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AUSTRALIAN/NEW ZEALAND STANDARD

Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks

AS/NZS ISO 45003:2021

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Australian/New Zealand Standard

Occupational health and safety management – Psychological health and safety at work – Guidelines for managing psychosocial risks

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Preface

This Standard was prepared by the Joint Standards Australia/Standards New Zealand Committee SF-001, Occupational Health and Safety Management.

The objective of this document is to specify guidelines for managing psychosocial risk within an occupational health and safety (OH&S) management system based on AS/NZS ISO 45001:2018. It enables organizations to prevent work-related injury and ill health of their workers and other interested parties, and to promote well-being at work.

This document is identical with, and has been reproduced from, ISO 45003:2021, *Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks*.

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The terms “normative” and “informative” are used in Standards to define the application of the appendices or annexes to which they apply. A “normative” appendix or annex is an integral part of a Standard, whereas an “informative” appendix or annex is only for information and guidance.

Contents

Preface	ii
National Foreword	v
Foreword	vi
Introduction	vii
1 Scope	1
2 Normative references	1
3 Terms and definitions	1
4 Context of the organization	2
4.1 Understanding the organization and its context	2
4.1.1 General	2
4.1.2 External issues	2
4.1.3 Internal issues	3
4.2 Understanding the needs and expectations of workers and other interested parties	3
4.3 Determining the scope of the OH&S management system	3
4.4 OH&S management system	4
5 Leadership and worker participation	4
5.1 Leadership and commitment	4
5.2 OH&S policy	4
5.3 Organizational roles, responsibilities and authorities	5
5.4 Consultation and participation of workers	5
6 Planning	6
6.1 Actions to address risks and opportunities	6
6.1.1 General	6
6.1.2 Hazard identification and assessment of risks and opportunities	7
6.2 Objectives to address psychosocial risk	14
7 Support	14
7.1 Resources	14
7.2 Competence	14
7.3 Awareness	15
7.4 Communication	16
7.5 Documented information	16
7.5.1 General	16
7.5.2 Confidentiality	17
8 Operation	17
8.1 Operational planning and control	17
8.1.1 General	17
8.1.2 Eliminating hazards, reducing OH&S risks and promoting well-being at work	18
8.1.3 Management of change	20
8.1.4 Procurement, contracting and outsourcing	20
8.2 Emergency preparedness and response	21
8.3 Rehabilitation and return to work	21
9 Performance evaluation	22
9.1 Monitoring, measurement, analysis and performance evaluation	22
9.2 Internal audit	23
9.3 Management review	23
10 Improvement	24
10.1 General	24
10.2 Incident, nonconformity and corrective action	24
10.3 Continual improvement	24

Bibliography25

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National Foreword

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Australian and New Zealand legal requirements and other requirements prescribe what a duty holder must do with respect to psychosocial risks in the workplace.

Laws that govern occupational health and safety (OH&S) in Australia and New Zealand are made by Commonwealth, State and Territory governments. OH&S duties may also be dealt with under other laws. Several Australian work health and safety regulators have produced jurisdictional specific codes of practice on psychosocial risks at work.

The terms “occupational health and safety” or “OH&S” and “occupational safety and health”, and “work health and safety” or “WHS” have the same meaning and are interchangeable.

Australian or New Zealand legal requirements may impact on or influence the design and operation of OH&S management systems and may have alternate definitions and obligations. For example, the terms “organization”, “top management”, “workplace” and “worker” as defined in this document, and in AS/NZS ISO 45001:2021, which is normative to this document, are not used commonly in Australia. Levels of intervention (e.g. primary, secondary, tertiary) when managing psychosocial risks are not commonly used under the WHS legislation in Australia and relevant regulations may require additional or alternative actions to ensure compliance.

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

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For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 283, *Occupational health and safety management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

This document provides guidance on the management of psychosocial risks and promoting well-being at work, as part of an occupational health and safety (OH&S) management system.

This document is intended to be used together with ISO 45001, which contains requirements and guidance on planning, implementing, reviewing, evaluating and improving an OH&S management system. ISO 45001 highlights that the organization is responsible for the OH&S of workers and others who can be affected by its activities. This responsibility includes promoting and protecting their physical and psychological health.

The aim and intended outcomes of the OH&S management system are therefore to prevent work-related injury and ill health to workers, and to provide safe and healthy workplaces. Consequently, it is critically important for the organization to eliminate hazards and minimize OH&S risks by taking effective preventive and protective measures, which include measures to manage psychosocial risks. Psychosocial hazards are increasingly recognized as major challenges to health, safety and well-being at work.

Psychosocial hazards relate to how work is organized, social factors at work and aspects of the work environment, equipment and hazardous tasks. Psychosocial hazards can be present in all organizations and sectors, and from all kinds of work tasks, equipment and employment arrangements.

Psychosocial hazards can occur in combination with one another and can influence and be influenced by other hazards. Psychosocial risk relates to the potential of these types of hazards to cause several types of outcomes on individual health, safety and well-being and on organizational performance and sustainability. It is important that psychosocial risks are managed in a manner consistent with other OH&S risks, through an OH&S management system, and integrated into the organization's broader business processes.

Psychosocial risks affect both psychological health and safety, and health, safety and well-being at work more broadly. Psychosocial risks are also associated with economic costs to organizations and society.

There are a range of terms that are used in relation to what psychosocial risks affect, including "psychological health" and "mental health". These terms are considered interchangeable and to have the same meaning for the purposes of this document. This document is concerned with all types of impacts on health, safety and well-being at work.

Negative outcomes for workers can include poor health and associated conditions (e.g. cardiovascular disease, musculoskeletal disorders, diabetes, anxiety, depression, sleep disorders) and associated poor health behaviours (e.g. substance misuse, unhealthy eating), as well as reduced job satisfaction, commitment and productivity. Managing psychosocial risks can result in positive outcomes, including improved job satisfaction and increased productivity.

Although numerous factors can determine the nature and severity of outcomes of psychosocial risks, organizations have a significant role to play in eliminating hazards or minimizing risks. Both the organization and workers have a shared responsibility for maintaining and improving health, safety and well-being at work.

For the organization, the impact of psychosocial risks includes increased costs due to absence from work, turnover, reduced product or service quality, recruitment and training, workplace investigations and litigation, as well as damage to the organization's reputation.

Effective management of psychosocial risk can lead to benefits such as improved worker engagement, enhanced productivity, increased innovation and organizational sustainability.

This document outlines examples of psychosocial hazards arising from work organization, social factors and work environment, equipment and hazardous tasks, as well as a range of control measures that can be used to eliminate hazards or minimize associated risks.

Organizations are responsible for identifying hazards and minimizing the risks associated with them. The participation of workers, in all stages of the process, is critical to the success of managing psychosocial risks.

This document also includes information on what is important for organizations to consider in relation to raising awareness of psychosocial risks, developing competence in the management of psychosocial risks, supporting the recovery and return to work of affected workers, and planning for and responding to emergency situations.

The success of psychosocial risk management depends on commitment from all levels and functions of the organization, especially from top management.

Australian/New Zealand Standard

Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks

1 Scope

This document gives guidelines for managing psychosocial risk within an occupational health and safety (OH&S) management system based on ISO 45001. It enables organizations to prevent work-related injury and ill health of their workers and other interested parties, and to promote well-being at work.

It is applicable to organizations of all sizes and in all sectors, for the development, implementation, maintenance and continual improvement of healthy and safe workplaces.

NOTE When the term “worker” is used in this document, worker representatives, where they exist, are always implied.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 45001:2018, *Occupational health and safety management systems — Requirements with guidance for use*

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 45001:2018 and the following apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

psychosocial risk

combination of the likelihood of occurrence of exposure to work-related hazard(s) of a psychosocial nature and the severity of injury and ill-health that can be caused by these hazards

Note 1 to entry: Hazards of a psychosocial nature include aspects of work organization, social factors at work, work environment, equipment and hazardous tasks. Detailed examples of such sources are given in [Tables 1, 2](#) and [3](#).

3.2

well-being at work

fulfilment of the physical, mental, social and cognitive needs and expectations of a worker related to their work

Note 1 to entry: Well-being at work can also contribute to the quality of life outside of work.

Note 2 to entry: Well-being at work relates to all aspects of working life, including work organization, social factors at work, work environment, equipment and hazardous tasks.

4 Context of the organization

4.1 Understanding the organization and its context

4.1.1 General

In relation to managing psychosocial risk, the organization should:

- a) consider the external and internal issues that can affect the achievement of the intended outcomes of the OH&S management system;
- b) understand the needs and expectations of workers and other relevant interested parties;
- c) consider which of these needs and expectations are, or could become, legal requirements and other requirements;
- d) adjust the design of activities to manage psychosocial risk to suit the specific context of the workplace;
- e) tailor activities to improve the focus, reliability, validity and effectiveness of the process to manage psychosocial risk;
- f) determine how the assessment of psychosocial risks will be used to make effective action plans.

4.1.2 External issues

The organization should determine external issues relevant to achieving the intended outcomes of the OH&S management system in relation to psychosocial risk. External issues can include:

- a) the supply chain in which the organization operates, as this can affect psychosocial hazards and their associated risks (e.g. through time pressure, schedules or production pressure);
- b) relationships with contractors, subcontractors, suppliers, providers and other interested parties;
- c) the sharing of workplaces, resources and equipment with other parties (e.g. if the organization collaborates with other organizations on worksites);
- d) customer and/or client requirements for service provision (e.g. customer/client requirements can affect psychosocial hazards through violence, harassment, time pressure);
- e) economic conditions that can affect availability, duration and location of work;
- f) the nature of work contracts, remuneration, employment conditions and industrial relations;
- g) the demographics of workers who are available for work (e.g. young or ageing workers, increasing retirement ages, gender);
- h) rapid technological changes (e.g. increased connectivity to electronic devices, impact of artificial intelligence and automation technology);
- i) labour force mobility, creating greater diversity among workers with different backgrounds and cultures, and speaking different languages;
- j) the wider context of the organization's geographical region, including social, economic and public health issues (e.g. pandemics, natural disasters, financial crises).

4.1.3 Internal issues

Internal issues that can affect the intended outcomes of the OH&S management system in relation to psychosocial risk can include:

- a) how the organization is governed and managed (e.g. its organizational structure, assignment of roles and responsibilities, effectiveness and efficiency of its formal and informal decision-making processes, organizational culture, management style, communication style, respect for privacy);
- b) the organization's level of commitment and direction with respect to psychological health, safety and well-being at work, as set out in policy statements, guidelines, objectives and strategies;
- c) other management systems adopted by the organization that can interact with the management of psychosocial risks (e.g. based on ISO 9001 and ISO 14001);
- d) size and nature of the organization's workforce (e.g. large, small, complex or highly decentralized);
- e) characteristics of workers and the workforce (e.g. gender, age, ethnicity, religion, disability, language, literacy and numeracy);
- f) competence of workers to recognize psychosocial hazards and manage risks;
- g) locations of work (e.g. itinerant workforce without a fixed workplace, working remotely, working at home, working in isolation or working in remote locations such as rurally);
- h) workers' terms and conditions (e.g. flexible work arrangements, compensation and benefits, part-time, casual or temporary workforce);
- i) adequacy and availability of resources (see [7.1](#)).

4.2 Understanding the needs and expectations of workers and other interested parties

In relation to managing psychosocial risk, the organization should understand and determine the needs and expectations of workers and other interested parties.

Workers and other interested parties have a range of needs and expectations that can be influenced by psychosocial risks at work. These needs and expectations can include:

- financial security;
- social interaction and support;
- inclusion, recognition, reward and accomplishment;
- personal development and growth;
- equal opportunity and fair treatment at work.

Needs and expectations can be included in legal requirements (e.g. OH&S and human rights legislation), collective agreements, and voluntary agreements and other requirements to which the organization subscribes or adheres.

4.3 Determining the scope of the OH&S management system

The organization should confirm that the scope of its OH&S management system and its operations and activities with respect to the management of psychosocial risk are specifically addressed by the organization's OH&S management system.

4.4 OH&S management system

The organization should ensure that its OH&S management system remains appropriate, effective and relevant to its operations and activities with respect to its management of psychosocial risk.

5 Leadership and worker participation

5.1 Leadership and commitment

The successful management of psychosocial risk calls for a commitment throughout the organization. Top management should lead this, and managers and workers at all levels should assist in its implementation. Top management should:

- a) demonstrate leadership and commitment to managing psychosocial risk and to promoting well-being at work;
- b) identify, monitor and be aware of its roles and responsibilities with respect to managing psychosocial risks;
- c) determine the resources needed and make them available in a timely and efficient manner;
- d) reinforce the sustainability of managing psychosocial risk by including it in strategic plans and existing systems, processes and reporting structures;
- e) protect workers from reprisals and/or threats of reprisals for reporting incidents, hazards, risks and opportunities;
- f) communicate how whistle-blowers, victims, witnesses and those who report or raise workplace psychosocial risk concerns will be protected;
- g) obtain and provide feedback to determine the effectiveness of managing and preventing psychosocial risk within the OH&S management system, both in implementation and operation;
- h) empower workers and ensure they are competent to fulfil their roles and responsibilities to identify and manage psychosocial risk;
- i) remove barriers that can limit worker participation, and aim to enhance participation;
- j) actively engage workers in a continual dialogue on the management of psychosocial risk;
- k) support and encourage workers to actively participate in the management of psychosocial risk in the workplace

5.2 OH&S policy

5.2.1 In establishing an OH&S policy for the organization, top management should:

- a) ensure that commitments to preventing ill health and injuries related to psychosocial risk and promoting well-being at work are included in the OH&S policy;
- b) determine if there is a need for a separate policy about managing psychosocial risk;
- c) consider how other policies (e.g. human resources, corporate social responsibility) support and are consistent with the OH&S policy to achieve common objectives.

5.2.2 The OH&S policy should:

- a) be appropriate to the purpose, size and context of the organization;

- b) include a commitment to fulfil legal requirements and other requirements related to health, safety and well-being at work, including a commitment to manage psychosocial risk;
- c) provide a framework for setting and reviewing, evaluating and revising objectives for the management of psychosocial risk;
- d) promote and enhance a working environment consistent with the principles of dignity, mutual respect, confidentiality, cooperation and trust in the OH&S management system;
- e) be communicated to all workers so that they are aware of their rights and responsibilities;
- f) be reviewed periodically to ensure it remains relevant and appropriate to the organization.

The organization should consult workers and, where they exist, worker representatives in the development of a policy to manage psychosocial risk and, where relevant, consult other interested parties.

Policy related to psychosocial risk can provide direction for implementing and improving management of psychosocial risk within the general OH&S management system. The policy can enable top management and other workers to understand the overall commitment of the organization and how this can affect individual responsibilities. The organization should consider if a specific policy to manage psychosocial risk is necessary.

5.3 Organizational roles, responsibilities and authorities

Top management is responsible for the functioning of the OH&S management system and should clarify roles, responsibilities and authorities for managing psychosocial risk in the workplace. The effective management of psychosocial risks within a workplace requires workers with different roles to work together effectively (e.g. human resources, line managers, workers with specific OH&S responsibilities).

The organization should promote and support worker involvement in actively managing psychosocial risks.

5.4 Consultation and participation of workers

Consultation and participation of workers and, where they exist, worker representatives is essential for the development, planning, implementation, maintenance, evaluation and continual improvement of healthy and safe workplaces and the success of the process(es) to manage psychosocial risk.

In addition to the general requirements in ISO 45001:2018, 5.4, the organization should:

- a) provide opportunities for feedback by workers to help the organization determine the effectiveness of the management of psychosocial risks;
- b) encourage participation and engagement, e.g. in health and safety committees or peer-to-peer support networks if appropriate to the size and context of the organization. In smaller organizations, where formal worker representation can be lacking, this consultation process should be undertaken directly with workers. Consultation between the organization and workers should take place at all stages of managing psychosocial risk, taking into account the experience and expertise of workers. Both the organization and its workers have specific roles and responsibilities. Health and safety committees, work councils or other representation bodies also have an important role to play.

Involvement in decision-making processes can increase a worker's motivation and commitment to contribute to psychologically healthy and safe workplaces. Being encouraged and supported to participate, rather than feeling forced to take part, is more likely to be effective and sustainable.

Some of the concerns about engaging workers can include worries about pushback, negative attitudes, apathy and the sensitive nature of the impact of psychosocial hazards. Any of these concerns can come from unsuccessful past initiatives. For these reasons, care should be taken to address the concerns of workers and other interested parties when establishing the OH&S management system, and

participation and consultation should be encouraged. Engaging worker representatives, where they exist, can help prevent or minimize worker concerns.

Organizations should also support ongoing consultation, participation and engagement, and get input at all stages of planning and implementation. Active and meaningful involvement of relevant interested parties is an important factor for the management of psychosocial risks in any organization.

6 Planning

6.1 Actions to address risks and opportunities

6.1.1 General

6.1.1.1 The organization should consider the issues referred to in [Clause 4](#) and determine the risks and opportunities that need to be addressed, including:

- a) psychosocial hazards;
- b) prevention of injury and ill-health;
- c) strategies for workers returning to work;
- d) opportunities for improvement, including promotion of well-being at work;
- e) the development, review and maintenance of systems, processes and reporting structures with relevance to the management of psychosocial risk.

The organization should prioritize actions based on its assessment of psychosocial risks.

6.1.1.2 The organization should use the planning process to:

- a) establish appropriate objectives;
- b) determine how to achieve the objectives for the management of psychosocial risk and fulfil legal requirements and other requirements;
- c) demonstrate a commitment to continual improvement that, where possible, goes beyond fulfilling legal requirements.

6.1.1.3 During the planning process, the organization should take into account:

- a) the needs and expectations of particular groups of workers (e.g. workers working alone, remote workers, minority groups);
- b) the needs of specific workplaces or sets of operations or work tasks;
- c) the results of the assessment of psychosocial risks, to understand their nature and the underlying causes;
- d) the implementation of actions designed to eliminate psychosocial hazards and reduce the associated risks;
- e) the evaluation of those actions and their outcomes;
- f) the management of the process by reviewing and updating it to meet changing needs, recognizing good practice;
- g) the resources needed;
- h) how to actively involve workers through consultation and participation.

6.1.2 Hazard identification and assessment of risks and opportunities

6.1.2.1 Hazard identification

6.1.2.1.1 The organization should:

- a) understand the underlying sources of harm before control measures are considered to improve the effectiveness of activities to manage psychosocial risk;
- b) establish, implement and maintain processes for hazard identification that are ongoing and proactive.

6.1.2.1.2 The organization should identify hazards of a psychosocial nature. These can include:

- a) aspects of how work is organized (for examples, see [Table 1](#));
- b) social factors at work (for examples, see [Table 2](#));
- c) work environment, equipment and hazardous tasks (for examples, see [Table 3](#)).

Table 1 — Aspects of how work is organized

Examples	
Roles and expectations	<ul style="list-style-type: none"> — role ambiguity — role conflict — duty of care for other people — scenarios where workers do not have clear guidelines on the tasks they are expected to do (and not do) — expectations within a role that undermine one another (e.g. being expected to provide good customer service, but also to not spend a long time with customers) — uncertainty about, or frequent changes to, tasks and work standards — performing work of little value or purpose
Job control or autonomy	<ul style="list-style-type: none"> — limited opportunity to participate in decision-making — lack of control over workload — low levels of influence and independence (e.g. not being able to influence the speed, order or schedule of work tasks and workload)

Table 1 (continued)

Examples	
Job demands	<ul style="list-style-type: none"> — underuse of skills — continual work exposure to interaction with people (e.g. the public, customers, students, patients) — having too much to do within a certain time or with a set number of workers — conflicting demands and deadlines — unrealistic expectations of a worker’s competence or responsibilities — lack of task variety or performing highly repetitive tasks — fragmented or meaningless work
	<ul style="list-style-type: none"> — requirements for excessive periods of alertness and concentration — working with aggressive or distressed people — exposure to events or situations that can cause trauma
Organizational change management	<ul style="list-style-type: none"> — lack of practical support provided to assist workers during transition periods — prolonged or recurring restructuring — lack of consultation and communication about workplace changes, or consultation and communication which is of poor quality, untimely or not meaningful
Remote and isolated work	<ul style="list-style-type: none"> — working in locations that are far from home, family, friends and usual support networks (e.g. isolated working or “fly-in-fly-out” work arrangements) — working alone in non-remote locations without social/human interaction at work (e.g. working at home,) — working in private homes (e.g. providing care or domestic roles in other people’s homes)
Workload and work pace	<ul style="list-style-type: none"> — work overload or underload — high levels of time pressure — continually subject to deadlines — machine pacing — high level of repetitive work

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Table 1 (continued)

Examples	
Working hours and schedule	<ul style="list-style-type: none"> — lack of variety of work — shift work — inflexible work schedules — unpredictable hours — long or unsociable hours — fragmented work or work that is not meaningful — continual requirements to complete work at short notice
Job security and precarious work	<ul style="list-style-type: none"> — uncertainty regarding work availability, including work without set hours — possibility of redundancy or temporary loss of work with reduced pay — low-paid or insecure employment, including non-standard employment — working in situations that are not properly covered or protected by labour law or social protection

Table 2 — Social factors at work

Examples	
Interpersonal relationships	<ul style="list-style-type: none"> — poor communication, including poor information sharing — poor relationships between managers, supervisors, co-workers, and clients or others that workers interact with — interpersonal conflict — harassment, bullying, victimization (including using electronic tools such as email and social media), third-party violence — lack of social support — unequal power relationships between dominant and non-dominant groups of workers — social or physical isolation

Table 2 (continued)

Examples	
Leadership	<ul style="list-style-type: none"> — lack of clear vision and objectives — management style unsuited to the nature of the work and its demand — failing to listen or only casually listening to complaints and suggestions — withholding information — providing inadequate communication and support — lack of accountability — lack of fairness — inconsistent and poor decision-making practices — abuse or misuse of power
Organizational/workgroup culture	<ul style="list-style-type: none"> — poor communication — low levels of support for problem-solving and personal development — lack of definition of, or agreement on, organizational objectives — inconsistent and untimely application of policies and procedures, unfair decision-making
Recognition and reward	<ul style="list-style-type: none"> — imbalance between workers' effort and formal and informal recognition and reward — lack of appropriate acknowledgement and appreciation of workers' efforts in a fair and timely manner
Career development	<ul style="list-style-type: none"> — career stagnation and uncertainty, under-promotion or over-promotion, lack of opportunity for skill development
Support	<ul style="list-style-type: none"> — lack of support from supervisors and co-workers — lack of access to support services — lack of information/training to support work performance

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Table 2 (continued)

Examples	
Supervision	<ul style="list-style-type: none"> — lack of constructive performance feedback and evaluation processes — lack of encouragement/acknowledgement — lack of communication — lack of shared organizational vision and clear objectives — lack of support and/or resources to facilitate improvements in performance — lack of fairness — misuse of digital surveillance
Civility and respect	<ul style="list-style-type: none"> — lack of trust, honesty, respect, civility and fairness — lack of respect and consideration in interactions among workers, as well as with customers, clients and the public
Work/life balance	<ul style="list-style-type: none"> — work tasks, roles, schedules or expectations that cause workers to continue working in their own time — conflicting demands of work and home — work that impacts the workers' ability to recover
Violence at work	<ul style="list-style-type: none"> — incidents involving an explicit or implicit challenge to health, safety or well-being at work; violence can be internal, external or client initiated, e.g.: <ul style="list-style-type: none"> — abuse — threats — assault (physical, verbal or sexual) — gender-based violence

Table 2 (continued)

Examples	
Harassment	<ul style="list-style-type: none"> — unwanted, offensive, intimidating behaviours (sexual or non-sexual in nature) which relate to one or more specific characteristic of the targeted individual, e.g.: <ul style="list-style-type: none"> — race — gender identity — religion or belief — sexual orientation — disability — age
Bullying and victimization	<ul style="list-style-type: none"> — repeated (more than once) unreasonable behaviours which can present a risk to health, safety and well-being at work; behaviours can be overt or covert, e.g.: <ul style="list-style-type: none"> — social or physical isolation — assigning meaningless or unfavourable tasks — name-calling, insults and intimidation — undermining behaviour — undue public criticism — withholding information or resources critical for one's job — malicious rumours or gossiping — assigning impossible deadlines

Table 2 (continued)

Examples
NOTE 1 A range of policies, legislation and practices can be in place in relation to the issues in this table. Consulting the relevant guidance and/or legislation is part of understanding legal requirements and other requirements (see ISO 45001:2018, 6.1.3).
NOTE 2 Bullying and harassment can occur both face to face and electronically (e.g. social media).

Table 3 — Work environment, equipment and hazardous tasks

Examples	
Work environment, equipment and hazardous tasks	<ul style="list-style-type: none"> — inadequate equipment availability, suitability, reliability, maintenance or repair — poor workplace conditions such as lack of space, poor lighting and excessive noise — lack of the necessary tools, equipment or other resources to complete work tasks — working in extreme conditions or situations, such as very high or low temperatures, or at height — working in unstable environments such as conflict zones

6.1.2.1.3 The organization should establish, implement and maintain ongoing and proactive processes for identifying psychosocial hazards. This can be done by, for example:

- a) reviewing job descriptions;
- b) analysing work tasks, schedules and locations;
- c) consulting with workers, clients and other interested parties at regular intervals;
- d) analysing performance evaluations, worker surveys, standardized questionnaires, audits, etc.;
- e) holding interviews, group discussions or using checklists;
- f) conducting workplace inspections and observations which help to understand how work is carried out, and how workers interact with one another;
- g) reviewing relevant documented information such as incident reports, hazard and risk reports, grouped occupational health statistics, workers' compensation claims, worker surveys, absenteeism and worker turnover data.

NOTE 1 Where documented information can identify specific workers, it is important to aggregate (group) the data to ensure individual worker privacy is respected and specific workers cannot be identified. The organization is expected to take into account the knowledge, expertise and competence of workers in relation to their jobs and consult with relevant workers and worker representatives, where they exist, in psychosocial hazard identification and how their work is designed and performed.

When identifying psychosocial hazards, organizations should take into account that psychosocial hazards interact with each other and with other types of hazards in the work environment. For example, psychosocial hazards can increase the risk of exposure to other hazards through human error, increased time pressure or social/cultural expectations about how to work with other hazards. More adverse effects can occur within the same levels of exposure when working in conditions that include uncontrolled psychosocial risks.

Organizations should take into account how exposure to other hazards (e.g. biological hazards, airborne contaminants, working at height, confined spaces) can also contribute to psychosocial risks, as workers can worry about the possible implications of such exposures or experiences. Hazardous manual tasks (e.g. lifting, repetitive movements) are known to interact with psychosocial hazards and to influence outcomes such as musculoskeletal disorders (MSDs).

The organization should take into account human factors in relation to psychosocial hazards in all parts of an OH&S management system. Human factors represent the abilities and limitations of people, and therefore are relevant to the success or otherwise of risk assessment, risk controls and the design, implementation and effectiveness of work tasks or processes. Awareness of human factors when designing and re-designing work can lead to more positive outcomes in relation to work-related ill health and injury.

A range of methods can be used to analyse human factors relevant to particular work tasks, including observation, consultation, task analysis techniques and specialized audits. Identifying which human factors are relevant to specific work tasks can, in some circumstances, be complex and require specialized advice or knowledge.

NOTE 2 Further information on human factors can be found in ISO 10075-2 and ISO 6385.

6.1.2.2 Assessment of risks and opportunities

The organization should assess the risks related to the identified psychosocial hazards (see [6.1.2](#)) and seek opportunities to reduce risks and drive continual improvement. This assessment should:

- a) provide information about the potential harm;
- b) compare groups that differ in exposure to, or reporting of, psychosocial hazards;
- c) consider the interaction of psychosocial risks with risks from other identified hazards;
- d) prioritize hazards according to the level of risk;
- e) consider the diversity of the workforce and the needs of particular groups, as well as the wider context of the organization;
- f) provide information on control measures and opportunities for improvement.

6.2 Objectives to address psychosocial risk

The organization should:

- a) establish measurable objectives consistent with the policy;
- b) develop and implement plans to ensure that these objectives can be achieved.

7 Support

7.1 Resources

The organization should establish, provide and maintain the resources needed to achieve its objectives with respect to the management of psychosocial risk. The organization should consider the human, financial, technological and other resources specific to its operations.

7.2 Competence

7.2.1 The organization should:

- a) develop the competence necessary to identify psychosocial hazards and manage psychosocial risks (e.g. understanding how psychosocial hazards can interact with one another and other hazards, and the nature and scope of their potential outcomes);
- b) take actions, including training and professional development as appropriate, to support workers to acquire and maintain the necessary competence;
- c) ensure that workers and other relevant interested parties have the competence to implement the measures and processes necessary for the prevention of psychosocial risks;
- d) ensure that workers and other relevant interested parties understand the processes for reporting or raising concerns;
- e) seek relevant external advice if this knowledge is not available in the organization;
- f) evaluate the effectiveness of the actions taken to ensure competence;
- g) take into account the needs, experience, language skills, literacy and diversity of individual workers.

7.2.2 The organization should establish the competence requirements for:

- a) top management and workers with line management responsibility;
- b) workers performing risk assessments;
- c) workers implementing control measures and other interventions (see [8.1.1](#));
- d) workers performing evaluation and reviews of the process and its outcomes.

The organization should retain documented information relating to competence, including training and other actions taken, and consult workers when determining the competence needed for identifying, preventing and managing psychosocial risks.

7.3 Awareness

7.3.1 As appropriate, the organization should inform workers and other relevant interested parties of factors in the workplace that can:

- a) affect health, safety and well-being at work;
- b) potentially create or increase stigma and/or discrimination;
- c) reduce psychosocial risks;
- d) support their roles and responsibilities to promote health and safety and enhance well-being at work.

7.3.2 When developing awareness of psychosocial risk, the organization should take into account:

- a) the importance of top management support for reporting psychosocial hazards and protection from reprisals for such reporting;
- b) actions that workers can take to address psychosocial hazards and how the organization is expected to respond;
- c) the potential benefits of sharing experiences and best practice by workers and other interested parties;
- d) existing knowledge and training of workers and other interested parties;

- e) the need to embed and integrate awareness of psychosocial risks in processes and policies (e.g. during new worker orientation);
- f) opportunities provided by existing events and meetings (e.g. whole organization events, regular staff meetings);
- g) the risks, opportunities and impacts arising from changes in the workplace;
- h) the need to identify and take actions to eliminate stigma and/or discrimination.

The organization should make workers and other interested parties aware of the actions it is taking to manage psychosocial risks, including actions to encourage reporting of psychosocial hazards, reduce fear of reprisals associated with reporting, and promote trust in its OH&S management system.

7.4 Communication

Communication is important because it demonstrates commitment to managing psychosocial risks, promoting well-being at work, and informing workers and other interested parties of what is expected from them, and what they can expect from the organization.

The organization should communicate to workers and other relevant interested parties information on psychosocial risk that can be accessed, understood and used. When communicating, the organization should:

- a) demonstrate top management commitment to other workers, to increase knowledge and use of processes;
- b) provide opportunities for feedback to top management from workers on actions, programmes and policies intended to facilitate worker involvement;
- c) outline the development of its processes to manage psychosocial risk and their effectiveness;
- d) respond to the ideas and concerns of workers and other interested parties and their input to the OH&S management system with respect to psychosocial risks;
- e) include information on how work-related changes can impact on health, safety and well-being at work;
- f) provide information from audits and other evaluations.

Relevant information should be accessible and adapted to the needs of the workers (e.g. in different languages or using different media such as video clips or audio files).

7.5 Documented information

7.5.1 General

The organization's OH&S management system should include documented information as necessary for the effective management of psychosocial risks.

Documented information includes:

- a) processes for the management of psychosocial risk;
- b) details of roles, responsibilities and authorities;
- c) assessment(s) of psychosocial risks;
- d) results of monitoring, evaluation, control measures and their effectiveness;
- e) how legal requirements and other requirements are met.

7.5.2 Confidentiality

The organization should establish processes related to psychosocial risks that ensure confidentiality of personal information with particular regard to relevant legal requirements and other requirements.

The organization should:

- a) maintain the confidentiality of documented and undocumented information with respect to an individual worker's experience of psychosocial risk;
- b) protect against disclosure of the outcomes following exposure to psychosocial hazards (such as medical treatment, time away from work, flexible work arrangements) and medical information;
- c) inform workers of any limits that apply to confidentiality.

8 Operation

8.1 Operational planning and control

8.1.1 General

8.1.1.1 The organization should plan, implement, control and maintain processes to adequately and effectively manage psychosocial risks and new opportunities, including actions or activities to:

- a) eliminate hazards and reduce psychosocial risks by considering the best fit between tasks, structures and work processes and the needs of workers;
- b) analyse the controls already in place to manage psychosocial risks and their effects on individuals or the organization;
- c) review, analyse and evaluate existing management practices and worker support for controlling psychosocial hazards, work-related stress and other associated health outcomes;
- d) adopt a comprehensive, long-term strategy that considers the organization's policies, structure, resources, existing systems and operations, and practices;
- e) design and manage work to prevent risks to psychological health and safety and to promote well-being at work.

8.1.1.2 The organization should complete an assessment of psychosocial risks, taking into account existing controls, to:

- a) determine whether these controls are adequate or need improvement;
- b) identify if new controls are required if the assessment of psychosocial risks has identified actual or potential harm from exposure to psychosocial hazards;
- c) eliminate work-related psychosocial hazards wherever possible, and control associated risks if elimination is not possible, following the principle of the hierarchy of controls (see ISO 45001:2018, Clause 8).

8.1.1.3 When managing psychosocial risks, a combination of the following levels of intervention can be used:

- a) primary: organizational level controls to prevent or reduce harmful effects and promote well-being at work;

- b) secondary: increasing resources that assist workers to deal with psychosocial risks by raising awareness and understanding through effective training and other appropriate measures;
- c) tertiary: reducing the harmful effects of exposure to psychosocial hazards by implementing rehabilitation programmes and taking other corrective and supportive actions.

NOTE 1 Some organizations have their own occupational health service or worker assistance programmes. Organizations that do not have in-house expertise can seek assistance from competent external sources, if necessary.

NOTE 2 The three levels of primary, secondary and tertiary interventions reflect the hierarchy of controls to support effective psychosocial risk management.

8.1.2 Eliminating hazards, reducing OH&S risks and promoting well-being at work

8.1.2.1 Psychosocial risk control measures

Eliminating hazards and reducing psychosocial risks promotes well-being at work. There are various strategies to manage psychosocial risks and promote OH&S. Strategies for eliminating hazards, reducing psychosocial risks and promoting well-being should be developed in consultation with workers and, where they exist, worker representatives.

8.1.2.2 Psychosocial risk control measures related to work organization

The organization should implement control measures for psychosocial risks related to work organization. In many cases, this requires redesign of work processes, not only adjustment of tasks. Measures can include:

- a) increasing workers' control over the way they do their work, e.g. by introducing flexible working, job-sharing, more consultation about working practices or enabling workers to control the pace of work tasks;
- b) allowing breaks to manage fatigue, and restricting work-related contact via mobile phone and email in non-working time;
- c) consulting workers and, where they exist, worker representatives about workplace changes and how these can affect them;
- d) defining work roles, supervisory relationships and performance requirements to minimize confusion and ambiguity;
- e) prioritizing tasks and allowing flexible time frames for completion;
- f) facilitating the development of competence and allocating work tasks to workers with appropriate knowledge, skills and experience suitable to the complexity and duration of the task;
- g) providing greater access to social support for workers who are working remotely or are working in isolated work locations;
- h) limiting remote and/or isolated work, if appropriate;
- i) providing effective supervision, constructive feedback and guidance to workers;
- j) improving attitudes towards managing and reporting psychosocial risk, including work-related stress, harassment, bullying and violence at work;
- k) providing practical support during peak workload periods (e.g. additional or more experienced workers).

8.1.2.3 Psychosocial risk control measures related to social factors

The organization should implement control measures for psychosocial risks related to social factors at work. Measures can include:

- a) increasing awareness of psychosocial risks and providing information and training to workers on how to report them;
- b) encouraging early reporting of issues by workers by demonstrating the organization's commitment to providing a supportive, respectful work environment, and maintaining confidentiality;
- c) establishing support measures for workers who are experiencing negative impacts from exposure to psychosocial risks;
- d) developing organizational policies and guidance that outline expected work behaviours and how unacceptable behaviour will be managed;
- e) providing specific instructions on how to manage foreseeable risks, how to respond if an incident occurs, and how to provide post-incident assistance to workers;
- f) providing training to develop awareness and appropriate skills to identify psychosocial risks and recognize early signs of work-related stress and ill-health;
- g) providing access to, or information about, support services, general occupational health services, confidential debriefing, counselling and conflict mediation services;
- h) providing information to workers about their rights and responsibilities;
- i) recognizing and rewarding worker commitment and achievement;
- j) improving workplace culture through a range of integrated programmes (e.g. health and safety management practices, social responsibility, environmental sustainability, community engagement);
- k) promoting a workplace that is free of work-related violence and harassment;
- l) providing victims of work-related violence and harassment (including gender-based violence and sexual harassment) with access to responsive and safe support services.

8.1.2.4 Psychosocial risk control measures related to work environment, equipment and hazardous tasks

The organization should implement control measures for psychosocial risks related to work environment, equipment and hazardous tasks, including:

- a) providing, and maintaining appropriate equipment for performing the work (e.g. manual handling equipment) and improving equipment as necessary;
- b) improving workplace surroundings and physical workplace features to isolate or protect workers from hazards (e.g. noise, lighting, vibration, temperature, chemicals);
- c) isolating or protecting workers from psychosocial hazards, e.g. with physical barriers to reduce risk of violence;
- d) providing and requiring the use of appropriate and effective personal protective equipment (PPE) where there are risks that cannot be minimized using more effective higher order controls.

NOTE Appropriate PPE can reduce workers' concerns about exposure to a range of other hazards and can contribute to controlling and reducing psychosocial risks related to the work environment, equipment and hazardous tasks (see [Table 3](#)).

8.1.2.5 Signs of exposure to psychosocial risk

The organization should enable workers to identify signs of exposure to psychosocial risks.

Examples at an individual and/or group level can include:

- a) changes in behaviour;
- b) social isolation or withdrawal, refusing offers of help or neglecting personal well-being needs;
- c) increased absence from work or coming to work when ill;
- d) lack of engagement;
- e) reduced energy;
- f) high staff turnover;
- g) low quality performance or failure to complete tasks/assignments on time;
- h) reduced desire to work with others;
- i) conflicts, lack of willingness to co-operate, and bullying;
- j) increased frequency of incidents or errors.

8.1.3 Management of change

Organizational and work-related changes can influence psychosocial risks or create additional psychosocial risks. The organization should establish, implement and maintain a process(es) for communication and control of changes that can impact health, safety and well-being at work, including:

- a) changes to the organization's objectives, activities, work processes and leadership, (e.g. workplace locations and surroundings; equipment and resources; workforce and terms of employment);
- b) changes to work tasks and organization (e.g. shift patterns, workflow, reporting lines) and working conditions;
- c) changes to legal requirements and other requirements;
- d) changes in knowledge or information about psychosocial hazards and risks;
- e) developments in knowledge and technology, and the need to improve competence through additional training;

The organization should involve workers and worker representatives, where they exist, at an early stage of the change process and throughout the process, particularly during restructuring.

8.1.4 Procurement, contracting and outsourcing

Procurement of products and services and the contracting for, and outsourcing of, activities can affect existing psychosocial risks and create new risks or new opportunities. Organizations should establish, implement and maintain a process(es) to control psychosocial risks arising from exposure to hazards related to procurement, contracting and outsourcing, which take into account:

- a) how the procurement of products and services creates these risks (e.g. through the presence of visitors in the workplace or the scheduling of the delivery of products and services impacting on the organization's work schedules and workers' workloads, performance and training needs);
- b) how the engagement of contractors can impact workplace culture, worker roles and expectations;

- c) how the outsourcing of activities impacts on schedules, workloads, changes in work tasks, job security, supervision or the quality of work;
- d) how the shared duty to protect and promote the health, safety and well-being of workers is managed by the organization, its contractors and suppliers, and other interested parties

8.2 Emergency preparedness and response

The organization should take into account that emergencies in the workplace can present psychosocial risks (e.g. through trauma, threats to life). Exposure to psychosocial risks can also create emergency situations (e.g. violence, threats) for other workers and other interested parties.

To ensure health, safety and well-being at work and manage psychosocial risk in the event of an emergency (e.g. natural disaster, emerging infectious diseases, suicide of a colleague, incidents, crises, terror, threats, robbery, dismissals, shut-downs, fire), the organization should:

- a) recognize that a wide range of emergency situations can impact psychological health, safety and well-being;
- b) prepare for inclusion of appropriate care in the planned response to emergency situations;
- c) establish priorities when responding to the needs of workers and other interested parties as appropriate;
- d) use competent workers, emergency services or other appropriate specialists to respond to the emergency situation and seek additional advice and support as necessary.

8.3 Rehabilitation and return to work

The organization should design and implement appropriate rehabilitation and return-to-work programmes.

Rehabilitation and return-to-work programmes aim to provide appropriate support to workers experiencing negative impact of exposure to psychosocial hazards, including where this has resulted in absence from work. When designing these programmes, the organization should take into account that workers can be at increased potential for exposure to psychosocial risks as part of the return to work process. For example, work adjustments to facilitate return to work can result in changes to work tasks, relationships and social interaction, supervision, work culture, and perceptions of achievement and value at work. The potential for increased exposure to psychosocial risks applies to workers who are returning to work regardless of the reason for their absence.

