

Draft Template_Psychosocial Hazards Risk Management Policy

Reference: [Insert]	Location: [WHS – Risk Management]
Authorised by: [CEO]	Created by: [Management Committee]
Document version:	[Draft]
Valid from:	[insert] 2024
Next review date:	[Insert e.g review at least every 2 years]

References and resources:	
Legislation or other requirements	<ul style="list-style-type: none"> • <i>Work Health and Safety Act 2011</i> (Qld) (WHS Act) • <i>Work Health and Safety Regulation 2011</i> (Qld) (WHS Reg) • Managing the risk of psychosocial hazards at work Code of Practice 2022 (Code of Practice)
Accreditation Standards	<p>Accreditation Standards</p> <p>CLCA National Accreditation Scheme: Governance and Organisational Management - Standard 1 Governance, Standard 3 Staffing, Standard 5 Organisational Risk Management and Compliance.</p> <p>Service Delivery – Standard 10 Supervision of Legal and Related Practice by Responsible Person</p> <p>Client Focus – Standard 15 Accessibility, Inclusion and Diversity, Standard 16 Cultural Safety for Aboriginal and Torres Strait Islander staff and clients</p>

1. Purpose

[Insert Centre name] (**Centre**) is committed to providing a safe and healthy workplace for its staff, contractors, volunteers and clients, including by proactively identifying psychosocial hazards and managing exposure to psychosocial risks that may arise from such hazards.

The purpose of this Psychosocial Hazards Risk Management Policy (**Policy**) is to:

- provide guidance on psychosocial hazards and risks in the workplace, including their identification, assessment and management; and
- outline the Centre's approach to managing psychosocial hazards and risks in the workplace in accordance with the WHS Act, WHS Reg and the Code of Practice.

This Policy is to be read and administered in conjunction with the [Centre's Risk Management Procedure].

2. Scope and application

This Policy applies to:

- all staff, contractors and volunteers of the Centre (together, **Workers**); and
- the Management Committee of the Centre.

3. Principles

The Centre is committed to ensuring the health and safety of its Workers, so far as is reasonably practicable, by:

- Creating and maintaining a safe and healthy workplace culture;
- Adopting a risk management approach to identifying and managing hazards and risks in the workplace, including psychosocial hazards and risks, in accordance with Part 3.1 of the WHS Regulation and section 3 of the Code of Practice;
- Regular and ongoing consultation with Workers about psychosocial hazards, including as required in the circumstances outlined in section 2.1 of the Code of Practice;
- Consultation, cooperation and coordination with other duty holders as required under section 2.2 of the Code of Practice;
- Driving continuous improvement in work health and safety;
- Providing adequate supervision, information, training and instruction to Workers; and
- Ensuring it complies with all relevant duties and obligations under the WHS Act and WHS Reg.

Duty holders must comply with the Code of Practice so far as is reasonably practicable to do so. Where psychosocial hazards and risks arising from the work carried out is managed in a way that is different to the Code of Practice, this must provide for an equivalent or higher standard of work health and safety than the standard required in the Code of Practice.

'Reasonably practicable' in relation to duty holders' duty to ensure health and safety has the same meaning as outlined in section 1.3 of the Code of Practice and section 18 of the WHS Act.

4. Roles and responsibilities

Centre

The Centre has a primary duty of care to ensure, so far as is reasonably practicable, the health and safety of its Workers and others who may be affected by its business (such as clients). This duty includes ensuring that the psychological health of Workers and others is protected.

[CEO] and Management Committee

The **[CEO]** and Management Committee will take reasonable steps to:

- Demonstrate leadership in reducing psychosocial risks in the workplace; and
- Exercise due diligence to ensure the Centre is complying with its duties and obligations in relation to the management of psychosocial hazards and risks in the workplace and this Policy.

Line Managers/Supervisors, Service Stream Managers and Service Coordinators

Line Managers/Supervisors, Service Stream Managers and Service Coordinators will take reasonably practicable steps to:

- Demonstrate an understanding of and a commitment to the systematic hazard identification and risk management process for psychological hazards;
- Provide direction, guidance and support to all persons, including Workers, to fulfil their responsibilities for the management of psychological hazards under this Policy;
- Hold regular discussions about work health and safety issues at staff meetings, including in relation to psychosocial hazards in the workplace;
- Facilitate regular and ongoing consultation with Workers about matters impacting on psychological health in the workplace; and
- Promote a robust safety culture at the Centre with respect to the management of psychosocial hazards by modelling good safety behaviours.

Workers

Workers will take reasonable care to:

- Act in a manner that does not adversely affect the psychological health of other persons;
- Cooperate and comply with reasonable policies, procedures, instructions and training; and
- Report all hazards, incidents, injuries, unsafe work practices or other events involving psychological health and safety.

