

# On-Site Accommodation Psychological Health & Safety Guideline



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Revision History		
Version	Date	Amendments
01	12.06.2024	First issued for use

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## Feedback and Enquiries

Safer Together welcomes feedback and enquiries on this Guideline: [health@safertogether.com.au](mailto:health@safertogether.com.au)

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## Foreword

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This Guideline was developed by the Health Working Group of the Queensland Natural Gas Exploration and Production Industry Forum (Safer Together) with input from and consultation with:

- Qld and WA/NT Health Working Groups
- Operators
- Contractors
- Camp providers
- Users of camps
- Regulators
- Industry groups.

Following agreement of the relevant sub-team and approval by the Health Working Group, the Safer Together Safety Leaders Group endorsed the publication of this Guideline.

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## 2. Purpose

### 2.1 Purpose

#### The purpose of this document is to:

- Provide a toolkit to aid in the development and maintenance of psychological health and safety of on-site accommodation facilities.
- Support Accommodation Facilities Owners and Managers to protect the users of the facilities in terms of their psychological health and safety.

### 2.2 Structure

#### The structure of this document:

- Follows a risk management approach by:
  - Identifying psychosocial hazards relevant to accommodation facilities.
  - Determining key psychosocial risk scenarios.
  - Identifying possible controls to reduce the risk of psychological harm and enable positive mental health outcomes.



**NOTE:** The controls listed in this document are not exhaustive. Whilst this Guideline is designed to aid duty holders in fulfilling their Work Health and Safety (WHS) obligations, accommodation facility operators are advised to conduct their own thorough psychosocial hazard review to ensure they meet their specific WHS legislative requirements.

### 2.3 Function

#### This document functions as:

- A Guideline intended to provide support for the implementation of psychologically healthy and safe accommodations for residents.
- A reference outlining recommended risk controls inclusive of various types of accommodation facilities, considering factors such as size, permanence, and location.
- An example of a risk control framework.

#### This document does NOT function as:

- A standalone risk assessment for psychosocial hazards.
- A guide detailing how an individual organisation can meet requirements in the management of workplace psychosocial hazards.



**NOTE:** Workplaces are obligated to undertake their own risk management strategy for their relevant psychosocial hazards, which includes accommodation management organisations.

- A reference document specifying appropriate medical services or personnel within accommodation facilities.
- A guide for ensuring appropriate insurance coverage, workers compensation liability or claim management.
- A resource to be used in the application of individual organisations' industrial relations, people policies and processes.
- An instructive guide for how contractual arrangements between accommodation facility managers and owners should be structured and shared duties of care discharged.

## 3. Scope

### 3.1 Target Audience

#### The target audience of this document is:

- Operators of accommodation facilities.
- Residents of accommodation facilities.
- Owners of accommodation facilities.
- Organisations whose employees or contractors reside (or plan to reside) within accommodation facilities including when these facilities are used under contract arrangements.

### 3.2 Usage

#### This document can be used by:

- Accommodation Facility Operators to assess and mitigate risks in accommodation facilities.
- Residents to understand psychological health and safety measures in place.
- Organisations incorporating document guidance into contracts with accommodation facilities.
- Auditors utilising the document for audits of accommodation facilities.

### 3.3 Types of Accommodation Facilities

The scope of this document includes on-site accommodation facilities which support construction, support activities (e.g. surveys, drilling, seismic), and operations.

This includes:

- Onshore and offshore accommodation.
- Temporary, semi-permanent and permanent camps.

This does not include off-site accommodation facilities such as:

- Hotels / Motels.
- Caravan Parks.
- Air BnB.
- Camping.
- Holiday Homes.
- Vehicles.
- Private residences (including those owned or leased by employing organisation).



**NOTE:** Organisations using off-site accommodation should ensure psychological risks associated with such arrangements are assessed and managed. This document may be used as a guide for identifying and addressing potential hazards and risks.

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## 3. Scope (continued)

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### 3.4 Objectives and Users

#### Objectives

The primary objectives of this document are to:

- Support accommodation facilities owners, operators and companies to ensure the psychological safety and health of all people working and residing in accommodation facilities.
- Support the identification and management of psychosocial risks in accommodation facilities and prioritise the psychological health and safety of accommodation residents.
- Provide guidance for effective risk management in the context of psychological health and safety.

#### Users

This document should be used by accommodation facilities and users to:

- Identify specific psychosocial risk scenarios within each facility.
  - Implement relevant controls to minimise or eliminate risks.
  - Eliminate or minimise the risks as far as reasonably practicable.
-



## 4. Understanding Psychosocial Hazards and Risks

### WHS Laws

#### Under the model WHS laws:

- A Person Conducting a Business or Undertaking (PCBU) must manage the risk of psychosocial hazards in the workplace.
- Psychosocial hazards are aspects of work and the social environment that may cause psychological or physical harm.
- A psychosocial risk is the degree of likelihood and consequence of occurring because of exposure to psychosocial hazards.



**NOTE:** See page 10 for further explanation about PCBUs and accommodation facilities.

### HAZARD



### RISK



#### For Example:

Remote and isolated work is a psychosocial **hazard** which is present when people are working in fly-in / fly-out (FIFO) or drive-in / drive-out (DIDO) roles. The **risk** of psychological harm can be high.

Accommodation facility operators can implement controls to minimise the risk to residents by:

- Providing recreational facilities and opportunities to socialise with other residents.
- Ensuring reliable communications systems (e.g., internet connectivity) to ensure residents can contact family and/or friends.
- Developing and maintaining a culture of friendliness and inclusion.
- Ensuring the physical health and safety of residents.



**NOTE:** By identifying the risk and implementing a range of controls relevant to that facility, the residents' risk of harm is reduced. More importantly, the residents' likelihood of positive wellbeing outcomes is enhanced.

## 4. Understanding Psychosocial Hazards and Risks (cont.)

### WHS Laws



#### **A NOTE ON PCBUs:**

In regard to accommodation facilities there may be multiple PCBUs that have a duty of care.

The operator of the accommodation facility has a duty of care to residents; and an organisation using that facility has a duty of care to their workers to ensure the facility in which they are housing their employees is safe.

