Managing psychosocial risks at work

GUIDELINES FOR ALL BUSINESSES

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Te Kāwanatanga o Aotearoa New Zealand Government



These guidelines provide advice for businesses on managing psychosocial risks at work.

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Managing psychosocial risks at work

KEY POINTS

- The Health and Safety at Work Act 2015 (HSWA) defines 'health' as physical and mental health.
- Psychosocial risks at work can harm a worker's physical and mental health.
- Businesses must manage psychosocial risks at work.
- Businesses must consult with workers when making decisions about how to manage health and safety risks related to their work.



NOTE TO READERS

Use of 'must' and 'should'

The words 'must' and 'should' indicate whether:

- an action is required by law, or
- is a recommended practice or approach.

TERM	DEFINITION	
Must	Legal requirement that you must comply with	
Should	Recommended practice or approach	

Key terms

The glossary in <u>Appendix 1</u> of these guidelines has a list of the technical words, terms, and abbreviations used in this guide, and explains what they mean.

It is important to note that workplace health and safety is about risks and harm at work, not medical diagnoses of mental health conditions. For example, terms like depression and anxiety can have both everyday and clinical meanings. If you need clinical advice, please see a health professional.

Lists

Lists of examples are not intended as complete lists. They may list some but not all possible examples.

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1.0 Introduction

IN THIS SECTION:

- 1.1 Managing risks under HSWA
- **1.2** What these guidelines are not

Psychosocial risks at work can harm a worker's physical and mental health. These guidelines provide advice on how to manage these risks.

These guidelines help persons conducting a business or undertaking (PCBUs) recognise, manage and prevent psychosocial risks. PCBUs are referred to as 'business' or 'you' in these guidelines.

These guidelines cover:

- what psychosocial hazards and risks are
- how to recognise psychosocial hazards and risks
- how to manage the risks
- how to develop a systematic approach to preventing harm from psychosocial risks
- how to respond to harm and minimise potential harm.

1.1 Managing risks under HSWA

A business must ensure, so far as is reasonably practicable, the health and safety of its workers, and that other persons are not put at risk from work carried out as part of the business. The Health and Safety at Work Act 2015 (HSWA) defines 'health' as physical and mental health.

Psychosocial risks can be a serious risk to workers' health and can be present in any industry. It is your legal obligation to manage these risks at work.

While you must effectively manage psychosocial risks at work, everyone at work has a role to play. See <u>Appendix 5: Health and Safety at Work Act 2015</u> for an explanation of the duties and roles of PCBUs, workers, and others.

1.2 What these guidelines are not

These guidelines do not cover general wellbeing, health promotion, or mental illness unless they are directly linked to workplace risks.

You should consider taking extra steps to support worker wellbeing, but this does not replace your legal duty to manage psychosocial risks.

2.0 What are psychosocial hazards and risks?

IN THIS SECTION:

- 2.1 Common examples of psychosocial hazards
- 2.2 Role of leadership in managing psychosocial risks
- 2.3 Protective factors at work
- 2.4 Engage with workers about their health and safety

Exposure to psychosocial hazards can lead to serious health impacts and also cause social harms.

Psychosocial refers to how a person's thoughts, emotions and behaviours interact with their social environment. Psychosocial hazards are factors at work that may cause psychological and physical harm. They can arise from how work is designed, social factors at work (for example, workplace interactions or behaviours), or the work environment (including equipment and hazardous tasks).

Exposure to psychosocial hazards can lead to serious health impacts such as mental illness, anxiety, depression, fatigue, burnout, cardiovascular disease and musculoskeletal disorders. It can also cause social harms such as substance use/ abuse and conflict between work and family life.

Psychosocial risk refers to the likelihood that a psychosocial hazard will cause harm. While many factors influence how these hazards can affect people, HSWA requires businesses to identify and manage the risks that come from work.

2.1 Common examples of psychosocial hazards

Table 1 is not a complete list of psychosocial hazards but provides some common examples. For more examples of psychosocial hazards, see <u>Appendix 2</u>

To help you identify psychosocial hazards in your workplace, we have grouped common hazards into three categories: work design, social factors, and the work environment. These categories are not strict or separate – a hazard might be present in or be influenced across all these categories. What is most important is to consider how psychosocial hazards can introduce risks into your workplace.

AREAS OF WORK WHERE PSYCHOSOCIAL HAZARDS CAN ARISE	EXAMPLES
Work design The content and organisation of work tasks, activities, relationships, and responsibilities to adjust how work is done	 long working hours heavy or unmanageable workloads, especially with constant time pressure low job control, little say over how or when work is done lack of role clarity boring or repetitive tasks not having the skills needed to do the job well or underuse of skills shift work with not enough time to rest over-reliance on technology, use of digital surveillance to constantly monitor
Social factors at work Interpersonal relationships, organisational culture, support systems and leadership practices that influence workers' engagement and overall health	 poor leadership lack of trust in management poorly managed organisational change poor work relationships with colleagues, managers, customers lack of support from others workplace bullying or harassment discrimination, unfair treatment, feeling undervalued no opportunities to learn or progress in job job insecurity, short-term contracts, low pay struggles balancing work and home life, moving often for work

AREAS OF WORK WHERE PSYCHOSOCIAL HAZARDS CAN ARISE	EXAMPLES
Work environment	- poor physical work environment, lack of space, poor lighting, excessive noise
Aspects of the work environment, equipment used, and hazardous tasks needing to be done	 lack of proper tools, equipment, or training to do the job properly lack of training to use new equipment or technology working remotely or in isolation exposure to traumatic events, such as death or violence high pressure to meet deadlines, production targets, or budgets working in extreme or unstable conditions (for example, conflict zones, natural disaster zones)

TABLE 1: Common psychosocial hazards at work

2.2 Role of leadership in managing psychosocial risks

Leaders play an important role in managing psychosocial risks and creating a mentally healthy work environment.

IMPORTANT

Officers do not have direct duties around identifying risks but must exercise due diligence to ensure the PCBU is meeting its obligations. For example, taking reasonable steps to understand psychosocial risks, setting expectations for their management, and ensuring the PCBU has adequate resources to manage risks and implement control measures. Officers cannot solely rely on others – they must learn about and keep up to date with the risks and how to manage them.

As a PCBU you must manage psychosocial risks at work. You may rely on those in the business with a role, skills or influence to support the management of psychosocial risks in your business. These could include roles such as managers, team leaders, supervisors or worker representatives like health and safety representatives and union delegates.

To support the management of psychosocial risks in your business, you and your people leaders can:

- build your knowledge and understanding of psychosocial risks and how to manage them
- have regular, open conversations with workers about their work experience and any challenges
- help workers to identify hazards and assess the exposure to psychosocial risks
- design and implement solutions or interventions in collaboration with workers
- respond positively and constructively when workers report psychosocial risks or harm
- consider how your decisions, actions, or inactions may contribute to psychosocial risks
- treat all workers fairly and consistently, promoting equity and inclusion
- encourage honest communication and keep workers informed about changes that affect them
- normalise discussions around work-related stress and mental health
- show understanding and care by supporting workers through challenges or psychosocial risk exposure.