5. Details

4.1 What are psychosocial hazards?

A psychosocial hazard can be defined as a hazard that arises from, or relates to, the design or management of work, a work environment, plant at a workplace or workplace interactions or behaviours and may cause psychological or physical harm.

These hazards can stem from:

- the way tasks or jobs are designed, supervised and managed;
- tasks or jobs where there are inherent psychosocial hazards and risks;
- the working environment, including requirements to undertake duties in physically hazardous environments; and
- social conditions of the workplace.

Psychosocial hazards can arise from organisation-wide systems, work practices, work environments and workplace behaviours, or they can be specific to a task or job.

Some Workers may be at greater risk from psychosocial hazards, including those Workers with:

- limited experience in the workplace (e.g. young workers);
- barriers to understanding safety information (e.g. literacy or language);
- perceived barriers to raising safety issues (e.g. power imbalance or stigma); or
- previous exposure to a hazard.

The Centre recognises that consultation with Workers will assist with identifying those who may be at greater risk from psychosocial hazards, and what additional controls can be implemented to eliminate or minimise the risk for these workers, so far as is reasonably practicable.

Examples of psychosocial hazards that may exist in our workplace include (but are not limited to) the hazards set out in the table **below**. These examples are drawn from the Code of Practice and are not intended to be an exhaustive list. Further information about common psychosocial hazards can be found in section 3.1 of the Code of Practice.

Design or management of work Work environment	<ul style="list-style-type: none"> • High job demands • Low job demands • Low job control • Poor support • Lack of role clarity • Remote or isolated work 	<ul style="list-style-type: none"> • Inadequate reward or recognition • Poor organisational change management • Poor organisational justice • Traumatic events or material • Poor physical environment
Workplace interactions or behaviours	<ul style="list-style-type: none"> • Violence and aggression • Bullying • Conflict or poor workplace relationships and interactions • Harassment including sexual harassment or gender-based harassment 	

4.2 Why is it important to identify psychosocial hazards and manage psychosocial risks?

Psychosocial hazards in the workplace can significantly influence the health and wellbeing of our Workers, and are considered an occupational concern in regard to safety, injury, disease, and productivity. They can also be associated with broader societal and economic impacts. Initial exposure to psychosocial hazards may lead to physical, cognitive, emotional, or behavioural changes. For many individuals, these changes may be short-term and have no lasting effects if a hazard is removed. However, prolonged exposure to psychosocial hazards may lead to a variety of acute and chronic responses. These may be seen through, for example:

- excessive or unusual patterns of sick leave;
- staff turnover;
- withdrawal or negative behaviours (e.g. not participating in work meetings or disrespectful behaviour or misconduct);
- performance issues; and
- illness or injury (such as depression, anxiety, cardiovascular disease, and musculoskeletal disorders).

Through proactive measures, the Centre aims to prevent psychosocial hazards in the workplace, where possible. These measures include:

[insert as applicable – we have included a number of examples of measures that may be suitable for CLC working environments, for example:

- *ensuring suitable job design and workload management;*
- *providing role clarity and clear expectations;*
- *Code of Conduct training including bullying, harassment and discrimination training;*
- *Mental health in the workplace training that covers awareness, early intervention, immediate response and recovery;*
- *fostering open and transparent communication;*
- *Vicarious trauma training;*
- *Employee Assistance Program available to all Workers and their family members;*
- *Consultation and communication between Workers and management – regular interaction within teams and early intervention where signs of stress, behavioural change or unusual responses are noticed; and*
- *insert any other applicable measures in place at the Centre.]*

4.3 Psychosocial hazard and risk management approach

The Centre's approach to management of psychosocial hazards and risks involves the following risk management process (as set out in section 3 of the Code of Practice):

1. Understanding the key psychosocial hazards;

2. Undertaking a risk management process (i.e identifying hazards, eliminating or minimising risks, controlling risks in accordance with the hierarchy of controls, and maintaining and reviewing control measures I);
3. Undertaking meaningful and ongoing consultation with Workers as part of the risk management process (consultation is required at each step of the risk management process);
4. Ensuring appropriate resources and processes to control risks; and
5. Maintaining, monitoring and reviewing control measures.

All of these steps must be supported by consultation (see section 2 of the Code of Practice).

The Centre's risk management process in relation to psychosocial hazards involves the following steps:

1. **Step 1:** Identifying psychosocial hazards, including by considering underlying sources of psychosocial hazards and risks;
2. **Step 2:** Assessing psychosocial risk by conducting a risk assessment;
3. **Step 3:** Controlling the risk of psychosocial hazards so far as is reasonably practicable by implementing appropriate control measures (where it is not reasonably practicable to eliminate hazards and risks, the Centre will follow and apply the hierarchy of controls to minimise risks); and
4. **Step 4:** Maintaining, monitoring and reviewing the effectiveness of controls.

The Centre's **Risk Management Procedure** is to be applied so that all foreseeable psychosocial risks arising out of the Centre's business or undertaking are identified, controlled and continually reviewed.