For accommodation facility owners and operators there must be a process for exchanging information, and working with their users in a coordinated and cooperative manner to ensure any risks are eliminated or minimised as far as reasonably practicable.

For example: a resident of an accommodation facility displays aggressive behaviour toward another resident.

The accommodation facility is responsible for minimising such risk by ensuring an easy-to-use reporting process, appropriate security within the facility and responsible serving of alcohol in the wet mess.

The employer organisation is responsible for educating and enforcing expected standards of behaviour in their employees using the facility; and intervening or removing workers where appropriate.

By working in collaboration, the accommodation operator and the user organisation both ensure psychological safety for all so far as is reasonably practicable.

## 5. Approach

### Approach

Accommodation facilities and operators can use a risk management approach to effectively manage psychosocial hazards.

Figure 1 illustrates a typical risk management framework.



**Figure 1**

The risk management process (Source: Safe Work Australia (May 2018)

***How to Manage Work Health and Safety Risks: Code of Practice***

Accommodation operators and users can apply the same process in generating their own risk management approach to psychological safety in their facility applying the steps below:

- **Step one – Identify the hazards.** Identify which psychosocial hazards are relevant to your facility.
- **Step two – Identify the key risk scenarios.** For the hazards that are present, identify the likely risk of harm to the user. This also includes identifying the contributing factors that may be present.
- **Step three – Identify controls.** For each risk scenario, establish the controls to be put in place to remove the hazard or minimize the risk of harm occurring.
- **Step four- Develop and implement your risk management strategy for psychosocial hazards.**



**NOTE:** All accommodation facilities are different. Each Accommodation Facility Operator and Manager must develop their own risk assessment that specifically incorporates the unique aspects of their facility.

## 5. Approach (cont)

**Engaging with Stakeholders** This document aims to support Accommodation Facility Owners, Managers and users to develop and maintain psychologically healthy and safe accommodation environments. Facilities will need to develop a system for recording their activities (or incorporate into their current risk management system). Additionally, the changing nature of work and people requires an ongoing systematic review process. This is essential to ensure any changes, such as the emergence of new risks, are identified and addressed.

### Implementation

By implementing the information in this Guideline, accommodation facilities should:

- Develop a system for recording activities related to psychological health and safety within accommodation facilities.
- Incorporate this system into the existing risk management framework of accommodation facilities.
- Implement an ongoing review process to adapt to changes in work dynamics and user needs, ensuring prompt identification and addressing of emerging risks.

Accommodation Operators are encouraged to access support and advice from the following:

Organisation/Role
Own internal HSE department
Safer Together
Safe Work Australia

For any feedback please contact **Safer Together**

## 5. Approach (cont.)

### 5.1 Identify the psychosocial hazards.

**Psychosocial hazards are aspects of work and work situations which can lead to psychological or physical harm.**

- Safe Work Australia has identified 14 common psychosocial hazards in workplaces.
- Not all psychosocial hazards are relevant to on-site accommodation facilities.
- In general, the psychosocial hazards deemed relevant to on-site accommodation have been listed in Table 1.
- There is a definition included for each hazard and a rationale for their inclusion or exclusion in this document.



**NOTE:** The hazards relevant to accommodation facilities were agreed in consultation with a cross section of Safer Together members. However, each facility and user should consider from an individual basis as to what psychosocial hazards are in or out of scope.

**Table 1 – Psychosocial Hazards (Source: Safe Work Australia (July 2022) *Managing Psychosocial Hazards at Work: Code of Practice*)**

Psychosocial Hazard	Definition	In or Out of Scope	Rationale
<b>Job Demands</b>	High job demands involve intense workload and pressure, while low job demands feature minimal workload and stress, affecting employee stress levels, satisfaction, and overall wellbeing differently.	<b>Out</b>	Not relevant to accommodation facilities. Should be contained within individual Organisation SMS.
<b>Low Job Control</b>	Low job control as a psychosocial hazard refers to situations where employees have minimal influence over their work tasks, methods, and pace, leading to increased stress and potential health risks.	<b>Out</b>	Not relevant to accommodation facilities. Should be contained within individual Organisation SMS.
<b>Poor Support</b>	Lack of support to assist residents to adjust to living within accommodation facility and cope with events which can occur within facilities.	<b>In</b>	Accommodation operators provide frontline support to residents.
<b>Lack of role clarity</b>	Refers to the clear understanding of job responsibilities, expectations, and goals, reducing stress and potential mental health issues that arise from ambiguity and confusion in the workplace.	<b>Out</b>	Not relevant to accommodation facilities. Should be contained within individual Organisation SMS.
<b>Poor organisational change management</b>	Insufficient consideration of the impact of changes on psychosocial hazards and utility from poor camp design, services, or practices.	<b>In</b>	Changes to accommodation facilities or operations have direct impact on residents.

## 5. Approach (cont.)

Psychosocial Hazard	Definition	In or Out of Scope	Rationale
<b>Inadequate reward and recognition</b>	Refers to the lack of appropriate compensation, acknowledgment, or appreciation for an employee's effort and achievements, leading to demotivation, dissatisfaction, and potential mental health issues.	<b>Out</b>	Not relevant to accommodation facilities. Should be contained within individual Organisation SMS.
<b>Poor organisational justice</b>	Where there are absent or inadequate, unfair, or inconsistent application of policies and procedures within an accommodation facility.	<b>In</b>	Within Safer Together Guidance Document.
<b>Traumatic Events or Material</b>	Exposure to event, or threat of event that is deeply distressing or disturbing. For example, witnesses self-harm, fire or violence and aggression.	<b>In</b>	Within Safer Together Guidance Document.
<b>Remote or Isolated work</b>	The impact arising from the location or nature of the accommodation facility; where access to resources; people are working or living in isolation; and communication is difficult or may require lengthy travel times.	<b>In</b>	Within Safer Together Guidance Document.
<b>Poor physical environment</b>	Accommodation arrangements that unreasonably affect the amount of quality rest and sleep needed to manage fatigue, including exposure to: hot and humid conditions with no relief, nuisance and excessive noise and lighting that disturbs or disrupts sleep routines.	<b>In</b>	Within Safer Together Guidance Document.
<b>Violence and aggression</b>	Exposure of residents to behaviours that are unreasonable, offensive, intimidating or may cause distress which can include both / either physical, verbal or implied acts.	<b>In</b>	Within Safer Together Guidance Document .
<b>Bullying</b>	Incidents of bullying from one resident or worker to another resident or worker.	<b>In</b>	Within Safer Together Guidance Document.
<b>Harassment including sexual harassment</b>	Harassment within an accommodation facility 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.	<b>In</b>	Within Safer Together Guidance Document.
<b>Conflict or poor workplace relationships</b>	Poor resident relationships or interpersonal conflict between residents or from one group of residents to another.	<b>In</b>	Within Safer Together Guidance Document.