A proactive leadership approach not only reduces risks but also strengthens workplace relationships, increases productivity and improves overall worker health.

2.3 Protective factors at work

Protective factors at work play a crucial role in preventing risks before they lead to harm. By reducing stress, fostering a positive work culture and strengthening support systems, these factors help create a safe, healthy and resilient work environment. Below are examples of protective factors:

- supportive leadership that prioritises worker health
- psychological safety, where workers feel safe to speak up and share concerns
- clear communication to ensure transparency and role clarity
- work-life balance initiatives that promote sustainable workloads
- positive workplace relationships that enhance teamwork and collaboration
- opportunities for professional growth to improve job satisfaction and engagement
- access to mental health resources for proactive support and intervention.
- A workplace with strong protective factors can:
- prevent or minimise risks: a well-designed work environment reduces the likelihood, severity, and duration of harm
- reduce the impact of risks: supportive leadership and a positive culture can lessen the effects of high job demands, workplace conflict, or poor management
- make risk management more effective: when businesses proactively support worker health, it becomes easier to implement risk controls and maintain a safe and healthy workplace.

For more examples of protective factors see <u>Appendix 2</u>: Common psychosocial factors with examples of risks and protective factors

2.4 Engage with workers about their health and safety

Throughout this guidance, you will see references to engaging with your workers. Under HSWA, you must engage with workers and their representatives when making decisions about their health and safety.

Engaging and talking with your workers over health and safety issues is valuable. They will know how the work is actually done and what is going on that could become an issue.

Talk with them, listen to them. That is where your best information will come from.

For further information, see <u>Appendix 8</u>: Worker engagement, participation and representation (Part 3 of HSWA)

3.0 Identify psychosocial hazards and assess the risks

IN THIS SECTION:

- 3.1 Identify psychosocial hazards
- 3.2 Assess the risks

Every workplace will be different, so it is important to use a range of information to help you identify psychosocial hazards.

3.1 Identify psychosocial hazards

Exposure to psychosocial hazards can come from unexpected events, but they can also be part of everyday work practices that seem normal.

Ask your workers what hazards they can identify. Different groups may experience or view hazards differently, so it is important to get a broad range of perspectives. You could do this through surveys, focus groups, or by using existing workplace information. Smaller businesses might rely more on regular conversations or observations.

You can also identify hazards by looking at:

- how work is done and what situations workers encounter
- incident and injury records (including near misses)
- job descriptions and organisational structures
- workload data
- overtime hours
- work schedules and shift patterns
- worker complaints and grievances
- customer feedback
- worker surveys or questionnaires
- emergency response plans (for example, for natural disasters, suicide, or violence).

For examples of common psychosocial hazards, see <u>Table 1: Common</u> psychosocial hazards at work and <u>Appendix 2: Common psychosocial factors</u> with examples of risks and protective factors

3.2 Assess the risks

Once you have identified hazards, you will need to carry out a risk assessment. This means determining the likelihood of harm happening and the consequences (degree of harm) if it happens. Make sure you involve your workers and their representatives in this process.

You should conduct a risk assessment once a hazard is identified. You may also need to reassess risks when changes happen, such as introducing a new job or task.

Determine likelihood

To assess how likely harm is, consider:

- frequency: how often workers are exposed to psychosocial hazards (for example, constantly, sometimes, or rarely)
- duration: how long workers are exposed to psychosocial hazards (minutes, hours, weeks, months, or years)
- intensity: how intense exposure to a psychosocial hazards could be to workers (for example, reviewing a report about a violent crime versus witnessing one, or having an extremely high caseload versus a moderately high caseload) and how serious the consequences of the risk could be to the worker (for example, slightly stressful or catastrophic). Also consider whether the risk is measured objectively or experienced subjectively. What may feel manageable for one person could be overwhelming for another.

For example, if workers identify high workload as a hazard, assess how long the workload stays high, how often it happens, and how excessive it is.

Determine consequence

Consider the possible impact on physical and mental health, including:

- how many workers are affected
- the impact on their ability to work
- the level of support or healthcare needed to recover
- the chance of fatality.

By assessing both likelihood and consequences of a psychosocial hazard, you can begin to understand the level of risk.

Psychosocial hazards can interact and combine

Workers may face more than one hazard at the same time, and these hazards can interact or make each other worse. For example, challenging work completed alone or hazardous work with low levels of supervision or support. You should consider this when determining the potential consequences.

Some psychosocial hazards only pose a risk when they are extreme, while others can combine to create new, different, or higher risks. For example, a worker with a high workload may face greater risk if they also receive unclear instructions, have little control over their work, and get little support from colleagues or their manager.

It is important to consider all the psychosocial hazards workers may be exposed to when managing related risks. By assessing the risks together, you can find better ways to manage them.

Not all workers face the same hazards and risks

Not all workers face the same hazards or level of risk, even if they have similar roles or work in the same place.

Some workers may be more at risk of psychosocial harm. For example, young or new workers might not have enough training or be aware of the risks. Workers on trial periods or in informal working arrangements may feel less able to speak up about concerns, putting them more at risk.

Therefore, you should design work to eliminate or if that is is not possible, minimise these risks so far as is reasonably practicable.

4.0 How to manage psychosocial risks

IN THIS SECTION:

- 4.1 Consider what is reasonably practicable
- 4.2 Choose the most effective control measures
- 4.3 Work with other businesses
- 4.4 Put control measures in place
- 4.5 Where to get help

As a PCBU, you have a responsibility to ensure that the health and safety of your workers, and other persons are not put at risk by your work.

As psychosocial risks are a known source of harm, you must put control measures in place to eliminate the risks so far as is reasonably practicable. Control measures refer to the actions taken to eliminate or minimise risks. If it is not reasonably practicable to eliminate the risks, you must minimise them so far as is reasonably practicable. Consult with your workers on decisions about control measures and inform them of what control measures are in place.

4.1 Consider what is reasonably practicable

'Reasonably practicable' means you do what is reasonable to ensure health and safety in your circumstances (for example, what a reasonable person in your position would be expected to know and do). You first do what is reasonably practicable to try to eliminate the risk. If the risk cannot be eliminated, then you must minimise it.

Just because something can be done, does not mean it is reasonably practicable in the situation. When deciding how to manage a risk, cost is a factor, but it should only be a reason not to act if it is grossly disproportionate to the risk. Weighing up cost should be the final consideration.

For further information, see <u>Appendix 6: So far as is reasonably practicable</u> (section 22 of HSWA)

4.2 Choose the most effective control measures

As workers can face multiple risks at the same time, the overall risk can be higher. To manage this, you should assess hazards together and use a combination of control measures to eliminate risks so far as is reasonably practicable or minimise them if elimination is not possible.

Figure 1 outlines an approach to help you do this. Most of your effort should be on eliminating or preventing risks.

