

CLIENT BRIEFING

CaseNote for exposure tracking and wellbeing

Case management for emergency-service peer-support and wellbeing programs.

INTRODUCTION

CaseNote capabilities

1 • Exposure tracking

Counted incidents contribute to the exposure score.
One acute incident raises an immediate welfare alert.

2 • Clinical assessment

Nine recognised questionnaires, completed on any device and scored instantly, with safety rules that flag results for clinical follow-up.

3 • Peer support with restricted clinical access

Fast contact logging and escalation. Clinical detail is removed from what peer roles can read.

4 • Reporting and audit

Nine reporting areas, small groups suppressed, and protected audit records to support review of recorded activity.

EXECUTIVE

Connect cumulative exposure to a response

In the Benjamin Edward Warren findings of 1 October 2026, State Coroner Naomi Kereru recommended that SAPOL implement an electronic platform to record and flag repeated exposure to potentially traumatic taskings.

CaseNote captures and flags

Incident attendance, cumulative exposure profiles and explainable alerts for review.

CaseNote records the response

Assigned outreach, contact records, referrals and follow-up in the program workflow.

Recommendations Two and Three concern SAPOL and connect exposure thresholds with external psychological or psychiatric reviews. They do not endorse CaseNote or establish a universal purchasing requirement.

[Benjamin Edward Warren \[2026\] SACC 44, paragraphs 236 and 249.](#)

EXECUTIVE

Permitted and prohibited uses of exposure data

Permitted

- Proactive welfare support
- Looking after peer supporters
- Identifying members with high exposure and no recorded contact
- Prioritising support where exposure is concentrated
- Reporting on welfare activity in aggregate

Forbidden

- Performance review or capability assessment
- Discipline, promotion or ranking
- Attendance management or rostering
- Fitness-for-duty decisions
- Surveillance or action against the worker

Set out in the PTE Tracking Scope Statement your organisation adopts at go-live, and repeated on screen in reports.

PROGRAM OWNERS

Incident recording and follow-up

 System  A person decides  Recorded as evidence

1**Record the incident**

The case, its tags, and who attended (and who led).

2**Score exposure**

Each attending member's profile is updated.

3**Raise an alert**

An acute incident or a cumulative band of moderate or above creates an alert.

4**Reach out**

A coordinator assigns a check-in; a peer or clinician calls.

5**Support or refer**

Peer support, a questionnaire, or clinical care.

6**Follow up**

Contacts and outcomes recorded; the alert closed with notes.

PROGRAM OWNERS

Exposure reporting and peer tasks

Quick Contact Log

Log a peer support contact and record the time

Self-care snapshotOn track

My Tasks (2 open)

1 overdue

1 new

Welfare check-in with member after callout

high

Overdue

1 new

Arrange debrief session for the responding crew

normal

View all →

03/10/2026

From Admin User

05/10/2026

Left: the cumulative exposure report identifies members with high exposure and their most recent recorded contact. Right: a peer supporter's assigned check-ins and self-care snapshot. Synthetic data.

PROGRAM OWNERS

Keep support gaps and peer workload visible

Optional early warning

Support gaps, worsening assessment trends, compound signals and scheduled wellbeing pulses help teams identify who needs a review.

Peer workforce support

Contact workload and support hours inform welfare conversations with peers and supervisors. The system also shows whether supervision and training are up to date.

Choose modules and recording responsibilities to fit your program. Cases are entered in CaseNote today; operational incident-system connections are separate integration projects.

CLINICAL

Classifying recorded exposure

Record and tag

Pick tags from your catalogue: each has a weight (0–5) and may be marked acute.

Does it count?

Not if the member was called off, or the case is closed as "not a PTE".

Acute?

A fatality, suicide, line-of-duty death, body recovery, self-harm or burnover raises a high alert at once.

Three or more?

Cumulative scoring needs a pattern of at least three counted incidents.

Score and band

Moderate or above raises a cumulative alert that identifies the score components.

CaseNote ships with **33 emergency-service tags**. Your clinical lead reviews the weights; administrators can change them, and every change is audited.

Where your operational incident system is connected (an integration project), its incidents can be tagged automatically from trigger phrases.

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	\b(fatality fatal death deceased d
Edit	lod_death	LOD Death	Line of Duty Death	5.0	ACUTE	\b(lod line[s-]of[s-]duty killed'
Edit	suicide	Suicide	Suicide or Attempt	5.0	ACUTE	\b(suicide suicidal jumped[s-]?of
Edit	body_recovery	Body Recovery / Crime Scene	Police-assist body retrieval, crime scene pr...	5.0	ACUTE	\b(body\s*(?:retrieval recovery) h
Edit	self_harm	Self Harm	Self Harm Incident	4.0	ACUTE	\b(self[s-]?harm self[s-]?inflic
Edit	mental_health_concern	Mental Health Concern	Non-suicidal mental health crisis or assess...	2.0	—	\b(mental\s*health\s*(?:concern cr

CLINICAL

Calculating cumulative exposure

Severity 50%

Recency 30%

Volume
10%

Pace
10%

Severity

Sum of tag weights. Repeated incidents make a smaller contribution each time ($1/\sqrt{n}$). Leading the response counts 25% more.

