



# Draft code of practice managing the risks to psychological health

**SAFEWORK NSW**



Notice of that approval was published in the NSW Government Gazette referring to this code of practice as **XX of XX 202X**. This code of practice commenced **on xx of XX 202X**. Subsequent amendments under section 274 (2) of the **Work Health and Safety Act 2011** (the WHS Act) have been published and commenced as detailed in the list of amendments contained in this code.

### **Disclaimer**

This publication avoids the use of legal language, with information about the law summarised or expressed in general statements. The information in this document should not be relied upon as a substitute for professional legal advice. For access to legislation in force in NSW go to the official NSW Government website for online publication of legislation at [www.legislation.nsw.gov.au](http://www.legislation.nsw.gov.au)

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## Foreword

NSW note: This code of practice on how to manage risks to psychological health is an approved code of practice under section 274 of the *Work Health and Safety Act 2011* (the WHS Act).

An approved code of practice provides practical guidance on how to achieve the compliance with the work health and safety standards required under the WHS Act and the Work Health and Safety Regulation (the WHS Regulation) and effective ways to identify and manage risks.

A code of practice applies to anyone who has a duty of care in the circumstances described in the code of practice. In most cases, following an approved code of practice will assist the duty holder in achieving compliance with the health and safety duties in the WHS Act, and WHS Regulation, concerning the subject matter of the code. Like regulations, codes of practice deal with particular issues and do not cover all hazards or risks that may arise. The health and safety duties require duty holders to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and the WHS Regulation. Courts may regard a code of practice as evidence of what is known about a hazard, risk or control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code relates. For further information, see the Safe Work Australia [Interpretive Guideline: The meaning of reasonably practicable](#).

Compliance with the WHS Act and Regulation may be achieved by following another method, such as a technical or an industry-standard if it provides an equivalent or higher standard of work health and safety than the code.

An inspector may refer to an approved code of practice when issuing an improvement or prohibition notice.

## Scope and application

This code is intended to be read by Officers and persons conducting a business or undertaking (PCBU). It provides practical guidance on how to manage risks to psychological health (psychological risks) arising from work.

You should use this code of practice if you have functions or responsibilities that involve managing, as far as practicable, exposure to psychosocial hazards and psychological risks at work.

The code may also be a useful reference for other persons interested in complying with the duties under the WHS Act and WHS Regulation that relate to psychological health and safety. Examples in this code identify actions a PCBU, worker or other person should take, but alone may not be sufficient to fulfil a PCBUs obligations, or a worker or other persons responsibility under WHS legislation.

This code applies to all work covered by the WHS Act.

## How to use this Code of Practice?

This code includes references to the legal requirements under the WHS Act and WHS Regulation. These are included for convenience only and should not be relied on in place of the full text of the WHS Act or WHS Regulation. The words 'must', 'requires' or 'mandatory' indicate a legal requirement exists and must be met.

The word 'should' is used in the code to indicate a recommended course of action, while 'may' is used to indicate an optional course of action. Throughout this code, the reasonably practical limitation detailed under section 18 of the WHS Act 20011 should be inferred.

## 1. Introduction

The Work Health and Safety Act defines health as physical and psychological. Managing risks to psychological health is an important part of productive, healthy and safe work.

Ensuring psychologically healthy and safe work helps organisations meet their WHS legal responsibilities. It will also contribute to a decrease in organisational disruptions and costs resulting from work-related harm and may improve performance and productivity.

### 1.1 What are work-related psychosocial hazards and risks to psychological health?

Psychosocial hazards are work factors that have the potential to cause psychological and/or physical harm. These arise from the design and/or management of work and/or the way people interact with each other. When psychosocial hazards are not effectively managed, they increase risks to psychological health.

Poorly designed and managed work and ineffective workplace relationships create work-related stress. Refer appendix B for examples.

The frequency and severity of exposure to work related stress creates the risk to psychological health. There are two main ways stress can harm psychological health:

- exposure to frequent but low to moderate levels of stress – which can arise during frequent periods where there is too much to do in the available time, with inadequate practical and emotional support and opportunities for recovery. This may lead in the short-term to stress and fatigue and over the longer-term to anxiety, burnout and/or depression, and
- exposure to infrequent but high levels of stress - such as occasional exposure to verbal abuse and/or threats of violence, and other workplace behaviour such as bullying and harassment. This may lead in the short-term to anxiety over the longer-term to post-traumatic stress, anxiety and/or depression.

Harm can also occur due to a combination of the above mechanisms.

For example, a combination of high job demands, paired with low control and poor support, will increase the likelihood and severity of risks to psychological health.

Work demands can trigger a stress response which if mild and temporary can increase motivation to perform. However, if exposure is severe and/or frequent this can lead to hyper arousal and become harmful.

Work related stress is recognised to be on a continuum from mild, temporary stress, to harmful, which can then increase the risk of psychological injury, musculoskeletal injury, fatigue, workplace incidents and accidents and chronic disease.

Workers are likely to be exposed to a combination of psychosocial hazards; some may to varying degrees always be present, while others only occasionally. Common psychosocial hazards and risks to psychological health with examples are noted in Appendix B.

### 1.2 Who has duties in relation to psychological health?

PCBUs, officers and workers from different organisations may need to work cooperatively and/or alongside each other. All duty holders must consult, cooperate and coordinate on relevant matters, including managing risks to psychological health.

**WHS Act Section 19**

The Primary duty of care

**WHS Act Section 15**

A person may have more than one duty

**WHS Act Section 16**

More than one person can have a duty

**WHS Act Section 46**

Duty to consult with other duty holders

A PCBU has a primary duty to ensure, so far as is reasonably practicable the psychological health and safety of workers, and other persons are not put at risk from work carried out arising from the business or undertaking. A PCBU must eliminate risks to psychological health so far as is reasonably practicable, and if that is not reasonably practicable, minimise the risks so far as is reasonably practicable. More than one PCBU may have a duty for psychological health matters so they must consult with other duty holders on relevant matters.

*Officer of a PCBU*

**WHS Act Section 27**

Duty of officer of a PCBU

An [officer of a PCBU](#) has a duty to exercise due diligence to ensure the PCBU complies with duties under the WHS laws.

*Workers*

**WHS Act Section 28**

Duties of workers

Workers have a duty to take reasonable care for their own health and safety and not adversely to affect the psychological health and safety of other persons. Workers must comply with reasonable instructions, as far as they are reasonably able, and cooperate with reasonable health and safety policies or procedures that have been notified to workers.

*Other persons at the workplace*

**WHS Act Section 29**

Duties of other persons at the workplace

Other persons at the workplace, like visitors or clients, must take reasonable care of their own psychological health and safety and must take reasonable care not to adversely affect other peoples' psychological health and safety. They must comply, so far as they are reasonably able, with reasonable instructions given by the PCBU(s) to allow them to comply with WHS laws.

### 1.3 What is involved in managing risks to psychological health?

A PCBU must manage risks to psychological health arising from work.

#### **WHS Act Section 19**

Primary duty of care.

