HRP01: Psychosocial Hazard Management

Section 1 - Purpose and Scope

(1) The purpose of this procedure is to ensure Southern Cross University's management, employees, contractors, students, visitors and others are aware of the risks associated with psychosocial hazards in the workplace, relevant management strategies and to provide advice on risk mitigation process.

(2) All employees, students and others including both independent contractors and contractors under SCU control are to be made aware of and follow this procedure.

(3) This Procedure applies to all SCU Work Units and sites. The procedure aligns with WHS legislation in the relevant jurisdictions SCU operates in.

Section 2 - Definition

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 or behaviours, and; may cause psychological harm, whether or not the hazard may also cause physical harm. (Work Health and Safety (Psychosocial Risks) Amendment Regulation, 2022).

Psychological health: Psychological health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community (World Health Organization, 2022).

Psychological harm: Psychosocial hazards may create stress. Although stress is itself not necessarily harmful, it can cause harm when employees are exposed over long periods or time, often, at high levels, and/or in combination with existing psychological and physical conditions. (Managing Psychosocial Hazards at Work – Code of Practice, 2022).

Psychological injury: Psychological injury is a state of mental impairment or altered functioning, and includes such disorders or mental health conditions as depression, anxiety, or post-traumatic stress disorder. (Worksafe Queensland, 2024)

Psychosocial risk: A psychosocial risk is a risk to the health or safety of an employee or other person from a psychological hazard. (Work Health and Safety (Psychosocial Risks) Amendment Regulation, 2022)

Section 3 - General Principles

Background

(4) Work, health and safety legislation include psychological health within its scope because persons conducting a business or undertaking (PCBUs), typically employers, have an obligation to ensure that the risk of psychosocial hazards are appropriately managed. Further, employees at all organisational levels also have a proactive duty to take reasonable care of their own psychological health and not to adversely impact the psychological health of other people.

(5) The importance of psychological health at work is recognised by the World Health Organization (WHO), which has stated that psychological health is a basic human right and a key catalyst for personal, community, and socio-economic development. Given that workplace activities and interactions can affect psychological health, it is imperative that all employees understand their duties and obligations under national and local laws, as well as engage in effective psychosocial risk management practices.

(6) Without proper management, psychosocial risks can trigger acute or chronic stress responses, increasing the risk of psychological harm and/or physical harm. The complex interrelationships between the human mind and body means that psychological harm (in the form of uncontrolled stress) can create physical injuries, and vice versa. Workers compensation data has revealed that psychological injuries take significantly longer to recover from than physical injuries, have large costs to individuals, employers, and the community, and negatively affect productivity. Therefore, prevention of psychosocial risk through elimination (where possible), and effective management of psychosocial hazards at their sources for all other exposure situations, is imperative to safeguard the health and livelihood of employees.

(7) Importantly, when psychosocial risk is managed well, these effects can extend beyond prevention of exposure and into the promotion of a psychologically supportive, inclusive, and wellbeing-oriented culture. Not only do employees with psychological health benefit from improved relationships and productivity, but the organisation is likely to have lower absentee and better overall performance.

Characteristics of psychosocial hazards

(8) Psychosocial hazards can arise from:

   a. The design or management of work.
   b. A work environment.
   c. Plant at a workplace.
   d. Workplace interactions or behaviours.

(9) It is important to recognise that the nature of psychosocial hazards will be unique to every organisation, and may even vary within organisations and between work units (e.g. primarily administrative-based roles versus customer-facing roles).

(10) Harm caused by exposure to psychosocial hazards can be:

   a. Immediate eg. psychological injuries, such as post-traumatic stress disorder (PTSD) or self-harming ideation.
   b. Delayed eg. physical health conditions such as high blood pressure, heart disease, and stroke, as well as psychological injuries such as depression and anxiety.

(11) Individual factors play a role in influencing the likelihood and degree of harm.

(12) Different people have different vulnerabilities to psychosocial hazard exposure. Particular groups of people in the workplace that SCU considers as part of their risk management processes include:

   a. Young people
   b. Older people
   c. New employees
   d. People on temporary or insecure work arrangements
   e. People with diverse language, literacy, numeracy or cultural backgrounds
   f. People with previous or current workplace injuries or illnesses, or have experienced exposure to psychosocial hazards in the past (e.g., traumatic experiences).