	ACTION	WHAT IS THIS?	EXAMPLE CONTROL MEASURES
Most effective (preventing harm)	ELIMINATE THE RISK	This is where you look at your organisation and the way it operates (people and practices) to identify potential psychosocial risks and so far as is reasonably practicable, eliminate them.	 make sure jobs or projects have enough people and resources to handle the workload plan work schedules to cover busy periods and support workers to balance their personal and family needs having a fair and clear system for promotions, rewards, and recognition - and follow it giving workers clear job descriptions and update them when needed provide clear instructions, supervision, and support to complete the work strengthen the engagement between workers and teams working on related tasks to encourage early risk identification create fair and consistent workplace policies and make sure workers can raise concerns and give feedback.
	MINIMISE THE RISK	 Think about the way you manage and carry out work. Look at what you can do in everyday work to minimise the risks of psychosocial harm. Options to consider include: substituting (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk (for example using a less hazardous work practice) isolating the hazard giving rise to the risk to prevent exposure to it (for example separating people from the hazard) using physical control measures using safe methods of work, processes or procedures designed to minimise risk. 	 give workers some control over their tasks, such as deciding how or when to complete their work. Where possible, allow flexibility in when, where, and how they work provide training, support, and onboarding for newly promoted workers share clear, consistent, and timely information about workplace changes, and give workers a way to provide feedback limit how often workers see or handle traumatic materials - use flags, prompts, or password protection to reduce unnecessary exposure reduce how long workers are exposed to risks by rotating them into other tasks have a strong health and safety committee. Make sure workers have easy ways to report risks and near misses, like a risk register, online reporting tools or toolbox talks provide lone or isolated workers with the information and support to manage risks as they arise.
Least effective (harm has occurred)	MINIMISE POTENTIAL HARM	The focus here is on supporting workers exposed to psychosocial risks. Minimising harm by providing targeted support is key. Some risks cannot be eliminated, especially those inherent to certain roles, tasks, or sites (for example, dealing with violent customers or emotionally demanding work). In these cases, focus on minimising harm as much as possible.	 manage and monitor harm share information about the risks to workers in similar roles to raise awareness develop a plan to manage recovery at work or return-to-work processes provide on-the-job support to improve work practices or adjust processes to reduce risks and harm support workers to access specialist services, such as employee assistance programmes or counselling use lessons from harm to improve prevention and reduce future risks. For more information on responding to harm see <u>Section 6.0: What to do when risks cannot be eliminated or minimised</u>

Note: Using control measures across all levels creates a stronger and more effective approach.

FIGURE 1: Model to help you choose effective control measures

4.3 Work with other businesses

Businesses that work together (for example, by sharing workplaces or being part of contracting chains) are likely to share health and safety duties.

You must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other businesses you share health and safety duties with. This could include addressing psychosocial risks.

For further information, see <u>Appendix 7: Working with other PCBUs – overlapping</u> duties (section 34 of HSWA)

4.4 Put control measures in place

As soon as you have decided what the most effective control measures are, you should:

- put the control measures in place
- make sure your workers know about the potential risks and the control measures to manage them
- think about how you are going to monitor, check or measure if your control measures are effective. Also, decide when you will review their effectiveness.

4.5 Where to get help

If you need help, you should get advice from a suitably qualified and experienced health and safety professional or associations in your sector. Other services who could help include:

- Health and Safety Association of New Zealand (HASANZ)
- organisational and health psychologists
- human factors and ergonomics (hfe) professionals and occupational health professionals
- management and organisational design consultants
- work health and safety lawyers
- health and safety practitioners
- human resources professionals.

5.0 Monitor and review your control measures

You should monitor and regularly review your control measures in consultation with your workers, to make sure they remain effective at eliminating or minimising psychosocial risks.

Reviews should occur regularly and:

- when a new hazard or risk is identified
- if a control measure has not effectively eliminated or minimised the risk
- if new control measures are identified to manage the risk
- before and during significant changes at work, such as changes to the work environment or systems
- if workers or representatives request one.

Monitoring control measures will help you see if they are working. Just like identifying psychosocial hazards, you can assess the effectiveness of control measures by talking to workers, running surveys, making observations, and reviewing any reporting or indicators set up when you established the control measures. Regular reviews can also help identify any gaps.

Engage with your workers or their representatives when deciding on how to monitor your control measures.

Use the results from your monitoring to keep improving your control measures. Consider:

- Are the control measures/interventions effective?
- Is harm occurring?

If the control measures are not working, work with your workers to review the risk management process and adjust as needed.

IMPORTANT

Hazard identification, risk assessment, risk management, and the review of control measures are not one-off tasks – they are ongoing and continuous. This ensures risks are managed effectively over time.

6.0 What to do when risks cannot be eliminated or minimised

IN THIS SECTION:

- 6.1 Responding to harm
- **6.2** Process for responding to reports of harm from psychosocial risk exposure
- 6.3 When WorkSafe might intervene

Even with effective risk management, workers may still experience harm.

At times, it may not be reasonably practicable to eliminate or minimise all risk. Work can be unpredictable, as tasks and sites change, and new risks emerge.

6.1 Responding to harm

Harm should be prevented by managing risks, but you should also have plans to support workers who are harmed – whether from known risks, unexpected risks, or other causes. Since harm can have multiple causes, it can be difficult to pinpoint a single reason.

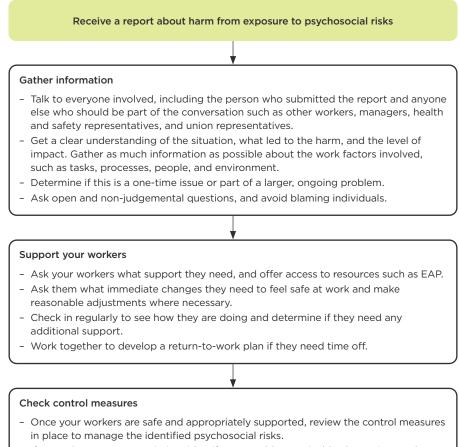
If a worker has specific needs due to a disability, injury, or illness (including mental distress or mental illness), you should consider making reasonable adjustments to their work or work environment to help prevent harm.

WHAT YOU CAN DO	HOW YOU CAN DO IT
Be understanding and communicate well	 Engage with the worker as soon as harm is reported or becomes evident. Ask, listen and be understanding. Admitting and acknowledging harm from psychosocial risks is difficult for most people. Ask them if they have any thoughts on how they want any psychosocial harm they have experienced resolved, or how they think it might be resolved. Provide a timeline for responding to risks that contributed to the harm, including reviewing control measures and investigations. Ensure that workers are aware of their rights and entitlements, for example, sick leave or reasonable adjustments made to support them. Communicate with workers in ways that keep them informed and maintain trust.
Have support people involved	 When workers are discussing their situation or needs with supervisors or managers, ask them if they would like a support person present. This could be an in-house support person, union delegate, colleague, family member or friend.
Provide information about employee assistance programmes (EAP)	 EAP can be another way of supporting workers. If your business uses this programme: promote its use with workers make sure they understand how it works and how to access the services keep any information you receive from the programme confidential.
Provide individual and practical assistance	 When workers come to you with information about individual circumstances which may affect their work, take the time to note all the risks and respond in a supportive and encouraging way. Let them know about services and practical help the business can offer. Provide practical help for workers such as adjusting tasks or deadlines, or offering more flexible work options.
Consider practical support or accommodations	 Consider what reasonable changes can be made to workers' jobs or what additional support to provide.

WHAT YOU CAN DO	HOW YOU CAN DO IT
Respond effectively to emergencies or traumatic incidents	 If there is a chance workers may face traumatic events or emergencies in their job, train managers and supervisors on how to respond and put clear response procedures in place. Make sure a trained or qualified person is available to provide psychological first aid immediately after a traumatic event. Support workers after a traumatic event, not only immediately but in the days, weeks, and months that follow. Offer professional supervision or counselling for affected workers. Avoid emotional debriefs and do not expose other workers to distressing details. Do not assume that normal reactions to trauma mean someone has a mental illness. Seek professional advice if needed, such as support for handling the impact of suicide. Encourage workers to maintain a normal routine where possible, while allowing flexibility for teams that need it.
Determine if you need to notify WorkSafe	- If required, notify WorkSafe. For more information see What events need to be notified?
Manage recovery at work or return to work carefully	 Provide a clear recovery at work or return-to-work process that is engaging, and flexible to meet people's needs. Ensure any health-related information in this process is managed appropriately in accordance with privacy law. Ensure that workers are not exposed to more risk because of their health status, illness, or disability. The potential for increased exposure to psychosocial risks increases for all workers returning to work, regardless of the reason for their absence. Provide a point of contact and maintain ongoing communication with workers during their time away from work. You may wish to use the return-to-work policy builder developed by <u>business.govt.nz</u>

TABLE 2: Responding to psychosocial harm

6.2 Process for responding to reports of harm from psychosocial risk exposure



- If control measures are missing, identify reasonable practicable alternatives and implement them.
- If control measures are ineffective, determine the cause and make any necessary adjustments.

Make changes

- Implement the identified control measures to better manage the risk.
- Include incident data and the status of control measures in health and safety reporting.
- Notify WorkSafe if the incident involved serious harm or suicide.

6.3 When WorkSafe might intervene

WorkSafe's policy sets out how we make decisions about when we intervene. For more information, see, WorkSafe's webpage When we intervene

For work-related psychosocial risks we may intervene when a PCBU, group of PCBUs, or sector has a persistent pattern of serious harm or poorly managed serious risk.

We are unlikely to intervene in one-off or individual cases.

For more information on reporting unsafe or unhealthy work situations, see WorkSafe's webpage Raise a mentally healthy work concern

FIGURE 2:

Process for handling reports of harm from exposure to psychosocial risks

7.0 Help for workers

The support provided in the workplace by supervisors, managers, union representatives, human resources, and health and safety functions are central to workers' health.

However, if workers need additional help from trained professionals, you should inform them about the support services available to them. These could include:

- unions
- EAP (if your business uses this programme)
- primary health organisations and practitioners (such as general practitioners (GPs))
- counselling and support services, see WorkSafe's webpage for free helplines Information for workers – where to get help
- clinical psychologists
- community support organisations in your area (this could include iwi and peer support organisations)
- kaupapa Māori services Kaupapa Māori Healthpoint
- Pacific People services Pacific People Healthpoint
- family violence support services <u>Abuse and violence support Community Health</u> and Social Services - Healthpoint
- addictions services Addictions drug & alcohol Mental Health & Addictions -Healthpoint

For more information on reporting an unsafe or unhealthy work situation, see WorkSafe's webpage Raise a mentally healthy work concern

Appendices

IN THIS SECTION:

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- Appendix 8: Worker engagement, participation and representation (Part 3 of HSWA)

Appendix 1: Glossary

There are many valid ways to describe risks and harms at work. Different fields, like psychology, health and safety, and human resources, may use their own terminology to describe, understand and manage psychosocial risks.

When it comes to psychosocial risk management, there is no single set of agreed terms. The definitions in this glossary are here to provide clarity, but these are not the only ways to explain these concepts.

Some terms like 'support' or 'leadership' might seem familiar, but we have defined them here in a way that makes sense for managing psychosocial risks at work.

TERM	DEFINITION
Absenteeism	Being absent from work when scheduled to be there, including sick leave, domestic leave, and unpaid leave.
Addiction	Addiction is when you no longer have control over doing, taking, or using something to the point that it is causing harm to you or those around you. (for example, substances like alcohol or drugs, or behaviours like gambling or excessive spending).
	Addiction is a contributor to risks as well as a harm from risks.
	See substance use/abuse.
Anxiety	 A feeling of fear, dread, or uneasiness that can be a reaction to stress. It can also be described as a sense of apprehension about what is to come. When anxiety interferes with someone's life, is extreme or lasts longer than six months, it can be clinically diagnosed as an illness. There are specific forms of anxiety that can relate to specific tasks, interactions, or job expectations.
Bullying	Repeated and unreasonable behaviour directed towards a worker or group of workers that can lead to physical or psychological harm.
	Repeated behaviour is persistent (occurs more than once) and can include a range of actions over time.
	Unreasonable behaviour means actions that a reasonable person in the same circumstances would see as unreasonable. It includes victimizing, humiliating, intimidating, or threatening a person.
	See WorkSafe's guidance on bullying for more information Bullying
Burnout	Burnout results from chronic workplace stress that has not been successfully managed. It is associated with energy depletion or exhaustion, negative feelings or cynicism, and a sense of loss in effectiveness and accomplishment in one's job.
	Burnout is recognised as a work-related condition by the International Classification of Diseases (ICD-11) but is not a diagnosable medical condition.
	See fatigue and stress.
Career development	The development of personal and professional skills that provide opportunities for growth and advancement in job prospects.
Civility and respect	A work environment where behaviours, attitudes, and practices promote a positive, inclusive, and respectful culture.
Control measure	A way of eliminating or minimising the risk of harm.
	See intervention.
Culture (organisational, work)	Formal and informal ways of working based on shared assumptions that develop or are created in a workplace based on practices, values and expectations of acceptable behaviour.
Depression	A persistent state of low mood and loss of interest in activities once enjoyed. This can negatively affect how you feel, the way you think and how you act.
	Common features of depression are sadness, emptiness, or irritable mood, and can be accompanied by somatic and cognitive changes that can significantly affect an individual's capacity to function.
	Depression becomes a clinical diagnosis when feelings of sadness persist over two weeks and meet clinical criteria. For example, changes to sleeping patterns, appetite, and energy levels.

TERM	DEFINITION
Discrimination	Discrimination is when someone is treated unfairly or less favourably than another person in the same or similar circumstances. It may impact on how you feel about work and perceptions of support options.
	In New Zealand, it is unlawful to discriminate based on health, mental health or disability (among other protected classes). People who are suffering from psychosocial harm may find that stigmatised beliefs may lead to reducing understanding and response to harm.
Distress	A state of emotional suffering or pain affecting the mind and body.
Duty holders (HSWA)	A duty holder is a person who has a duty under HSWA. There are four types of duty holders – person conducting a business or undertaking (PCBU) which has the primary duty of care, officers, workers and other persons at a workplace.
Fatigue	A state of exhaustion, lethargy, or decreased mental and physical energy caused by facing significant or chronic challenge. It is also associated with other health conditions.
	See WorkSafe's guidance on fatigue for more information Fatigue quick guide
	It can lead to burnout - see Burnout.
Harm	Death, injury, and illness. It includes both physical and mental harm.
	Psychosocial harm may be immediate or long-term and can come from single or repeated exposure to work-related risk factors.
Harassment	When a person harasses another person by engaging in a pattern of behaviours that causes someone to fear for their safety. This includes following a person, interfering with or entering a person's property without permission, making contact and sharing offensive material directly with a person or in a manner that will bring it to the attention of that person.
	Harassment has a legal definition under the Harassment Act 1997.
Health (HSWA)	Defined under legislation as physical and mental health.
Health and Safety Committee (HSC)	A Health and Safety Committee (HSC) supports the ongoing improvement of health and safety at work. An HSC enables PCBU representatives, workers and other HSC members to meet regularly and work cooperatively to ensure workers' health and safety.
	A HSC's main function is to assist in developing standards, rules, and policies or procedures relating to work health and safety.
Health and Safety Representative (HSR)	A worker elected by the members of their work group to represent them in health and safety matters (under HSWA subpart 2 of Part 3).
Health and Safety at Work Act 2015 (HSWA)	The work health and safety legislation in New Zealand. All work and workplaces are covered by HSWA unless specifically excluded. See <u>Appendix 6</u> for more information.
Healthy work	Where workers and managers collaborate to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the physical work environment, psychosocial work environment, personal health resources in the workplace, and participation in work and the wider community. (WHO, 2010).
Interpersonal relationships	Common behaviours and styles of communication which either support positive relationships or create adversarial or harmful behaviours.
Intervention	An action or initiative which aims to minimise psychosocial risk or increase protective (positive) factors at work. It can be a control or work alongside other risk management approaches to improve the effectiveness of controls.
	See control measures.
Job control	The level of autonomy or decision-making power a worker has over their tasks, work pace and methods.
Job demands	Aspects of any job that include the costs to the person completing the tasks necessary for the job.
Job security	The likelihood that a worker will keep their job.
Leadership	The ability to influence, guide and support individuals and teams to create a safe and healthy work environment.

TERM	DEFINITION			
Mental health	A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their own community.			
Mentally healthy work	Work where risks to people's mental health are eliminated or minimised, and their mental wellbeing is prioritised.			
	See WorkSafe's website for more information Mentally healthy work			
Musculoskeletal disorders (MSD)	Injuries and conditions affecting the muscles, joints, tendons, ligaments, bones, and nerves. MSDs may also include inflammatory conditions like arthritis and gout, degenerative conditions like osteoporosis and pain conditions like fibromyalgia.			
	MSDs occur when work demands or tasks lead to discomfort, pain, or injury and are commonly associated with exposure to psychosocial risks.			
Organisational change	The altering of structures, strategies, practices or cultures of organisations.			
Organisational culture	Formal and informal ways of working based on shared assumptions that develop or are created in a workplace based on practices, values and expectations of acceptable behaviour.			
Person conducting a business or undertaking (PCBU)	A 'person conducting a business or undertaking'. In most cases a PCBU will be a business entity, such as a company. However, it may be an individual carrying out business, such as a sole trader or self-employed person.			
	A PCBU does not include workers or officers of a PCBU, volunteer associations with no employees, or home occupiers that employ or engage a tradesperson to carry out residential work.			
	See Duty holders.			
Presenteeism	Being present at work but with reduced productivity. Presenteeism may be due to exposure to psychosocial risks like bullying, hostile environment or other unsafe systems of work.			
Primary duty of care	A PCBU must ensure, so far as is reasonably practicable, the health and safety of its workers, and that other persons are not put at risk by the PCBU's work.			
	See Duty holders.			
Protective factors	Work factors that promote health and positive work experiences. Protective factors may enhance a worker's ability to cope with challenges and foster a supportive work environment.			
Psychosocial	Psychosocial is the interrelationship between a person's thoughts, emotions and behaviours and their social environment.			
Psychosocial hazard	The aspects of the design and management of work, and its social and organisational contexts, that may have the potential for causing psychological or physical harm.			
Psychosocial risk	An adverse workplace interaction or condition of work where a person is exposed to a psychosocial hazard with the potential to compromise a worker's health and wellbeing.			
Recognition and reward	The balance between workers' effort and formal and informal recognition and reward.			
Remote or isolated work	Work that is remote or isolated from the assistance of other persons because of location, time, or the nature of the work. Work can be isolated without being remote and be remote without being isolated.			
Role and expectations	The nature of the job and expectations of how, where, and when it is performed (inherent risks).			
Role clarity	Understanding of the job responsibilities, expectations and reporting lines.			

TERM	DEFINITION
Safe systems of work	A PCBU must, so far as is reasonably practicable, provide and maintain safe systems of work (for example, work processes).
	Developing a safe system of work is a formal procedure carried out by a person with sufficient knowledge and experience. It involves:
	 the systematic examination of a task to identify risks that may arise from carrying it out the identification of safe methods including control measures to eliminate or minimise the identified risks
	- the setting of methods to safely carry out the task.
	The development of safe systems of work can involve looking at the physical layout of the workplace and its access and egress, tools, plant, procedures and people (for example, instruction, information, training).
	Systems of work should be reviewed on a regular basis and updated as appropriate.
Social factors at work	Interpersonal relationships, organisational culture, support systems and leadership practices that influence workers' engagement and overall health.
Stress	The negative physical, mental, and emotional reactions we experience when we feel we cannot cope with the demands placed on us.
Substance use/abuse	Excessive or problematic use of substances like alcohol or drugs to cope with everyday life or manage periods of stress.
	See Addiction.
Support	Availability of formal and informal support systems to achieve healthy work.
Trauma	Is a response to an incident that causes physical, emotional, spiritual, or mental harm, for example experiencing a serious injury, being exposed to disturbing events or content at work, or indirect exposure when connected to the workplace, task, or workers who were harmed.
	A trauma response can become clinically significant when intense physical and emotional responses last for many weeks or months. This would need to be diagnosed by a medical professional. These can include:
	 Physical trauma: is a serious physical injury caused by an external object or force. Psychological trauma: an emotional response to a deeply distressing or disturbing event or experience.
	- Acute trauma: is an intense distress reaction to one traumatic event.
	 Complex trauma: can arise from experiencing repeated or multiple traumatic events. Vicarious trauma: is an indirect exposure to trauma, where a person experiences
	 Post-Traumatic Stress Disorder (PTSD; māuiui pāmamaetanga): is an intense physical and emotional response to thoughts and reminders of a traumatic event or events that last for many weeks or months.
Traumatic events (notifiable events)	Exposure to death, injury or illness may lead to harms associated with witnessing or engaging with traumatic events and vicarious trauma (chronic and acute) through exposure to traumatic information.
	A notifiable event is when someone dies or when a notifiable incident, illness or injury occurs as a result of work. See our guidance on notifiable events for more information What events need to be notified?
Union (and union delegates)	An organisation that supports its members by electing voluntary delegate roles to deal with matters concerning the health and safety and employment relations issues raised by its members.
Violence	Incidents involving an explicit or implicit challenge to health, safety or wellbeing at work. Violence can be internal, external or client initiated. For example, abuse, threats, assault (physical or verbal), and gender-based violence.
Work/life balance	The ability for workers to effectively manage and prioritise the demands of their work and personal lives in a way that promotes health.
Workload	The perceived relationship between the amount of physical and mental capability or resources and the amount required by the task.

