



Australian
National
University

Work Health and Safety Management System (WHSMS) Handbook

Element 3 Implementation

Chapter 3.15 Psychosocial Risk Management

Safety and Wellbeing

People and Culture Division

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WHSMS Handbook - Element 3 Implementation - Chapter 3.15 Psychosocial Risk Management

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Aims and Objectives

Aims

1. To prescribe the responsibilities and actions required to minimise and manage psychosocial hazards arising from University activities. To meet the requirements as per legislative and guidance requirements:
 - a. Work Health and Safety (WHS) Act 2011¹,
 - b. Work Health and Safety Regulations 2011²,
 - c. Work Health and Safety (Managing Psychosocial Hazards at Work) Code of Practice 2024³.
 - d. The Safe Work Australia Model Code of Practice: Managing Psychosocial Hazards at Work⁴;
 - e. Work Health and Safety (Sexual and Gender-based Harassment) Code of Practice 2025⁵
 - f. Anti-Discrimination and Human Rights Legislation Amendment (Respect at Work) Act 2022⁶;
 - g. The National Self Insurer WHS Audit Tool (NAT CTH)⁷;
 - h. ANU Procedure: Work health and safety hazard management⁸; and
 - i. and other relevant legislation and WHSMS Handbook requirements.

Objectives

2. This Chapter seeks to support and enable due diligence by providing information on the type and likely causes of workplace psychosocial hazards and the required approach to minimising or eliminating these hazards.
3. To ensure that University and its Colleges, Schools, Portfolios, Divisions and Admin Units:
 - a. Are aware of types and likely causes of psychosocial hazards and approaches to minimise risk;
 - b. Identify psychosocial hazards and risks arising from the University's business or undertaking;
 - c. Eliminate psychosocial hazards arising from the University's business or undertaking;
 - d. Assess and minimise the psychosocial hazards by developing appropriate controls in accordance with Hierarchy of Control and WHS legislative requirements;
 - e. Engage with meaningful systems of reporting of hazards, incidents and identified trends to ensure organisation wide approaches to psychosocial risk management;
 - f. Effectively implement controls, provide supports and workplace adjustments in place to minimise psychosocial risk in a timely manner;

¹ <https://www.legislation.gov.au/C2011A00137/latest/text>

² <https://www.legislation.gov.au/F2011L02664/latest/text>

³ <https://www.legislation.gov.au/F2024L01380/latest/text>

⁴ <https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-psychosocial-hazards-work>

⁵ [file:///C:/Users/u1002346/Downloads/F2025L00326%20\(1\).pdf](file:///C:/Users/u1002346/Downloads/F2025L00326%20(1).pdf)

⁶ <https://www.legislation.gov.au/C2022A00085/asmade/text>

⁷ <https://www.comcare.gov.au/about/forms-pubs/docs/pubs/audit-tools/whs-self-insurer-audit-tool-user-guide.pdf>

⁸ https://policies.anu.edu.au/ppl/document/ANUP_015812

- g. Review and evaluate the effectiveness of control measures; and
- h. Ensure that the systems of assessment and control are monitored and reviewed by Directors of local areas.

Scope and Inclusion

- 4. This Chapter applies to all Colleges, Schools, Portfolios, Divisions and Admin Units of the University.
- 5. This Chapter applies to all workers of the University, excluding contractors, Higher Degree by Research (HDR) students and/or other students where relevant.

Exclusions

- 6. This Chapter does not cover all aspects of the long-term management of a psychological illness or disability. For more information and support for individuals with a long-term condition in the workplace please contact the Injury Management Team at injurymanagement@anu.edu.au.
- 7. This Chapter does not provide direction on all primary prevention responses with respect to psychosocial hazards that relate to gender-based violence and sexual violence reporting requirements and mechanisms. Further advice and assistance should be requested from the ANU Respectful Relationships Unit <https://www.anu.edu.au/students/health-safety-wellbeing/respectful-relationships>.
- 8. This Chapter is not intended to provide "in the moment" advice on the immediate management of a mental health crisis. **In the event of a mental health crisis contact 000**, or in Canberra the ACT Health Home Assessment and Acute Response Team (HAART) <https://www.canberrahealthservices.act.gov.au/services-and-clinics/services/home-assessment-and-acute-response-team-haart> or your local area Mental Health First Aider for assistance.

Definitions

- 9. **Independent Medical Assessment** are completed by a suitably qualified practitioner who is not treating the staff member, to provide an independent opinion regarding their function. This assessment provides recommendations regarding recovery, workplace needs, and treatment.
- 10. **Local work areas** refer to a Colleges, Schools, Portfolios, Divisions and Admin Units of the University.
- 11. **Psychosocial Safety Climate** refers to type of organisational environment characterised by work systems and practices that prioritise employee psychological health.
- 12. **School Directors and Service Division Directors** for the purpose of this Chapter refers to delegate roles that are responsible for Colleges, Schools, Portfolios, Divisions and Admin Units.
- 13. **Supervisors** for the purpose of this Chapter mean employees of ANU who have supervisory responsibilities. This includes line managers and academic supervisors.