Identified psychosocial hazards and associated psychosocial risk control measures will be documented in the Centre's **WHS Risk Register**.

4.4 Identifying psychosocial hazards

In identifying psychosocial hazards in the workplace, the Centre gives consideration to:

[Insert, as applicable, for example:

- *Worker and service user feedback;*
- *relevant information and records including incident reports, complaints, workers' compensation claims, workplace surveys, absenteeism and Worker turnover data;*
- *workplace observations - observing how work is performed, including the physical, mental and emotional demands of tasks and activities;*
- *policies, procedures and processes, including service delivery models and work processes;*
- *results and advice from external audits and compliance processes.]*

Workers are encouraged to report, or raise concerns about, any hazards in the workplace that they consider may be psychosocial hazards or to ask their **Service Stream Manager and/or Service Coordinator** for guidance if they are unsure.

4.5 Assessing and controlling psychosocial risks

The Centre will have regard to the following when assessing psychosocial risks and determining control measures:

- the duration, frequency, and severity of the exposure of Workers and other persons to psychosocial hazards;
- how the psychosocial hazards may interact or combine;
- the design of work, including job demands and tasks;
- systems of work used, including how work is managed, organised, and supported;
- the design, layout, and environmental conditions of the workplace, including safe access and egress, welfare facilities and any premises occupied by Workers;

- plant, substances and structures at the workplace;
- workplace interactions or behaviours, and its impact on workplace culture; and
- information, training, instruction and supervision provided to Workers.

Given the Centre's business and its work environments, it may not be possible to completely eliminate all psychosocial hazards that may give rise to psychosocial risks. Where it is not reasonably practicable to eliminate hazards and risks, the Centre will follow and apply the hierarchy of controls to minimise risks.

Further guidance about selecting and implementing appropriate control measures, including examples, set out in the Code of Practice.

4.6 Maintaining and reviewing control measures

The Centre will maintain and review its control measures for managing psychosocial hazards and risks to ensure that they remain effective over time. The Centre will regularly review and, as necessary, revise control measures, including when:

- a control measure does not adequately control the risk it was implemented to manage;
- before a change at work that is likely to give rise to a new or different risk to health or safety (e.g. a change to the work environment or systems of work);
- where a new relevant hazard or risk is identified;
- where consultation indicates a review is necessary; or
- when a review is requested by a health and safety representative.

4.7 Consultation

The Centre will consult with Workers (and their representatives, if applicable) and other duty holders when identifying psychosocial hazards and assessing risks to psychological health and safety.

[If the Centre has agreed procedures for Worker consultation, a reference to the procedure should be included here].

Consultation with Workers must occur when:

- identifying psychosocial hazards and assessing risks to psychological health and safety (see section 3 of the Code of Practice);
- making decisions about ways to eliminate or minimise those risks (e.g. what control measure(s) to put in place);
- making decisions about the adequacy of facilities for the welfare of workers;
- proposing changes that may affect the health or safety of workers;
- making decisions about procedures for:
 - consulting Workers;
 - resolving health or safety issues at the workplace;
 - monitoring the health of Workers and the conditions at the workplace; and
 - monitoring the conditions at the workplace or providing information and training for Workers.

When consulting with Workers in relation to psychosocial hazards and risks, the Centre will:

- share relevant information about the matter being consulted on;
- give Workers a reasonable opportunity to express their views and contribute to the decision-making process;
- take the views of Workers into account before making decisions on health and safety matters; and
- advise workers of the outcome of consultation.

During consultation, Workers are encouraged to share their knowledge and experience, report psychosocial hazards immediately so risks can be managed, and suggest ways of addressing risks.

Consultation with Workers should be a regular and ongoing process, and not occur as a once-off. Consultation is required at each step of the risk management process.

Consultation may be undertaken using one or more of the following consultation methods:

- Focus groups;
- Worker surveys;
- WHS committee meetings;
- Consultative committees;
- Informal individual discussions with Line Managers/Supervisors; and/or
- Team meetings.

4.8 Reporting psychosocial hazards and risks

Where a Worker:

- becomes aware of any psychosocial hazard or risk that is affecting them in their work;
- believes that they are suffering a psychological illness arising out of their work; and/or
- where an incident occurs that arises from or is related to psychosocial hazards in the workplace,

the Worker should immediately notify their [Service Stream Manager and/or Service Coordinator], who will then take steps to ensure that appropriate action is taken in response to the report.

6. Related policies and procedures

Related policies and procedures:	[Update with relevant related and supporting documentation, for example: <ul style="list-style-type: none">• Work Health and Safety Policy• Risk Management Procedure
Forms or other documents:	<ul style="list-style-type: none">• WHS Risk Register• Incident Report Form]

7. Document history

Date	Version	Reviewer	Comments/Updates