#### **WHS Act Section 18**

'Reasonably practicable', in relation to a duty to ensure psychological health means that which is, or was at a particular time, reasonably able to be done to ensure psychological health, taking into account and weighing up all relevant matters including:

- the likelihood of the hazard or the risk concerned occurring; and
- the degree of harm that might result from the hazard or the risk; and
- what the person concerned knows, or ought reasonably to know, about the hazard or risk, and about the ways of eliminating or minimising the risk; and
- the availability and suitability of ways to eliminate or minimise the risk; and
- after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

#### *Consulting your workers*

**WHS Act section 46** - Duty to consult with other duty holders

**WHS Act section 47** - Duty to consult workers

**WHS Act section 48** - Nature of consultation

Officers must take reasonable steps to ensure the PCBU uses effective consultation processes with other relevant duty holders and workers on WHS matters, including around risks to psychological health.

A PCBU must consult, when deciding how to initiate methods to identify and manage work-related risks to psychological health, so far as is reasonably practicable, with

- all other relevant duty holders and
- workers who are or who are likely to be affected,
- along with any health and safety representatives or health and safety committees.

Workers are entitled to take part in relevant consultations and be represented by a health and safety representative who has been elected to represent their workgroup.

Consultation involves sharing information, giving relevant workers a reasonable opportunity to express views and taking those views into account before making decisions on health and safety matters, including on psychological matters, and advising workers of the outcome of the consultation in a timely and appropriate manner.

Consultation with relevant workers and their health and safety representative is necessary to effectively manage risks to psychological health. Workers usually know which aspects of the work are contributing to stress and may have practical suggestions and solutions.

It is important to consult relevant workers as early as possible when planning to:

- change policies, procedures and systems of work
- change organisational structures
- change working arrangements, including rosters

- introduce new tasks or change existing tasks
- select new plant and equipment
- carry out work in new environments, or
- refurbish, renovate or redesign existing workplaces.

Appropriate consultation systems and processes should be developed and implemented which suit the needs of the business and provide relevant workers with:

- clear, timely information on how risks to psychological health will be proactively identified, managed and monitored, and
- how work can be carried out in a safe and healthy manner.

You should ensure your organisation’s systems means workers feel safe to report issues to appropriate persons, so psychological health and other risks can be managed before serious harm occurs. Appropriate persons may include, for example, managers, supervisors and Health and Safety Representatives (HSRs). Reporting can include verbal or written notifications to appropriate persons and noting this in the organisation’s incident or risk register.

When investigations of allegations of misconduct and or complaints about unreasonable workplace behaviours are undertaken, you should ensure the process is conducted in a:

- fair, objective and timely manner
- that relevant workers involved are informed about their rights and obligations
- that there are sufficient support mechanisms in place for relevant workers throughout the process
- expected timeframes are communicated to relevant workers
- possible outcomes and rights of appeal and review are communicated and explained, and
- that communication is maintained with relevant workers throughout the investigation process.

*Consulting, cooperating and coordinating your activities with other duty holders*

**WHS Act section 46**

**Duty to consult with other duty holders**

The WHS Act requires a PCBU to consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter, so far as is reasonably practicable.

Sometimes the PCBU will share responsibility for managing risks to psychological health with other duty holders who may be involved in the same activities or who share the same workplace. In this situation, each duty holder must, so far as is reasonably practicable, exchange information to find out who is doing what and work together in a cooperative and coordinated way, so risks to psychological health are eliminated or minimised.

Consulting, cooperating and coordinating activities with other duty holders, including those in your supply chain, will help address risks to psychological health that often occur when:

- there is a lack of understanding of how the activities of each person may create risks for others
- duty holders assume someone else is taking care of the health and safety matter, or
- the person who takes action is not the best person to do so.

Effective consultation can assist each duty holder in implementing control measures that, so far as possible are complementary.

For example, on a building site, contractors need to consult, cooperate and coordinate activities with each other for work to be safely and efficiently completed. Unreasonable project timelines or unexpected delays can lead to stress and frustration and a temptation to not follow safety procedures. In this situation, all parties should take reasonably practicable steps to ensure their actions are not creating risks to psychological health to others.

Further information is in the code of practice [Work health and safety consultation, cooperation and coordination](#).

*Providing information, training, instruction and supervision*

### **WHS Act section 19** Primary duty of care

The WHS Act requires that a PCBU must ensure, so far as is reasonably practicable, to provide any information, training, instruction or supervision necessary to protect all persons from risks to psychological health arising from any work carried out as part of the conduct of the business or undertaking. Failure to provide this is a recognised work health and safety risk.

The PCBU must ensure information, training, instruction or supervision provided to workers is suitable and adequate having regard to the:

- nature of the work carried out by workers and others
- kind of risks to psychological health associated with the work at the time of the information, training and instruction or supervision
- psychological control measures implemented, and
- workers' circumstances and comprehension.

A competent person should provide information, training, instruction or supervision.

Where there is a high risk of verbal abuse or occupational violence to workers, this should include information, training and instructions on emergency procedures. For example, how to safely withhold or place conditions on how services may be provided.

The desire, for example, to provide quality patient care or good customer service, cannot override the duty that the WHS Act 2011 places on the PCBU to ensure the psychological health of their workers and others.

## 2. Risk management

The risk management approach is described in the code of practice: [How to manage work health and safety risks](#). The four-step process is set out in the following sections and illustrated in Figure 1 Appendix D.

### 2.1. Step One: Identify psychosocial hazards

#### *Preparation*

Before starting the identification and assessment process, it is important to:

- understand your legal obligations
- get commitment and engagement to the process from senior organisational leaders and managers
- determine what the organisation is already doing to meet those requirements
- identify who is going to be involved, for example, which managers, workers, HSRs and subject matter experts
- systematically gather relevant data
- consider how to maintain appropriate confidentiality and trust, and
- how the process will be recorded and communicated.

Genuine commitment by the PCBU and organisational leaders is essential if the process is to be successful. Officers, the PCBU and organisational leaders through their governance arrangements and resourcing decisions actively shape the organisation, and the way work is undertaken. These decisions will, directly and indirectly, impact on risks to psychological health and must always be considered.

#### *Consider the sources of hazards and risks*

You should think about the potential sources of psychosocial hazards and risks to psychological health. These include, for example:

- the nature and type of work undertaken by your organisation
- your operating environment and pressures
- design and management of your organisation as a whole – structure, and governance, procurement and human and material resourcing decisions
- design and management of the work tasks and jobs
- interactions and behaviours between people at work and within your supply chain that impact workers and others
- characteristics and attributes of your officers, managers and supervisors and other workers, and
- whenever significant change is planned or underway such as downsizing, organisational restructures, and introducing new technologies or work arrangements.

In most cases, there will be multiple sources of risks to psychological health. Most stress and workplace incidents occur as a result of a chain of events. If one or more of these events can be stopped or changed, then the risks may be effectively minimised or even eliminated.

A common failure in the psychological risk management process is to:

- mainly focus on poor behaviours between individuals and to not identify and or sufficiently control the underlying sources of stress which are leading to these behaviours, and
- settle for less effective control measures such as training or policies. While administrative controls are important, it is far more effective to control risks through good organisational and work design and effective management.

#### *Consult your workers*

A crucial step in the risk management process is to identify work-related psychosocial hazards and sources of risk. This step involves finding things and situations that could potentially harm people.

As a PCBU, you must consult with your workers when identifying psychosocial hazards and risks to psychological health arising from the work they carry out or are going to carry out.

Consultation processes will vary between businesses, but you should encourage your workers and their health and safety representatives, to share their knowledge and experiences. This information can help identify potential hazards and risks.

For example, you could ask relevant workers to identify tasks and situations that are:

- mentally, emotionally and physically difficult
- perceived as physically or emotionally stressful
- a source of conflict or stress between workers, supervisors and others, including clients, patients, or students
- challenging to complete safely when following organisational policies and procedures, and/or
- a source of frequent errors.

Information about hazards and risks may be collected from, for example, consultative forums, workplace surveys, health and safety committee meetings, project and team meetings, HSRs and at routine and or dedicated meetings between a worker and their supervisor.

If you choose to conduct workplace surveys, including the option for workers to respond anonymously, you may improve the quality of the information you receive.

By talking to your workers, including these groups, and asking how they are coping, you can decide if they may need some additional support so they can do their work safely and effectively. It is crucial that workers promptly report to their supervisor or HSR if they are struggling to cope with the work demands, particularly if this is causing them significant stress so the PCBU can take appropriate action.

#### *Review available information*

An assessment based only on data or an observation is unlikely to provide accurate results. The most useful insights will usually come from a combination of both.

Consider how the organisation's operating procedures, governance arrangements and systems shape the nature of the work, how it is undertaken, and the attitudes and behaviours of staff.

Relevant information and records should be reviewed, including for example:

- business strategy resourcing decisions (human and materials)
- procurement and refurbishment decisions
- systems, policies and procedures
- staff skill profiles and experience
- duty statements and performance agreements
- absenteeism, turnover, exit and sick leave data
- workers' compensation claims made for psychological harm and occupational violence
- Health and Safety Committee (HSC) meeting outcomes
- work-related psychological incidents, investigations including into unreasonable workplace behaviour concerns and or complaints
- previous psychological risk assessments, culture surveys and relevant focus groups outcomes, and
- the advice provided by your WHS regulator.

Useful insights into potential risks to psychological health may also sometimes be found in project risk documents and gathered from those in your supply chains and networks.

#### *Look for trends*

You may be able to identify significant trends from the information you collect. This information may show activities and work areas which have more hazards, indicate problems with the work or organisational design and management and working relationships between workers and others.

#### *Observe work activities*

Risks to psychological health can also be identified by looking at how people actually do the work under normal operating conditions, during peak workloads and under unexpected circumstances. You should also compare this to the approaches described in policies and procedures and check these documents are appropriate.

Things to look out for include:

- rushing, delays or work backlogs
- increased rates or errors, wastage, unexpected incidents and or process failures
- complaints about understaffing or an inappropriate staff skill mix
- frustration with inadequate or inappropriate tools and work environments
- putting patient or customer needs ahead of workers' health and safety
- workers reporting improvising to avoid stress, like delaying or avoiding tasks
- complaints organisational policies, procedures and systems of work are not safe and or difficult to follow
- significant differences between individual and team duty statements and the required tasks, and
- how people interact with each other, especially when under pressure (e.g. incivility, verbal abuse, openly criticising others or the organisation, if workers seem stressed or to be 'on edge').

Inappropriate physical demands, poor working conditions and remote or isolated work are recognised as both psychological and physical health and safety risks. NSW codes on

*Hazardous Manual Tasks, Managing the work environment and facilities and first aid in the workplace* provide additional information of how to identify a hazard, assess these risks and on control measures which may suit your circumstances.

Many psychosocial hazards are quite common, the associated risks to psychological health well known, and there are well established and effective control measures. In these situations, if, after identifying the hazards, you already know the risks and how to control them, you may simply implement control measures and then check these are effective and working as intended.

## 2.2. Step Two: Assessing risks to psychological health

A psychological risk assessment will assist to:

- determine the sources and processes causing the risks
- identify which workers are at the highest risk of harm
- decide how severe the psychological risk is
- decide if existing control measures are effective
- choose additional control measures, and
- decide how urgently action needs to be taken.

More comprehensive assessment processes may be required if a business is undertaking complex and inherently high-risk work or where there are more serious risks to psychological health.

### *Who should participate in the psychological risk assessment process?*

An important aspect of the risk assessment phase is to decide who should participate in the process.

Ensuring your senior leaders are committed and appropriately participate in any process is critical to ensure suitable and sustainable risks control measures are implemented. This involvement may help demonstrate an Officer's due diligence.

If those responsible for the psychological risk assessment have limited knowledge and understanding about psychological matters and how to gather information and analyse this, then appropriate information, training and assistance should be provided.

You should always consult workers in those parts of the organisation where hazards and risks have been identified. If requested, their HSR should be included. It may also be useful to consult representatives from other work areas who have successfully dealt with similar issues.

### *How to do a psychological risk assessment?*

Some risks may be present all the time and others only under certain circumstances. Like all risk assessments, you must make sure you consider both the usual work conditions and reasonably foreseeable unusual operating conditions.

Hazards and risks can arise from organisational-wide systems, working practices and cultural issues. Where this appears to be the case, information about these may need to be collected from most employees to see if there are widespread risks to psychological health which need to be controlled.

Others hazards and risks will relate to specific tasks and jobs, and you will need to collect information about these from the relevant workers.

You should assess tasks and jobs where psychosocial hazards and risks to psychological health have been identified.

It may help to consider the different tasks that make up a whole job and then focus on the areas of highest psychological risk. For example, the job of serving customers in a busy coffee shop may involve the following tasks:

- taking customers' orders and providing this to barrister/chef
- collecting prepared food and drinks and delivering to customers
- clearing tables, collecting and taking dishes to the kitchen
- cleaning tables ready for the next service
- taking payments at the till.

Looking at each task separately and then considering them together, for the whole job, can help identify common and unique risks. For example:

- insufficient skilled staff are rostered on to manage the usual number of customers
- no clear strategies to deal with unexpectedly high demand
- inexperienced staff are unclear about priorities and efficient ways to do the job
- crowded access in café and kitchen make it difficult to safely and efficiently serve and clean up
- inadequate tables, chairs and cleaning supplies are available
- the barista and supervisor are reported to be frequently abusive to other staff
- staff report customers often complain about service delays and cleanliness, and
- staff are unsure how to operate the till.

Individual differences may make some workers more susceptible to psychological harm from exposure to the same hazard or risk. This may include.

- being a new, young or older worker
- those who struggle to understand work instructions due to language, literacy, numeracy or skill issues
- workers' cultural backgrounds, e.g. from countries with lower WHS standards
- those currently experiencing stress
- previously exposed to a traumatic event at work
- those experiencing difficult personal circumstances, and
- those with existing work or non-work-related disability, injury or illness.

Check your risk assessment takes these workers needs into account so far as is reasonably practicable.

The WHS risk management model and issues to consider are in Appendix D and E.

Your risk assessment process is not something that only happens once but should be part of a continuous improvement process. Further advice on this process is in the code of practice [on how to manage work health and safety risks](#).

#### *What are the risks?*

Working through the following questions will assist in determining which aspects of the tasks or job pose a psychological risk. The Psychological Risk Management Action Plan in Appendix F may be used to record your findings.

It is important to note that a task or job usually involves more than one hazard or psychological risk. Where several hazards or risks are present, they are likely to interact; you should consider how these may increase the risk of psychological harm.