14. **Safety and Wellbeing** are a team within the People and Culture Division at ANU including Work, Health and Safety (WHS), injury prevention, injury management and claims management services. Contact through whs@anu.edu.au or injury.management@anu.edu.au.
15. **Workers** mean staff, visitors, volunteers, titleholders, affiliates, labour hiring workers, and Contractors of ANU. HDR students may be ANU workers depending on their role but are not included as part of this Chapter.
16. **Workplace Rehabilitation Provider** is a person or organisation providing rehabilitation services to help employees with work-related injuries to return to work.
17. **Psychosocial Hazards** are aspects of work which have the potential to cause psychological or physical harm. This may include job demands, poor organisational change management, remote or isolated work. A detailed definition of types of psychosocial hazards can be found in Appendix B.

Job demands - Intense or sustained high mental, physical or emotional effort required to do the job; or sustained low levels of physical, mental or emotional effort is required to do the job.

Low job control - Workers have little control over aspects of the work including how or when the job is done. Levels of autonomy not matched to workers' abilities.

Poor support - Tasks or jobs where workers have inadequate support including practical assistance and emotional support from managers and colleagues, or inadequate training, tools and resources for a task.

Lack of role clarity - Uncertainty, frequent changes, conflicting roles or ambiguous responsibilities and expectations.

Poor organisational change management - Insufficient consultation, consideration of new hazards or performance impacts when planning for, and implementing, change.

Inadequate reward and recognition - Jobs with low positive feedback or imbalances between effort and recognition.

Poor organisational justice - Inconsistent, unfair, discriminatory or inequitable management decisions and application of policies, including poor procedural justice.

Traumatic events or material - Experiencing fear of, or extreme risks to the health or safety of themselves or others (this may range from interpersonal threats through to broader social or environmental events).

Remote or isolated work - Working in locations with long travel times, or where access to help, resources or communications is difficult or limited.

Poor physical environment - Exposure to unpleasant or hazardous working environments.

Violence and aggression - Violence, or threats of violence from other workers (including workers of other businesses), customers, patients or clients (including assault).

Bullying - Repeated unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. This includes bullying by workers, clients, patients, visitors or others.

Harassment including sexual harassment - Harassment due to personal characteristics such as age, disability, race, nationality, religion, political affiliation, sex, relationship status, family or carer responsibilities, sexual orientation, gender identity or intersex status.

Conflict or poor workplace relationships and interactions - Poor workplace relationships or interpersonal conflict between colleagues or from other businesses, clients or customers.

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Job insecurity - employment where workers lack the assurance that their jobs will remain stable from day to day, week to week, or year to year.

Intrusive surveillance - the use of unreasonable surveillance methods or tools used to monitor and collect information about workers at work, beyond the purposes of performance monitoring.

Fatigue - A state of physical, mental and/or emotional exhaustion that reduces a person's ability to perform work safely and effectively.

Family and domestic violence at work - Violent, threatening, or other abusive behaviour that seeks to coerce, control, or cause harm or fear, that is occurring in the workplace.

Roles and Responsibilities

18. **Employers and Persons Conducting a Business or Undertaking (PCBU)** as defined by the Work Health and Safety Act 2011 (WHS Act 2011) imposes a 'primary' duty on the PCBU to ensure the physical and psychological health and safety of its workers and other people, so far as reasonably practicable.

See more information:

- Roles and responsibilities of the PCBU⁹

19. **Senior Managers, Executives and Officers** have a duty to exercise due diligence to ensure that the 'person conducting a business or undertaking' (PCBU) has systems and procedures in place to meet its work health and safety obligations. This is known as 'due diligence' which includes taking reasonable steps to undertake the following actions.

- Acquire knowledge of health and safety matters;
- Understand operations and associated hazards and risks;
- Ensure resources and processes are in place to eliminate or minimise risks;
- Ensure there is a process for timely information and response to incidents, hazards and risks;
- Ensure there are appropriate processes for complying with any duties under the WHS Act and any other relevant legislation, such as consultation; and
- Verify the provision and use of resources and processes.

See more information:

- [Roles and responsibilities of senior managers and executives](#)¹⁰
- [Regulatory guide - Duties of officers](#)¹¹.
- Refer to appendices for examples, case studies and further details.

20. **Employees and other workers** and any other people at the workplace have a duty to co-operate with any reasonable policy or procedure issued by the PCBU and must take all reasonable care for their own health and safety.

See more information:

- [Roles and responsibilities of workers](#)¹².
- [Regulatory guide - Duties of workers](#)¹³.

⁹ <https://www.comcare.gov.au/roles/pcbu>

¹⁰ <https://www.comcare.gov.au/roles/senior-managers>

¹¹ <https://www.comcare.gov.au/scheme-legislation/whs-act/regulatory-guides/duties-of-officers>

¹² <https://www.comcare.gov.au/roles/workers>

¹³ <https://www.comcare.gov.au/scheme-legislation/whs-act/regulatory-guides/duties-of-workers>

PART 1. Systematic Injury Prevention

Strategic Leadership Group, School Directors and Service Division Directors

Planning and Resourcing

21. Allocate sufficient resources, both physical and financial, to ensure identified psychosocial hazards are eliminated.
22. Ensure line managers, supervisors, and workers are aware of the requirements of this Chapter.
23. Ensure workers and HDR students are not exposed to unmitigated psychosocial risk, and appropriate controls are in place (See examples in Appendix C).
24. This may be achieved by:
 - a) Asking and advocating for supervisors and line managers to assess all hazards and risks in relation to tasks and activities.
 - b) Allocate part of the WHS budget including but not limited to spending on:
 - i. Preventative approaches to build a healthy work environment.
 - ii. Psychological wellness education programs.
 - iii. Access to mental health literacy and awareness training.

