Psychological Harm and Trauma Policy and Procedure
CONTENTS

1 POLICY .................................................................................................................. pg 4
   Purpose & Scope.................................................................................................. pg 4
   Definitions........................................................................................................ pg 5
   Key Accountabilities ....................................................................................... pg 5
   Measures .......................................................................................................... pg 6

2 PROCEDURE ......................................................................................................... pg 7
   Purpose ............................................................................................................. pg 7
   Scope ................................................................................................................ pg 7
   Background ....................................................................................................... pg 7
   Relevant Legislation ......................................................................................... pg 8
   Definitions ........................................................................................................ pg 8
   Mental Stress .................................................................................................... pg 8
   Procedure for managing risks associated with psychological hazards ............. pg 9
   Identifying the hazards ..................................................................................... pg 9
   Assessing the risk ............................................................................................... pg 10
   Controlling the risks .......................................................................................... pg 13
   Maintaining and reviewing control measures .................................................. pg 14
   Consulting workers ......................................................................................... pg 15

3 APPENDIX 1 .......................................................................................................... pg 16
## DOCUMENT CONTROL

### Version history

<table>
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Psychological Harm and Trauma Policy and Procedure

PSYCHOLOGICAL HARM & TRAUMA POLICY

Purpose

This policy outlines how WorkSafe New Zealand (NZ) will support its workers to be psychologically safe and free from harm at work. It provides a framework for identifying and managing psychological harm and trauma as a hazard for WorkSafe NZ workers.

Scope

This policy covers all WorkSafe NZ workers and, if necessary and appropriate, their families.

Psychological harm and trauma is not necessarily an easily identifiable hazard, whether it has its origins in the workplace or not.

For the purposes of this policy the key defining attribute of psychological harm and trauma is the threat to a worker’s sense of physical or emotional safety and wellbeing. It can be experienced directly or vicariously, it may be a response to an actual experience or to the fear of such an experience; it may be insidious, slowly eroding, or obvious and clear to all.

Workers’ responses to the same or a similar incident may not necessarily be the same and may be markedly different, requiring different WorkSafe NZ responses.

WorkSafe New Zealand:

• Is committed to understanding and managing the diverse nature and impact of psychological harm or trauma as it affects our workers.

• Promotes a culture in which work-life balance is actively encouraged and supported at all levels.

• Understands and promotes the importance of individual and collective resilience in coping with stressful experiences.

• Actively strives to create a mutually supportive and respectful work culture in which stress and/or distress are minimised and when they occur, are managed effectively and professionally, drawing on specialist expertise as required.

WorkSafe New Zealand will:

• Provide resources and training for all managers and health and safety representatives on how to recognise and manage the stress, distress, psychological harm, trauma, loss or grief of employees and others in the workplace, and also how to recognise and manage their own reactions.

• Provide professional supervision for workers who are exposed to psychological harm or trauma as part of their work responsibilities.

• Treat all potential psychological harm incidents as near misses and report, investigate and action accordingly.

• Ensure that WorkSafe NZ workers who are involved in, or witness critical incidents including fatalities are considered for potential psychological harm and are provided with appropriate support, including specialist expertise if necessary.
Psychological Harm and Trauma Policy and Procedure

- Ensure that messages about valuing our workers’ health and safety are aligned with demonstrable policies, practices and actions.
- Communicate clearly, honestly, and consistently with workers regarding potential and actual psychologically harmful incidents, including internal organisational changes, media scrutiny and significant external workplace incidents.
- Annually review policies and related procedures, ensuring all managers are aware of their respective accountabilities and responsibilities.

Definition of terms

Psychological harm and trauma can be a single experience or a series of events that are frightening, possibly terrifying, and that threaten a worker’s sense of physical or emotional safety and control. It may be outside normal everyday experience, sudden and unexpected such as an accident or death, or it may be an ongoing situation such as bullying, chronic work overload, or caring for someone with a life-threatening illness.

Related procedures

- Preventing and Managing Psychological Harm and Trauma.

Relevant legislation

- Health and Safety in Employment Act 1992

Other related documents

- Health and Safety Management Policy for WorkSafe NZ workers
- Incident and Hazard Report
- Incident Reporting, Recording, and Investigation Procedure
- Hazard Management Procedure
- Managing Trauma, Loss and Grief in the workplace – (Skylight).