## 5. Approach (cont.)

### 5.2 Assess the risk.

The risk scenarios for each psychosocial hazard are listed in the tables that follow.

Accommodation facility users and operators can use the table:

- As a checklist to support their risk management approach,
- To conduct audits against the requirements,
- As a tool to help identify individual risk scenarios in consultation with key stakeholders.



**NOTE:** When assessing the likelihood of risk of harm, it is important to consider the nature of the hazard (duration, frequency and severity of exposure) as well as the combination of factors that people could be exposed to.

Various factors can heighten the risk of psychological or physical harm, including but not limited to:

- Employer organisation psychosocial risk factors e.g. high workload, poor support, negative culture,
- Lack of visible and effective leadership and management,
- Inadequate enforcement of a supportive and inclusive culture,
- Inadequate noise controls,
- Misuse of alcohol and poor management of wet mess facilities,
- Tolerated culture of aggression and non-inclusion,
- Transient accommodation residents,
- Limited recreational and exercise facilities,
- Poor physical security,
- Lack of a visible process for reporting and responding to issues and incidents,
- Individual factors such as personality, age, health status, and pressures faced outside the workplace.

**Table 2** provides a checklist of key risk scenarios for each psychosocial hazard, and includes some of the possible contributing factors. It must be noted that this is not an exhaustive list – but is to be used as a guide to aid understanding.

5.2 Assess the risk.

**Table 2 – Psychosocial Hazards, Risk Scenarios and Contributing Factors Checklist**

Psychosocial Hazard	Risk Scenario	Contributing Factors	Is this relevant to my facility?
<b>Poor support</b>	A new worker isn't used to working away from home or living in an accommodation facility. They are experiencing isolation and anxiety.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of site orientation and introductory process for new residents.</li> <li><input type="checkbox"/> Lack of identification at check-in of new-to-site residents.</li> <li><input type="checkbox"/> Lack of awareness of social facilities/activities.</li> <li><input type="checkbox"/> Lack of support services program.</li> <li><input type="checkbox"/> Lack of awareness of support services or how to access them.</li> </ul>	
	Resident receives a call that child is very sick, and their partner is having difficulty coping as there is little family support. The resident is distressed and worried.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of awareness of support e.g. EAP.</li> <li><input type="checkbox"/> Telecommunications issues e.g. difficulty keeping in contact with home.</li> <li><input type="checkbox"/> Lack of social support within accommodation facility.</li> <li><input type="checkbox"/> Lack of transport operations to get back home efficiently.</li> </ul>	
	A resident is anxious while in lockdown during severe weather or isolating event.	<ul style="list-style-type: none"> <li><input type="checkbox"/> New to FIFO.</li> <li><input type="checkbox"/> People isolating and having to share rooms.</li> <li><input type="checkbox"/> Lack of communication across the accommodation facility including or understanding of communications channels available, regular status updates or processes.</li> <li><input type="checkbox"/> Loss of internet facilities.</li> <li><input type="checkbox"/> Lack of access to general facilities, consumables, recreational facilities or hygiene facilities.</li> <li><input type="checkbox"/> Lack of social interaction.</li> </ul>	
<b>Poor organisational change management</b>	A sudden change disrupts residents' usual routine e.g. cancelled services, imposed facility restrictions.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Failure to communicate planned or unplanned changes to the facility.</li> <li><input type="checkbox"/> Communication is non-inclusive e.g. of language.</li> <li><input type="checkbox"/> Lack of communication with residents across various rosters.</li> <li><input type="checkbox"/> Lack of consultation with residents across various rosters.</li> </ul>	
	There is a telecommunication outage at the accommodation facility which interferes with the residents' ability to contact home and access the internet for entertainment.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Disruptive weather events.</li> <li><input type="checkbox"/> Failure to communicate with residents about planned outages.</li> <li><input type="checkbox"/> Lack of alternative entertainment/recreational activities.</li> <li><input type="checkbox"/> Prolonged system upgrades.</li> <li><input type="checkbox"/> Provider system failures.</li> </ul>	