Hazard Identification

25. Promote the importance of early communication and the provision of appropriate confidential reporting channels.
26. Provide adequate resources to allow appropriate and regular risk assessments in relation to psychosocial hazards.
27. Provide adequate resources to implement identified controls for psychosocial hazards.

Implementing Controls

Consultation, Communication and Cooperation

28. This task may be delegated to another appropriate staff member or other managerial positions. The Directors will remain accountable and must maintain oversight of the progress of the tasks.
29. Ensure supervisors, line managers, laboratory/workshop/technical managers review risk assessments and safe work procedures in accordance with the requirement of this Chapter and WHSMH Chapter 3.1 Hazard Management.
30. Ensure appropriate resources and funding are available to effectively implement and assess identified controls.

31. Consider conducting an incident investigation (refer WHS Handbook Chapter 4.3. Incident Investigation)¹⁴ if the following is identified:
 - a) If there are changes in workload or operating conditions likely to cause a significant change in exposure to psychosocial hazards;
 - b) Where a trend of hazards, incidents or injuries is identified;
 - c) Where a trend of personal leave, or higher than usual staff turnover rates is identified; or
 - d) Following an incident indicating the failure of controls.

Information, Instruction, Training and Supervision

32. This task may be delegated to WHS Officer, WHS Manager or other managerial positions. The Directors will remain accountable and must maintain oversight of the progress of the tasks.
33. Consider the different needs relevant to role for mental health literacy and awareness training (e.g. Mental Health First Aid Training). For example, but not limited to:
 - a) Workers or HDR students who may be exposed to known psychosocial hazards;
 - b) Their managers and supervisors; and/or
 - c) Local WHS Committee members and HSRs.

Monitoring, Evaluation and Review

34. Ensure supervisors, line managers, laboratory/workshop/technical managers review risk assessments and safe work procedures in accordance with the requirement of this Chapter.
35. Monitor completion of the training during WHS Local Training Plan monitoring process in accordance with WHSMHS Chapter 3.3 requirements.
36. Review the effectiveness of training through assessment of risk and hazard reporting trends, activity as well as anecdotal and informal reporting channels.
37. Evaluate and consider resources, funding and time are provided to effectively monitor and review psychosocial risks and hazards in the local area.

Managers and Supervisors

Planning and Resourcing

38. Promote the importance of early communication from staff regarding psychosocial hazards through staff meetings and other communications.
39. Provide clear avenues for confidential discussions with workers on psychosocial stressors that may not originate within the workplace but could be impacting on an individual's safe work performance.
40. Ensure resources are in place (e.g. training, referral service details) for manager/supervisors as well as workers and HDR students, to appropriately address such concerns in a sensitive, timely and reasonable manner.

¹⁴ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-43-incident-investigation>

Hazard Identification

41. Conduct regular hazard and risk assessments considering potential psychosocial hazards (be guided by examples in Appendix B) and review these regularly.
42. Be informed of and proactively consider the impact of work design processes and change that may impact on psychosocial hazards and staff wellbeing.
43. Promote the importance of early communication from staff regarding psychosocial hazards through staff meetings and other communications.
44. Provide clear processes for discreet and confidential communication from workers in relation to psychosocial hazards.
45. Ensure clear avenues for confidential discussions with workers on psychosocial stressors that may not originate within the workplace but could be impacting on an individual's safe work performance. Ensure resources are in place (e.g. training, referral service details) for manager/supervisors as well as workers to appropriately address such concerns in a sensitive, timely and reasonable way.
46. Where a staff member chooses to disclose a pre-existing condition, collaborate with them to determine any appropriate workplace adjustments or other supports or controls that may be required and seek further assistance, if required for yourself and/or the staff member by referring to - Workplace adjustments - Staff Services - ANU¹⁵.

Assessing Risk

47. Conduct a risk assessment using the ANU Hazard Risk Assessment Template [See WHSMH Chapter 3.1 Hazard Management], or on Figtree using the Task Assessment [module](#), following the process described in WHSMH Chapter 3.1 Hazard Management.
48. Develop controls that can immediately reduce the exposure to identified psychosocial hazards in accordance with Hierarchy of Control Principle. Refer to Appendix C for examples of common controls for psychosocial hazards.
49. Consider other contributing factors or hazards such as noise, fatigue and length of exposure during the risk assessment process.
50. Review risk assessments as per WHSMH Chapter 3.1 Hazard Management, to ensure best practice in managing psychosocial risk and sufficient control measures are applied.

