

Managing the risk of psychosocial hazards at work – New Code of Practice

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Acknowledgement of Country

We acknowledge that this land always has been, and always will be, Aboriginal land and we recognise that sovereignty was never ceded and note the urgent need for a treaty.

A little bit about me



We welcome



fearless thinkers

Warning

Some people may find parts of this content confronting or distressing.

If this material raises concerns for you contact Lifeline on 13 11 14 or for members, Queensland Law Society provides free confidential counselling services through its LawCare program – phone: 1800 177 743.

Some of the information in the webinar places an emphasis on data, and as such, may appear to depersonalise the pain and loss behind the statistics. We acknowledge the individuals, families and communities affected by mental health conditions and suicide.

Aboriginal and Torres Strait Islander participants are advised that there is a reference to data relating to Indigenous suicide.

Other Legislation

Anti-Discrimination Act 1991 (Qld) (AD Act)

Industrial Relations Act 2016 (Qld) (IR Act)

Information Privacy Act 2009 (Qld)

Fair Work Act 2009 (Cth) (FW Act)

Human Rights Act 2019 (Qld) (HR Act)

*Workers' Compensation and Rehabilitation Act
2003 (Qld) (WCR Act)*

Criminal Code Act 1899 (Qld) (Criminal Code)



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Workplace Health and Safety - not just about hard hats



Sobering statistics

- 8.6 Australians die every day by suicide. That's more than double the road toll ([ABS, 2022](#)).
- 75% of those who take their own life are male ([ABS, 2022](#)).
- An unknown number of Australians attempt suicide every year, with some estimates suggesting this figure may be over 65,000.
- Suicide is the leading cause of death for Australians between the ages of 15 and 44 ([AIHW, 2022a](#)).
- The suicide rate in Aboriginal and Torres Strait Islander peoples is twice that of their non-Indigenous counterparts ([ABS, 2022](#)).
- People in rural populations are 2 times more likely to take their life by suicide by suicide ([AIHW, 2022b](#)).
- LGBTIQ+ community members report having attempted suicide in the past 12 months at a rate 10 times higher than the general Australian population ([Australian Research Centre in Sex, Health and Society, 2021](#)).
- Beyond the tragic loss of the person, the impact of suicide deaths are felt by up to 135 people, including family members, work colleagues, friends, first responders at the time of death ([Cerel et al, 2019](#)).

What's new?

The Code came into force on 1 April 2023 and whilst the duty to protect the psychological health of workers and regulating psychosocial risk is not new, **the fact that the Code is enforceable is.** The Code is enforceable through the *Workplace Health and Safety Act 2011* (“The Act”) and *Workplace Health and Safety Regulations 2011*.

The data

Managing psychosocial hazards at work

Exposure to psychosocial hazards can cause psychological and physical injury.

Under model work health and safety laws, psychosocial hazards and risks are treated the same as physical hazards and risks.



On average,
7,984

Australians are compensated for work related mental health conditions each year.

Psychological injuries usually have **longer recovery times, higher costs** and mean **more time away from work** than physical injuries.

Image credit: Safe Work Australia

What is a psychosocial hazard

A psychosocial hazard is a hazard that arises from, or relates to, the design or management of work, a work environment, plant at a workplace or workplace interactions and behaviours and may cause psychological harm, whether or not the hazard may also cause physical harm.

Overview of the Code

The Code is broken down in to five sections.

1. Information about the most common psychosocial hazards.
2. Who has a health and safety duties relating to psychosocial hazards.
3. What is reasonably practicable in managing these hazards?
4. How to go about managing these hazards.
5. Other relevant laws that may apply, that duty holders should be aware of.

1. What are the common types of hazards

- high and/or low job demands
- low job control
- poor support
- low role clarity
- poor organisational change management
- low reward and recognition
- poor organisational justice
- poor workplace relationships including interpersonal conflict
- remote or isolated work
- poor environmental conditions
- traumatic events
- violence and aggression
- Bullying harassment including sexual harassment.

Poll: Which, if any, of the above common categories are you most exposed to in your work?

2. Who has a duty?

A person conducting a business or undertaking (PCBU)

The Code and Regulations apply to all work and workplaces covered by the WHS Act.

The Code and Regulations cover employers, workers, contractors, subcontractors, outworkers, the self-employed, apprentices and trainees, work experience students, and volunteers.

The Code and Regulations also cover other people in workplaces, such as customers and visitors.

The Code and Regulations do not apply to some Queensland workplaces in the mining and resources industries, and Commonwealth government departments and Australian Public Service agencies.

Queensland mining and resources workplaces have separate health and safety laws.

Duty of officers

An officer of a PCBU (e.g. company directors, senior managers or executives), must exercise due diligence to ensure PCBUs comply with duties under the WHS laws.

An officer's duty is immediate, positive, and proactive, and is owed by each individual officer of a PCBU

Duty of Workers

While at work, a worker must:

- take reasonable care for their own health and safety, including psychological health.
- take reasonable care their acts or omissions do not adversely affect the health (including psychological health) and safety of other persons.
- comply, so far as the worker is reasonably able, with reasonable instructions given by a PCBU.
- cooperate with reasonable health and safety policies or procedures issued by a PCBU that have been notified to workers.

Example: workers must cooperate with reasonable policies relating to work-related bullying, work-related violence and aggression, sexual harassment or other forms of harassment.

What is reasonably practicable?

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

- the likelihood of the hazard or the risk concerned occurring
- the degree of harm that might result from the psychosocial hazard or risk
- the availability and suitability of ways to eliminate or minimise the risk
- 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
- 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 workers – the 3 C's

PCBUs must consult, so far as is reasonably practicable, with workers who carry out work for the business or undertaking and who are (or are likely to be) directly affected by hazards. The term 'workers' includes anyone carrying out work in any capacity for the business or undertaking, including contractors and their employees, labour hire workers, outworkers, apprentices, trainees, work experience students and volunteers.

Examples of consultation methods include: Focus groups, worker surveys, WHS committee meetings, consultative committees, or team meetings and/or individual discussions.

The procedure(s) for consultation must be decided in consultation with workers and, if there is an agreed procedure for consultation, this procedure must be followed

How it works

The Code outlines a four-step process for managing risk:

1. **identify** psychosocial hazards
2. **assess** psychosocial risks
3. **control** the risk of psychosocial hazards; and
4. **maintain** and **review** control measures.



Step 1 – Identify Hazards

PCBUs must identify reasonably foreseeable psychosocial hazards that could give rise to risks to health and safety. Psychosocial hazards can arise from or relate to:

- the design or management of work (e.g. the way tasks or jobs are designed, organised and managed)
- a work environment (e.g. a requirement to undertake duties in hazardous environments),
- plant at a workplace (e.g. the equipment), or
- workplace interactions or behaviours (e.g. social factors at work and the way workers and others behave, including work-related bullying, work-related violence and aggression, sexual harassment, and other forms of harassment such as harassment due to age, disability or race)

Identifying workers at high risk

Examples of workers who may be at higher risk include workers with:

- limited work experience (e.g. young workers, apprentices or trainees)
- barriers to understanding safety information (e.g. literacy or language)
- perceived barriers to raising safety issues (e.g. workers engaged in insecure or precarious work)
- certain attributes, such as sex, race, religious beliefs, pregnancy, gender identity, sexuality, age, or a combination of these attributes
- an injury or illness preventing them from performing their full or normal duties.

Bullying – the RMA exception

Note: Reasonable management action taken in a reasonable way is not work-related bullying. In relation to work-related bullying, 'reasonable management action' (e.g. performance management or administrative actions) when carried out lawfully and in a reasonable way, while potentially uncomfortable or distressing to some, is a legitimate way for managers and supervisors to:

- lead, direct and control how work is done
- give feedback and manage performance, including around inappropriate or harmful workplace behaviours
- deal with differences of opinion and disagreements, or
- recruit, assign, transfer and or terminate employment.

Step 2 – Assess Risk

A risk assessment (or multiple/dynamic risk assessments) should be carried out for any psychosocial hazards that have been identified where the risk of the hazard(s), or accepted control measures, are not well-known. This includes where there is uncertainty about the:

- likelihood or severity of consequences
- how a psychosocial hazard may result in injury or illness
- how psychosocial hazards may interact or combine to create new or greater risks
- how changes at work may impact the effectiveness of control measures, or
- ways of eliminating or minimising the risk.

Conducting a risk assessment

To assess the risk of harm from psychosocial hazards, PCBU's need to identify the worker(s), and others, likely to be affected and consider:

- the duration - how long are workers and others exposed to the hazard(s)?
- the frequency - how often are worker(s) and others exposed to the hazard(s)?
- the severity of their exposure - how stressful do worker(s) find the psychosocial hazard to be?
- how psychosocial hazards may interact or combine to increase the risk

Where and what to look for

- Records of leave
- Hours of work
- Workers' Compensation claims
- Grievance information
- Incident and injury records
- EAP data
- Minutes of meetings
- Turnover data
- Local crime statistics
- Recruitment data

Step 3 - Controlling the risk

- PCBUs must minimise the risk of psychosocial hazards by either substituting or isolating the hazard from the person or implementing engineering controls, so far as is reasonably practicable. This can be done through good work and system design.
- Examples of control measures are set out in Appendix 4 of the Code.