(13) These employee groups should be represented as part of broader employee consultation and involvement in the management of psychosocial risks.

(14) Psychosocial hazards can combine and interact with each other and physical hazards to increase the risk of harm.

(15) Psychosocial hazards are rarely experienced in isolation. For example, employees may experience high job demands and unreasonable workload as well as poor role clarity. SCU's risk management system therefore considers the sum of all psychosocial risk exposures on employees' psychological health rather than treating each one separately. Further, psychosocial and physical hazards can combine or interact with each other to increase the risk of harm, for example, an employee who is working remotely in a socially isolated environment may also experience physical strain from a poor ergonomic office setup. The experience of stress can be functional.

(16) An important consideration for psychosocial risk management is that similarly to activities in the physical domain that carry risk (e.g., manual handling builds physical resilience), some level of stress can be positive when it is experienced in appropriate doses and within the framework of a well-performing organisational risk management framework. An example is a moderate level of job demands, which can be interpreted as a 'challenge' stressor that drives motivation and engagement in work tasks.

Managing psychosocial risks

(17) There are four key steps involved in managing psychosocial risks:

   a. Identify hazards.
   b. Assess risks.
   c. Control risks.
   d. Review control measures.

(18) Throughout all four risk management steps, there are two important consistent considerations:

   a. Management commitment and support.
   b. Employee consultation.

Management commitment and support

(19) Effective management of risks of all types (physical and psychosocial) requires genuine and sufficient commitment and support from senior leaders. Such commitment ensures that risk management systems are allocated the resources needed to be effective, risk-related decisions are appropriately elevated and prioritised by SCU, and there is ongoing commitment to the verification and monitoring of psychosocial risks and their corresponding controls (leading to continuous improvement). Senior leaders must be aware of their duties and obligations personally (e.g., WHS Act 2011 Section 27 – Due diligence) as well as the general duties that apply to the PCBU (e.g., WHS Act 2011 Section 19 – Primary duty of care).

Employee consultation

(20) Consultation is critical for effective psychosocial risk management as outlined in WHSMP07: WHS Consultation, Communication and Participation Procedure. Consultation is so important because most psychosocial hazards are intangible and subjective, so cannot be reliably assessed and controlled without involving the employees who are likely to be exposed. Further, individual characteristics may affect employees' risk profiles, such as diversity in cultural and religious beliefs, sexual orientation, language and literacy issues, gender, age, and working/contract arrangements. Only meaningful consultation will reveal whether these characteristics affect employee health and safety, and what control measure(s) are most appropriate and effective.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

Page 3 of 11

(21) Consultation must be done at each step of the psychosocial risk process, and done as early as possible so as to be meaningful and inform risk-related decision making. Situations that may trigger proactive consultation on psychosocial risk include:

a. Structural changes to the organisation.
b. New technologies or work processes that substantially impact the way employees perform their duties.
c. New or substantially changed organisational policies and procedures.
d. Redesign of plant or work environments.

(22) Confidentiality throughout consultation is important due to the nature of psychosocial hazards – for example, bullying and harassment can be demonstrated by a manager within a team, therefore, employees will need to feel comfortable and reassured to share information openly about their experiences (to inform an appropriate risk management response by SCU).

(23) It is best practice to ensure feedback loops are maintained throughout and after consultation.

Psychosocial Risk Management

Step 1: Identify psychosocial hazards

Relevant psychosocial hazards are summarised by Table 1.

Hazard	Description
High and/or low job demands	Sustained or intense high levels of physical, mental or emotional job demands which are excessive, unreasonable or chronically exceed workers' capacity; or sustained very low levels of mental demands from the job (e.g. monotonous work). A job can involve a combination of low or high physical, mental and emotional demands. Examples: time pressure, role overload, unachievable deadlines, high vigilance, challenging work hours or shift work, unrealistic expectations to be responsive outside work hours.
Low job control	Workers having little or no control over what happens in their work environment, how or when their work is done or the objectives they work towards. Examples: requiring permission before progressing routine tasks; excessive monitoring of work tasks and/or breaks; unpredictable working hours; little or no involvement or input into decisions that affect workers; insecure or precarious work, or work that involves uncertainty over the length of the job, such as casual, labour hire or rolling fixed-term contract work.
Poor support	Tasks or jobs where workers have inadequate emotional and/or practical support from supervisors and/or co-workers; inadequate training or information to support their work performance; or inadequate tools, equipment or resources to do the job. Examples: poorly maintained or inadequate access to equipment/tools or supervisory support, lack of functional or adequate IT systems, limited opportunities to engage with co-workers during the work shift.
Low role clarity	Jobs where there is uncertainty about, or frequent changes to, tasks and work standards; where important task information is not available to workers; or where there are conflicting job roles, responsibilities, or expectations. Examples: a worker being told one task is a priority but another manager disagrees, a worker being given multiple priority tasks from different managers, a worker being given conflicting information about work standards and performance expectations.