Implementing Controls

Consultation, Communication and Cooperation

51. This section applies to: Supervisors, Line Managers, Laboratory/Workshop/Technical Managers, Event Organisers in consultation with WHS Officers/Managers and HSRs.
52. Consult with affected workers, HDR Students and local Health Safety Representatives (HSRs) on the controls developed to ascertain uptake and effectiveness.

¹⁵ <https://services.anu.edu.au/human-resources/respect-inclusion/staff-disability-support/workplace-adjustments>

53. For psychosocial hazards that can be immediately controlled through a documented risk assessment:
- a) Terminate tasks of workers or HDR students exposed to unmitigated psychosocial risk; and
 - b) Implement the controls identified in the risk assessment.
54. For other identified psychosocial hazards:
- a) Advise workers of identified hazards and outcomes of risk assessment;
 - b) Consult with workers during the process of assessing the risk or hazard and developing and implementing appropriate controls;
 - c) Be guided by Appendix C Examples of Controls in developing appropriate interventions for your area;
 - d) Ensure that identified or reported hazards or incidents are reported into Figtree in a timely fashion; and
 - e) Seek advice or support from Safety and Wellbeing as needed to assist in identifying or implementing appropriate controls.

Hazard and Incident reports

55. Encourage your workers to report observed hazards that cannot be removed immediately.
56. When contacted by your local WHS Officer or equivalent:
- a) Conduct a risk assessment and develop controls to mitigate the identified hazard.
 - b) Communicate the outcome of the assessment to workers.
57. Complete any assigned and agreed corrective actions within the timeframe and attach the evidence in Figtree.

Monitoring, Evaluation and Review

58. Review risk assessments involving psychosocial hazards and associated safe work procedures:
- a) In accordance with WHSMSH Chapter 3.1 Hazard Management requirement [See 3.1.2.6];
 - b) If there are significant changes in work environment or work tasks that could be reasonably anticipated to cause a significant change in exposure to psychosocial hazards;
 - c) When a trend of hazards, incidents or injuries is identified; or
 - d) After an incident
59. Report any breach of appropriately implementing controls or refusing to implement controls in Figtree as an incident.

Workers and HDR Students

Hazard Identification

60. Report to supervisor through appropriate channels any observed psychosocial hazards for self and/or others that may cause impact on the workplace.
61. If you are not comfortable reporting these to your supervisor, use other avenues to confidentially report and discuss identified psychosocial hazards. For example, seek support and advice from:
 - a) The Injury Management Team at injurymanagement@anu.edu.au;
 - b) The Advisers to Staff staff.adviser@anu.edu.au;
 - c) The Staff Respect Consultant staffrespect@anu.edu.au
 - d) ANU Student Safety and Wellbeing student.wellbeing@anu.edu.au
 - e) General Practitioner or other treating healthcare provider.

Assessing Risk

62. Participate in risk assessments as appropriate to your role.
63. Where appropriate to your personal situation, engage supports such as your GP or other treating healthcare provider to inform an individual assessment of psychosocial risk in the workplace.
64. Familiarise yourself with the hazard and risk assessments relating to your work area or work tasks and implement recommended controls from those assessments.
65. Review risk assessments as per WHSMH Chapter 3.1 Hazard Management¹⁶, to ensure best practice in managing psychosocial risk and sufficient control measures are applied.

Implementing Controls

Consultation, Communication and Cooperation

66. Participate in consultation processes and provide feedback and information on psychosocial risks and hazards through appropriate channels.
67. Report psychosocial hazards that you observe or suspect in your workplace in a timely fashion to your supervisors/managers or to other supports as listed at 61.
68. Advise your manager or supervisor (or other supports as listed at 61) of any psychosocial risk factors outside the workplace that may impact on your safe performance of work activity.

Information, Instruction, Training and Supervision

69. Implement any recommended controls for psychosocial risk identified by your workplace hazard and risk assessment process.
70. Participate in any relevant training offered in relation to psychosocial safety as appropriate to your role.

¹⁶ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-31-hazard-management>

Hazard and Incident reports

71. Follow the Hierarchy of Controls should you identify psychosocial hazards or incidents in your workplace, as per WHSMH Chapter 3.1 Hazard Management. *For example, by removing or eliminating the hazard (e.g. calling police and/or locking down a building if there has been a credible threat).*
72. Comply with any reasonable direction given to mitigate the risk or hazard.
73. For hazard or incident that you cannot action immediately or for a repeated occurrence, report it in Figtree and to your supervisor (cc WHS Officer/Manager or equivalent) as soon as practicable.
74. Communicate any residual or increased risk after an incident or hazard identification through the appropriate channels as soon as is practicable.
75. Report the hazard or incident in Figtree as soon as practicable.
76. If the matter is sensitive, you can report these in Figtree as a *confidential incident*. Hazards or Incidents reported as confidential are not visible to your supervisor nor to anyone else outside Safety and Wellbeing.
77. Following triage of confidential incidents received by the Safety and Wellbeing Team, it may be determined that a worker's health and safety is in imminent danger. In these at-risk circumstances, whilst all action will be taken to maintain the confidentiality of the report, there may be situations where immediate action is required to eliminate or mitigate the risks without first obtaining the permission of the worker or providing prior notice. If this is necessary, the following controls will be implemented to protect confidentiality:
 - a) Confidential reports will be investigated to the extent possible maintaining confidentiality;
 - b) In a situation where a worker makes a confidential report, and the University believes that to take the action required to protect people's health and safety will require a breach of confidentiality, a decision to proceed will be made by the Deputy Chief People Officer Safety and Wellbeing;
 - c) Steps will be taken to eliminate or mitigate that risk or hazard – separate to any related incident/report, and whilst maintaining confidentiality of the incident reporter; and
 - d) The incident reporter will be supported as best as possible throughout the investigation process related to their confidential incident notification.
 - e) The incident reported may be directed to the Grievance Resolution process https://policies.anu.edu.au/ppl/document/ANUP_000500 as relevant to the matter and provided further assistance through the Human Resource Teams.
 - f) In line with the University's Privacy Policy, the University may disclose Personal Information in situations where it is impracticable to obtain the individual's consent or provide prior notice, but only where the University believes it is necessary to do so, such as to lessen or prevent a serious threat to life, health or safety or to comply with legislative obligations