5.2 Assess the risk.

**Table 2 – Psychosocial Hazards, Risk Scenarios and Contributing Factors Checklist**

Psychosocial Hazard	Risk Scenario	Contributing Factors	Is this relevant to my facility?
<b>Poor organisational justice</b>	Resident makes a report of sexual harassment to accommodation facility management.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of process in the accommodation facility to respond to allegations/complaints.</li> <li><input type="checkbox"/> Lack of inter-company strategy for response and resolution process.</li> <li><input type="checkbox"/> Lack of training of facility staff in managing reports.</li> </ul>	
	Residents experience distress when they perceive cultural or preferential treatment is given to residents over others (such as in the allocation of rooms, lockers, etc.).	<ul style="list-style-type: none"> <li><input type="checkbox"/> Limited rooms, lockers, and equipment for use by an accommodation user.</li> <li><input type="checkbox"/> Absence of transparent information around the treatment (i.e. how rooms, lockers, etc. are allocated).</li> <li><input type="checkbox"/> Varying standards of accommodation (rooms).</li> <li><input type="checkbox"/> Inadequate camp accommodation procedures.</li> <li><input type="checkbox"/> Lack of feedback process to raise complaint.</li> </ul>	
<b>Traumatic Events or Material</b>	A resident dies in camp causing distress to camp workers and residents.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of social support and leadership support.</li> <li><input type="checkbox"/> Pre-existing mental health factors in interveners and bystanders.</li> <li><input type="checkbox"/> Lack of process for responding and managing a fatality in the accommodation facility.</li> <li><input type="checkbox"/> Information, instruction, and training available to residents in line with identifying the signs of co-residents who may need additional support (peer or clinical).</li> <li><input type="checkbox"/> First responders not sufficiently equipped to manage situation.</li> </ul>	
	The accommodation facility is impacted by local bushfires that are out of control and threatening the facility.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of evacuation plan or emergency response plan.</li> <li><input type="checkbox"/> Lack of leadership.</li> <li><input type="checkbox"/> Isolation and lack of social support.</li> <li><input type="checkbox"/> Insufficient communication to residents on the situation.</li> <li><input type="checkbox"/> Lack of emergency training in accommodation staff.</li> </ul>	
<b>Remote or Isolated work</b>	A resident is unable to fulfill their cultural or religious obligations causing them distress and feelings of isolation.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of inclusion of celebration/compliance with a range of religious and cultural events.</li> <li><input type="checkbox"/> Lack of openness to the inclusion of religious and cultural events.</li> <li><input type="checkbox"/> Lack of prayer room or similar to allow religious observance.</li> <li><input type="checkbox"/> Lack of food alternatives for different faiths.</li> </ul>	

5.2 Assess the risk.

Table 2 – Psychosocial Hazards, Risk Scenarios and Contributing Factors Checklist

Psychosocial Hazard	Risk Scenario	Contributing Factors	Is this relevant to my facility?
Remote or Isolated work	Resident is feeling isolated & bored due to lack of social connection & recreation activities.	<input type="checkbox"/> Lack of access to exercise and recreation facilities. <input type="checkbox"/> Lack of social and wellbeing programs in the accommodation facility.	
	Relationship issues and conflict arising from tension between residents who live and work together.	<input type="checkbox"/> Room sharing. <input type="checkbox"/> Lack of noise insulation between rooms. <input type="checkbox"/> Lack of skills in resolving issues. <input type="checkbox"/> Room allocations are not grouped together by roster type. <input type="checkbox"/> Unclear or non-enforced expectations for room sharing. <input type="checkbox"/> Different user groups within same facility.	
Poor physical environment	Residents' sleep is disrupted due to facilities such as smoke alarms going off, air conditioning not working.	<input type="checkbox"/> Lack of noise policy and enforcement. <input type="checkbox"/> Provision of uncomfortable beds. <input type="checkbox"/> Lack of consideration of day and night shift rosters and allocation of rooms to reduce daytime noise.	
	Night shift residents are kept awake by neighbours talking loudly and cleaners moving around outside their room.	<input type="checkbox"/> Poor light management in rooms e.g. block out blinds for night shift residents. <input type="checkbox"/> Slow response to maintenance requests. <input type="checkbox"/> Poor preventative maintenance practices.	
Violence and aggression	Resident becomes physically violent during an altercation with another resident.	<input type="checkbox"/> Alcohol consumption levels. <input type="checkbox"/> Culture of the facility. <input type="checkbox"/> Lack of security in the facility. <input type="checkbox"/> Lack of training for staff on the management of behaviour. <input type="checkbox"/> Insufficient surveillance (CCTV). <input type="checkbox"/> Lack of lighting. <input type="checkbox"/> Lack of processes and procedures for managing response to physical altercations. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	
	A resident becomes angry and aggressive at a gym user over access to gym machine.	<input type="checkbox"/> Limited gym facilities. <input type="checkbox"/> Lack of supervision in the gym. <input type="checkbox"/> Lack of security in the facility. <input type="checkbox"/> Lack of enforcement of code of conduct and gym use rules. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	

5.2 Assess the risk.

**Table 2 – Psychosocial Hazards, Risk Scenarios and Contributing Factors Checklist**

Psychosocial Hazard	Risk Scenario	Contributing Factors	Is this relevant to my facility?
<b>Violence and aggression</b>	A resident uses intimidating behaviour and aggressive language towards a staff member at the facility.	<input type="checkbox"/> Culture of tolerance of intimidating or aggressive behaviour of the facility, operators and/or amongst residents. <input type="checkbox"/> Lack of enforcement of code of conduct. <input type="checkbox"/> Lack of de-escalation skills and/or training for accommodation staff. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	
<b>Bullying</b>	A resident is called names and laughed at by small group of other residents in the dining area.	<input type="checkbox"/> Failure to follow code of conduct. <input type="checkbox"/> Failure to enforce code of conduct. <input type="checkbox"/> Failure of by-standers to speak up. <input type="checkbox"/> Lack of reporting process. <input type="checkbox"/> Culture of tolerance of bullying behaviour of the facility, operators and/or amongst residents. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	
	Graffiti is found in common toilet area that specifically targets a person.	<input type="checkbox"/> Failure to follow or lack of enforcement of code of conduct processes. <input type="checkbox"/> Failure of by-standers to speak up. <input type="checkbox"/> Lack of reporting process. <input type="checkbox"/> Culture of tolerance of bullying behaviour of the facility, operators and/or amongst residents. <input type="checkbox"/> Slowness of cleaning.	
<b>Harassment including sexual harassment</b>	During check-in personal information a resident's full name and room number was announced in vicinity of numerous other people checking in. The resident felt vulnerable as a result.	<input type="checkbox"/> Lack of defined check-in process. <input type="checkbox"/> Hazard not understood. <input type="checkbox"/> Lack of understanding by accommodation staff and/or other residents regarding privacy requirements.	
	While working out in the gym, a female resident was subjected to sexually explicit comments made by two others who walked past, disturbing not only her but also others present in the gym.	<input type="checkbox"/> Lack of adherence to code of conduct. <input type="checkbox"/> Failure of by-standers to intervene. <input type="checkbox"/> Culture of tolerance of poor behaviour of the facility, operators and/or amongst residents. <input type="checkbox"/> Lack of security. <input type="checkbox"/> Inability to remove resident from camp and terminate accommodation if required. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	

