

Psychosocial Hazard Identification, Risk Assessment and Control (HIRAC)

Health, Safety and Wellbeing

INSTITUTE/DIRECTORATE/CENTRE	CAMPUS
TASK, ACTIVITY OR WORKGROUP UNDER REVIEW	
PEOPLE CONDUCTING REVIEW	Institute, Directorate or Centre Management Representative
REASON FOR REVIEW	## Health and Safety Representative Employees who perform task

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Head – Health, Safety and Wellbeing Page 1 of 5

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)

Current Version: Review Date:

1. Introduction

WorkSafe Victoria define psychosocial hazards as "factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm".

Managers should identify, assess and control psychosocial hazards and risks in the workplace in consultation with affected employees and their <u>Health and Safety</u> <u>Representative(s)</u> according to the process outlined below:

Identifying Hazards

Managers, the employees likely to be at risk of psychological harm and their <u>Health and Safety Representative(s)</u> should identify the existence of any psychosocial hazards. Workplace psychological hazards are categorised as follows: job demands, low job control, poor support, lack of role clarity, poor organisational change management, inadequate reward and recognition, poor organisational justice, traumatic events or material, remote or isolated work, poor physical environment, violence and aggression, bullying, harassment (including sexual harassment), and conflict or poor workplace relationships and interactions. Section <u>2A Identifying Hazards – Workplace Change</u> and section <u>2B Identifying Hazards – Psychosocial Risk Factors</u> give more detailed checklists of hazards that may apply to your workplace.

Assessing Risks

Risks can usually be assessed through a consultative process that makes use of the participants' experience and judgement. Where necessary, risks can be assessed more formally based on two key factors: (a) the likely <u>severity</u> of any injury/illness resulting from the hazard and (b) the <u>likelihood</u> that the injury/illness will occur. For more information, refer to the University's <u>Risk Assessment Guideline</u>.

Controlling Risks

Risks assessed as EXTREME, HIGH or MEDIUM are not acceptable. Risk control measures must be implemented to eliminate the risk or bring the residual risk down to LOW. Risk control measures must be selected based on their effectiveness, referring to the <u>Hierarchy of Control</u>. The effective control of any given risk generally involves several measures drawn from the various options. A problem-solving approach, flexibility, creativity, and commitment are often required in the development and implementation of risk control plans.

Risk Control Examples:

- providing appropriate training, particularly to those with supervisory responsibilities
- consulting employees and <u>Health and Safety Representative(s)</u> prior to and during organisational change
- redesigning and clearly defining jobs
- developing a conflict management process
- reducing excessive working hours
- reviewing resource availability
- · reviewing staffing levels.

For further guidance, refer to the University's <u>Workplace mental health and safety guide</u>, <u>Safe Work Australia – Psychosocial hazards</u> and <u>WorkSafe Victoria – Preventing and managing work-related stress</u>. (See also the HIRAC for Prevention of Workplace Bullying if applicable).

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Head - Health, Safety and Wellbeing

Page 2 of 5

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)

Current Version: Review Date:

2A Identifying Hazards – Workplace Change

This section applies to HIRACs conducted when planning workplace change. Its purpose is to raise awareness of factors that should be considered as they may impact on the health and wellbeing of staff. Go directly to 2B if workplace change does not apply.

	Comments
Has a change plan been developed, which includes a detailed change process?	Comments
Has consultation with stakeholders (including affected staff) been included in the plan	n?
	I:
Who is the change sponsor (i.e. the person who has authorised the change)?	
Who is accountable and who is responsible for the change-related activities?	
2B Identifying Hazards – Psychosocial Risk Factors	
Consider the factors that can contribute to workplace psychosocial risk. See list below fon page 4 for common psychosocial risk factors to consider in section <u>3. Risk Control Plane</u>	
Indirect Signs of Mental Stress in the Workplace	Comments
Exit interviews that report dissatisfaction with working relationships	
Localised high levels of absenteeism or staff turnover	
Increase in workplace grievances or complaints	
Incident reports or workers compensation claims for mental stress	
Negative results from employee climate surveys e.g. People at Work	
Issues raised at staff meetings	
Deterioration of relationships between colleagues, students or management	
Employee(s) experiencing several minor workplace injuries	
Employee(s) becoming withdrawn or isolated	
Warning – Uncontrolled when printed! The current version of	this document is kept on the University website.
Authorised by: University Health and Safety Policy Committee	

Document Owner: Head – Health, Safety and Wellbeing

Page 3 of 5

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)

Current Version: Review Date:

Psychosocial Risk Factors

Ref #	Risk Factors	Initial Risk (Extreme/High/ Med/Low)
1.	Are employees unable to control factors such as the way they do their work or when they can take breaks or change tasks?	
2.	Are employees insufficiently involved in decisions that affect them or their clients?	
3.	Have there been or are there plans for changes to roles, job tasks or responsibilities?	
4.	Is there a potential for conflicting job roles, responsibilities or priorities?	
5.	Are there changes in any key reporting roles / reporting lines?	
6.	Do employees report working long hours?	
7.	Do employees report experiencing excessive workload?	
8.	Are high rate and intensity of work or staff shortages (short/medium/long term) being experienced?	
9.	Is the work beyond an employee's capabilities or current training?	
10.	Are there changes in work expectations?	
11.	Are roles and role requirements not clearly defined?	
12.	Do some roles require emotional effort in responding to distressing situations or dealing with distressed or aggressive clients?	
13.	Are employees exposed to traumatic events, work-related violence or challenging behaviours?	
14.	Are employees unable to refuse to deal with aggressive clients?	
15.	Are there diverse workforce characteristics (e.g. employees in a minority due to age, gender, ethnicity, disability, parental status, religion or political views; new employees; trainees; apprentices; casuals or contractors)?	
16.	Are there unsatisfactory workplace relationships?	
17.	Do workers report experiencing poor workplace communication?	
18.	Is insufficient consideration given to potential OHS impacts during downsizing, relocations, or introduction of new technology/processes?	
19.	Is there insufficient consultation/communication with key stakeholders and employees about major changes?	
20.	Do employees report a lack of practical support during transition period?	
21.	Are policies and procedures applied inconsistently?	
22.	Do employees report unfair or biased decisions about the allocation of resources and work?	
23.	Do they report unfair or biased decisions regarding recognition and reward?	
24.	Is unsatisfactory performance not managed according to University processes (policies, Workplace Agreements, etc.)?	
25.	Have space and resources been given insufficient consideration when modifying areas or workspaces?	
26.	Other (specify here:)	

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: Document Owner: University Health and Safety Policy Committee

Head – Health, Safety and Wellbeing Page 4 of 5

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)

Current Version: Review Date:

3. Risk Control Plan

A combination of risk control measures may be required to decrease risk as far as practicable. Use the tables below to outline and record the actions that will be taken to address the identified psychosocial risk factors.

Short-term (immediately to within a few weeks)

Ref #	Action required	Person responsible	Completion date	Review date	Action completed

Medium-term (within a few weeks to a couple of months)

Ref #	Action required	Person responsible	Completion date	Review date	Action completed

Long-term (within several months)

Ref #	Action required	Person responsible	Completion date	Review date	Action completed

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Head – Health, Safety and Wellbeing Page 5 of 5

CRICOS Provider No. 00103D | RTO Code 4909 | TEQSA PRV12151 (Australian University)

Current Version: Review Date: