

## WorkSafe ACT Health and Education Industry Breakfast Q&A

**If there was one major hurdle you see commonly arise in WHS in either health or education, what is it and how would like to see it fixed or addressed?**

### **Healthcare:**

According to Safe Work Australia (SWA), the healthcare and social assistance industry is Australia's largest, employing more than 2 million workers. It is also one of the fastest growing industries, driven by Australia's ageing population and a strong demand for disability care support.

Regrettably, the industry also has the highest number of work-related injuries of any industry in Australia, and a workers' compensation claim rate more than twice that of the national average. Musculoskeletal conditions, slips, trips and falls and mental stress all accounted for large shares of workers compensation claims by healthcare and social assistance workers. Common hazards in the industry include patient handling, bullying and harassment, violence and aggression, and fatigue. The industry's workforce is predominantly female, older on average when compared to other industries, and includes a high proportion of workers from culturally and linguistically diverse backgrounds.

For the first time SWA has produced an industry-based model code of practice to provide guidance to those working in the healthcare and social assistance industry. [You can find the model code here.](#)

### **Education:**

According to WorkSafe ACT, due to the nature of the work, the education industry can pose work health and safety (WHS) risks to workers and others (including students) at the workplace. Some of the risks and hazards commonly found in the education industry include:

- manual handling and repetitive movement e.g., typing, lifting or moving objects
- slips, trips and falls
- hazardous chemicals, and
- psychosocial hazards, including:
  - stress from work demands
  - work-related violence, including injuries caused by aggressive or unpredictable people
  - harassment, and
  - bullying.

Across both these industries, WorkSafe ACT provides education and guidance to persons conducting a business or undertaking (PCBUs), workers and health and safety representatives (HSRs). It is the duty of PCBUs to address issues within these industries.



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### **How often should a PCBU review or update their controls (especially with occupational violence)?**

[The ACT's Managing Psychosocial Hazards at Work Code of Practice](#) outlines a process for the review and update of controls by PCBUs. Reviewing control measures should be done regularly and is required:

- when the control measure is not eliminating or minimising the risks so far as is reasonably practicable
- before a change at the workplace that is likely to give rise to a new or different health and safety risk that the control measure may not effectively control
- if a new hazard or risk is identified
- if the results of consultation indicate a review is necessary, or
- if an HSR requests a review because they reasonably believe one of the above has occurred and it has not been adequately reviewed already.

Reports, complaints (including informal complaints) or grievances from workers may identify new psychosocial hazards or risks that are not adequately controlled. This should trigger a review of whether existing control measures are effective, if response procedures worked the way they were supposed to and whether new risks have been identified that also need to be managed.

Common review methods include inspecting the workplace, consultation, and analysing records and data. PCBUs can use the same methods as in the initial hazard identification step to check control measures. PCBUs must also consult workers and their HSRs.

The person reviewing control measures should have the authority and resources to conduct the review thoroughly and be empowered to recommend changes where necessary. Questions to consider may include:

- Are control measures working effectively, without creating new risks?
- Have workers reported feeling stressed or are they showing signs of harm?
- Have all psychosocial hazards been identified?
- Have risks changed or are they different to what you previously assessed?
- Are workers actively involved in the risk management process?
- Are workers openly raising health and safety concerns and reporting problems promptly?



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- Has instruction and training been provided to all relevant workers?
- Are there any upcoming changes that are likely to result in a worker being exposed to psychosocial hazards?
- Are new control measures available that might better control the risks?
- Have risks been eliminated or minimised as far as is reasonably practicable?
- If the effectiveness of the control measures is in doubt, go back through the risk management steps, review your information and make further decisions about control measures.