5.2 Assess the risk.

**Table 2 – Psychosocial Hazards, Risk Scenarios and Contributing Factors Checklist**

Psychosocial Hazard	Risk Scenario	Contributing Factors	Is this relevant to my facility?
<b>Harassment including sexual harassment</b>	A resident is followed back to their room from wet mess. This person walks close behind and makes audible noises until they reached their room.	<input type="checkbox"/> Lack of security patrols. <input type="checkbox"/> Lack of lighting and cameras. <input type="checkbox"/> Lack of adherence to code of conduct. <input type="checkbox"/> Lack of structured reporting process and/or inability to raise immediate alarm. <input type="checkbox"/> Inadequate training or clarity for residents on behavioural expectations.	
<b>Conflict or poor workplace relationships and interactions</b>	A resident experiencing discomfort due to another's behaviour seeks a process for reporting, but faces difficulty accessing one or finds that making a report has no impact on addressing the issue.	<input type="checkbox"/> Lack of clarity of reporting process. <input type="checkbox"/> Lack of action in responding to reports. <input type="checkbox"/> Culture of tolerance.	
	An allegation of a breach of code of conduct has been made against a resident. The complainant feels uncertain about ongoing confidentiality and repercussions.	<input type="checkbox"/> Lack of clarity on code of conduct for residents. <input type="checkbox"/> Investigation procedures/processes not well communicated or understood.	
	An allegation of breach of code of conduct has been made against a resident which is untrue. The resident has an adverse outcome as a result.	<input type="checkbox"/> Poor investigation procedures. <input type="checkbox"/> Lack of a trauma informed approach. <input type="checkbox"/> Lack of ownership of responsibility for carrying out the investigation (i.e. accommodation or employer organisation). <input type="checkbox"/> Lack of appeal process.	
	Two residents are required to share a room. One resident snores loudly, resulting in an altercation between them.	<input type="checkbox"/> Same shift room sharing due to high numbers of people onboard. <input type="checkbox"/> Small room spaces. <input type="checkbox"/> Poor planning on numbers of day shift/night shift residents.	

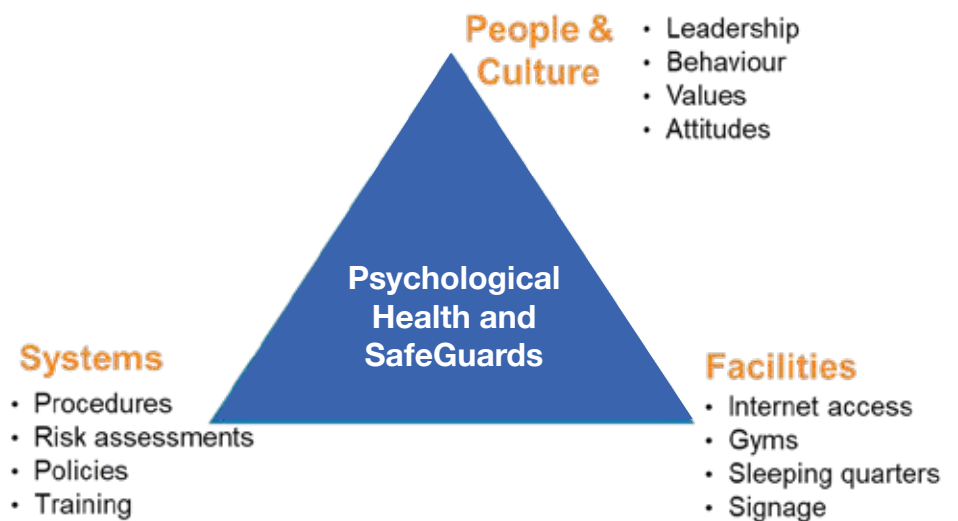
## 5. Approach (cont.)

### 5.3 Identify and Implement Controls

Controls are strategies that can mitigate the risk of harm.

There are three types of control categories that will impact psychological health and safety outcomes (figure 2) including:

- Physical facilities.
- System factors.
- People and culture.



**Figure 2** – Three types of controls for psychological health and safety assurance

#### Facility controls

Facility controls are the external ‘hardware’ or physical controls such as:

- Provision of internet access.
- Gyms.
- Sleeping quarters.
- Signage.
- Locks.
- Security cameras.
- Lighting.
- Hygiene facilities.

#### System factors

System factors are systematic controls such as procedures, risk assessments, policies and training, such as:

- Provision of code of conduct.
- Effectiveness of complaints processes.
- Psychosocial event reporting.
- Notification and management process.
- Inductions and onboarding.
- Continuous improvement processes.
- Audits and inspections.

## 5. Approach (cont.)

### 5.3 Identify and Implement Controls **People and Culture**

People and Culture factors are the collective values, attitudes, beliefs, and behaviour of people:

- Company values and culture.
- People in key roles are important in setting the tone and modelling expected behaviours and holding people accountable.
- Everyone is responsible for creating a culture which supports the psychological health and safety of residents.



**NOTE:** Implementing controls across only one element will yield limited results. Successful risk management recognises the interdependency of these three elements and necessitates investment in each element.

For example, reducing the risk of sexual assault is dependent on implementing:

- **Facility** controls such as individually keyed lockable doors and visible security such as cameras,
- **System** controls such as user-friendly reporting process, and clear code of conduct,
- **Organisational** responsibility for a positive culture with respect to psychological safety including appropriate awareness and education.

For each risk scenario, facility, system and people and culture controls were identified:

- Table 3 lists facility controls per risk scenario.
- Table 4 lists system controls per risk scenario.
- Table 5 lists people and culture controls per risk scenarios.