Program Coordinators, Course Coordinators and Lecturers

Planning and Resourcing

78. Review courses offered by the School and ensure students are not exposed to unmitigated psychosocial hazards during their classes or practical sessions.
79. This may be achieved by:
 - a) Including psychosocial demands and inherent requirement statements for positions and courses;
 - b) Ensuring clear and supportive processes are available for workplace adjustments for people living with psychosocial illness or injury; and/or
 - c) Through developing bespoke resources for the local area to provide education and support systems for psychosocial stressors to workers and students.
80. Raise resource requirements with School Directors to factor into budget.

WHS Officers and WHS Managers

This is applicable to WHS Officers and Managers or Human Resources Managers, if no WHS Officers exist in the area.

Implementing Controls

Hazard and Incident reports

81. Review and triage identified hazard or incident, following WHSMH Chapter 3.16 Incident and Hazard Reporting¹⁷ requirements.
82. Determine if a worker's capacity to safely engage in their work is being impacted by the identified psychosocial hazard or incident. If so
 - a) Assign the hazard to the supervisor or other local management;
 - b) Advise worker to seek appropriate external supports such as from their General Practitioner or other treating healthcare provider.
83. Assess whether the hazard can be controlled locally (i.e. within the workplace or within a School/Service Division).
84. Consider whether the hazard may be applicable for other parts of the University. If so, send an email to whs@anu.edu.au with the details of the hazard and the subsequent control/s implemented.
85. Monitor the completion of corrective actions within the assigned and agreed timeframe. Discuss with School/Service Division Directors should any corrective actions become overdue.