Key Accountabilities and Responsibilities

Ownership

This policy is owned by the Principal Health and Safety Advisor, who is responsible for:

- Oversight of policy implementation and continuous improvement.

Managers

All managers have a responsibility to ensure their workers have the training, resources and support outlined in this policy and associated procedures.

Workers

All workers have a responsibility to ensure they are conversant with these policies and procedures and take the necessary steps to prevent and/or minimise the risk of psychological harm or trauma to themselves and others at their place of work.

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1 Skylight, 2013, Managing trauma, loss and grief in the workplace, Skylight, Wellington.
Psychological Harm and Trauma Policy and Procedure

**Measures**

This policy will be monitored and reviewed as part of the continuous improvement framework for WorkSafe NZ’s internal health and safety policies and procedures.
PSYCHOLOGICAL HARM & TRAUMA PROCEDURE

Purpose

This procedure supports the implementation of WorkSafe NZ’s Psychological Harm and Trauma Policy. It outlines how WorkSafe NZ will maintain a proactive health and safety culture to assist in preventing and managing work-related psychological harm and trauma. It also provides information to managers and workers on how to address psychological health risks under the Health and Safety Act to ensure the health, safety and welfare of all persons at work. Managers can utilise the procedure action checklist for a quick reference guide (Refer to Appendix 1).

Scope

Psychological harm and trauma has been identified as a workplace hazard with potentially high consequences for WorkSafe NZ workers.

This procedure provides guidance to put in place controls to support the prevention and management of psychological harm and trauma. It covers all WorkSafe NZ workers and if necessary and appropriate, their families.

Background

Workers’ psychological and physical health can be adversely affected by exposure to a poorly designed or managed work environment, a traumatic event, workplace violence, fatigue, bullying or harassment and excessive or prolonged work pressures. Any of these factors can increase the likelihood of workers experiencing a stress response.

Stress responses describe the physical, mental and emotional reactions which arise when workers perceive that their work demands exceed their ability to cope. Job stress is not in itself a disorder, illness or psychological injury. If job stress is excessive or prolonged it may lead to psychological or physical injury.

Increased frequency or duration of stress responses have been linked with high levels of unplanned absences including sick leave, staff turnover, withdrawal and absenteeism and more task errors. It can be a significant cause of injury or illness which may lead to depression and anxiety in the long term.

A manager has the primary duty under the Health and Safety Act to manage risks associated with exposure to hazards arising from work that could result in physical or psychological harm. The duty is to ensure the health and safety of workers and other people at the workplace, so far as is reasonably practicable by:

- Providing and maintaining a work environment without risk to health and safety.
- Providing and maintaining safe systems of work.
Psychological Harm and Trauma Policy and Procedure

- Monitoring the health of workers and the conditions at the workplace.
- Consulting with workers and their representatives on work health and safety matters.
- Providing information, training, instruction and supervision so workers can safely perform their work activities.

Workers have a duty to take reasonable care of their own health and safety and not adversely affect other people’s health and safety. Workers must cooperate with reasonable policies and procedures and comply with reasonable instructions about work health and safety matters. This may include working to job descriptions to avoid role conflict or following workplace policies to prevent bullying behaviour.

Other people at the workplace such as, visitors, are required to take reasonable care of their own health and safety and to take care that their actions do not adversely affect the health and safety of other people.

Relevant legislation


Definitions

- **Traumatic Event** - A traumatic event is an experience that causes physical, emotional, psychological distress, or harm. It is an event that is perceived and experienced as a threat to one’s safety or to the stability of one’s world.
- **Mental Stress** - A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.
- **Adverse** - Preventing success or development; harmful; unfavourable.