Poor organisational change management	Organisational change management that is poorly planned, communicated, supported, or managed. Examples: not consulting workers on changes in the workplace that affect them (e.g. not communicating with workers about the change or genuinely considering their views), lack of practical support for workers during implementation of workplace changes.
Low reward and recognition	Jobs where there is an imbalance between workers' effort and recognition or rewards, both formal and informal. Examples: not being recognised for extra effort or commitment, no reasonable opportunities for career development.
Poor organisational justice	A lack of procedural fairness (fair processes to reach decisions), informational fairness (keeping relevant people informed), or interpersonal fairness (treating people with dignity and respect). Example: inconsistent, unfair, discriminatory or inequitable decisions and application of policies or procedures.
Poor workplace relationships including interpersonal conflict	Poor relationships or conflict between workers, managers, supervisors, coworkers or others with whom workers are required to interact. Frequent or excessive disagreements, disparaging or rude comments, either from one person or multiple people. Examples: Unresolved and excessive conflict regarding work tasks, processes, customers, interpersonal issues.
Remote or isolated work	Work that is isolated from the assistance of other persons because of location, time, or the nature of the work. This may include work at locations where access to resources and communications is difficult and travel times are lengthy. Isolated work includes work where there are no or few other people around or where workers are required to live away from home for extended periods. Examples: a community nurse conducting visits at night; night shift operators; workers who spend a lot of time travelling (e.g. driving); workers working alone from home or socially isolated away from home over protracted periods of time.
Poor environmental conditions	Exposure to hazardous work environments that create a stress response. Examples: work environments that involve poor air quality, high or nuisance noise levels, extreme temperatures, or uncontrolled biological hazards (e.g. blood or bodily fluids or infectious pathogens).
Traumatic events	Investigating, witnessing, or being exposed to traumatic events. This may include reading, hearing or seeing accounts of traumatic events. A person is more likely to experience an event as traumatic when it is unexpected, is perceived as uncontrollable, and where there is a threat to life or safety or is the result of intentional cruelty. Examples: witnessing or investigating fatalities, serious injuries, abuse, neglect or serious incidents; being exposed to extreme effects of natural disasters or seriously injured people.
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. Examples: Biting, spitting, kicking, throwing objects, using or threatening to use a weapon, verbal abuse and threats, aggressive behaviour such as yelling, or physical intimidation.

Bullying	Repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. This includes bullying by workers, clients, patients, visitors, or others. Repeated behaviour refers to the persistent nature of the behaviour and can involve a range of behaviours over time. There is no specific number of incidents required for the behaviour to be repeated, nor does the same specific behaviour have to be repeated; however the pattern of behaviour must demonstrate a persistent nature. Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating, or threatening. Examples: repeated incidents of practical jokes or initiation, spreading misinformation or malicious rumours, belittling or humiliating comments, being verbally denigrated or threatened. 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.
Harassment including sexual harassment	Harassment in relation to personal characteristics such as age, disability, race, sex, relationship status, family responsibilities, sexual orientation, gender identity, or intersex status. Sexual harassment - any unwelcome conduct of a sexual nature that is done either to offend, humiliate or intimidate another person, or where it is reasonable to expect the person might feel that way. It includes uninvited physical intimacy such as touching in a sexual way, uninvited sexual propositions, and remarks with sexual connotations. This includes sexual harassment by workers, clients, patients, visitors, or others. Examples: telling insulting jokes about particular racial groups; making derogatory comments or taunts about someone's disability; asking intrusive questions about a person's body; staring, leering or unwelcome touching; sexual or suggestive comments, jokes or innuendo; unnecessary familiarity, such as deliberately brushing up against a person.