¹⁷ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-316-incident-and-hazard>

Manager Injury Prevention and Wellbeing

In response to Confidential reports in Figtree

Implementing Controls

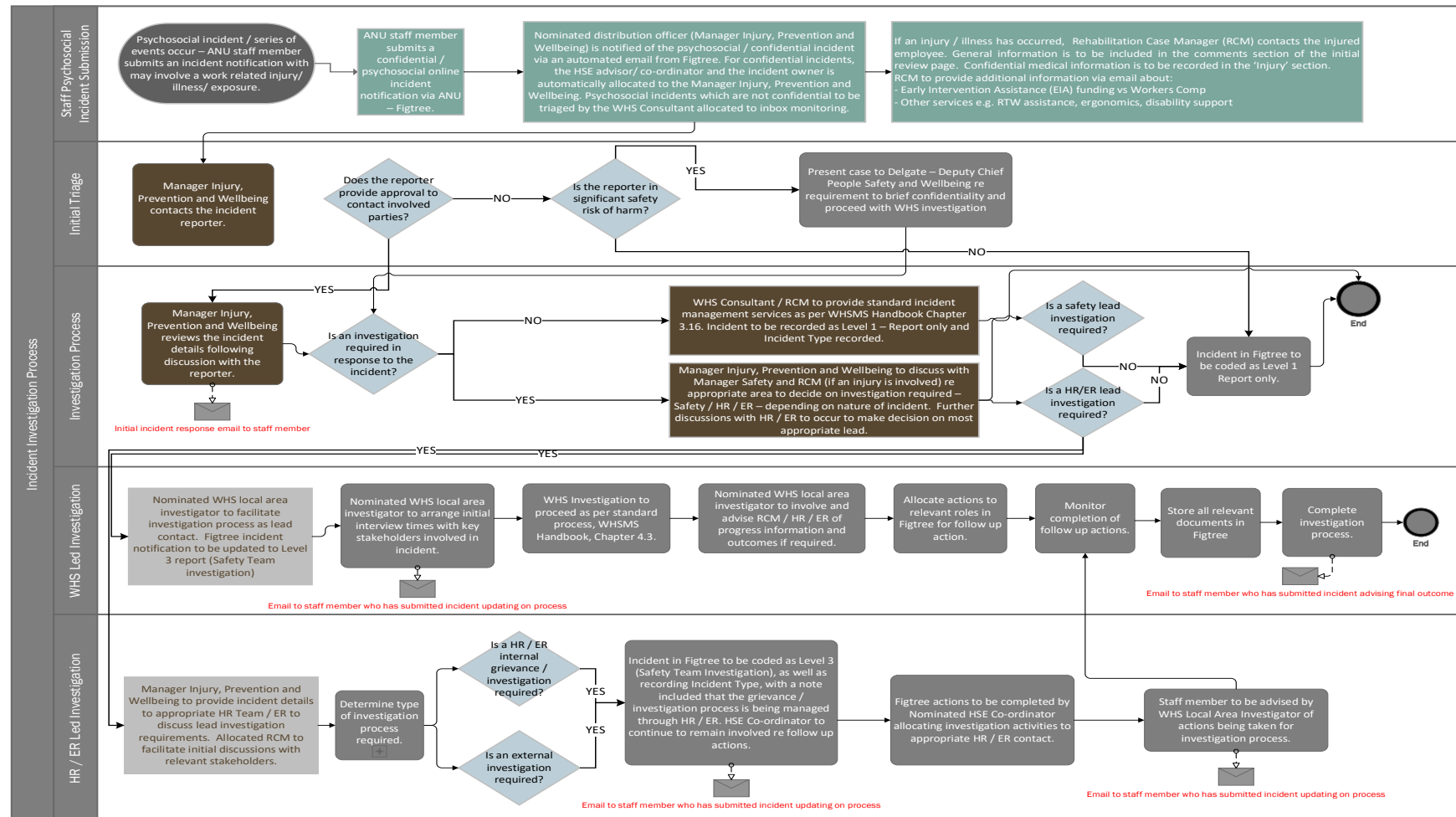
Hazard and Incident reports

86. The process for triage and response to Confidential incidents submitted is provided in Figure 1: Confidential Incident Flow Chart.
87. Complete a triage checklist to determine which area should be the primary lead for an investigation process – WHS or Human Resources, with involvement from the Employee Relations area for situations of misconduct or serious misconduct.

Key Indicators for Safety Investigation	Key Indicators for Human Resources Investigation
Immediate Danger <ul style="list-style-type: none"> • Presence of physical hazards or threats to safety. • Severe behavioural disturbances or aggression. • Situations requiring emergency services intervention. 	Behavioural Concerns <ul style="list-style-type: none"> • Incidents involving bullying, harassment, or discrimination. • Interpersonal conflicts or inappropriate workplace behaviour. • Breaches of workplace conduct policies.
Workplace Conditions <ul style="list-style-type: none"> • High job demands, unreasonable deadlines, or lack of resources. • Poor work environment, such as exposure to traumatic events or materials. • Fatigue due to long hours, irregular schedules, or high workload. 	Individual Issues <ul style="list-style-type: none"> • Personal grievances or disputes between employees. • Performance-related issues or misconduct. • Situations requiring disciplinary actions or mediation.
Systemic Issues <ul style="list-style-type: none"> • Lack of job control, unclear roles, or poor change management. • Inadequate support from management or colleagues. • Low reward and recognition, or poor organisational justice. 	Policy Violations <ul style="list-style-type: none"> • Non-compliance with company policies or codes of conduct. • Issues related to diversity, inclusiveness, and respectful workplace behaviour. • Need for adherence to HR protocols and procedures.

88. Follow internal Injury Management processes to provide appropriate support to affected individuals when an injury has occurred.

Figure 1: Confidential Incident Flowchart



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Any person responsible to mitigate a hazard

Implementing Controls

Hazard and Incident reports

89. Seek advice from your local WHS Officer/Manager.
90. Complete any assigned corrective actions as per WHSM SH Chapter 4.2 Corrective Actions¹⁸.

Safety and Wellbeing WHS Consultants

Implementing Controls

Hazard and Incident reports

91. Review hazard mitigations as per WHSM SH Chapter 4.3 Incident Investigation¹⁹.

¹⁸ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-42-corrective-actions>

¹⁹ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-43-incident-investigation>

PART 2. Intervention

School Directors and Service Division Directors

Early Intervention

Where an indicator of psychological injury or illness is observed or reported.

- 92. Follow Hierarchy of control as outlined in WHSMH Chapter 3.1 Hazard Management²⁰.
- 93. Identify if further supports can be provided to minimise exposure to psychosocial risk factors.
- 94. Allocate sufficient time and resources for workers to attend relevant training.
- 95. Support the development of a psychosocial safety climate in the work area through ensuring appropriate resources and funding.

Intervention

Where a psychological injury or suspected injury is reported due to work activity.

- 96. Seek advice and support from the Injury Management Team at injurymanagement@anu.edu.au, the Advisers to Staff at staff.adviser@anu.edu.au or the Staff Respect Consultant staffrespect@anu.edu.au

Managers and Supervisors

Early Intervention

Where an indicator of psychological injury or illness is observed or reported.

- 97. Report identified hazards and incidents as per Chapter 3.16 Incident and Hazard Reporting²¹.
- 98. Follow Hierarchy of control as outlined in WHSMH Chapter 3.1 Hazard Management to assess current risk to individual and colleagues.
- 99. Liaise with affected individual(s) to ascertain the extent of exposure and identify support needs.
- 98. Facilitate access to support including training, where relevant.
- 99. Make necessary changes where possible or required.
- 100. Regularly review implemented controls or adjustments to ensure effectiveness and ongoing appropriateness.
- 101. Comply with recommendations from Injury Management Team and/or treating healthcare providers to support worker(s) at work.
- 102. Ensure that Identified hazards or incidents are reported In Figtree.