5.3.1 Facility Controls

Table 3 - Facility Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	Facility Controls	Is this relevant to my facility?
<b>Poor support</b>	A new worker isn't used to working away from home or living in an accommodation facility. They are experiencing isolation and anxiety.	<input type="checkbox"/> A facility induction exists which includes activities for all residents to participate. <input type="checkbox"/> Social and recreational services are available and easily accessible for all. <input type="checkbox"/> Contact details for support services (such as EAP) are readily available in each room and common areas.	
	Resident receives a call that child is very sick and their partner is having difficulty coping as there is little family support. The resident is distressed and worried.	<input type="checkbox"/> Telecommunications and internet services are available and efficient. <input type="checkbox"/> There are alternative suitable communication services such as satellite phones for emergencies in times of communication breakdowns. <input type="checkbox"/> Contact details for support services (such as EAP) are readily available in each room and common areas.	
	A resident is anxious while in lockdown during extreme weather event.	<input type="checkbox"/> Facility induction includes information for residents regarding actions / communications in extreme weather events.	
<b>Poor organisational change management</b>	A sudden change disrupts residents' usual routine e.g. cancelled services, imposed facility restrictions, change in food.	<input type="checkbox"/> Facility uses multiple methods of communication to inform residents of scheduled changes.	
	There is a telecommunication outage at the accommodation facility which interferes with the residents' ability to contact home and access the internet for entertainment.	<input type="checkbox"/> A communication strategy exists to inform residents of planned outages. <input type="checkbox"/> A back-up telecommunications facility is available e.g. landline, satellite phone for emergencies. <input type="checkbox"/> Alternative recreational/social activities are available and advertised to residents.	
<b>Poor organisational justice</b>	Resident makes a report of sexual harassment to accommodation facility management.	<input type="checkbox"/> Facility has written process for reporting issues which is easily accessible to residents. <input type="checkbox"/> There are multiple avenues for receiving complaints e.g. verbal, online, anonymous.	
	Residents experience distress when they perceive preferential treatment is given to residents over others (such as in the allocation of rooms, lockers, etc).	<input type="checkbox"/> There is planning/booking system for site facilities that is transparent.	

5.3.1 Facility Controls

Table 3 - Facility Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	Facility Controls	Is this relevant to my facility?
<b>Traumatic events or material</b>	Camp worker discovers a deceased resident in room during normal operating activities.	<input type="checkbox"/> There is access to on-site or remote mental health support. Information on how to access support (e.g. EAP) is clearly visible throughout the facility.	
	The accommodation facility is impacted by local bushfires that are out of control and threatening the facility.	<input type="checkbox"/> Emergency and disaster response is included in the facility induction process <input type="checkbox"/> There is back-up communication processes and infrastructure in case of blackout. <input type="checkbox"/> Process for ensuring all camp residents are informed of the situation in good time.	
<b>Remote or isolated work</b>	A resident of Islamic faith is unable to fulfil their religious obligations and faith-based activities causing them distress and feelings of isolation.	<input type="checkbox"/> There is provision for residents to engage in faith-based activities in privacy where possible. <input type="checkbox"/> Facility supports diversity and inclusion of religion and culture which is evident in accommodation communications and food options.	
	Relationship issues and conflict arising from tension between residents who live and work together.	<input type="checkbox"/> Facility has a process for residents to request room changes. <input type="checkbox"/> There are quiet/private spaces for residents to be alone. <input type="checkbox"/> Phone numbers for support services such as EAP readily accessible in each room as well as in common areas. <input type="checkbox"/> Rooms are soundproofed, and noise levels monitored and kept in line with allowing rest and sleep.	
<b>Poor physical environment violence and aggression</b>	Residents' sleep is disrupted due to facilities such as smoke alarms going off, air conditioning not working. Or night shift residents are kept awake by neighbours talking loudly and cleaners moving around outside their room.	<input type="checkbox"/> Rooms are equipped with appropriate light management, comfortable beds, and temperature insulation. <input type="checkbox"/> Room temperature management. <input type="checkbox"/> There is a strategy to locate shift workers to quieter areas of the facility. <input type="checkbox"/> Earplugs and eye masks are available for residents. <input type="checkbox"/> Curfew in place to limit social activity outside rooms. <input type="checkbox"/> Availability of common area for socialising away from rooms.	
	Resident becomes physically violent during an altercation with another resident in the wet mess.	<input type="checkbox"/> Facility has security staff and systems (such as cameras) available in wet mess and common areas.	



**5.3.1 Facility Controls**

**Table 3 - Facility Controls and Risk Scenarios Checklist**

Psychosocial Hazard	Risk Scenario	Facility Controls	Is this relevant to my facility?
<b>Violence and aggression</b>	A resident becomes angry and aggressive at a gym user over access to gym machine.	<input type="checkbox"/> Appropriate behaviour is displayed on signs in the gym. <input type="checkbox"/> Installation of CCTV monitoring, panic alarms or other means to call for assistance.	
	A resident uses intimidating behaviour and aggressive language towards a staff member at the facility.	<input type="checkbox"/> Facility has a quick and easy check in process for residents. <input type="checkbox"/> Security staff visible across the facility. <input type="checkbox"/> Security cameras are installed in high-risk areas.	
<b>Bullying</b>	A resident is called names and laughed at by small group of other residents in the dining area.	<input type="checkbox"/> Code of conduct and expectations of behaviour are outlined at induction and advertised throughout the facility. <input type="checkbox"/> Security staff visible across the facility. <input type="checkbox"/> Security cameras are installed in high-risk areas.	
	Graffiti is found in common toilet area that specifically targets an accommodation worker.	<input type="checkbox"/> Code of conduct and expectations of behaviour are outlined at induction and advertised throughout the facility. <input type="checkbox"/> Security staff visible across the facility. <input type="checkbox"/> Security cameras are installed in high risk areas.	
<b>Harassment including sexual harassment</b>	During check-in personal information a resident's full name and room number was announced in vicinity of numerous other people checking in. The resident felt vulnerable as a result.	<input type="checkbox"/> Security staff visible across the facility. <input type="checkbox"/> Security cameras are installed in high risk areas. <input type="checkbox"/> Confidential process for guest check-in. <input type="checkbox"/> Training for camp staff about protecting sensitive information about residents.	
	While working out in the gym, a female resident was subjected to sexually explicit comments made by two males who walked past, disturbing not only her but also others present in the gym.	<input type="checkbox"/> There are security cameras in the gym. <input type="checkbox"/> Expected behaviour is displayed on signs in the gym.	

