



Department of **Local Government,
Industry Regulation and Safety**



Psychosocial hazards in the workplace: Unpacking the Code of Practice (CoP)

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Mini Symposium | The Evolving Workplace - Emerging Issues

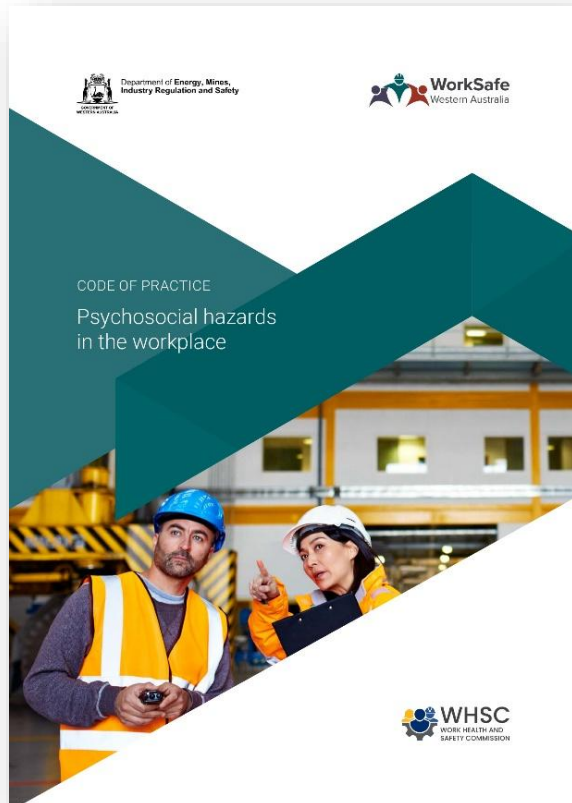
23 September 2026

Before we start...

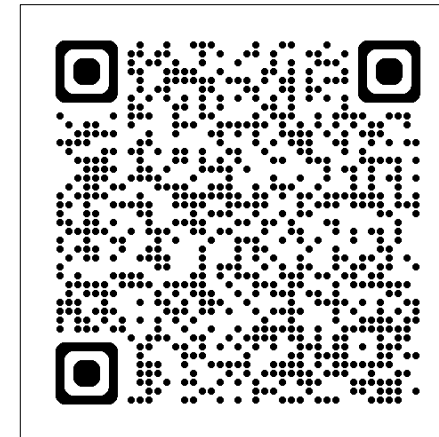
PCBU

Person Conducting a Business or Undertaking

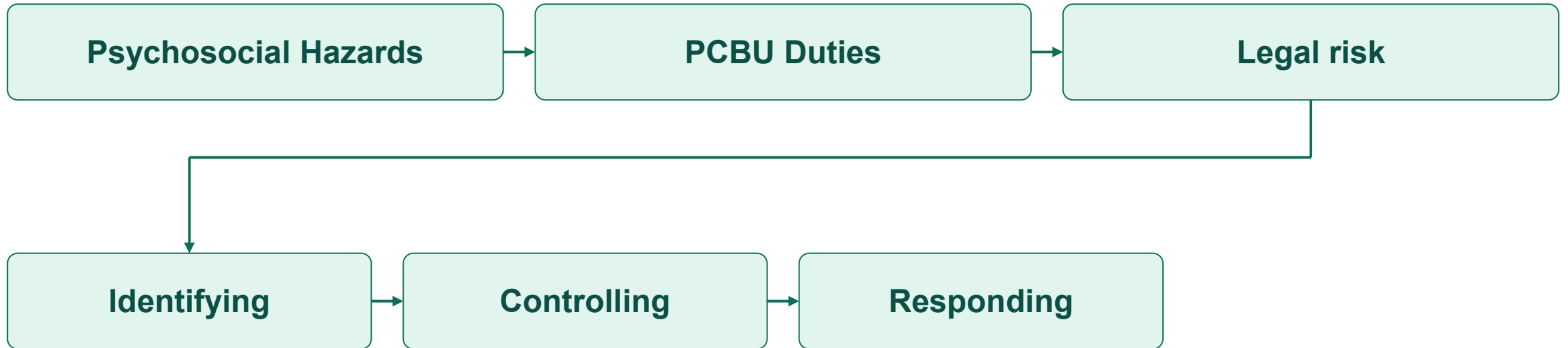
WHS Act's term for the employer/business entity holding the primary duty of care.



Code of Practice: Psychosocial hazards in the workplace



Roadmap



What is a psychosocial hazard?

Workplace factors and conditions that may cause psychological harm (and physical harm).

[WHS Regulation 55A]



**DESIGN OR
MANAGEMENT
OF WORK**



**WORKING
ENVIRONMENT**



**PLANT &
EQUIPMENT**



**WORKPLACE
INTERACTIONS OR
BEHAVIOURS**

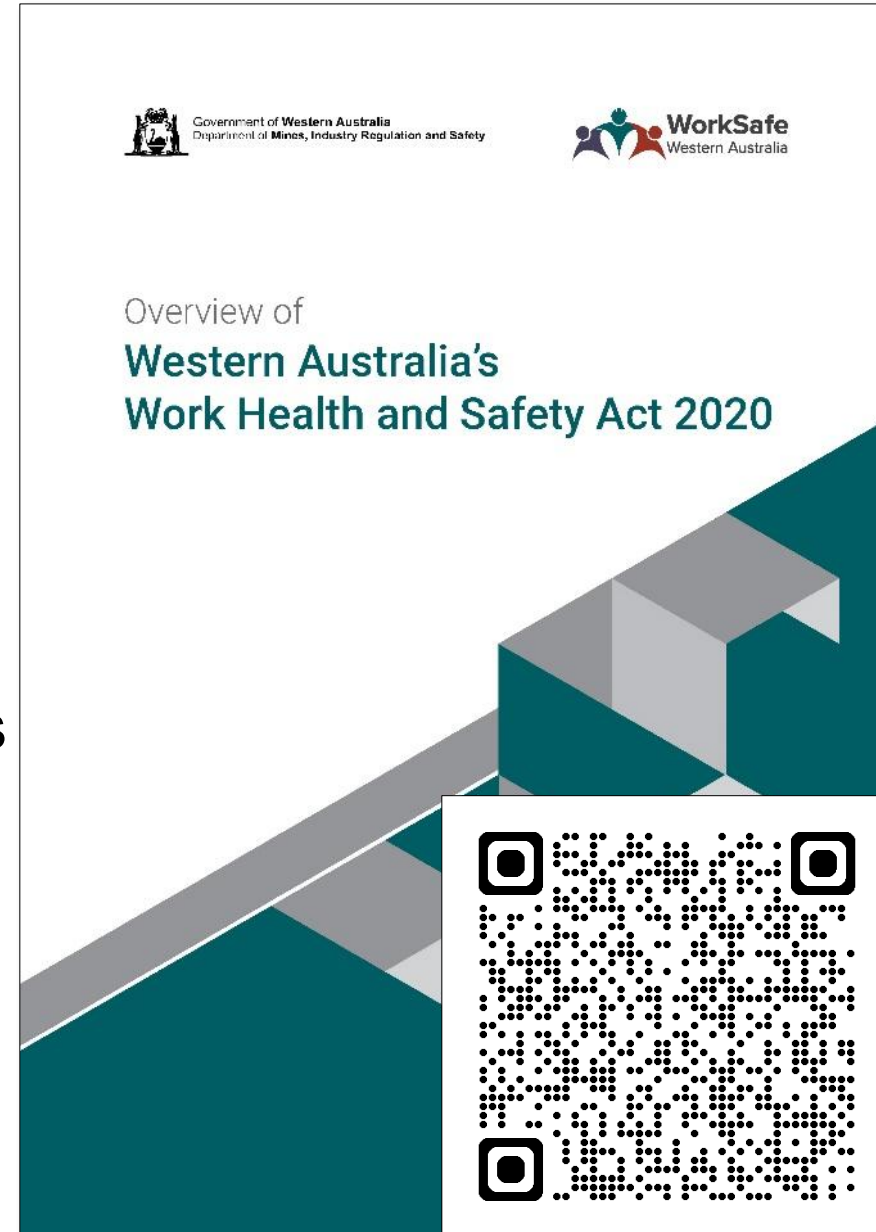
PCBU Duties

WHS Act 2020

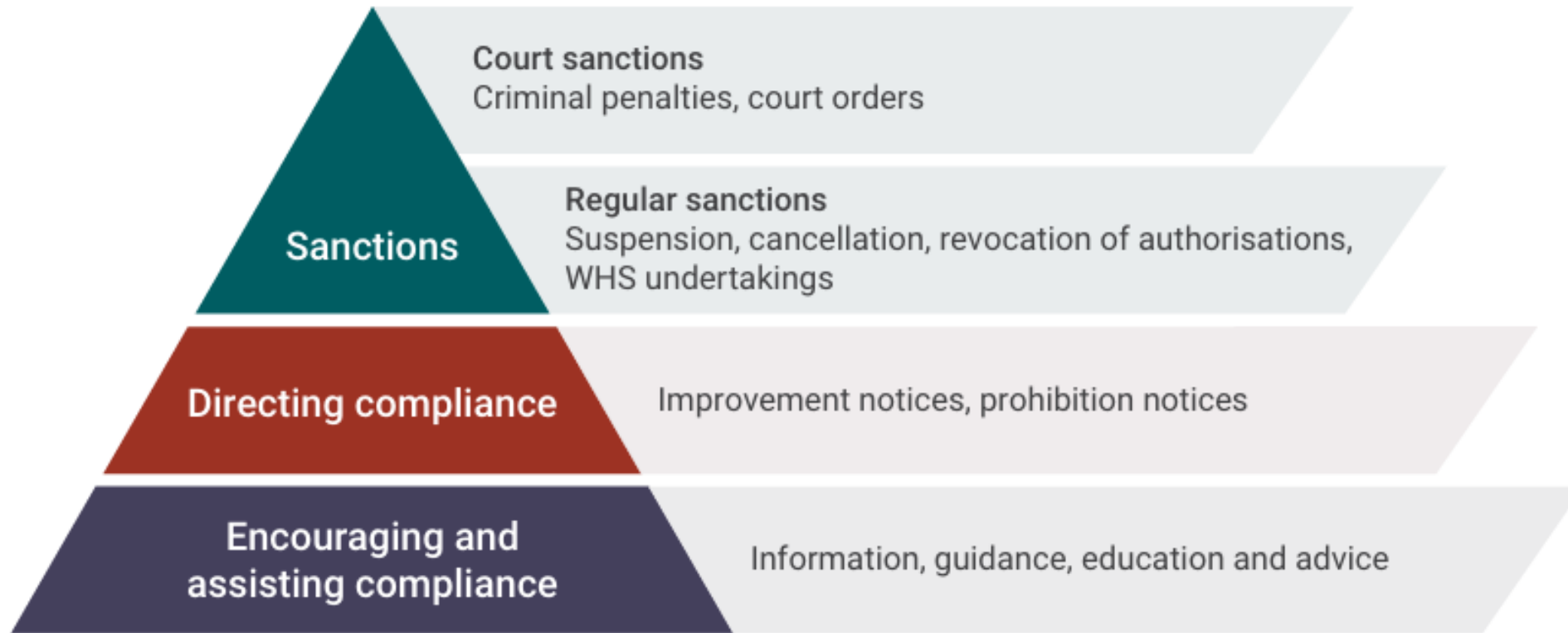
PCBUs must protect health of workers:
both physical & psychological health.

WHS (General) Regulations 2022 (55A to 55D)

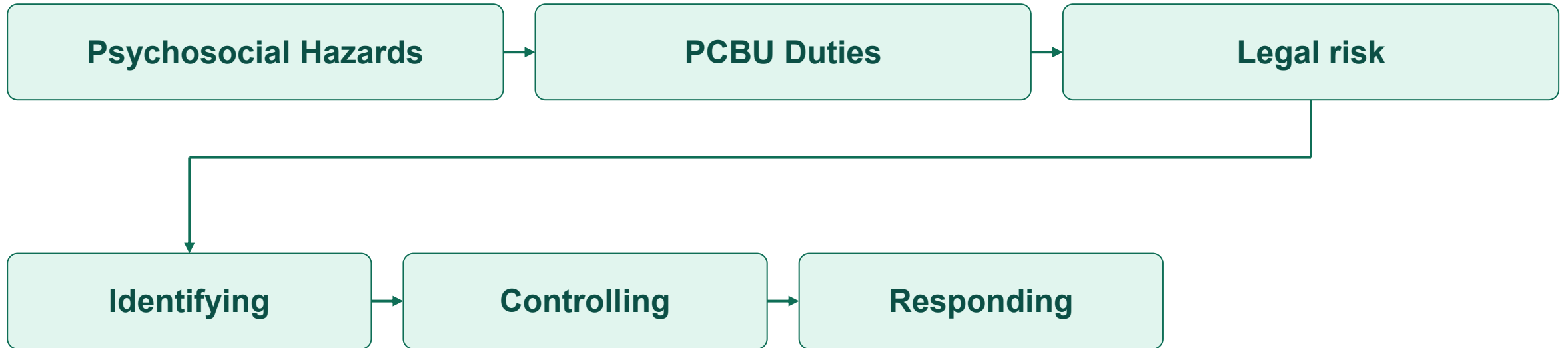
PCBUs identify, manage & control psychosocial hazards
Same duty of care as physical risks



Legal enforceability & risks to business



Roadmap



Risk management approach



1. Identify psychosocial hazards and risk factors

Action: Talk, observe, listen

2. Assess the risks

Action: Ask what's the impact? Who's affected?

3. Control the risks

Action: What can you change or improve?

4. Monitor and review

Action: Are changes working?



Strategies for identification

Based on the CoP's identification methods (Section 3.2)

Method (CoP-listed)	Small (0–19)	Medium (20–199)	Large (200+)
Observing how work tasks are completed			
Formal consultation (HSRs, focus groups, surveys)			
Hazard/incident report review			
HR data review (turnover, exit interviews, leave, complaints)			
Workers' comp claims review			
EAP & vocational rehab/injury management data (de-identified)			
Reviewing job requirements & workload			
Examining data/literature for similar workplaces			

Reg 55D(2): What PCBUs must consider when determining controls

a Exposure factors

Duration, frequency, severity

A receptionist facing hostile clients daily vs. a case manager handling it occasionally

b Interaction of hazards

How hazards combine / interact

High caseload + low support + unclear escalation process compound each other

c Work design

Job demands and tasks

A caseload that's structurally impossible in rostered hours

d Systems of work

How work is managed

Is there an escalation pathway for a worker to reach a manager when working in isolation?

e Workplace environment

Layout, entry/exit, welfare

No private room for a difficult disclosure

f Workers' accommodation

Design and conditions

Remote-posted roles - regional, rural placements

g Physical elements

Plant equipment, substances, structures

Duress alarms and secure entry/exit in reception areas

h Workplace interactions

Behaviours between workers

Culture where raising a concern is treated as complaining

i Information & support

Training, instruction, supervision

Getting a new starter on high-risk contact before de-escalation training

Prevention & risk management strategies



Work systems & processes

- Safe work procedures for high-risk tasks
- Realistic caseload design
- Structured 1:1 check-ins



Work environment & facilities

- Private space for sensitive conversations
- Hybrid/home-visit boundary awareness
- Clear, accessible information systems



Training & behaviours

- Psychosocial content in regular team meetings
- Manager training in supportive conversations
- Normalise help-seeking as a safety action