Mental Stress

Mental stress is not a clinically diagnosable ‘health condition’. Rather, it is a state in the individual that increases the risk of developing one or more of a wide range of physical and mental disorders, which, by definition, are clinically-defined health conditions or illnesses. Further confounding the issue is the fact that extreme levels of ‘stress’, such as those following a traumatic event, may cause psychiatrically-significant symptoms without the development of a classifiable ‘mental disorder’. Such experiences are common and do not normally progress to become diagnosable disorders. The extent to which exposure to stressful episodes will be associated with the development of a psychiatric injury will be dependent upon a range of organisational and individual factors.
Procedure for managing risks associated with psychological hazards

Psychological hazards can be managed using the same risk management process applied to physical hazards. The process employs the Continuous Improvement Model.

1. **Identify the risk** - Establish the hazard/risk and processes necessary to report and manage the hazard.
2. **Assess the risk** - Assess if there are any other factors that need to be considered.
3. **Control the risk** - Implement the processes and controls by reporting and engaging professional assistance.
4. **Maintain and review** - Take action and continually improve health and safety performance and monitor the situation.

**Continuous Improvement Model**

1. **Identifying the Hazards & Risks**

Hazards are things or situations which have the potential to cause harm, including psychological injury. Psychological hazards will be identified by:

- Reviewing incident reports, workers compensation claims, patterns of absenteeism, sick leave, staff turnover, staff complaints.
- Gaining feedback and information from workers through one-on-one discussions, surveys and focus groups.
- Observations, such as deteriorating work performance or how workers interact with others.

While hazards will vary between workplaces and jobs, the following work-related factors are known to contribute to the risk of psychological injury and shall be canvased to assist in identifying if a psychological hazard exists.
Psychological Harm and Trauma Policy and Procedure

Environmental

Exposure to some physical hazards in the work environment can influence a worker's comfort and performance and may contribute to a stress response. For example, non-compliance with work health and safety requirements, such as exposure to poor air quality, high levels of noise, extreme temperatures and unsafe machinery.

Organisational

- Job demand – the level of physical, mental and emotional effort required to do a job.
- Job control – the level of control a worker has over aspects of their work, including how or when a job is done.
- Support – the level of support from supervisors and co-workers, information, equipment and resources available to allow the work to be done.
- Workplace relationships – the nature of relationships between workers, managers, supervisors, co-workers and clients.
- Role clarity – the overall scope or responsibilities of the job, clarity about the objectives, key accountabilities and management expectations of workers.
- Organisational change management – how change in the organisation, structure or job is communicated and the extent of worker involvement during these changes.
- Recognition and reward - the nature of feedback on task performance, performance reviews, opportunities for skills development, formal and informal rewards
- Organisational justice – perceptions of unfairness, consistency, bias and respect of workers.

Individual

People respond to stress at work in different ways. Individual differences may mean that some workers are more susceptible to harm from the hazard, for example a worker with a disability or illness or new and young workers.

2. Assessing the risk

Once a psychological hazard has been identified the risk needs to be assessed. A risk is the likelihood that harm will result from exposure to a hazard or group of hazards. A risk assessment involves examining the identified risk factors in more detail to determine the level of risk and help prioritise the order in which control measures are implemented.
Professional Assistance and Reporting

In all cases after identifying that there may be a psychological harm or trauma hazard, the manager will ensure that it is reported in the incident management system as a near miss. Professional assistance is then engaged using the Skylight Organisation, who will work with the manager to establish an action plan suitable for the individual issue that presents. Contact should be made with Skylight as early as possible as they will assist in conducting the risk assessment and be able to advise on suitable control methods. This includes a mandatory debrief session for all WorkSafe employees that have been involved with a traumatic event. The manager shall organise a mandatory debrief session in a team environment in the first instance. The manager will ensure that a Skylight representative is present at this debrief if deemed necessary by the manager. It is important that the manager provides details of the traumatic event to the Skylight representative in order for them to better assist during the debrief session. The Skylight representative will then liaise with you to identify further interaction that may be required and provide support in a one on one capacity.

Skylight can be contacted 24 hours a day, 7 days a week and offer ongoing support for all WorkSafe NZ employees and their families.

Skylight Phone – 0800 299 100

Skylight Email – css@skylight-trust.org.nz

Principal Health and Safety Advisor Phone - +64 27 445 6094

Principal Health and Safety Email – internalhealthandsafety@worksafe.govt.nz

The level of risk shall be assessed by considering:

- The nature of the hazard – the capacity the hazard has to induce harm, for example, exposure to low levels of conflict may be unpleasant without causing a health and safety risk whereas high levels of unmanaged conflict can escalate into workplace bullying, increase stress and cause incidents.

