

Psychosocial Risk Management Procedure

Section 1 - Purpose

(1) The Diocese is committed to providing and maintaining a work environment that protects psychological and physical health by identifying psychosocial hazards and applying controls to eliminate or minimise associated risks so far as is reasonably practicable.

(2) This procedure sets out how we identify, assess, control, monitor and review psychosocial hazards and risks, consistent with the [NSW Code of Practice: Managing psychosocial hazards at work](#) and the Work Health and Safety (WHS) framework.

Section 2 - Scope

(3) This procedure applies to all workers of the Diocese (employees, contractors, labour hire workers, volunteers and students on placement) and to all workplaces controlled by the Diocese and its agencies. In support of parishes, the parish adopts, or the Bishop may direct by decree, that these procedures will apply.

Section 3 - Responsibilities

ROLE	RESPONSIBILITIES
Bishop/Trustees	Exercise due diligence to ensure the Person Conducting a Business or Undertaking (PCBU) complies with its duties, including resourcing, verifying controls, and ensuring competence of those managing psychosocial risks.
Agency Directors	Remain aware through regular reporting of new or evolving psychosocial risks in their agency and ensure that resources are engaged to support mitigation and control.
Chief Governance Officer	Responsible for the policy ownership and ongoing review, ensuring that it responds to changes in the regulations and landscape. Also responsible for reporting of significant psychosocial events to the Trustees.
People and Culture / Governance Team	Provide specialist advice, tools and training; support complex assessments; coordinate external specialists as needed; monitor trends.
Safety and Risk Partners	Support the Business Unit Managers to assess and treat risks which may be evident in their workplace.
Business Unit Managers (BUMs)	Implement this Procedure, lead consultation, ensure risk assessments are completed for their areas, implement and review controls, and escalate issues.
Workers	Take reasonable care of their own health and safety, follow reasonable instructions and policies, participate in consultation and report hazards, incidents and early warning signs.

Section 4 - Procedure

Principles

(4) Risk management approach: Psychosocial hazards must be managed using the same systematic process as physical hazards – identify – assess – control – monitor and review – with worker consultation at every step.

(5) Hierarchy of control: Eliminate psychosocial risks so far as is reasonably practicable; if elimination is not reasonably practicable, minimise using the hierarchy of controls, prioritising higher order controls (e.g. work design) over lower order controls (e.g. training alone). Work Health Safety Regulations require application of the hierarchy and consideration of relevant matters when controlling psychosocial risks.

(6) Legal definitions:

- a. Psychosocial hazard: A hazard that arises from, or relates to, the design or management of work, work environment, plant, or workplace interactions/behaviours, and may cause psychosocial harm (whether or not it also causes physical harm).
- b. Psychosocial risk: The risk to health or safety arising from a psychosocial hazard.

Identifying Psychosocial Hazards

(7) Business Unit Managers must proactively identify psychosocial hazards through:

- a. Walk-throughs and observation of work tasks, environments and interactions.
- b. Consultation (team discussions, surveys, toolbox talks, HSR feedback, incident reviews).
- c. Data review: incidents, grievances, leave trends, turnover, workload metrics, case management data, staff engagement survey results.
- d. Change managementL identify hazards when planning or implementing organisational change.

Assessing Psychosocial Risks

(8) Where hazards are identified, the Business Unit Manager must conduct a risk assessment to determine exposure groups, sources and mechanisms of harm, severity/likelihood, duration, frequency, peak events, and the interaction of hazards.

(9) Engage workers in the process.

(10) Assessment must be done on initial identification, when changes occur (work design, staffing, technology, major events), after incidents/complaints, or existing controls may be ineffective.

Controlling Psychosocial Risks

(11) Applying the hierarchy of control – focus on work design and safe systems of work before relying on training or individual coping strategies. Examples include:

- a. Elimination (where practicable) – Remove unnecessary tasks or peak load processes; stop harmful practices (e.g. excessive unpaid overtime).
- b. Substitute and Re-design – Resource and workload balancing; staffing models to match demand; redesign rosters to enable adequate recovery; job redesign to increase control and clarify roles; improve physical environment (quiet spaces, safe layouts).
- c. Adjust and Alternate – Look at opportunities to rotate workers or tasks and/or provide technological support to

manage mental fatigue.

- d. Information, Training, Instruction and Supervision – Manager capability (psychosocial risk, reasonable adjustments, early intervention); worker training on hazard recognition, reporting, and deescalation; regular supervision and check-ins.
- e. Promote – Access to EAP; adjustments for individual vulnerabilities; rotation after traumatic events; clinical support if indicated (note: these do not substitute for higher order controls).

Consultation

(12) Managers must consult workers when identifying hazards, assessing risks, and deciding on controls, including changes that may affect psychological health.

(13) Outcomes of consultation and controls implemented as the result of assessment of the risks must be communicated to all staff engaged through consultation.

Reporting, Incident Response and Support

- a. Immediate Response: Where there is a psychosocial incident or acute risk (e.g. exposure to aggression/violence, traumatic event), ensure safety, provide immediate support, and report via the mnResponse without delay.
- b. Investigation focuses on system causes and control effectiveness (not individual blame).
- c. Notifiable Incidents: escalate in line with legislative requirements.
- d. Early intervention and recovery: Provide appropriate supports and coordinate a safe, durable return to work where harm has occurred.

Monitoring and Review

- a. Proactive checks: Validate that controls are implemented and are effective (e.g. workload dashboards, roster compliance, case review cadence, temperature/noise/space issues relevant to stress).
- b. Lad/lead indicators: Review injury claims, sick leave, turnover, exit data, EAP utilisation trends (de-identified), grievances, audit findings.
- c. Review triggers: Legislative changes; organisational changes; technology changes; incident trends; at least every 3 years.

Training and Competency

- a. Managers: risk identification, consultation, trauma-informed supervision, managing performance respectfully, change management, customer aggression controls, flexible work design.
- b. Workers: recognising/report psychosocial hazards; role clarity and boundaries; respectful behaviours; deescalation where relevant; wellbeing supports and limits.

Recordkeeping

(14) Maintain records of identified hazards; assessments (method, participants, findings); selected controls and rationale (including hierarchy considerations); consultation; training; incident investigations; monitoring and review outcomes.

Section 5 - Consequences of Breaching this

Procedure

(15) Any worker found to be in breach of this procedure may be subject to disciplinary action, including where a serious breach occurs, dismissal.

Section 6 - Notations

(16) If there are any inconsistency between a policy document in existence before the commencement of this procedure, and a policy document developed after the commencement of this procedure, the later applies to the extent of the inconsistency.

Section 7 - Document Review

(17) This procedure will be reviewed when there is a legislative change, organisational change, delegations change or at least every 3 years to ensure it continues to be current and effective.

Status and Details

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Effective Date	20th October 2026
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Unit Head	Megan Grainger Chief Governance Officer
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