5.3.1 Facility Controls

Table 3 - Facility Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	Facility Controls	Is this relevant to my facility?
<p><b>Harassment including sexual harassment</b></p>	<p>A resident is followed back to their room from wet mess. This person walks close behind and makes audible noises until they reached their room.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Security service contact numbers clearly available in rooms and common areas.</li> <li><input type="checkbox"/> Security staff visible across the facility.</li> <li><input type="checkbox"/> There is adequate lighting across the facility.</li> <li><input type="checkbox"/> Security cameras are installed in high-risk areas e.g. wet bar, common areas</li> <li><input type="checkbox"/> All room locking devices are fully functional.</li> <li><input type="checkbox"/> Contact details for support services (such as EAP) are readily available in each room and in common areas.</li> </ul>	
<p><b>Conflict or poor workplace relationships and interactions</b></p>	<p>A resident experiencing discomfort due to another's behaviour seeks a process for reporting, but faces difficulty accessing one or finds that making a report has no impact on addressing the issue.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The complaints process is visible/available to residents.</li> <li><input type="checkbox"/> Contact details for support services (such as EAP) are readily available in each room and in common areas.</li> </ul>	
	<p>An allegation of breach of code of conduct has been made against a resident which is untrue or vexatious. The resident has an adverse outcome as a result.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A fair and just investigation process exists.</li> </ul>	
	<p>Two residents are required to share a room offshore. One resident snores loudly, resulting in an altercation between them.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Sleep aids are available to residents if needed (e.g. earplugs).</li> <li><input type="checkbox"/> Process to address complaints and determine appropriate measures to reduce conflict.</li> </ul>	

5.3.2 System Controls

Table 4 - System Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	System Controls	Is this relevant to my facility?
<b>Poor Support</b>	A new worker isn't used to working away from home or living in an accommodation facility. They are experiencing isolation and anxiety.	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is an induction process provided to new residents of the facility that is recorded/signed off.</li> <li><input type="checkbox"/> There is a process for ensuring the information in each room is relevant and up to date regarding site facilities, activities and support.</li> <li><input type="checkbox"/> There is a strategy ensuring social and health/exercise activities within the facility are regularly reviewed and changed.</li> <li><input type="checkbox"/> Pre-mobilisation induction which orients new residents to the accommodation layout, facilities, and expectations.</li> </ul>	
	Resident receives a call that child is very sick and their partner is having difficulty coping as there is little family support. The resident is distressed and worried.	<ul style="list-style-type: none"> <li><input type="checkbox"/> There a process for communicating with employing organisations if residents needs transportation off-site or other support.</li> <li><input type="checkbox"/> Facility has emergency support strategy including personnel trained to respond to and support people experiencing distress.</li> <li><input type="checkbox"/> Facility staff trained to identify signs of declining wellbeing and engage in support conversations.</li> <li><input type="checkbox"/> There is an open process of communication between accommodation facility and employing organisation.</li> </ul>	
	A resident is anxious while in lockdown during extreme weather event.	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is an extreme weather safety management process available to residents.</li> <li><input type="checkbox"/> Facility has procedures for alerting and communicating with residents during extreme weather events.</li> <li><input type="checkbox"/> The facility has a process for checking the wellbeing of residents if they are forced to isolate in rooms or muster areas.</li> <li><input type="checkbox"/> Facility has a strategy for supporting residents in isolation.</li> </ul>	
<b>Poor organisational change management</b>	A sudden change disrupts residents' usual routine e.g. cancelled services, imposed facility restrictions, change in food.	<ul style="list-style-type: none"> <li><input type="checkbox"/> There is a management of change/work order process which includes communication process with residents about changes that will impact them.</li> <li><input type="checkbox"/> Facility uses a variety of communication methods to keep residents and employer organisations informed.</li> <li><input type="checkbox"/> Residents are given fair and reasonable opportunity for input into changes that impact them in the accommodation facility (such as a consultation group).</li> <li><input type="checkbox"/> Facility has a process for obtaining feedback from residents about improvements and enhancements.</li> </ul>	

5.3.2 System Controls

Table 4 - System Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	System Controls	Is this relevant to my facility?
<b>Poor organisational justice</b>	There is a telecommunication outage at the accommodation facility which interferes with the residents' ability to contact home and access the internet for entertainment.	<input type="checkbox"/> Facility has an emergency communication strategy available for blackout situations. <input type="checkbox"/> The facility has an adequate process to manage outages (MOC). <input type="checkbox"/> There a process for communicating with employing organisations regarding changes and disruptions (so they can inform staff). <input type="checkbox"/> Facility regularly reviews telecommunication infrastructure to ensure it is adequate for the need.	
	Resident makes a report of sexual harassment to accommodation facility management.	<input type="checkbox"/> Facility has a grievance process which includes closeout process and feedback of actions to complainants. <input type="checkbox"/> Facility and employing organisation have a clear process for escalation of issues. <input type="checkbox"/> Facility has a strategy for reviewing actions and ensuring consistent application of policies and procedures. <input type="checkbox"/> There is a review process in place to ensure facility response to complaints is consistent. <input type="checkbox"/> Relevant staff receive training around trauma-informed practices. <input type="checkbox"/> All staff are trained in how to manage complaints and reports of incidents (non judgemental).	
	Residents experience distress when they perceive preferential treatment is given to particular residents over others (such as in the allocation of rooms, lockers, etc).	<input type="checkbox"/> There is a process for allocation of rooms and equipment/facilities that is transparent and equitable. <input type="checkbox"/> There is a strategy for reviewing room allocation processes to ensure they are impartial or transparent. <input type="checkbox"/> Facility has a room request process. <input type="checkbox"/> There is a grievance process. <input type="checkbox"/> There is a complaints process for residents to raise concerns. <input type="checkbox"/> Complaints follow up actions are closed out promptly.	
<b>Traumatic events or material</b>	Facility worker discovers a deceased resident in room during normal operating activities.	<input type="checkbox"/> Facility has a procedure for checking on any reported residents who have not attended work or employer notifies accommodation facility of their non attendance. <input type="checkbox"/> There is a critical incident response procedure which includes follow-up wellbeing support for affected staff and residents. <input type="checkbox"/> Staff regularly practice critical incident response.	