A task involves a psychological risk if you answered 'yes' to any of the following questions;

1. Does the task or job involve any of the psychosocial hazards listed in Appendix B or others identified through your consultation processes?
2. Is there a reasonably foreseeable likelihood by undertaking this task or job your workers may experience psychological harm?

- You should consider the frequency (how often, how long) and how severe exposure to the psychosocial hazards is as this will influence the likelihood of harm occurring.

3. Will there be significant psychological health consequences if workers are exposed to these hazards?

You should consider the potential short and long-term effects on workers' psychological and physical health and safety, including:

- when effects might occur (immediate to delayed)
- the duration of the impact (from transitory, short-term to permanent lifelong harm).

4. Are there significant other consequences to your organisation if workers are harmed and, or the risks are not controlled?

This may include your organisation's business capacity, reputation and viability in the immediate, medium and long term. Concerns about these issues may also be a source of stress.

Your hazard registers, notifications, complaints, workers' compensation claims and other organisational data may help you answer these questions.

### 2.3. Step Three: Controlling risks to psychological health

When the PCBU knows which risks are present, where they are and why they are present (sources of the risk), they are then in a position to understand what must be controlled and begin to work out how to do this.

When managing risks to psychological health, you must have regard to all the relevant matters (such as those noted above and in Appendix B, common psychosocial hazards) that may be contributing to risks to psychological health.

Under WHS laws, work-related hazards that present a risk to psychological health must be eliminated so far as is reasonably practicable, or if that is not reasonably practicable, the risks must be minimised so far as is reasonably practicable.

Some control measures are more effective than others.

Controls measures can be ranked from the highest level of protection and reliability to the lowest, known as the hierarchy of control. Examples of control measures for risks to psychological health are in Appendix E.

#### *Eliminating risks*

Eliminating the risk provides the most reliable and highest level of control. You should always consider how this can be achieved before you consider any other control measures.

It may not always be reasonably practicable to completely eliminate the risk, for example, if doing so means you cannot make your product or deliver your service. Where a risk cannot be eliminated, you must minimise it so far as is reasonably practicable.

### *Minimising risks*

Minimising psychological health risks means designing or redesigning the work and the working environment and substituting these with less hazardous alternatives.

There are three main strategies to minimise risks to psychological health:

- reduce psychological and physical demands
- increase workers' job control, and
- increase emotional and practical support.

Increasing job control, support and providing appropriate recognition can bolster workers' capacity to cope with work demands. They may then experience less stress. Typically, all three strategies will be required.

Where physical risks are contributing to the risks to psychological health minimising these through substitution, isolation and engineering control measures should also be used.

### *Administrative controls*

If risks remain after steps to eliminate or minimise them have been made, they must be further minimised by implementing relevant administrative controls. Administrative controls are the least effective at minimising most risks because they do not control the hazard at the source and rely on human behaviour and supervision. So, these should always be used in conjunction with higher-order controls.

Administrative controls include:

- safe systems of work
- policies and procedures, and
- staff management, supervision and training, including to ensure required workplace behaviours are met.

### *Personal Protective Equipment*

Protecting workers through personal protective equipment is the last resort. These must be used where there are physical risks likely to cause stress that cannot be reasonably minimised using combinations of higher-order controls.

### *Combining risk controls*

Workers will usually be exposed to multiple hazards and risks. Some of these may always be present while others only occasionally. In most cases, a combination of control measures will be required to minimise the risks to psychological health most effectively.

Refer to Appendix C for an example Psychological Risk Checklist and Appendix F for a Psychological Risk Management Action Plan Template.

## 2.4. Step Four: Monitoring and reviewing controls

You must maintain, monitor and review and then if necessary, revise control measures for risks to psychological health to make sure they remain effective. You must ensure these, so far as is reasonably practicable, reach the highest level of control.

### **Reasonable adjustments for at-risk individuals**

The PCBU may need to make adjustments to the design and management of the work to accommodate the needs of at-risk workers so as to prevent harm. There may also be duties under anti-discrimination, privacy and other relevant laws. For example, in the 2010 *Workers with mental illness: a practical guide for managers* produced by the Australian Human Rights Commission.

Reviews must occur:

- where a new hazard or risk is identified
- if the situation changes and you are now uncertain of the risk
- if a control measure is not adequately minimising the risk
- before a significant workplace change occurs, for example, a change to the work environment or systems of work
- where consultation indicates a review is necessary
- if requested by the HSR, or
- at agreed review dates.

Monitoring or reviews can be used:

- to verify and validate the effectiveness of the control measures
- identify opportunities to continuously improve, and
- as evidence of due diligence to manage risks to psychological health.

The results of a review of control measures should trigger discussions between the PCBU and officers to check they are taking all reasonable steps to:

- have up-to-date knowledge of psychological health matters in their operation
- understand the psychosocial hazards and risks to psychological health
- ensure the business has and uses, appropriate resources and processes to eliminate or minimise risks to psychological health
- ensure there are proper processes to receive information about hazards and risks, and psychological incidents and they can respond promptly
- implements control measure to control the risks, and
- verifying these are effective.

**WHS Act s.19**

Primary duty of care

**WHS Act Division 3 section 20**

Further duties of a PCBU

**WHS Act Division 4 section 27**

Further duties of an officer

They should also consider their strategies to intervene early if workers are reporting psychological health problems and to provide appropriate workers' compensation arrangements if workers have been harmed.

The PCBU and officers should be able to demonstrate that all relevant psychosocial hazards, risk factors and issues have been adequately considered. It may be useful to record these in your existing hazard or risk register for that site or project. Make sure there is also a record of your issues resolution process and control measures that have been implemented to manage all relevant risks.

An inspector may ask to see a copy of records relating to the risk management processes and issues resolution.

### 3. Responding to reports of psychosocial hazards

Sometimes the first time a PCBU becomes aware of psychological hazard is when an incident or injury is reported. It is important you create a positive organisational culture which actively supports early reporting of problems so you can get this information in a timely manner.

There are various ways which workers may report hazards or risks to their PCBU, including:

- verbal discussions
- hazard or incident report forms
- letters of complaint or grievance
- emails, mobile text messages
- medical certificates, or
- workers' compensation claims.

The person receiving the report must appropriately communicate with the affected worker(s) and their HSR on how they intend to address the issues. Keep people updated on the progress of their report, and on actions and improvements which have or will be introduced. This update may be using an informal or formal process.

If a formal process is conducted, those undertaking the investigation should be competent, able to identify psychosocial hazards, sources of risks, assess risks and recommend appropriate preventative and early intervention control measures.

Just like for any other WHS risk, a systematic process should be used. Most risks to psychological health and controls are readily identifiable through the means noted.

If it is likely investigations into psychosocial hazards and incidents will be sensitive and or complex, input from organisational psychologists, human resources and work health and safety experts may be helpful.

Whatever process you use, you should consult the affected worker(s) and if requested their HSR. However, it will not always be appropriate to consult with the HSR if the initiating report or subsequent investigation includes sensitive and confidential information about other workers. In this case, it may be useful to provide the HSR and union with general information about the process and outcomes.

Addressing these reports fairly and quickly helps contribute to a positive organisational culture and is an essential part of the risk management process.