Recency

Last incident under 7 days scores 3; under 30 days, 2; under 90 days, 1; older, 0.

Volume

Incident count on a doubling scale: 2 incidents score 1, 4 score 2, 8 score 3.

Pace

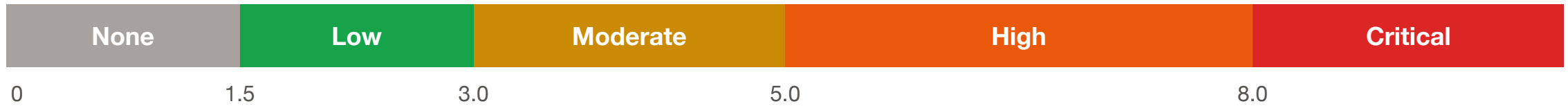
Average gap: under 7 days scores 4, down to 0.5 at 90+. An accelerating pattern multiplies the pace value by 1.5.

$$\text{score} = 0.50 \times \text{severity} + 0.30 \times \text{recency} + 0.10 \times \text{volume} + 0.10 \times \text{pace}$$

The calculation uses fixed rules that can be checked by hand, without machine learning.

CLINICAL

Exposure bands and alert rules



GUARDRAIL (CAN ONLY LIFT THE BAND)	MINIMUM
Severity 10+ across 3+ incidents	High
Accelerating, across 4+ incidents	High
Suicide or line-of-duty death in last 7 days	High
3+ incidents within 14 days	Critical

Single acute incidents

One counted acute incident raises a high alert immediately, even if it is the member's first recorded incident. The alert prompts the team to arrange a welfare check.

CLINICAL

Incident timing and exposure bands

MEMBER	THREE VEHICLE CRASHES	SEVERITY	RECENCY	VOLUME	PACE	SCORE	BAND
Sam	60, 30 and 1 days ago	4.57	3	1.58	2	3.54	Moderate
Jo	12, 6 and 1 days ago	4.57	3	1.58	4	3.74	Critical
Jo, 15 days later	nothing new	4.57	2	1.58	4	3.44	Moderate

Sam and Jo have the same incident types, with scores 0.20 apart. Jo's three incidents within 14 days trigger the rapid-succession guardrail and lift the band to critical.

Recalculation 15 days later, with no new recorded incidents, gives 3.44 (moderate). Recency reduces and the rapid-succession guardrail no longer applies.

Produced by CaseNote's own scoring code with default settings; automated tests verify the calculations against the product.

CLINICAL

Clinical risk and assessment results

The displayed overall risk is the highest risk level from open alerts, the most recent clinical assessment and any risk level set manually by a clinician.

Assessments

Nine recognised questionnaires can be completed in session or through a secure one-time link. Published scoring bands remain unchanged.

Clinical judgement

Exposure indicates what is recorded, not a diagnosis. Practitioners assess the person and determine the appropriate support.

Occupational wellbeing questionnaires are optional; their scores do not directly determine clinical risk. Any alert they trigger contributes to overall risk in the same way as other open alerts.

PROCUREMENT

Privacy and security controls

Separate service

Isolated application, database and master key for each organisation.

Encrypted

Sensitive identifiers and clinical content encrypted with AES-256-GCM.

Australian

Hosting, backups and key store in Sydney.

Access by role

Peer roles and coordinators cannot read clinical detail; enforced in the data layer.

Audited

Protected audit records capture actors, actions and changed field names.

Data export and exit

Export any time; on exit, your key is destroyed.

CaseNote has no ISO 27001 certification, SOC 2 report or IRAP assessment. The security pack documents its controls and known gaps for your reviewers.

PROCUREMENT

Phased implementation

0 • Set up

Governance agreed, your service configured, privacy review, configuration decisions.

1 • Pilot

A defined pilot group goes live; starting measures recorded; first leadership report.

2 • Roll out

Peer supporters and members onboarded by team or region, with training.

What we ask of you

An executive sponsor, a program owner with time for set-up, and a privacy lead.

Commercial arrangements

Service scope, onboarding and commercial terms are agreed with your organisation. Pricing is available through a direct discussion with Ideation Labs.

CONTACT

Arrange a demonstration for your program.

See the workflow using synthetic demonstration data.

Andrew Rogers, Owner · andrew@ideationlabs.com.au · 0452 068 267