²⁰ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-31-hazard-management>

²¹ <https://services.anu.edu.au/human-resources/health-safety/whs-management-system-handbook/chapter-316-incident-and-hazard>

Intervention

Where a psychological injury or suspected injury is reported due to work activity.

- 103. Report identified hazards and any incidents in Figtree.
- 104. Ensure immediate safety of individual and colleagues.
- 105. Assess need for medical and/or Mental Health First Aid (MHFA) intervention.
- 106. Follow Hierarchy of control as outlined in WHSMH Chapter 3.1 Hazard Management to assess current risk to individual and colleagues.
- 107. Participate in developing appropriate controls and implement them as soon as is practicable
- 108. Review controls regularly to ensure ongoing efficacy.
- 109. Ensure effective debriefing/support for self, such as EAP Manager Support or Advisers to Staff or through a private healthcare provider.

Workers and HDR Students

Early Intervention

Where an indicator of psychological injury or illness is observed or reported.

- 110. Identify and report psychosocial hazard affecting yourself or others, as per Chapter 3.16 Incident and Hazard Reporting.
- 111. Seek medical or other health professional intervention if required. For staff, early intervention funding assistance²² is available, in addition to workers' compensation entitlements²³
- 112. You may choose to report to an appropriate person in your management line, if you become unwell in the workplace due to a pre-existing condition, illness or injury which may impact on your ability to safely engage in your usual work activity.
- 113. Staff may also seek further advice and support from the Injury Management Team at injurymanagement@anu.edu.au, the Advisers to Staff at staff.adviser@anu.edu.au or the Staff Respect Consultant staffrespect@anu.edu.au. Students can seek assistance from Student Safety and Wellbeing.

Intervention

Where a psychological injury or suspected injury is reported due to work activity.

- 114. Identify and report psychosocial hazard affecting yourself or others, as per Work Health and Safety Management System Handbook (WHSMH) Chapter 3.16 Incident and Hazard Reporting.

²² https://policies.anu.edu.au/ppl/document/ANUP_000760

²³ <https://services.anu.edu.au/human-resources/health-safety/workers-compensation-at-anu>

- 115. Lodge an incident in Figtree as soon as is reasonably practicable. This can be entered as a confidential incident should the matter be considered sensitive.
- 116. Liaise with relevant individuals, such as a Supervisor, Mental Health First Aider and health care providers to identify support needs.
- 117. Engage with Safety and Wellbeing for additional support or advice in responding to an injury.
- 118. Participate in identified control measures (and /or treatment) as recommended by appropriately qualified persons.

Injury Management Team, Safety and Wellbeing

Early Intervention

Where an indicator of psychological injury or illness is observed or reported.

- 119. Follow requirements of WHSMH Chapter 3.16 Incident and Hazard Reporting and Chapter 4.3 Incident Investigation.
- 120. Advise staff member and other relevant individuals (such as a supervisor) of the support Safety and Wellbeing can provide, for instance, early intervention assistance; workstation assessments; support in negotiating workplace adjustments and so forth.
- 121. Review workplace and work practices and provide supports if required.
- 122. Provide recommendations where appropriate.

Intervention

Where a psychological injury or suspected injury is reported due to work activity.

- 123. If referral received, liaise with individual or work area. Follow requirements of WHSMH Chapter 3.16 Incident and Hazard Reporting and Chapter 4.3 Incident Investigation.
- 124. Assist to identify risks and hazards and provide recommendations.
- 125. Liaise with work area regarding workplace needs. Involve staff member as practicable.
- 126. Discuss and implement recommendations, for example, through creation of a Suitable Duties Plan; workplace adjustments; identification of further training and other actions as appropriate.
- 127. Liaise with treatment providers for more information as necessary.
- 128. Provide information to staff regarding early intervention assistance and workers' compensation as relevant.

Part 3. Support

School Directors and Service Division Directors

Injury reporting and early injury management

- 129. Ensure safety of individual and colleagues.
- 130. Identify where further supports can be provided to minimise exposure to psychosocial risk factors.
- 131. Follow Hierarchy of control as outlined in WHSMH Chapter 3.1 Hazard Management.
- 132. Support the development of a psychosocial safety climate in the work area through ensuring appropriate resources and funding.

Training and Education for Managers

- 133. Develop awareness of training needs and implementation of training.
- 134. Provide opportunity participation in training when identified.
- 135. Promote and encourage engagement in training where appropriate.

Managers and Supervisors

Injury reporting and early injury management

- 136. Ensure safety of individual and colleagues.
- 137. Facilitate access to Mental Health First Aid and/or First Aid on site.
- 138. Support injured the person's attendance to relevant health care providers, through leave taking and reallocation of work tasks where required.
- 139. Report identified hazards and any incidents in Figtree as soon as is reasonably practicable.
- 140. Liaise with affected individual(s) to identify support needs.
- 141. Comply with recommendations from Injury Management Team and/or treating healthcare providers to support worker(s) at work, where required.