## 4. Appendices

### Appendix A. Glossary

<i>Term</i>	<i>Meaning</i>
Competent person [WHS Regulations 2017 Part 1.1 s 5(g)]	A person who has acquired through training, qualification or experience the knowledge and skills to carry out the task.
Control measure [Code of practice How to Manage Work Health and Safety Risks 2019]	An action taken to eliminate or minimise health and safety risks so far as is reasonably practicable. A hierarchy of control measures is set out in the WHS Regulation to assist duty holders to select the highest control measures reasonably practicable. Note: The WHS Regulation also refers to a control measure as a risk control measure or a risk control. In this Code, control measure is used throughout.
Duty holder [WHS Act 2011 s.19-26]	Any person who owns a work health and safety duty under the WHS Act including a person conducting a business or undertaking with management and control of a business, a designer, manufacturer, importer, supplier, installer of products or plant used at work (upstream duty holder), officer or a worker
Formal complaints	These are recorded concerns which may form part of a: hazard notification, risk register, injury notification, grievance, or workers' compensation claim.
Frequency of exposure	Means, how often for example consistently present, sometimes present or occasionally present and, over what time duration, for example the last few days, weeks, months or years.
Governance	Governance encompasses the strategies, rules, relationship, system and processes by which an organisation is controlled and operates, to manage resources and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance
Health and Safety Committee [Code of Practice How to Manage Work Health and Safety Risks, 2019]	A consultative body established under the WHS Act. The committee's functions include facilitating cooperation between workers and the person conducting a business or undertaking to ensure workers' health and safety at work, and assisting to develop work health and safety standards, rules and procedures for the workplace.
Health and safety duty [WHS Act 2011, s.30]	Means duty imposed under WHS Act 2011 Divisions 2, 3 or 4 of this Part Division 2 Primary duty of care Division 3 - Further duties of persons conducting businesses or undertakings Division 4 Duty of officers, workers and other persons

Hazard	A situation or thing that has the potential to harm a person. Common categories include biological, chemical, biomechanical/ergonomic, physical, psychosocial hazards.
Health [WHS Act 2011 Subdivision 1 definitions]	Means physical and psychological health
Health and safety representative [WHS Act 2011 Subdivision 1 definitions]	A worker who has been elected by their workgroup under the WHS Act to represent them on health and safety matters
Job design	Job design has a focus on those administrative changes that are required to improve general working conditions. This involves: <ul style="list-style-type: none"> <li>– making decisions about work responsibilities, duties, activities, and tasks</li> <li>– eliminating and/or redesigning the tasks which make up a worker(s) job for example through <ul style="list-style-type: none"> <li>○ job enlargement</li> <li>○ enrichment</li> <li>○ rotation</li> <li>○ simplification and/or</li> <li>○ modifying the working environment, tools and equipment</li> </ul> </li> </ul>
Managing risk	This is a process set out in the WHS Regulation to eliminate health and safety risks so far as is reasonably practicable, or if this is not reasonably practicable, minimise the risks so far as is reasonably practicable. It includes identifying hazards, assessing the risk exposure and implementing control measures, and reviewing and maintaining the control measures to ensure their ongoing effectiveness
Managing work	Means the overall planning and control of work processes
Officer [WHS Act 2011 Subdivision 1 definitions]	An officer is usually a person involved in making decisions that affect the whole or a substantial part of the organisation or a person who has the capacity to significantly affect the financial standing of the organisation. If the PCBU is a corporation, an officer also includes a director or secretary of the corporation
Performance feedback and instructions	Regular, fair, and appropriate instructions on expected work standards and how to achieve these. Feedback should include what is going well and what needs improvement

<p>A Person conducting a business or undertaking [WHS ACT 2011 s.5] For further information, see Interpretive Guideline.</p> <p>[PCBU duties: WHS Act 2011 Division 3]</p>	<p>A 'person' may be an organisation or an individual. An individual is also a 'person' but will only be a PCBU where that individual is conducting the business in their own right (as a sole trader or self-employed person). Individuals who are in a partnership that is conducting a business will individually and collectively be a PCBU.</p> <p>The Crown is also a person for the purposes of the WHS Act. The Crown may conduct a business or undertaking through its departments and statutory agencies.</p> <p>An individual is not a PCBU if they are involved in the business or undertaking only as a worker or officer of the business or undertaking. Businesses are enterprises usually conducted with a view to making a profit and have a degree of organisation, system and continuity. Undertakings may have elements of an organisation, systems, and possibly continuity, but are usually not profit-making or commercial in nature.</p>
<p>Plant [WHS Act 2011 Subdivision 1 definitions]</p>	<p>Means machinery, equipment, appliances, containers, implements and tools and components or anything fitted or connected to those things.</p>
<p>Psychological</p>	<p>This term is related to the cognitive, emotional and behavioural functioning of the individual.</p>
<p>Psychological harm</p>	<p>The potential for work-related psychological harm is on a continuum from mild to extremely severe. This will be influenced by the how frequency (how often), duration (over what periods) and intensity (how severe) exposure to psychosocial hazards. Mild exposure to psychosocial hazards can create feelings of stress which whilst distressing doesn't result in psychological injury. At the most severe circumstances it can lead to anxiety, depression, post-traumatic stress disorders and suicide.</p>
<p>Psychological health</p>	<p>A state of complete psychological well-being without psychological injury or illness.</p>
<p>Psychosocial hazards</p>	<p>Psychosocial hazards are work factors that have the potential to cause psychological and/or physical harm. These arise from the design and/or management of work and/or the way people interact with each other. When psychosocial hazards are not effectively managed, these increase the risks to psychological health and/or physical injury or illness. Refer to Appendix B. These are sometimes also called psychosocial factors.</p>

<p>Reasonably practicable</p> <p>[WHS Act 2011 Subdivision 1 definitions and s.18]</p>	<p>‘Reasonably practicable’, in relation to a duty to ensure psychological health means that which is, or was at a particular time, reasonably able to be done to ensure psychological health, taking into account and weighing up all relevant matters including:</p> <ul style="list-style-type: none"> <li>– the likelihood of the hazard or the risk concerned occurring; and</li> <li>– the degree of harm that might result from the hazard or the risk; and</li> <li>– what the person concerned knows, or ought reasonably to know, about the hazard or risk, and about the ways of eliminating or minimising the risk; and</li> <li>– the availability and suitability of ways to eliminate or minimise the risk; and</li> <li>– after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk</li> </ul>
<p>Reasonable management action</p> <p>[See Fair Work Act s.789FD (2) NSW Workers Compensation Act 2017 s.11a]</p>	<p>Management and employment functions when carried out lawfully and reasonably. Examples include:</p> <ul style="list-style-type: none"> <li>• leading, directing and controlling how work is done</li> <li>• monitoring workflow and work quality</li> <li>• giving feedback and managing performance</li> <li>• recruitment, assignment, transfer and termination of employment</li> <li>• differences of opinion and disagreements.</li> </ul> <p>Whilst potentially stressful, reasonable management action undertaken in a reasonable way is a legitimate way for supervisors to provide workers with feedback about performance.</p>
<p>Risk assessment</p>	<p>A systematic process to identify hazards and risk factors that have the potential to cause harm (hazard identification).</p> <p>Analyse and evaluate the risk associated with that hazard (risk analysis, and risk evaluation).</p> <p>Determine appropriate ways to eliminate the hazard, or control the risk when the hazard cannot be eliminated (risk control).</p>
<p>Risk (work-related risk)</p> <p>[Code of practice How to Manage Work Health and Safety Risks]</p>	<p>The possibility of harm (death, injury or illness) might occur when exposed to a hazard.</p>
<p>Risk rating</p>	<p>A process to consider the combination of the likelihood of the occurrence of harm and the severity of that harm.</p> <p>Rating or prioritising hazards is one way to help determine which risk is the most serious and thus, which to control first. Priority is usually established by taking into account employee exposure and the potential for harm. By assigning a priority to the risks to psychological health, you are creating a ranking or an action list.</p> <p>There is no single way to determine the level of risk. The organisation has to determine which technique will work best for each situation.</p>
<p>Severity of exposure</p>	<p>Means, for example, very low, moderate, very high exposure</p>