Reference: Managing the risk of psychosocial hazards at work Code of Practice 2022

How psychosocial hazards can be identified

(24) The first step in identifying psychosocial hazards is to reviewed meaningful data and patterns. Examples of the types of data that can be reviewed to inform the identification of psychosocial hazards include the following:

  a. Surveys
  b. Observations of work and behaviours
  c. Human Resources data such as absenteeism rates.
  d. Exit interviews (e.g., the reasons for leaving a job and overall experiences in the team).
  e. Identified information and trends from the employee assistance provider regarding usage of the service (e.g., presenting issues, demographic characteristics, changes in frequency of use over time).
   f. WHS incident reports.
  g. Existing or historical surveys and other employee consultation sources, especially open-ended comments

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

Page 6 of 11

around engagement and retention.

h. Regulatory standards, guidelines, and codes of practice.

i. Meeting minutes or issue registers from committees.

j. Rostering and workforce planning data.

k. Position descriptions.

l. Existing WHS risk registers.

Consult employees

(25) Throughout the identification process, employees must be consulted. Employees may use different terms to describe exposure to psychosocial hazards, for example, they may say:

a. stressed, burnt-out or emotionally exhausted about their workload

b. anxious or scared about talking to or dealing with an aggressive person

c. humiliated, degraded or undermined by sexual harassment or discrimination

d. angry about policies being applied unfairly

e. confused about what their role involves, torn between competing priorities or 'feeling like a failure' for not being able to meet unrealistic expectations, or

f. distressed, unable to sleep, or traumatised by exposure to traumatic situations or content.

(26) Good consultation allows for differences in how employees may describe hazards and seek to identify the underlying cause.

Step 2: Assess the risks

(27) To assess the risk of one or more psychosocial hazards, consider the following questions:

a. How serious are the consequences if an employee is exposed, including severity, frequency and duration of harm exposure?

b. What is the combination of reasonably foreseeable consequences and likelihood, and what risk level (before and after controls are in place) apply?

(28) Consulting employees as part of the risk assessment process is a vital validation and sense-checking function.

Step 3: Control the risks

(29) When considering controls, SCU will aim to eliminate the risk. Where this is not possible, controls will be implemented to minimise risk so far as is reasonably practicable. Controls will be implemented from most to least effective and combinations of controls will be considered wherever possible. Controls that are reliable and offer the highest level of protection are the most effective. Minimising the risks can be achieved by changing the:

a. design of work, including job demands and tasks involved

b. systems of work, for example:

    i. allocating tasks to match skills

    ii. ensuring sufficient time to complete tasks

    iii. support from supervisors and other workers

c. work environment and conditions

d. workplace interactions including ensuring respectful behaviours and relationships, or

e. objects or tools used in the task, for example ensuring plant, substances and equipment are safe and fit for purpose.

(30) Physical risks contributing to psychosocial risks will be minimised through relevant substitution, isolation and engineering controls.

(31) Administrative controls and personal protective equipment (PPE) are the least reliable controls and provide the lowest level of health and safety protection. SCU will consider these last and use them in combination with more effective controls. Further controls, such as supervision, may be needed to make a control more likely to be effective.

Step 4: Proactively implement, maintain, monitor, and review the effectiveness of controls

(32) Once controls have been implemented, it is imperative that adequate resources are provided and responsibilities clearly articulated to supervisors so that controls can be maintained, monitored, and reviewed. Recognising that the properties of psychosocial hazards can change over time, the risk management process will be continually implemented at SCU. Formal reviews of controls will happen on a regular basis, in addition to regular informal reviews as part of operational activities and supervision. In addition, control measures will be reviewed when workplace conditions change, there is a new hazard or risk scenario, a significant WHS event occurs (e.g. injury or illness), if requested by a health and safety representative, or where a review is otherwise indicated as necessary (e.g., a control is performing ineffectively).

Section 4 - Roles & Responsibilities

Refer to WHS Responsibility and Accountability Statements.