Training and Education for Managers

- 142. Complete risk assessment form to identify training requirements.
- 143. Liaise with workers regarding support and training needs.
- 144. Identify suitable providers for training, such as Safety and Wellbeing.
- 145. Provide suitable times for training to enable maximum participation.
- 146. Arrange follow up sessions for workers who cannot attend / participate as required.
- 147. Review efficacy of training provided to inform future training offerings.

Workers and HDR Students

Injury reporting and early injury management

- 148. Identify injury to appropriate person in the workplace.
- 149. Participate as able in providing Mental Health First Aid, First Aid and/or other reasonable activity to minimise harm.
- 150. Access appropriate medical or other health care as required. For staff, early intervention funding assistance is available, in addition to workers' compensation entitlements.
- 151. Lodge an incident in Figtree as soon as is reasonably practicable.
- 152. Liaise with relevant individuals, such as a supervisor and health care providers to identify and implement support needs.
- 153. For staff, engage with the Injury Management Team injurymanagement@anu.edu.au as needed for further support in the workplace.

Injury Management Team

Injury reporting and early injury management

If referral received, liaise with individual within two (2) business days. With the staff member's consent, Injury Management will:

- 154. Assist in identifying risks and hazards and provide recommendations to address.
- 155. Liaise with work area regarding staff member and workplace needs. Involve staff member as reasonably practicable.
- 156. Discuss and implement recommendations, for example, through creation of a Suitable Duties Plan; workplace adjustments²⁴; identification of further training.
- 157. Liaise with treatment providers for more information as appropriate.
- 158. Provide information to staff regarding early intervention assistance and workers' compensation as relevant.

Training and Education for Managers

- 159. Identify when training may be required when working with relevant stakeholders (such as workers and supervisors).
- 160. Provide guidance regarding suitable training opportunities to relevant individuals (such as workers and supervisors).
- 161. Develop (where necessary) and deliver training relevant to mental health literacy and awareness.

²⁴ <https://services.anu.edu.au/human-resources/respect-inclusion/staff-disability-support/workplace-adjustments>

Part 4. Record Management

Table 1: Records to maintain to comply with this Chapter.

Record needed	Where to Archive	Frequency to Archive	How long to keep
Hazard Report and associated documents, photos, emails or evidence	Figtree hazard entry	As reported	10 years after all actions complete
Incident report (Level 1-3) and associated documents, photos, emails or evidence	Figtree incident entry	As reported	10 years after all actions complete
Incident report (Level 1-3) for people under 18 years old and associated documents, photos, emails or evidence	Figtree incident entry	As reported	Until the person is 25 years old or 10 years after all actions complete, whichever is earlier
Incident Report (Notifiable incident) and associated documents, photos, emails or evidence	Figtree incident entry	As reported	30 years after all actions complete
Notification to Comcare	Figtree incident entry	As reported	30 years after all actions complete
Corrective action and completion evidence	Figtree corrective action entry	As reported	10 years after all actions complete

Table 2: Document version control.

Version	Author	Date	Changes
1.0	Manager Injury Prevention and Wellbeing	18/11/2022	Publication
2.0	Manager Injury Prevention and Wellbeing	07/11/2024	Revisions to confidential incident process. Chapter review and resource updates. Updates to ANU enterprise agreement 2023- 2026 details and links in attachments. Addition of performance measures.
3.0	Manager Injury Prevention and Wellbeing	24/04/2025	Updates to psychosocial hazards and incident investigation process.

Part 5. Performance Measures

162. The University will use the performance measures listed below to assist in identifying areas of success and/or where corrective action is required to meet the objectives and targets of this process.
163. The level of compliance with the Chapter and effectiveness will be determined during the internal audit process in turn to determine the compliance with WHSMS. Local areas can use below as a guide to improve compliance.

Table 3: Performance measures for compliance with this Chapter

References	Performance Measures	Objective Evidence	Frequency	Indication of Success
3.a.	Workers are aware of types and likely causes of psychosocial hazards and approaches to minimise risk in work area.	Training or workshop records / communication	Quarterly	100% = success
3.b.	Psychosocial hazards and risks arising from the University's business or undertaking are identified for the work area.	Risk register Due Diligence report	Quarterly	100% = success
3.c.	Psychosocial hazards and risks arising from the University's business or undertaking are identified and eliminated, or minimised when reasonably practical, in the work area, controls in accordance with Hierarchy of Control and WHS legislative requirements.	Risk assessments	Quarterly	100% = success
3.d.	Systems of reporting hazards, incidents and identified trends are utilised to comply with organisation-wide approaches to psychosocial risk management.	Incident and hazard reporting, Risk assessments	Quarterly	100% = success
3.e.	Controls, supports and workplace adjustments are put in place to minimise psychosocial risk in a timely manner.	Risk assessments, incident investigations, injury management records	Quarterly	100% = success
3.f	The effectiveness of control measures for psychosocial hazards is reviewed, evaluated, and monitored by Directors of local areas.	Consultation and sign off for risk assessment reporting	Quarterly	100% = success