Stress (work-related or occupational stress)	<p>Describes the physical, mental, and emotional reactions of workers who perceive that their work demands exceed their abilities and/or their resources (e.g. time, access to help/support) to do the work.</p> <p>Stress itself does not constitute a physical or psychological harm or injury. Work-related stress if prolonged and/or severe it can cause both psychological and physical injury.</p>
Supervision	<p>Is giving workers specific direction and instruction on what is to be done, monitoring their efforts and holding them accountable for specific results.</p>
Systematic approach to work health and safety management (WHSM)	<p>Characterised by:</p> <ul style="list-style-type: none"> <li>– Integration of WHSM into the organisation’s other management systems.</li> <li>– Senior management who are committed to WHSM.</li> <li>– Plans set WHS objectives, strategies and programs. Financial and human resources for addressing WHS are appropriately allocated.</li> <li>– WHSM responsibilities are identified and allocated to individuals within the organisation; accountability mechanisms are established.</li> <li>– WHS expertise is established in-house or engaged from external WHS services.</li> <li>– WHS policy and procedures are established, documented and implemented for key processes, specific types of hazardous work, first aid, treatment and emergency response.</li> <li>– Hazards are systematically and proactively identified, risks assessed and controlled, and their effectiveness is monitored.</li> <li>– Workers are consulted and actively involved in WHS. Changes which impact them are communicated effectively. Mechanisms are in place to ensure open and effective dialogue between managers, supervisors and workers.</li> <li>– Managers, supervisors and workers receive appropriate training to do their job well and safety.</li> <li>– WHS problems and incidents are identified, reported and investigated, and corrective action is taken.</li> <li>– WHSM systems are audited, reviewed and improved as necessary. Clear performance measures are established with ongoing monitoring of WHSM performance against these indicators.</li> <li>– Structures, planning activities, responsibilities, processes and procedures, resources and action.</li> </ul>
Systems of work	<p>The formal and/or informal interconnected structure and procedures, processes, instructions and resources (people and materials), personnel management systems, to ensure WHS risks and hazards are eliminated and minimised. This is the result of the systematic, proactive risk management processes.</p>
Task	<p>A piece of work to be undertaken or done</p>
Work content	<p>The tasks and duties which make up the workers’ job and the tools, equipment, or machinery used to complete them.</p>

Work context	External factors and circumstance that shape the organisation as a whole including the nature of the industry and financial pressures, and internal factors which shape workers duties, motivations and attitudes including for example previous management actions and behaviours, organisational policies, procedures, salary and work conditions
Work design or redesign	<p>The ways that decision-makers choose to organise work responsibilities, duties, activities, and tasks for existing and proposed new jobs. It also includes decisions about the resources allocated to undertake that work.</p> <p>Work design should make adjustments, so the mental, physical, and emotional work demands/tasks do not exceed workers capacity to function effectively and safely.</p> <p>Job design has a focus on those administrative changes that are required to improve general working conditions.</p> <p>It is essential when designing work to consider if there is or may be a mismatch between the work requirements and workers' skills and capability this should trigger a review of the design of work and how it is managed.</p>
Worker [WHS Act 2011 s.7]	Any person who carries out work for a person conducting a business or undertaking, including work as an employee, contractor or subcontractor (or their employee), self-employed person, outworker, apprentice or trainee, work experience student, an employee of a labour-hire company placed with a 'host PCBU' or a volunteer.
Relevant Worker [WHS Act 2011 Part 7- s.116]	<p>Means a worker:</p> <ul style="list-style-type: none"> <li>(a) who is a member, or eligible to be a member, of a relevant union; and</li> <li>(b) whose industrial interests the relevant union is entitled to represent; and</li> <li>(c) who works at that workplace</li> </ul>
Workplace [WHS Act 2011 s.8]	Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. This may include offices, factories, shops, construction sites, vehicles, ships, aircraft or other mobile structures on land or water.

## Appendix B. Common psychosocial hazards and risks to psychological health

<i>Psychosocial hazard, and risks to psychological health</i>	<i>Description</i>	<i>Examples</i>
Communication	Imparting or exchanging of information by speaking, writing, gestures or using some other medium.	Where there is poor communication between supervisors, workers and others  This is a common source of stress, especially where the consequences of miscommunication can lead to serious errors
Environmental working conditions	Frequent exposure to working conditions that influence worker comfort and performance	Jobs where workers are exposed to: <ul style="list-style-type: none"> <li>– extreme temperatures</li> <li>– poor air quality</li> <li>– high noise levels</li> <li>– hazardous manual tasks</li> <li>– hazardous chemicals and poor controls</li> <li>– wearing uncomfortable protective clothing or equipment</li> <li>– unsafe machinery</li> <li>– unsafe or unpleasant working environments</li> </ul>
	Work-related accommodation arrangements that unreasonably affect the amount of quality rest and sleep needed to manage fatigue	Design, quality and management practice for accommodation facilities and amenities that disturb or disrupts sleep routines including exposure to: <ul style="list-style-type: none"> <li>– hot and humid sleeping conditions</li> <li>– nuisance and/or excessive noise</li> <li>– excessive light from windows</li> <li>– uncomfortable bedding arrangements</li> <li>– poorly scheduled cleaning</li> </ul>
Fatigue	Fatigue is a state of mental, emotional or physical exhaustion (or all of these)	Jobs where there are: <ul style="list-style-type: none"> <li>– extended work hours</li> <li>– non-standard work hours and shift work</li> <li>– high physical, mental and emotional demands</li> <li>– inappropriate workplace accommodation arrangement (see above)</li> </ul>
Levels of control and influence	Where workers perceive they have little control and say over how and when they do their work and when they can take breaks when this control would be appropriate [and fair] and the organisational context	Where: <ul style="list-style-type: none"> <li>– work is machine or computer paced</li> <li>– work is tightly prescribed or scripted (like call centres)</li> <li>– workers have little say in the way they do their work when they can take breaks, or change tasks</li> <li>– workers are not involved in decision making about work which affects them or their clients</li> <li>– workers are unable to refuse to work with aggressive individuals</li> </ul>

