roll out	Peer supporters and members, by team or region	Onboarding in waves, training, first full quarter of leadership reporting	Handover to routine operation

If you decide not to continue after the pilot, your data is exported to you or deleted on request.

Decisions we will make together

- Which modules to switch on
- Your tag catalogue and weights, reviewed by your clinical lead
- Guardrail settings and assessment alert thresholds
- Whether peer supporters use multi-factor sign-in
- Who holds each role, and how teams and regions are set up
- How existing member and incident data is brought in
- Adopting the scope statement and your privacy notice
- Retention periods and who handles access requests

Account and permission setup turns those role decisions into access to the service.

PROCUREMENT · ACCESS CONFIGURATION

Set user roles and permissions

Implementation includes creating accounts, selecting roles and confirming who may perform each task. Work-health-and-safety access can be configured separately from access to member records.

USER	ACCESS	ACCOUNT ACCESS	SETUP / INVITATION	MFA	LAST LOGIN	ACTIONS
PeerSupport User peersupport@member.example.test	Peer Support	Enabled Workforce: Active	Setup complete	Not configured	04/10/2026	...
DutyOfficer User dutyofficer@member.example.test	Duty Officer	Enabled Workforce: Active	Setup complete	Not configured	04/10/2026	...
Clinician Two clinician2@example.test	Practitioner	Enabled	Setup complete	Not configured	04/10/2026	...
Clinician User clinician@example.test	Practitioner	Enabled	Setup complete	Not configured	04/10/2026	...
Admin User admin@example.test	Admin	Enabled	Setup complete	Configured	04/10/2026	Edit
Coordinator User coordinator@example.test	Co-ordinator	Enabled	Setup complete	Not configured	03/10/2026	...

The account list shows roles, account state and MFA enrolment status. This demonstration includes accounts awaiting MFA configuration.

Permissions

Manage includes View; turn off Manage before removing View.

Zones & units
☐ View
☐ Manage

Teams
☐ View
☐ Manage

Hazard surveys
☐ View
☐ Manage

Hazard survey results
☐ View results

Proposed access

WHS profile: New WHS profile

- No WHS permissions selected

No member, clinical, peer-program, settings or user-management access.

[Create WHS profile](#)

A WHS-only profile selects survey and reporting permissions and summarises the proposed access. It does not grant access to member records.

Demonstration captures · 4 October 2026 · Synthetic data.

These access decisions form part of the assurance review, alongside hosting, encryption and audit controls.

PROCUREMENT · PRIVACY AND SECURITY ASSURANCE

Review the service and its safeguards

CaseNote handles sensitive welfare and clinical information. Review the hosting, access and assurance arrangements with your privacy and security teams before going live.

Separate service

Each organisation runs on its own isolated application, database and master encryption key. Member records are isolated between organisations.

Encrypted

Sensitive fields are encrypted with AES-256-GCM, each record under its own key. Sensitive encrypted fields cannot be read from a database copy without the corresponding keys.

Australian

Application, databases, backups and keys are designed for Sydney hosting. Tenant email uses an Australian service region; notification titles follow a no-PII authoring convention. Public enquiries and Cloudflare's global edge have separate processing arrangements.

Role-based access

Peer roles and coordinators cannot read clinical detail. Practitioners see their assigned members. These access restrictions apply when records are requested, as well as to the screens users can open.

Audited

Protected audit records capture actors, actions and changed field names. Unusual access patterns can raise alerts. Complete coverage of every action is not claimed.

Data export and exit

Export your data at any time. Exit arrangements cover export, removal of the tenant and destruction of its encryption key.

Sign-in uses strong password hashing and authenticator-app multi-factor authentication for clinical and administrative roles; your organisation decides whether peer supporters use it too. Team reports suppress small counts to reduce identification risk, and an optional mode shows pseudonyms instead of names on the alerts screen.

Security assurance. CaseNote does not currently have ISO 27001 certification, a SOC 2 report or an IRAP assessment. Its controls are documented and verified internally against the code, with known gaps documented. Your security and privacy reviewers can request the full security pack and our completed security questionnaire.

Confirm these controls and responsibilities alongside the service scope and exit arrangements.

PROCUREMENT · SCOPE AND COMMERCIAL ARRANGEMENTS

Service scope and commercial arrangements

The service scope, implementation work and commercial terms are agreed with your organisation. Pricing is provided through a direct discussion with Ideation Labs.

Define the service scope

Discuss the size and structure of your program, the modules you need, onboarding and training, and any migration or integration work. Confirm hosting, maintenance, support and storage arrangements in the engagement documentation.

Your organisation

Provides program ownership, clinical review of settings, privacy decisions, staff participation and the operational response to alerts.

Ideation Labs

Works with your team on service setup, agreed configuration, onboarding and the support arrangements documented for your engagement.

Keep ownership and exit clear

Your organisation retains ownership of its data. It can be exported, and contract-end arrangements cover an encrypted export, removal of the system and destruction of its encryption key. Agree the handling of exports and retention obligations before rollout.

Source-code escrow can be discussed as part of continuity arrangements.

Discuss commercial terms directly

Ideation Labs can prepare a proposal based on your program's requirements and the agreed service scope.

Arrange a demonstration. Bring your program owner and clinical or procurement colleagues. We can walk through incident recording, outreach, clinical review and reporting using synthetic data, then discuss the scope of a pilot.

Use the contact details on the back page to arrange the next conversation.

ALL READERS · CONTACT AND REFERENCE

Discuss your program with Ideation Labs

See how CaseNote could support your organisation's exposure-tracking and wellbeing program.

In a demonstration, we can follow an incident through classification, exposure alerts, assigned outreach and clinical follow-up. Your team can examine the workflow, ask about role boundaries and identify what a pilot would need to prove.

Contact Andrew Rogers

Owner, Ideation Labs

andrew@ideationlabs.com.au

0452 068 267

casenote.net

CaseNote terms at a glance

Member	A paid staff member or volunteer supported by your program.
Tag	An incident label with a severity weight and, where relevant, an acute flag.
Band	The exposure category assigned by the score and applicable guardrails.
Guardrail	A rule that can lift the exposure band when the weighted score understates a recorded pattern.
Alert	A prompt for a person to review and follow up, with acknowledgement and closure recorded.
Scope statement	The policy defining permitted and prohibited uses of exposure data.

CaseNote · Ideation Labs · October 2026

Product configuration and engagement scope are agreed with your organisation. Demonstration images contain synthetic data.