- The extent of exposure to the hazard – the duration, frequency and intensity of exposure, for example work-related stress may increase if workers are constantly under time pressure.

- Individual differences - how workers deal with exposure to a particular psychological hazard may vary.
When assessing the level of risk consider the following:

**Level of jobs demands** - workers have:
- Workloads that are excessive or create unreasonable time pressure.
- Work that is highly repetitive, monotonous or machine paced.
- Hazardous or unpleasant working environments, for example exposure to excessive or irritating noise, poor ventilation, lighting or workstation set up.

**Low job control** - workers:
- Have very little say in the way they do their work or when they can take rest breaks.
- Are not involved in making decisions about work that affects them or their clients.
- Are unable to refuse a service to an aggressive client.
- Skills and experience are underused.

**Poor support** - workers have inadequate:
- Support from managers and co-workers.
- Information about work priorities or training on how to do the job.
- Equipment and resources to do the job.
- Worker support systems - insufficient access to employee assistance programs, counselling and information on mental health or workplace policies.

**Poor workplace relationships** - workplaces where there is:
- Unresolved conflict between workers, managers, supervisors or co-workers.
- Discrimination, harassment, bullying or other unreasonable behaviour by co-workers, supervisors or clients.

**Poor role clarity** - workplaces where there is:
- Conflicting job roles and responsibilities.
- Uncertainty about work expectations.

**Poor organisational change management** - workplaces where:
- Organisational change has been poorly managed.
- There is inadequate communication to workers of the changes.

**Low recognition and reward** - workplaces where there is:
- An imbalance between worker effort and associated recognition and reward.
- Recognition of good task performance.
- Lack of opportunity for skills development.

**Poor organisational justice** - workplaces where there is:
Psychological Harm and Trauma Policy and Procedure

- Inconsistency or bias in the implementation of the procedures.
- Poor management of underperformance.

These eight risk factors are interrelated so should not be considered in isolation. A combination of these risks may increase the likelihood of psychological injury.

3. **Controlling the risks**

A manager must eliminate the risks to workers’ health and safety so far as is reasonably practicable. If this is not reasonably practicable, then the manager must minimise those risks so far as is reasonably practicable.

The risk of psychological harm can be minimised by implementing effective control measures addressing the work environment and systems of work. Control measures aimed at individuals are usually less effective.

The types of controls used will vary depending on what is reasonably practicable for each workplace. A combination of controls may be needed to reduce the risk of psychological injury.

The aim is to achieve the best fit between the working environment, the systems of work and the needs and capabilities of workers.

Control measures that may be considered include:

**Environmental**

The work environment – implementing the hierarchy of controls, for example:

- Placing a barrier between customers and reception areas where there is a risk of workplace violence.
- Increasing lighting in darker areas.
- Sending two workers to all fatalities.

**Organisational**

- The systems of work and the design of work and work processes, for example.
- Workforce planning to ensure there is a balance between work demands/time pressure and workers capacity to meet those demands.
- Consulting with workers when determining performance targets.
- Defining job roles so the work activities and the scope of the work are clear.
- Making time frames for completing work reasonable and achievable.
- Providing the worker with more control over how the work is done by consulting and agreeing to work procedures before work commences. Where a worker has autonomy to make decisions about their work load, rate and pace of work, the risk of injury from work demands may be minimised.
Psychological Harm and Trauma Policy and Procedure

- Flexible work arrangements where possible, by allowing a degree of freedom in how work is done.
- Suitable planning, management and communication processes for organisational change.
- Providing support systems, for example buddying and mentoring for new workers.
- Rewarding workers’ efforts.
- Providing regular feedback on worker performance.
- Engaging workers in decision-making.
- Providing systems for workers to raise concerns and report unreasonable behaviour.

**Training and education**

Workers need to understand their role and have the relevant skills to do the job. Providing information, instruction, training and supervision can help to protect workers from psychological health risks.