TERM	DEFINITION
Work design	The content and organisation of one's work tasks, activities, relationships, and responsibilities to adjust how work is done.
	Work design addresses the resources of the worker or work team (for example their access to social support, task skill and variety, being able to work with autonomy) and the demands of the job (for example time pressure, role conflict and emotional demands).
Work environment	Aspects of the work environment, equipment used and hazardous tasks needing to be undertaken.
Work-related suicide	A death caused by injuring oneself with the intent to die. A work-related suicide is a suicide in which work-related factors significantly contribute to the suicidal behaviour.
Worker Engagement, Participation and Representation	Regulations that set out duties that businesses must perform to keep their workplaces safe and healthy. WEPR is a key component of a well-functioning workplace health and safety system.
(WEPR)	The Health and Safety at Work Act (HSWA) 2015 places duties on all PCBUs of any size or risk-profile to engage with their workers on matters which relate to health and safety.
Worker representative	Elected workers that raise health and safety issues with a PCBU on their behalf, can include: - a Health and Safety Representative (HSR) - a union delegate
	 any other person the worker authorises to represent them (for example, community or church leaders, lawyers, occupational physicians, nurses, respected members of ethnic communities).
Work schedule	Structured allocation of working hours, shifts and rest periods.

Appendix 2: Common psychosocial factors with examples of risks and protective factors

This appendix outlines common psychosocial factors in three key areas of risk management:

- how work is designed
- social factors at work
- the work environment.

This table provides examples of how these common psychosocial factors show in work when risks and harm may be present (risk factors). It also shows what you might see when work is healthy and risks are managed (protective factors).

Psychosocial risks can interact with each other and are influenced by the specific work context. By creating healthy work conditions, you can reduce exposure to risks and minimise potential harm.

These examples are a guide to help you assess how effectively your business is managing these risks.

PSYCHOSOCIAL FACTOR	RISK FACTORS	PROTECTIVE FACTORS
How work is designed		
Role and expectations	 work is highly complex, high-risk, or done under constant pressure work has high physical, mental, or emotional demands there is low job satisfaction or work feels meaningless 	 workers understand how their work contributes to the bigger picture and feel a sense of purpose work tasks match workers' skills there is a sense of community at work (feeling part of the team)
Role clarity	 roles, tasks, or work standards are unclear workers have conflicting tasks or duties with other workers (for example, two workers assigned the same task) there are frequent changes to job requirements or timeframes 	 workers understand their daily responsibilities with clear targets and goals good communication and feedback helps workers to stay on track and manage priorities workers know how their roles fit into the team and the wider organisation
Job demands	 work requires high mental effort or constant attention workers are constantly exposed to emotionally distressing situations or aggressive customers tasks are highly repetitive or fail to utilise workers' skills 	 work expectations are realistic, with support available when needed responsibilities are clear and workers can prioritise or adjust tasks when necessary work is designed to reduce risks from repetitive or high-stress tasks
Workload	 there is too much work to do in too little time (work overload) there is too little work, leading to low effort to do the job or disengagement (work underload) rapidly switching between demanding tasks 	 workloads are manageable and allow workers to maintain a safe and sustainable pace the work environment supports tasks (for example, good lighting, comfortable spaces, temperature control) workers have some control over the order, speed, and schedule of their tasks
Job control (autonomy)	 workers have little say over how or when the job is done strict processes allow no flexibility or adaption there is lack of control over workload and timeframes 	 workers have a say in how they complete their tasks workers have a reasonable level of control over their workload and deadlines there is flexibility in how work is done, within safe and practical limits
Work schedule	 there is shift work, especially at night working hours are unpredictable or irregular working long hours including unplanned overtime 	 work schedules allow enough time for rest and recovery work hours and shift patterns are assessed for health and safety risks worker input is considered when planning rosters to ensure fairness and flexibility

PSYCHOSOCIAL FACTOR	RISK FACTORS	PROTECTIVE FACTORS	
Organisational change	 there are frequent or prolonged changes without proper consultation workers' views on change are not considered practical support or training for new ways of working is insufficient 	 changes are communicated clearly, with opportunities for feedback (you must consult if changes are likely to affect the work and worker) workers receive practical support to adapt to change change is planned with reasonable timeframes and expectations 	
Job security	 workers have insecure employment with low pay or uncertain contracts fixed-term contracts roll-over instead of becoming permanent increasing competition for role opportunities leads to low trust and lack of collaboration 	 have permanent appointments or contracts that meet the needs of business and workers workers have opportunities to develop skills that support long-term career growth employment decisions are fair, transparent and made in good faith 	
Remote or isolated work	 working alone in a remote area, or where emergency help (for example, fire service or hospital) is far away working outside normal business hours or shift/night work working alone or separated from colleagues leading to stress, low morale, and loneliness 	 work is assessed to ensure it is safe to be carried out by a lone worker regular check-ins and support (for example, supervision or buddy system) are in place workers have access to clear emergency procedures, training and communication devices 	
Social factors at work			
Leadership	 leaders poorly communicate priorities or decisions workers do not feel heard or supported by leadership decision-making practices are poor and inconsistent 	 visible and approachable leadership that engages with workers to problem-solve leadership/management style matched to the nature of the work and the needs of workers leadership takes proactive steps to manage psychosocial risks in the workplace 	
Support	 there is lack of support from managers or colleagues there is no access to necessary services, information or training to support work responses are slow or decision making is delayed when risks are raised 	 people leaders are accessible and willing to listen workers have access to appropriate tools, equipment and practical resources workers receive encouragement, clear expectations, and timely feedback 	
Interpersonal relationships	 disrespectful behaviours or incivility is ignored experiencing threats, abuse, or assaults (physical or verbal) contacting workers outside of work hours with demands disrespectful behaviours or incivility is professionally strong worker engagement pr to ensure conflicts are address clear expectations of acceptations 		
Organisational culture - workers are not engaged in decisions that affect them - there is lack of transparency in the way procedures are implemented, and decisions are made - the reasonable needs of workers are not recognised or accommodated		 workers treated with fairness and respect at all times accountability for inappropriate interpersonal behaviours workers have authentic opportunities to be heard and feel valued 	