SCU Vice Chancellor

The Vice Chancellor has the following WHS responsibilities:

a. Foster a positive WHS culture with continuous improvement and leading by example.
b. Appoint competent resources for WHS roles based on risk profile, including an advisor for WHS duties.
c. Review and share lessons from accidents/incidents.
d. Ensure compliance with WHS policy and legal requirements through plans and reviews.
e. Take actions to achieve WHS objectives and address deficiencies.

Vice Presidents/Pro/Deputy Vice Chancellors

Vice Presidents/Pro/Deputy Vice Chancellors have the following WHS responsibilities:

a. Ensure compliance with WHS policies, procedures, and controls, including developing management systems.
b. Incorporate WHS risks in the Enterprise risk register and apply controls.
c. Provide oversight of Work Unit WHS performance, reporting, and sharing lessons from incidents.
d. Appoint and allocate appropriate WHS resources for risk management and training.
e. Foster a positive WHS culture, promote continuous improvement, and lead by example.
f. Review safety performance, discuss with management, and take corrective actions as needed, including disciplinary measures for WHS breaches.

Head of Work Units

Heads of Work Units have the following WHS responsibilities:

a. Ensure compliance with all WHS policies, procedures, and controls.
b. Ensure WHS compliance, communication, and risk management.
c. Provide oversight for Work Unit WHS performance.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version.

Page 8 of 11

d. Promote a positive WHS culture and competency.

e. Manage WHS incidents and reporting.

f. Obtain and follow WHS professional advice.

g. Conduct audit and assurance activities and ensure action on findings.

h. Report accidents and incidents promptly and ensure all hazards, incidents and near misses are reported in RiskWare

Managers and Supervisors

Managers and Supervisors have the following WHS responsibilities:

a. Ensure compliance with all WHS policies, procedures, and controls.

b. Ensure access to competent WHS advice and training.

c. Provide resources and approval for safe activities.

d. Ensure all hazards, incidents and near misses are reported in RiskWare

Employees and others

All employees and others have the following WHS responsibilities:

a. Ensure compliance with all WHS policies, procedures, and controls

b. Are not to place themselves or others at risk of injury

c. Complete all required WHS training.

d. Notify relevant management of unsafe conditions or practices.

e. Work within established safety controls and systems.

f. Use equipment only with proper training.

g. Wear issued Personal Protective Equipment correctly.

h. Follow instructions from authorities and managers and supervisors.

i. Ensure all hazards, incidents and near misses are reported in RiskWare

Section 5 - Records of Documentation

(33) All relevant documentation will be recorded and kept in accordance with WHS Legislation and other legislative obligations including:

a. Risk assessments

b. Consultation records

c. Implementation, monitoring, and review of control measures aimed at managing psychosocial risks, including any changes or updates to these measures.

d. Training records

e. Incident reports relating to psychosocial hazards

f. Health monitoring for employees exposed to significant psychosocial risks

g. Review and audit records on the psychosocial risk management process, including findings, recommendations, and actions taken.

This document may be varied, withdrawn or replaced at any time. Printed copies, or part thereof, are regarded as uncontrolled and should not be relied upon as the current version. It is the responsibility of the individual reading this document to always refer to the Southern Cross University Policy Library for the latest version. Page 9 of 11

Section 6 - Revision and approval history

(34) This procedure will be reviewed as per nominated review dates or because of other events, such as:

    a. Internal and external audit outcomes.

    b. Legislative changes.

    c. Outcomes from management reviews.

    d. Incidents.

Section 7 - References

Work Health and Safety Act 2011 (QLD & NSW)
Work Health and Safety Regulations (QLD & NSW)
Psychosocial Risk Management Codes of Practice (Safe Work Australia, QLD, NSW)
Australian Standards AS/NZS ISO 45003:2021 - Psychological health and safety at work

Section 8 - Related Documents

WHS Responsibility and Accountability Statement
WHSMP07: WHS Consultation, Communication and Participation Procedure
SCU Psychosocial identification and control framework

Status and Details

Status	Not Yet Approved
Effective Date	To Be Advised
Review Date	To Be Advised
Approval Authority	
Approval Date	To Be Advised
Expiry Date	Not Applicable
Responsible Executive	Kim Franks Vice President (People and Culture)
Head of Work Unit	Kim Franks Vice President (People and Culture)
Enquiries Contact	Kim Franks Vice President (People and Culture)