Training, instruction and information should include:

- Workplace practices concerning psychological health and organisational values.
- Induction information on the expected workplace behaviour and relevant conduct, policies and procedures, for example the prevention of bullying, harassment and violence at work.
- Management training to assist managers support workers identify hazards and risks at work and manage conflict.

**Individual**

Protecting workers from workplace conflict, bullying, harassment and discrimination. This can be accomplished by:

- Developing policies and procedures that set the standard of workplace behaviour and enable workers to raise concerns and report unreasonable behaviour.
- Providing access to Employee Assistance Programs or counsellors (Skylight).

The least effective approach is to try to change the worker’s behavioural responses as this does nothing to change the inherent risks. Health and wellbeing programs and worker resilience training may still be a useful supporting approach, when combined with higher order controls including work design and management.
4. **Maintaining and reviewing control measures**

The control measures put in place to protect health and safety should be regularly reviewed to ensure they are effective. Control measures should be reviewed:

- When a psychological injury occurs.
- Before making changes in the organisation or to work procedures, and
- If new information becomes available to indicate a control measure may no longer be the most effective.

Review of controls may identify a worker is not coping with the work or particular task and is showing warning signs of stress or distress. Intervening at this early stage may prevent the development of a psychological injury.

**Consulting your workers**

A manager must, so far as is reasonably practicable, consult with their workers or their representative on health and safety matters. Consultation with workers at each stage of the risk management process can assist in identifying and controlling psychological hazards and risks in the workplace.

Consultation involves sharing information, giving workers a reasonable opportunity to express their views and taking into account those views before making a decision on health and safety matters.

Consultation is required on specific matters:

- Decisions about the most effective controls for the identified hazards and risks.
- Policies and procedures—conflict resolution, preventing and responding to workplace bullying, aggression and violence in the workplace and managing work-related fatigue.
- Workplace changes—reasonable workplace adjustments for a worker returning to work and changes to organisational structure.
Appendix 1

**Psychological Harm and Trauma Action Checklist**

This action checklist is to be used in conjunction with the policy and procedure.

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<tr>
<th>STEP 1 – IDENTIFY THE RISK</th>
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<td>1. If there is a potential that there may be a psychological health risk associated with the type of work being performed or within the workgroup then it must be reported in the incident reporting program as a Near Miss. This can be upgraded at a later stage. The details of the possible psychological health risk must be recorded in as much detail as possible. This includes mandatory debrief sessions after a traumatic event.</td>
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<tr>
<td>2. Contact the Skylight Organisation, Skylight Phone – 0800 299 100 and advise them of the following:</td>
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<tr>
<td>a) Your name and position;</td>
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<td>b) Location and contact details;</td>
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<tr>
<td>c) Nature of assistance required;</td>
</tr>
<tr>
<td>d) Summary of possible or established psychological health risk;</td>
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<td>e) Any controls that have been implemented.</td>
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STEP 2 – ASSESS THE RISK

- Once reported and Skylight has been notified the hazard/risk needs to be assessed. Look at the following elements:
  a) The nature of the hazard – the capacity of the hazard has to induce harm, for example exposure to low levels of conflict may be unpleasant without causing a health and safety risk whereas high levels of unmanaged conflict can escalate into workplace bullying, increase stress and cause incidents.
  b) The extent of exposure to the hazard – the duration, frequency and intensity of exposure, for example work-related stress may increase if workers are constantly under time pressure.
  c) Individual differences - how workers deal with exposure to a particular psychological hazard may vary.

STEP 3 – CONTROL THE RISK

1. A manager must eliminate the risks to workers’ health and safety so far as is reasonably practicable. If this is not reasonably practicable then the manager must minimise those risks so far as is reasonably practicable.
2. Liaise with the Skylight counsellor and the Principle Health & Safety Advisor to assist in establishing effective controls.
3. Implement controls and record all actions in the incident management program.

STEP 4 – MONITOR & REVIEW THE RISK

1. The control measures put in place to protect health and safety should be regularly reviewed to ensure they are effective.
2. Ensure that the effected person/people are coping and that they are responding to the controls that have been put in place.
3. If the controls are not effective, intervening at this early stage by correcting the controls may prevent the development of a psychological injury.
4. Continually monitor the situation and maintain reporting.