### **Do we have enough experience/data yet to know if any types/categories of controls are more or less effective than others in managing psychosocial risk?**

[The ACT's Managing Psychosocial Hazards at Work Code of Practice](#) includes guidance on controls. [SafeWorkSA also has useful guidance on controls.](#)

### **Given the amount of compounding cases that can occur in health, how can workers be truly protected against psychosocial triggers, or is it just part of the job?**

SWA's Model Code of Practice: Healthcare and social assistance industry provides valuable advice for PCBUs on this topic. The model code notes that psychosocial hazards are common in the healthcare and social assistance industry and can cause psychological harm. The specific psychosocial hazards workers are exposed to, and how they are exposed, varies between workplaces and roles. Psychosocial hazards may interact or combine to create new, changed, or higher risks, so they need to be considered together when managing risks.

Just because psychosocial risks are common at a workplace, it does not mean they can be treated as 'part of the job' and ignored. The PCBU must identify, assess and control the risks caused by psychosocial hazards. The PCBU must eliminate or minimise these risks as far as reasonably practicable.

The best way to do this is to prevent psychological harm from happening in the first place. Initiatives aimed at improving worker well-being, such as counselling or EAP services, are not controls, they are aimed at responding to psychological harm that has already occurred, instead of preventing it. These do not meet a PCBU's duty to eliminate or minimise psychosocial risks to workers.

See [the ACT's Managing Psychosocial Hazards at Work Code of Practice](#) for more information.



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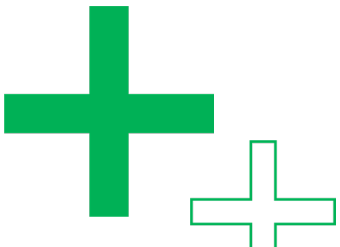
**With the new psychosocial Act Managers are scared to pull staff up on things as they don't want to be accused of bullying, what's the best way to talk to them and how can you address staff who are easily offended, since this affects workplace morale?**

SWA has useful guidance on workplace bullying, [Dealing with workplace bullying - a worker's guide](#). This guidance includes a section on what is not bullying, and this includes reasonable management action undertaken in a reasonable way. The guide indicates that it is reasonable for managers and supervisors to allocate work and give feedback on a worker's performance. These actions are not considered to be workplace bullying if they are carried out in a lawful and reasonable way, taking the particular circumstances into account.

A manager exercising their legitimate authority at work may result in some discomfort for a worker. The question of whether management action is conducted in a reasonable way is determined by considering the actual management action rather than a worker's perception of it, and where management action involves a significant departure from established policies or procedures, whether the departure was reasonable in the circumstances. What is reasonable would be determined by an objective test through a court of law or the Fair Work Commission. However, a court or the commission could consider the following examples as reasonable management action:

- setting realistic and achievable performance goals, standards and deadlines
- fair and appropriate rostering and allocation of working hours
- transferring a worker to another area or role for operational reasons
- deciding not to select a worker for a promotion where a fair and transparent process is followed
- informing a worker about unsatisfactory work performance in an honest, fair and constructive way
- informing a worker about unreasonable behaviour in an objective and confidential way
- implementing organisational change or restructuring, and
- taking disciplinary action including suspension or termination of employment where appropriate or justified in the circumstances

If managers do not feel capable of undertaking these tasks, they should ask the PCBU to provide appropriate training.



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**How is OV in schools managed where student and teacher safety intersects with students with diverse needs and right to education? and How can educational institutions ensure the safety of their teachers from occupational violence by children and parents? and Tim has strong values as a principal. How can we ensure teacher safety overall, since not all principals may prioritize necessary protections?**

In 2017, the ACT Education Directorate produced the [Occupational-Violence-Management-Plan.pdf](#). The plan outlines how educators can expect that occupational violence will be risk managed, including students with diverse needs. The plan says, risk management is a process to help manage workplace health and safety (WHS) and comply with the law. The objective of the WHS risk management process is to provide the highest level of protection at work so far as is reasonably practicable. Some guiding principles for managing occupational violence risks include:

- the risk management process requires communication and consultation between the employer, managers and staff and their HSRs
- identification of hazards is the essential starting point for managing risks
- Occupational violence hazards and the ways risks associated with them can be eliminated or reduced are not defined in regulations like many other hazards (e.g. manual handling, chemicals) and what is the "state of knowledge" (what is known about risks and how to manage them) needs to be established
- where ready-made solutions are not available or circumstances are different, risk management is a way of working out what is reasonably practicable
- for risk controls to be effective they need to be regularly checked and improved where necessary. This quality assurance process is undertaken by the developer/s of the Risk Assessment, with monitoring and support provided by Directorate Managers, Executive and Health Safety and Wellbeing (HSW) team in line with the level of risk, and
- basic records of risk management activity such as a risk register allow workplaces to monitor their performance.