PSYCHOSOCIAL FACTOR	RISK FACTORS	PROTECTIVE FACTORS
Recognition and reward	 workers' efforts are not appropriately appreciated workers get little praise or reward for good work effort and reward are not matched 	 workers' efforts are acknowledged and appreciated in a timely manner celebrate achievements and discuss 'what went right' (not just what went wrong) workers have opportunities for growth and development based on their contributions
Civility and respect	 rudeness and disrespect are tolerated personal attacks or unconstructive feedback are common workers fear reporting misconduct due to retaliation 	 policies and practices built on respect and valuing people provide training on effective communication and conflict resolution provide safe and effective way to report concerns, with early intervention when needed
Work/life balance	 there are expectations that cause workers to continue working in their own time workers experience conflicting demands of work and home during periods of additional need there is after-hours contact that pressures workers to respond 	 work schedules are flexible enough to accommodate personal and family needs employers respect boundaries between work hours and home time workers are supported to engage in healthy activities
Career development	 under promotion or over promotion that does not account for skills and expertise there are low chances of stepping into higher roles when ready or lack of 'acting up' opportunities inequitable access to training, resources, and opportunities 	 workers have access to training and development opportunities performance reviews provide useful feedback and career support strengths and skills are recognised, with opportunities for development
Work environment		
Physical work environment	 environmental conditions are poor (for example lack of space, poor light, or excessive noise) equipment or tools are poorly maintained and not fit for purpose working on, or around, unsafe machinery/equipment with low levels of supervision 	 comfortable and appropriate workplaces that support tasks (for example, good lighting, temperature, and noise levels) break areas allow workers to rest and recharge workstations and equipment are ergonomically designed support workers' needs
iraumatic events - witnessing a serious near miss, injury or workplace fatality - lack of follow-up and learning from harm associated from a specific hazardous task - exposure to vicarious trauma where workers must repeatedly listen to, view, or read detailed descriptions of harrowing and traumatic events experienced by others		 workers receive early and proactive intervention when serious harm, injury, or death occurs in a workplace workers receive clear, timely information and support, particularly with those directly involved exposure to distressing situations is minimised where possible

Appendix 3: More guidance on psychosocial risks and related topics

We have more guidance on psychosocial risks and related topics available here:

- Bullying
- Sexual harassment
- Work-related stress
- Fatigue
- Violence at work: customer service areas
- Managing the risks of shift work
- Mental health when working from home: for PCBUs
- Staying mentally healthy when working from home
- Guidance for business leaders
- Guidance for volunteers

Appendix 4: Other agencies who can help

Psychosocial risks can cause different types of harm, and there are a range of agencies that can help. The scenarios below provide examples of when it might be better for other agencies to step in.

SCENARIO	LEGISLATION AND WHO YOU SHOULD CONTACT
If you think a crime may have been committed, you should report that to the Police.	New Zealand Police Crimes Act
If harmful messages, photos, or videos are shared online and cause serious emotional distress, the Harmful Digital Communications Act (HDCA) may apply.	NETSAFE Harmful Digital Communications Act (HDCA)
If you think a person is being harassed, it might be appropriate to report that to the Police.	New Zealand Police Harassment Act
If someone is repeatedly verbally or emotionally mistreated at work, and it creates an unsafe environment, they could contact Employment New Zealand to help resolve problems in the workplace. PCBUs must ensure the workplace is safe.	Ministry of Business, Innovation and Employment (MBIE) Employment Relations Act Employment New Zealand Resolving a problem in the workplace Problems in the workplace
A PCBU must eliminate or minimise work risks so far as is reasonably practicable.	WorkSafe Health and Safety at Work Act Raise a mentally healthy work concern
If discrimination (for example based on race, disability, sexual orientation, or gender) causes mental harm, it may fall under the Human Rights Act.	Human Rights Commission Human Rights Act

Appendix 5: Health and Safety at Work Act duties

The Health and Safety at Work Act 2015 (HSWA) is New Zealand's key work health and safety law.

All work and workplaces are covered by HSWA unless they have been specifically excluded. For example, HSWA does not apply to the armed forces in certain situations.

HSWA sets out the work health and safety duties that duty holders must comply with.

There are four types of duty holder under HSWA:

- a person conducting a business or understanding (PCBU)
- an officer
- a worker
- an 'other person' at the workplace.

Most duties under HSWA relate to **how** work is carried out. However some duties are linked to **where** work is carried out: the workplace.

A **workplace** is a place where work is being carried out or usually carried out for a business or undertaking. It includes any place where a worker goes or is likely to be while at work section 20 of HSWA

DUTY HOLDER	WHO THEY ARE?	EXAMPLES	WHAT ARE THEIR DUTIES?	FOR MORE
Person Conducting a Business or Undertaking (PCBU)	A person conducting a business or undertaking (PCBU) may be an individual person or an organisation The following are not PCBUs: - officers - workers - other persons at a workplace - volunteer associations that do not have employees - home occupiers (such as home owners or tenants) who pay someone to do work around	 a business a self-employed person partners in a partnership a government agency a local council a school or university. 	 A PCBU has many duties. Key duties are summarised below. Primary duty of care section 36 of HSWA A PCBU must ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. Managing risks section 30 of HSWA Risks to health and safety arise from people being exposed to hazards (anything that can cause harm). A PCBU must first try to eliminate a risk so far as is reasonably practicable. This can be done by removing the source of harm - for example, removing faulty equipment or a trip hazard. If it is not reasonably practicable to eliminate the risk, it must be minimised so far as is reasonably practicable. 	Introduction to the Health and Safety at Work Act 2015 Section 4 and Appendix 6 of this guidance for an explanation of 'so far as is reasonably practicable' Identifying, assessing and managing work risks Sections 3-5 of this guidance
	the home section 17 of HSWA		Overlapping duties: working with other PCBUs section 34 of HSWA A PCBU with overlapping duties must, so far as is reasonably practicable, consult, cooperate and coordinate activities with other PCBUs they share duties with.	Appendix 7 of this guidance