Occupational violence	Exposure to an event, or threat of an event which is deeply distressing or disturbing for the individual	Where workers witness or experience <ul style="list-style-type: none"> <li>– verbal and or physical abuse</li> <li>– assault such as being spat at, bitten, hit or threatened</li> <li>– workers family members or friends being threatened with harm</li> </ul> <p>The risk of harm can accumulate with repeated exposures.</p>
Organisational change	Poorly planned and managed organisational change	Workplaces where there is <ul style="list-style-type: none"> <li>– insufficient consideration of the potential and actual WHS and performance impacts</li> <li>– uncertainty about changes in the organisation, structure, technologies or work etc</li> <li>– inadequate consultation and communication with key stakeholders and workers about major changes</li> <li>– not enough practical support for workers during transition times</li> </ul>
Organisational culture and practices	Organisational values, beliefs, assumptions, practices and ways of interacting that contribute to the unique social and psychological environment of an organisation	Workplaces where: <ul style="list-style-type: none"> <li>– people feel unsafe or are punished for speaking up about WHS and production matters</li> <li>– where production or customer/client service is put ahead of workers health and safety</li> </ul>
Organisational justice and fairness	Workplaces where there is inconsistency, bias or lack of transparency in the way procedures are implemented, and decisions are made, or workers treated. A consistent failure to recognise or accommodate the reasonable needs rights and claims of workers	Workplaces where there is real or perceived failure to follow a due process: <ul style="list-style-type: none"> <li>– inconsistent application of advice, policies and procedures</li> <li>– unfairness in the allocation of resources and work</li> <li>– when managing alleged or actual performance issues</li> <li>– bias in the approval of worker entitlements (e.g. annual leave).</li> </ul>
Recognition and reward	Lack of positive feedback on tasks and work performance and inadequate skills development and use	Jobs where there is: <ul style="list-style-type: none"> <li>– an imbalance between workers' efforts and associated rewards and recognitions</li> <li>– little positive feedback for good performance</li> <li>– lack of opportunity for skills development</li> <li>– skills and experience are underused</li> </ul>

Remote /isolated work	Work at locations where access to resources and communications is difficult, and where there are no or few other people around	Working and living in remote locations may mean: <ul style="list-style-type: none"> <li>– perception/actual increased responsibility for decision making</li> <li>– limited access to reliable communication and technology</li> <li>– limited access to problem-solving, support networks and recreation</li> <li>– interruptions and reduced capacity to fulfil usual roles and family commitments</li> <li>– fewer opportunities to escape work issues and stressful working relationships</li> <li>– difficulty accessing help in an emergency</li> </ul>
	Work where travel times may be lengthy	Commutes that involve: <ul style="list-style-type: none"> <li>– multiple modes of transport</li> <li>– crossing time zones</li> <li>– overnight accommodation during a journey</li> <li>– impact on unpaid personal recovery time</li> </ul>
Role clarity	Unclear or constantly changing management expectations about the responsibilities of the job. Incompatible expectations of demand placed on workers by different workplace stakeholders	Jobs where there is: <ul style="list-style-type: none"> <li>– uncertainty about or frequent changes to tasks and work standards</li> <li>– important task-related information is not available to the worker</li> <li>– conflicting roles, responsibilities or expectations</li> </ul>
Secondary or vicarious trauma	There are also risks associated with working with people in distress, witnessing a fatality, or investigating a serious injury or fatality - where as part of their work workers must repeatedly listen to detailed descriptions of very painful and traumatic events experienced by others	Examples include: <ul style="list-style-type: none"> <li>– emergency responders and health care workers</li> <li>– rape crisis and child protection workers</li> <li>– police officers, officers of the court, lawyers</li> <li>– immigration officers etc.</li> </ul>
Supervisory and management skills	Poor management and supervisory skills can lead to uncertainty about what needs to be done, work priorities and poor workload planning	Examples include: <ul style="list-style-type: none"> <li>– inadequate people and equipment rostered on</li> <li>– supervisors not communicating clearly with workers about required tasks including how to do the work and the work standard</li> <li>– poor performance management and inadequate feedback</li> </ul>

Support	Inadequate emotional and practical support from supervisors and/or co-workers	<p>Where workers have insufficient or inappropriate:</p> <ul style="list-style-type: none"> <li>– emotional support from managers, supervisors and co-workers</li> <li>– informational support- advice, direction, information or training to support their work performance</li> <li>– instrumental support - tools, equipment and practical resources to do their work.</li> </ul> <p>Avoidable impediments to performance (insufficient informational and instrumental support) are one of the most significant stressors.</p>
Poor workplace relationships and behaviour: ineffective communication, frequent incivility, conflict and or unacceptable behaviours	<p>Where communication is ineffective to do the work safely and well; or where workers are exposed to regular conflict, unpleasant, unreasonable and or illegal behaviours by managers, supervisors, co-workers, clients or others.</p> <p>This is made worse if managers and supervisors are reluctant to deal promptly and fairly with unacceptable behaviours.</p>	<p>Jobs where there are poor workplace relationships and behaviours so workers cannot get the practical and emotional support they need:</p> <ul style="list-style-type: none"> <li>– Ineffective communication</li> <li>– Incivility and lack of respect</li> <li>– Actual conflict, yelling, bullying and/or harassments, including sexual harassment from managers, supervisors, other workers, and others.</li> </ul> <p>This may include those within the organisation and or those in the organisation's supply chain.</p>
Poorly managed performance feedback	<p>Poorly managed feedback about work performance is a potential hazard and potentially contributes to poor role clarity and perceptions of poor organisational justice.</p> <p>Reasonable management action undertaken in a reasonable way, while potentially stressful, is a legitimate way for supervisors to provide workers with feedback about performance.</p>	<p>Situations where feedback about work performance is:</p> <ul style="list-style-type: none"> <li>– unfair, does not have sufficient regard to natural justice, inconsistent and or</li> <li>– quality and or frequency of feedback is inadequate or inappropriate.</li> </ul>

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Work demands

Sustained and/or excessive effort is required to meet the physical, mental and or emotional demands of the work. Demands which chronically exceed workers' skills, and/or are unreasonable for the available staff and/or distributed inequitably

That requires:

- fast-paced work and time pressure - too much to do in too little time
- sustained concentration- high mental workloads
- repeated rapid switching between tasks, so it is difficult to concentrate and satisfactorily complete one task before commencing another
- monotonous tasks requiring vigilance (e.g. long-distance driving, security monitoring)
- long working hours, shift work, a large number of consecutive days without adequate recovery time
- exposure to emotionally distressing situations (e.g. first responders)
- accuracy and where the consequences of errors may be extremely serious to peoples' health and safety and/or the organisation

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Sustained low levels of physical, mental or emotional effort are required to do the work. This results in boredom and frustration

Where there is:

- too little to do,
- little task variety
- monotonous tasks (e.g. passive monitoring of production lines).

## Appendix C. Risks to psychological health checklist

This checklist will help you identify some of the psychosocial hazards and risks to psychological health in your organisation. It is not comprehensive, and you should include additional issues which are relevant to your situations. A **'disagree' or 'don't know' response** should trigger further investigation. For each question put a mark in the box for your response. This should be based on your discussions with workers in the relevant area(s).