[The ACT's Managing Psychosocial Hazards at Work Code of Practice](#) also includes guidance on controls. [SafeWorkSA](#) also has useful [general guidance on controls](#).



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### How can we effectively identify, address, and manage workplace incivility, categorised as low-intensity and subtle behaviours, in the healthcare sector?

SWA's Model Code of Practice: Healthcare and social assistance industry directly addresses this issue. It provides case study examples including in the detailed below.

#### **Case study example – Day surgery clinic in a private hospital**

The employer responsible for a day surgery clinic in a private hospital has seen a rise in passive-aggressive interactions between staff. Doctors in the practice have been communicating with administrative staff using a rude tone and complaining about having to constantly rebook appointments.

The employer considers all the relevant matters as follows:

- **How long, how often and how severely workers are exposed to psychosocial hazards:** Poor communication has been observed almost daily for several weeks. The interactions have not escalated to the point of extreme behaviour (e.g. yelling) however things will likely get worse if nothing is done.
- **How psychosocial hazards interact or combine with each other:** Other psychosocial hazards in the workplace are increasing risks. Unfilled vacancies in the administrative team are leading to high job demands. Doctor interactions with patients place a high mental and emotional demand on them.
- **The design of work, including job demands and tasks:** During busy periods the demand on workers can mean they are rushed and pressured to get tasks done. Administrative staff often need to leave people on hold on the phone due to high numbers of calls and inquiries.
- **Systems of work, including how work is managed, organised and supported:** Each doctor works different hours over different days, including over the weekend. Some doctors do not work weekends at all. While some of the doctors have marked in their shared calendar when they are working, others have not shared this with administrative staff.
- **The design, layout, and environmental conditions of the workplace and workers' accommodation, including safe entry and exit, and facilities for the welfare of workers:** The design of the workplace is appropriate to the tasks being completed, with facilities and enough space for staff available. The employer notes that workers accommodation is not required or provided at the workplace.



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- **The equipment, substances and structures at the workplace:** All staff have access to required IT equipment and medical equipment as required. The employer recently did an asset review and ensured equipment was up to date.
- **Workplace interactions or behaviours:** Interactions between doctors and administrative staff are frequently negative. However, interactions within each group are positive when they are by themselves.
- **Information, training, instruction and supervision provided to workers:** There are clear and strict processes for training and qualification of doctors. Administrative staff rely on an ad hoc approach to training and instruction.

Based on this consideration, the employer concludes the poor workplace interactions are being caused by a lack of support for administrative staff and workplace systems causing tension and confusion.

The following controls are put in place:

- A central scheduling system is made accessible to all staff online with doctors displaying their office hours and upcoming leave. The employer sends regular reminders to staff to update the schedule.
- A clear policy for training and supervising administrative staff is developed and put into practice.
- Training for administrative staff includes a consistent and efficient approach to scheduling doctor appointments, with enough time for doctors to debrief and have breaks after seeing patients, and
- The employer begins recruitment to fill vacancies in the administrative team to address job demands.
- The employer continues to consult with workers and observe interactions to ensure the controls are working and harmful interactions are no longer occurring.

### **How can someone without strong vocabulary or intellect express concerns about injustice without being seen as aggressive?**

While WorkSafe ACT expects all PCBUs to have in place appropriate complaints and incident reporting mechanisms. An important part of the WHS management system is HSRs. HSRs provide an important avenue to raise for WHS issues.