Case Study: Residential care worker

Worker attends a client's home alone

A family member arrives and becomes aggressive

Worker has only been trained on managing client aggression, not family members

Attempts to call manager.
Can't get through



Case Study: Residential care worker

Hazards

- Isolated work
- Exposure to occupational violence/aggression
- Poor management support
- Limited communication
- Potentially inadequate policy/training

Controls

- Check-in/check-out system for home visits
- Personal duress alarms / mobile devices
- Location-awareness protocols (GPS/app)
- De-escalation & exit-strategy training (incl. family dynamics)
- Regular one-on-one supervision
- Debriefing/counselling access post-incident

Case Study: Residential care worker

But controls can have **unintended consequences**

Check-in/GPS systems can drift from 'safety tool' into feeling like performance surveillance.

Monitoring responsibility concentrated on one on-call manager creates a new psychosocial load on that person.

Missed check-in triggering immediate formal escalation motivates workers to under-report. Quietly defeating the control.

Case Study: Residential care worker

Unintended consequences

Check-in/GPS systems can drift from 'safety tool' into feeling like performance surveillance

Monitoring responsibility concentrated on one on-call manager creates a new psychosocial load on that person

A missed check-in triggering immediate formal escalation teaches workers to under-report - quietly defeating the control

Control unintended consequences

Frame and document the check-in/GPS system explicitly as a safety tool, not a performance-monitoring one

Co-design with the workers who'll use it (consultation duty, s46-49)

Rotate the monitoring/on-call role rather than concentrating it on one person

Make a missed check-in trigger a low-key follow-up first, not an immediate formal process

Reporting & Responding

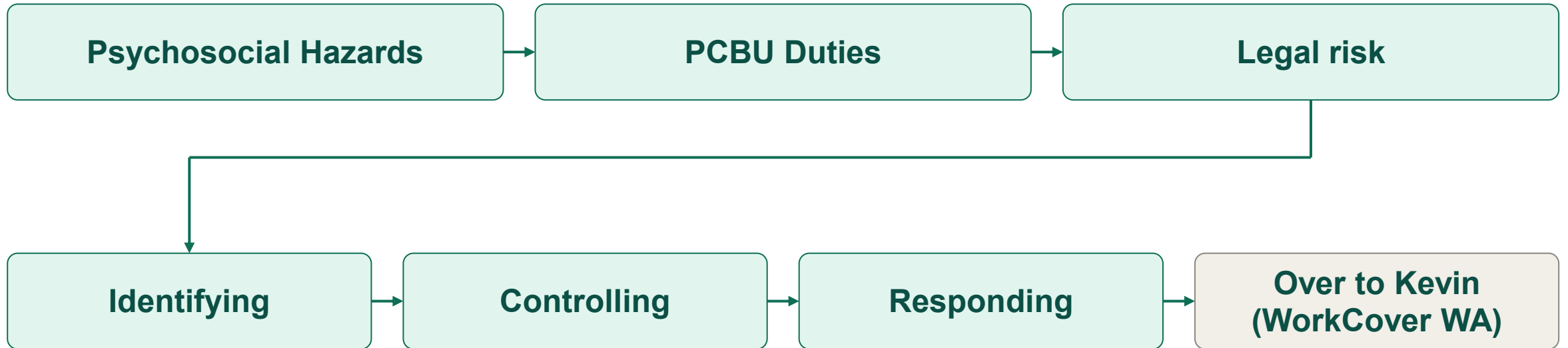
Reporting (worker's perspective): verbal, hazard/incident forms, formal complaints, medical certificates, workers' comp claims

Response (PCBU's perspective): accessible guidance, confidentiality, protection from victimisation, fair process, keeping the reporter updated

Observations from the field:

- Silence. Update workers even when there's nothing new; a genuine timeline beats no contact.
- Competence must stay current. Psychosocial space is dynamic. Guidance and precedent shift so decisions need to be empirically grounded.

Roadmap



Questions?



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