Suggested Control Measures

Psychosocial hazard	Example control measures
High and/or low job demands	<p data-bbox="359 475 843 511">Time pressure, role overload</p> <ul data-bbox="359 515 2453 1058" style="list-style-type: none"><li data-bbox="359 515 1824 551">• Design the work to ensure manageable workloads with achievable performance standards.<li data-bbox="359 558 1722 594">• Implement self-check-in processes for customers/patients to reduce staff workloads.<li data-bbox="359 601 2193 636">• Rotate tasks and activities so that workers are not overexposed to time pressured or excessively demanding work.<li data-bbox="359 644 1251 679">• Negotiate reasonable deadlines for completing tasks.<li data-bbox="359 686 2058 722">• Provide workers with sufficient time, resources, and appropriate equipment to perform the tasks assigned.<li data-bbox="359 729 2308 765">• Schedule regular breaks throughout the day and ensure that workers are taking breaks to get adequate rest and recovery.<li data-bbox="359 772 2453 843">• Monitor and manage workloads during periods of peak demand (e.g. end of financial year, seasonal peaks). Use this information to plan and provide additional resources where required.<li data-bbox="359 851 1600 886">• Ensure work tasks and cases are matched with the worker's capability level.<li data-bbox="359 893 1251 929">• Ensure sufficient cover for workers who are on leave.<li data-bbox="359 936 1396 972">• Implement flexible working arrangement policies and practices.<li data-bbox="359 979 2224 1015">• Implement workload reporting and review systems and schedule regular opportunities to review workloads with staff.<li data-bbox="359 1022 2053 1058">• Encourage work practices and systems that allow workers to disconnect from work outside of work hours.

Monitor and review the risks

- Cannot set and forget.
- PCBUs will need to be able to demonstrate the risks identified and control measures are regularly reviewed to determine that they continue to be effective.

Poll – 2

- high and/or low job demands
- low job control
- poor support
- low role clarity
- poor organisational change management
- low reward and recognition
- poor organisational justice
- poor workplace relationships including interpersonal conflict
- remote or isolated work
- poor environmental conditions
- traumatic events
- violence and aggression
- Bullying harassment including sexual harassment.

Poll: Which of the above common categories are your clients and community most exposed to?

Identified Hazard	Describe the risk associated with the hazard. What is the potential or actual harm caused by the hazard? How will this happen?		Can the risk be eliminated entirely? How? If not, what control measures are currently in place to minimise risk so far as reasonably practicable*		Risk rating with current controls Likelihood x Consequence (Table 4)	How effective are current controls at preventing risk from occurring?	Has the risk been minimised so far as is reasonably practicable? If not what additional controls or treatments are required?	Risk rating with further or additional controls Likelihood x Consequence (Table 4)
	What is the risk?	What is, or has potential to cause the risk?	Control description	Level of control – based on hierarchy of controls				
Violence and aggression	Any incident where a person is abused, threatened, or assaulted at work or while they are carrying out work. This includes abuse, threats or assaults by workers, clients, patients, visitors, or others.	<i>e.g. Biting, spitting, kicking, throwing objects, using or threatening to use a weapon, verbal abuse and threats, aggressive behaviour such as yelling, or physical intimidation.</i> <i>Accumulative – frequency of exposure</i>	Hazard risk management Occupational Violence Prevention Program Aggressive Behaviour Management in the ED Security – PSO's and PSO specials Duress alarms Occupational Violence Risk Assessment Tool (OVRAT)	Level 2	High 12	Partially effective	Implement a Heath Service wide Wellbeing Action plan to ensure the wellbeing of staff remains a priority. Implement a community-based workers digital app that will provide safety assurance and support. Lead a Safe Work Month campaign that is engaging and worthwhile, so we can build on staff awareness and knowledge of work, health and safety. Incorporate WHS reporting into the DSS analytics platform to provide management statistics that can inform the decisions that influence ongoing WHS performance. Implement iAuditor software to allow the WHS team to digitize and centralise WHS audits and hazard inspections. This solution will capture consistent data, identify areas of improvement, share reports and collaboration across working teams. Update WHS Global Risk Assessments to review risks following any changes to legislation or business activities. Trial the Ambassador role that is targeted towards pro-active engagement of patients and visitors to prevent and/or reduce aggressive or disruptive behaviour.	High 9

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			<p>WHS Policy</p> <p>Home visit procedure and risk assessment tool including patient screening</p> <p>Employee Assistance Program (EAP)</p> <p>Always There Peer Support Program</p> <p>Emergency Response Procedures – Code Black</p> <p>WHS Committees</p> <p>RUOK Day</p> <p>Going for Gold Survey</p> <p>Safe Work Month</p> <p>Administrative workflow for the management of aggressive clients</p> <p>Speaking Up For Safety mandatory training</p> <p>Mindfulness session</p> <p>Code Black</p> <p>OVP Conflict Management and Challenging Behaviour Awareness mandatory training</p>	Level 3			<p>Commence the Preferred Medical Provider Program for injured workers to enable early return to work outcomes and reduce costs associated with premiums.</p> <p>Mental Health Specialist Services Optimising Safety Project</p> <p>Ambassadors in ED (pending funding)</p> <p>Mental Health First Aid training for all staff (pending funding).</p> <p>Review of Home visit procedure and risk assessment tool</p>	
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How is the *Code* enforceable ?

- Workplace inspections.
- Investigations of complaints
- Improvement notices.
- Penalties.

What this means in practice

1. For you as a worker

2. For you as a duty holder

3. For your clients and community

Final observations



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Thank you.



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