DUTY HOLDER	WHO THEY ARE?	EXAMPLES	WHAT ARE THEIR DUTIES?	FOR MORE
			Involving workers: worker engagement, participation and representation Part 3 of HSWA	Appendix 8 of this guidance
			A PCBU must, so far as is reasonably practicable, engage with their workers (or their workers' representatives) about health and safety matters that will directly affect the workers.	
			A PCBU must have worker participation practices that give their workers reasonable opportunities to participate in improving health and safety on an ongoing basis.	
Upstream PCBU	A PCBU in the supply chain	 a designer a manufacturer a supplier an importer an installer, constructor, or commissioner. 	Upstream PCBU sections 39–43 of HSWA An upstream PCBU must ensure, so far as is reasonably practicable, that the work they do or the things they provide to other workplaces do not create health and safety risks.	Introduction to the Health and Safety at Work Act 2015
Officer	A specified person or a person who exercises significant influence over the management of the business or undertaking section 18 of HSWA	 a company director a partner or general partner a chief executive. 	Officer section 44 of HSWA An officer must exercise due diligence that includes taking reasonable steps to ensure that the PCBU meets their health and safety duties.	Introduction to the Health and Safety at Work Act 2015
Worker	An individual who carries out work for a PCBU section 19 of HSWA	 an employee a contractor or sub-contractor an employee of a contractor or sub-contractor an employee of a labour hire company an outworker (including homeworker) an apprentice or trainee a person gaining work experience or on work trials a volunteer worker. 	 Worker section 45 of HSWA A worker must take reasonable care of their own health and safety, and take reasonable care that they do not harm others at work. A worker must cooperate with reasonable policies and procedures the PCBU has in place that the worker has been told about. A worker must comply, as far as they are reasonably able, with any reasonable instruction given by the PCBU so the PCBU can meet their legal duties. 	Introduction to the Health and Safety at Work Act 2015
Other person at the workplace	An individual present at a workplace (not a worker)	 a workplace visitor a casual volunteer (not a volunteer worker) a customer. 	Other person at the workplace section 46 of HSWA An 'other person' has a duty to take reasonable care of their own health and safety, and not adversely affect the health and safety of anyone else. They must comply with reasonable instructions relating to health and safety at the workplace.	Introduction to the Health and Safety at Work Act 2015

Appendix 6: So far as is reasonably practicable

section 22 of HSWA

Certain PCBU duties (<u>sections 36–43</u> duties including the primary duty of care) must be carried out 'so far as is reasonably practicable'.

What to consider when deciding what is 'reasonably practicable'

Just because something is possible to do, does not mean it is reasonably practicable in the circumstances.

Consider:

- What possible actions can be taken to ensure health and safety?
- Of these possible actions, at a particular time, what is reasonable to do?

Think about the following questions.

WHAT IS KNOWN ABOUT THE RISK?

- How likely is the risk to occur?
- How severe is the illness or injury that might occur if something goes wrong?
- What is known, or should reasonably be known, about the risk?

WHAT IS KNOWN ABOUT POSSIBLE CONTROL MEASURES?

- What is known, or should reasonably be known, about the ways (control measures) to eliminate or minimise the risk?
- What control measures are available?
- How appropriate (suitable) are the control measures to manage the risk?
- What are the costs of these control measures?
- Are the costs grossly disproportionate to the risk? Cost should only be used as a reason to not do something when that cost is grossly out of proportion to the risk.

While PCBUs should check if there are widely used control measures for that risk (such as industry standards), they should always keep their specific circumstances in mind. A common industry practice might not be the most effective or appropriate control measure to use.

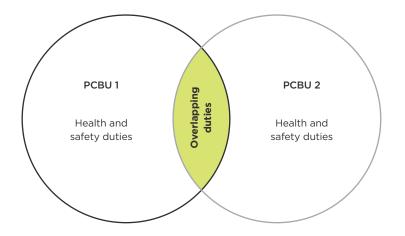
If PCBUs are not sure what control measures are appropriate, WorkSafe recommends getting advice from a suitably qualified and experienced health and safety professional.

For more information, see our guidance Reasonably practicable

Appendix 7: Working with other PCBUs - overlapping duties

section 34 of HSWA

More than one PCBU can have a duty in relation to the same matter. These PCBUs have overlapping duties – this means that the duties are shared between them.



Duties regularly overlap:

- in a shared workplace (for example, a building site or a port) where more than one business has control and influence over the work on site.
- in a contracting chain, where contractors and subcontractors provide services to a head contractor or client and do not necessarily share the same workplace.

A PCBU must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other PCBUs they share duties with so that all PCBUs can meet their joint responsibilities.

A PCBU cannot transfer or contract out of their duties, or pass liability to another person.

However a PCBU can make an agreement with another PCBU to fulfil specific duties. Even if this occurs, all PCBUs are still responsible for meeting their legal duties.

EXAMPLE

A local hotel contracts out housekeeping services to an agency. The hotel and agency both have a duty to ensure the health and safety of the housekeeping workers, so far as is reasonably practicable. This includes the duty to provide first aid facilities.

The agency reaches an agreement with the hotel – if their workers need first aid while working at the hotel they can use the hotel's first aid facilities.

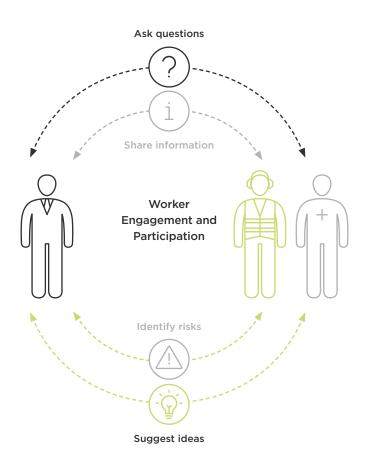
For more information, see our guidance Overlapping duties

Appendix 8: Worker engagement, participation and representation Part 3 of HSWA

Engage with workers and enable their participation

A PCBU has two main duties related to worker engagement and participation:

- to engage with workers on health and safety matters that affect or are likely to affect workers, so far as is reasonably practicable, and
- to have practices that give workers reasonable opportunities to participate effectively in the ongoing improvement of work health and safety.



A PCBU can engage with workers by:

- sharing information about health and safety matters so that workers are well-informed, know what is going on and can contribute to decision-making
- giving workers reasonable opportunities to have a say about health and safety matters
- listening to and considering what workers have to say at each step of the risk management process
- considering workers' views when health and safety decisions are being made
- updating workers about what decisions have been made.

A PCBU must engage with workers during specified times, including when identifying hazards and assessing risks.

A PCBU must have clear, effective, and ongoing ways for workers to suggest improvements or raise concerns.

Worker representation

Workers can be represented by a Health and Safety Representative (HSR), a union representing workers, or a person that workers authorise to represent them (for example, a community or church leader, or another trusted member of the community).

HSRs and Health and Safety Committees (HSCs) are two well-established methods of participation and representation. If workers are represented by an HSR, worker engagement must also involve that representative.

For more information

WORKSAFE GUIDANCE

Good practice guidelines

Worker engagement, participation and representation

Interpretive guidelines

Worker representation through Health and Safety Representatives and Health and Safety Committees

Pamphlets

Worker representation Health and Safety Committees Health and Safety Representatives

Disclaimer

This publication provides general guidance. It is not possible for WorkSafe to address every situation that could occur in every workplace. This means that you will need to think about this guidance and how to apply it to your particular circumstances.

WorkSafe regularly reviews and revises guidance to ensure that it is up-to-date. If you are reading a printed copy of this guidance, please check <u>worksafe.govt.nz</u> to confirm that your copy is the current version.

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