<i>WORK AREA:</i>	<i>DATE:</i>		
<i>Generally:</i>	<i>Agree</i>	<i>Disagree</i>	<i>Don't know</i>
Encourages work-related stress and struggles at work to be discussed in an open and constructive manner			
People are not pressured to work long hours			
There are realistic time pressures and work volumes			
There is not too much to do in the time provided			
Work requests from different areas are coordinated, so people know what the important priorities are			
There is enough to do at work; people are not bored			
Working times can be flexible if there are family problems			
The work environment is safe, healthy and comfortable (e.g. temperature, noise, lighting, exposure to chemicals etc.)			
The site layout and equipment make it easy and comfortable to do the work (e.g. safe manual handling)			
People have a reasonable say over their own work speed			
Can decide when to take a break			
Have opportunities to have a say about how work is done			
Know what is required of them at work			
Get fair, clear, timely feedback			
Understand how their work fits into the overall aim of the organisation			
There is adequate training/ instruction on how to do the work			
There are the right working tools and equipment for the work			
If work gets busy or difficult, people help each other out			
Relationships at work are usually good			
People are not at risk of abuse or violence			
Line managers give practical help with work problems			
Workers can talk to supervisors if they are upset about work			
Teammates will give each other emotional support, especially after distressing situations			
Peoples' efforts are appropriately recognised and rewarded			
Staff are always consulted about change at work			
Have sufficient opportunities to question managers about changes at work			
When changes are made at work, it is clear how they will work out in practice			
People are not subject to harassment or bullying at work			
Policies on acceptable workplace behaviours including no bullying and harassment at work are followed			
Senior managers understand the risks to psychological health and are committed to managing these			

You should include relevant information in your organisational risk register and your overarching Work Health and Safety Management System.

## Appendix D. Risk Assessment Process

The risk management approach below is outlined in the code of practice: [How to manage work health and safety risks](#)



Figure 1: The risk management process

As part of the risk assessment process, you should consider:

- the main tasks and duties that make up your workers' jobs
- any psychosocial hazards which are present
- how they may cause harm
- possible consequences
  - severity and type(s) of harm
  - what factors might influence the severity of harm
- likelihood of work-related harm occurring
  - how often the task is done, by how many people
  - if the harm has occurred before at your site or similar sites
  - effectiveness of existing control measures
- the risk of work-related harm (risk rating), reflecting the combined likelihood and consequences
- if an action is required
- how urgently you need to take action
- options for eliminating hazards or minimising the risk, including their effectiveness and availability.

In the risk assessment process, you should separately consider and rate risks to psychological health that are:

- likely or very likely but where the consequences may be less serious, and
- unlikely but where the consequences may include serious long-term harm or death.

## Appendix E. Examples of control measures for the risks to psychological health

The following are examples of control measures and how they relate to each level of the hierarchy of controls.

<i>Hierarchy of Control</i>	<i>Examples</i>
<p><b>Eliminating hazards and risks</b></p> <p>This means designing or redesigning work, so the risk is no longer present</p>	<p>Work demands/ workload management</p> <ul style="list-style-type: none"> <li>– ensuring there is always adequate skilled staff rostered on to do the work</li> <li>– setting achievable performance targets for current staff numbers and skill mix</li> <li>– outsourcing tasks to external companies with the capacity to deliver service safely, for example, dedicated companies providing security in outpatient admission areas</li> </ul> <p>Risk of assault during a robbery</p> <ul style="list-style-type: none"> <li>– exclusively using remote payment methods</li> </ul>
<p><b>Minimising risks</b></p> <p>This means minimising exposure to risks to psychological health through the designing or redesigning and management of work and people</p>	<p>Work demands/ workload management</p> <ul style="list-style-type: none"> <li>– ensuring caseloads and staffing models are appropriate, for example, sexual assault caseloads consider case type and complexity, numbers of available staff and their skills and experience</li> <li>– monitoring workloads and planning to roster on additional staff during peak workloads</li> <li>– allowing more time for difficult tasks to be completed safely, especially by inexperienced staff</li> </ul> <p>Job control</p> <ul style="list-style-type: none"> <li>– providing workers with reasonable control over their work, for example when they can take breaks to manage their fatigue</li> <li>– consulting workers about how major organisational changes may affect them and listening to their views</li> </ul> <p>Support</p> <ul style="list-style-type: none"> <li>– increasing the level of practical and emotional support during peak workloads.</li> </ul> <p>Role clarity</p> <ul style="list-style-type: none"> <li>– minimising role confusion by clearly defining workers' tasks, duties, reporting structures and performance standards</li> <li>– providing fair and timely performance feedback</li> </ul> <p>Working environment</p> <ul style="list-style-type: none"> <li>– increasing lighting or placing barriers between workers and customers to minimise the risk of assault, violence and other crime</li> <li>– reducing exposure to hazardous manual tasks for example by supplying appropriate manual handling equipment and redesigning work layout</li> <li>– reducing exposure to unpleasant or hazardous noise by installing sound dampening technology or enclosing machinery to isolate workers</li> </ul>

<p><b>Administrative controls</b></p> <p>Systems of work: working arrangements, policies, procedures, training or supervision that are clear, accessible and fairly implemented</p>	<p>Safe systems of work</p> <ul style="list-style-type: none"> <li>– Systems that increase awareness of potential hazards, for example, warning alarm code in hospitals that a patient has become aggressive</li> <li>– Job rotation to reduce workers' exposure to repetitive or highly demanding tasks, e.g. rotating rosters for customer service officers dealing with aggressive clients</li> <li>– Shift designs that allow adequate rest and recovery</li> <li>– Ensuring workers have the right information, training, equipment and supervision to do their usual job safely and well</li> <li>– Appropriate training when introducing new plant and equipment, software or production methods</li> <li>– Providing supervisors with appropriate people and workload management training and support</li> <li>– Clear policies and procedures to deal with bullying, harassment, including sexual harassment, occupational violence and unreasonable work behaviours</li> <li>– Ensuring workplace policies, procedures, value statements, and reward system support effective communication and teamwork</li> <li>– Workplace appropriate and accessible instructions on how to respond to psychological incidents and where to get assistance</li> </ul> <p>This is important where there is a higher likelihood of serious harm, for example, amongst first responders and persons who may be subjected to traumatic events in the course of their work.</p>
<p><b>Personal Protective Equipment</b></p>	<ul style="list-style-type: none"> <li>– Personal distress alarms for workers at risk of assault</li> <li>– Comfortable and well-maintained PPE for example <ul style="list-style-type: none"> <li>– high-quality hearing protection or headphones to reduce stress from excessive or annoying background noise</li> <li>– protection from the sun and irritating glare for outdoor workers</li> <li>– body armour and face protection for police, and gloves, gowns, and face shields to protect child care workers, emergency workers, nurses and personal care workers from contact with body fluids</li> </ul> </li> </ul>

Appendix F. Action plan template for risks to psychological health

When the nature of the problems and their causes are sufficiently understood, an action plan with reasonable practical steps to reduce risk should be developed.

Wherever possible, you should integrate psychological risk management actions into your overarching Work Health and Safety Management System and where appropriate your organisational risk management systems.

<i>Identified psychosocial hazard</i>	<i>Risk rating</i>	<i>What are the control measures to be implemented?</i>	<i>Who consulted involved</i>	<i>The person responsible for actions</i>	<i>Resources</i>	<i>Date to be actioned</i>	<i>Date finalised</i>