An early and supportive response to negatively affected workers is important. The organizations can encourage early reporting of issues by demonstrating commitment to maintaining confidentiality and providing a supportive, respectful work environment (see [Clause 5](#)).

The potential for exposure to psychosocial risks during return to work should be managed in a manner consistent with how all psychosocial risks should be prevented and managed.

Examples of measures to improve rehabilitation and return to work include:

- a) providing access to, or information about, general occupational health services, whether internal or external to the organization;
- b) providing access to, or information about, confidential debriefing, counselling services, conflict mediation services, and access to relevant assessment(s) etc.;
- c) talking with an affected worker to understand and plan for reasonable work adjustments to support return to work;

- d) ensuring workers with management roles are competent to manage the impact of exposure to psychosocial hazards and understand applicable legal requirements and other requirements as workers return to work;
- e) regularly monitoring rehabilitation and return to work programmes to establish if there are new or previously unidentified risks;
- f) consulting with other relevant interested parties, including occupational health professionals, in managing the return to work process regarding progress and necessary changes to the return to work programme.

9 Performance evaluation

9.1 Monitoring, measurement, analysis and performance evaluation

9.1.1 An organization should establish and implement a systematic approach for monitoring and measuring activities related to managing psychosocial risk and the performance of the OH&S management system.

Performance monitoring and measurement should:

- a) determine the extent to which the policy is complied with and objectives are met;
- b) provide data on activities related to psychological health and safety in the workplace, recognizing the need for confidentiality of personal information;
- c) determine if the processes for psychosocial hazard identification and assessment of risk are in place and controls are operating effectively (e.g. taking into account signs of worker exposure to psychosocial risk as set out in [8.1.2.5](#));
- d) provide the basis for decisions about improvements related to health, safety and well-being at work;
- e) determine the extent to which the organization has fulfilled legal requirements and other requirements;
- f) provide information on the OH&S management system's performance in managing psychosocial risks.

The organization should develop appropriate qualitative and quantitative measures in consultation and with participation of workers and, where they exist, their representatives.

9.1.2 The organization should maintain, monitor, review and revise as necessary the control measures for psychosocial risks to ensure they remain effective. Reviews should occur:

- a) if a new hazard or risk is identified;
- b) if a control measure is not adequate to minimize the risk;
- c) before a significant workplace change occurs (e.g. a change to the work environment or work systems);
- d) where consultation indicates a review is necessary or workers or worker representatives request a review.

The organization should retain appropriate documented information as evidence of the results of monitoring, measurement and performance evaluation.

The organization should establish key performance indicators and collect and analyse relevant data. Leading indicators allow for prediction of future performance and should be used in addition to lagging indicators that indicate improvement against past performance.

9.2 Internal audit

The organization should:

- a) conduct internal audits at planned intervals including consideration of psychosocial risks;
- b) use the findings to assess the effectiveness of the management of psychosocial risks;
- c) identify gaps in performance to identify opportunities to continually improve the management of psychosocial risks.

9.3 Management review

9.3.1 Management review ensures that top management remains informed on psychosocial risk performance on a regular basis and the extent to which the organization has met its policy and objectives for the management of psychosocial risks. The results from monitoring and measuring provide the basis for analysis during the management review process and are used to evaluate the overall adequacy, suitability and effectiveness of its activities to manage psychosocial risk. Evidence-based decision-making is key for continually improving the effectiveness of the OH&S management system.

Top management should:

- a) review the organization's management of psychosocial risk at planned intervals;
- b) use the results from the analysis and evaluation during the management review process;
- c) evaluate the overall adequacy, suitability and effectiveness of its activities to manage psychosocial risk;
- d) assess opportunities for improvement and the need for changes, and use the results of the management review as the basis for continual improvement activities;
- e) retain documented information of the management reviews.

9.3.2 Input to management reviews relating to psychosocial risk should include:

- a) results of audits and evaluations of compliance with applicable legal requirements and with other requirements to which the organization subscribes;
- b) the results of participation and consultation;
- c) the psychosocial risk performance of the organization;
- d) OH&S data and other data (e.g. support services, disability plans, compensation schemes);
- e) the status of incident investigations and corrective actions taken to prevent psychosocial risks to workers.

Top management should communicate relevant results of the management review in relation to psychosocial risk to workers and other interested parties, as appropriate.

10 Improvement

10.1 General

As it implements actions to continually improve the OH&S management system and performance in relation to psychosocial risk, the organization should take into account the outcome of:

- a) performance evaluations;
- b) incident reports;
- c) consultation with and recommendations from workers and, where they exist, worker representatives;
- d) audits;
- e) management reviews.

The organization should evaluate the effectiveness of improvement actions.

10.2 Incident, nonconformity and corrective action

The organization should:

- a) have a process to address nonconformities and incidents related to psychosocial risk;
- b) consider developing a specific process to investigate nonconformities and incidents given the sensitive nature of incidents that impact on psychological health, safety and well-being at work;
- c) define processes for the reporting of nonconformity and incidents that maintain confidentiality and provide for a timely response to reports;
- d) encourage and support reporting to reduce fear of reprisals;
- e) use information gained from investigations and recommendations for corrective actions to identify opportunities for improvement.

NOTE A nonconformity occurs whenever there is an actual or potential lack of conformity to the requirements of the organization's OH&S management system. An incident occurs whenever there is an actual, or potential for, injury or ill health to a worker.

10.3 Continual improvement

The organization should:

- a) gather information on the opportunities for improvement in the management of psychosocial risks, fulfilment of its legal requirements and other requirements, and achievement of its OH&S objectives as part of its continual improvement process;
- b) evaluate opportunities to implement changes and give priority to those that have the greatest potential for improving psychological health, safety and well-being in the workplace.

Bibliography

- [1] ISO 9001, *Quality management systems — Requirements*
- [2] ISO 14001, *Environmental management systems — Requirements with guidance for use*
- [3] ISO 10075-2, *Ergonomic principles related to mental workload — Part 2: Design principles*
- [4] ISO 6385, *Ergonomics principles in the design of work systems*

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