5.3.2 System Controls

Table 4 - System Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	System Controls	Is this relevant to my facility?
<b>Traumatic events or material</b>	The accommodation facility is impacted by local bushfires that are out of control and threatening the facility.	<input type="checkbox"/> Facility has a clear and well practised emergency response procedure. <input type="checkbox"/> There is a disaster response plan. <input type="checkbox"/> There is a process for monitoring the wellbeing of residents and staff after the event. <input type="checkbox"/> Post-incident counselling is available to residents and staff. <input type="checkbox"/> Facility has a communication strategy for communicating with residents before, during and after natural disasters.	
<b>Remote or isolated work</b>	A resident of Islamic faith is unable to fulfil their religious obligations and faith-based activities causing them distress and feelings of isolation.	<input type="checkbox"/> Facility has an inclusion and diversity policy. <input type="checkbox"/> Facility actively seeks feedback from residents about improving exercise and recreational facilities. <input type="checkbox"/> Code of conduct outlines culture of inclusion. <input type="checkbox"/> Staff are trained in inclusion and diversity.	
	Relationship issues and conflict arising from tension between residents who live and work together.	<input type="checkbox"/> Facility has a conflict resolution process. <input type="checkbox"/> Facility has a process for requesting room changes. <input type="checkbox"/> Staff are trained in conflict resolution and de-escalation strategies.	
<b>Poor physical environment</b>	Residents' sleep is disrupted due to facilities such as smoke alarms going off, air conditioning not working. Or night shift residents are kept awake by neighbours talking loudly and cleaners moving around outside their room.	<input type="checkbox"/> There is a procedure for regular maintenance of equipment and utilities in rooms. <input type="checkbox"/> Staff or security personnel are trained and available to intervene with noisy residents. <input type="checkbox"/> There is a quiet time policy that is enforced. <input type="checkbox"/> Cleaning schedules accommodate night shift residents. <input type="checkbox"/> There is a process for requesting room changes if required. <input type="checkbox"/> There is a process for regularly servicing heating/cooling units in rooms.	
<b>Violence and aggression</b>	Resident becomes physically violent during an altercation with another resident in the wet mess.	<input type="checkbox"/> Code of conduct is enforced and supported by residents and employing organisations. <input type="checkbox"/> There is a conflict resolution process that includes the employing organisation. <input type="checkbox"/> All wet mess staff RSA trained. <input type="checkbox"/> Process for facility staff to report alcohol hoarding. <input type="checkbox"/> Facility has a reporting process to the employing organisation.	

5.3.2 System Controls

Table 4 - System Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	System Controls	Is this relevant to my facility?
<b>Violence and aggression</b>	A resident becomes angry and aggressive at a gym user over access to gym machine.	<input type="checkbox"/> Facility has a variety of safe reporting process for problems in the gym. <input type="checkbox"/> Code of conduct is enforced and supported by residents and employing organisations.	
	A resident uses intimidating behaviour and aggressive language towards a staff member at the facility.	<input type="checkbox"/> Code of conduct is enforced and supported by residents and employing organisations. <input type="checkbox"/> Front line staff are trained in de-escalation strategies. <input type="checkbox"/> Facility has an incident reporting system. <input type="checkbox"/> Facility staff are trained in conflict resolution. <input type="checkbox"/> Facility has a reporting process to the employing organisation. <input type="checkbox"/> Facility staff have access to support (such as EAP).	
<b>Bullying</b>	A resident is called names and laughed at by small group of other residents in the dining area.	<input type="checkbox"/> There is a policy covering bullying. <input type="checkbox"/> There is a grievance process for reporting incidents which includes a close-out process. <input type="checkbox"/> There is a process for reporting incidents to the employer organisation. <input type="checkbox"/> Accommodation facility staff are trained in de-escalation strategies.	
	Graffiti is found in common toilet area that specifically targets an accommodation worker.	<input type="checkbox"/> There is a policy covering bullying and harassment. <input type="checkbox"/> There is a grievance process for reporting incidents which includes a close-out process. <input type="checkbox"/> There is a process for regular maintenance and cleaning of all facilities.	
<b>Harassment including sexual harassment</b>	During check-in personal information a resident's full name and room number was announced in vicinity of numerous other people checking in. The resident felt vulnerable as a result.	<input type="checkbox"/> Facility has a safety and security policy and procedure (which includes the check-in process). <input type="checkbox"/> Facility has a policy covering sexual harassment and inclusion. <input type="checkbox"/> Facility staff are trained in understanding and responding to sexual harassment. <input type="checkbox"/> Code of conduct induction for all facility users. <input type="checkbox"/> There is a process for reporting incidents to the employer organisation. <input type="checkbox"/> There is a process for investigating incidents and allegations of harassment.	
	While working out in the gym, a female resident was subjected to sexually explicit comments made by two males who walked past, disturbing not only her but also others present in the gym.	<input type="checkbox"/> Facility has a policy covering sexual harassment and inclusion. <input type="checkbox"/> Facility staff are trained in understanding & responding to reports of sexual harassment. <input type="checkbox"/> Code of conduct induction for all facility users. <input type="checkbox"/> There is a reporting process for issues in the gym and appropriate and timely follow up. <input type="checkbox"/> There is a process for reporting incidents to the employer organisation.	

5.3.2 System Controls

Table 4 - System Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	System Controls	Is this relevant to my facility?
<b>Harassment including sexual harassment</b>	A resident is followed back to their room from wet mess. This person walks close behind and makes audible noises until they reached their room.	<input type="checkbox"/> There is an easily accessible complaints/reporting process in place for residents. <input type="checkbox"/> Maintenance requests are responded to and resolved in a timely manne. <input type="checkbox"/> There is a process for reporting incidents to the employer organisation.	
	A resident experiencing discomfort due to another's behaviour seeks a process for reporting, but faces difficulty accessing one or finds that making a report has no impact on addressing the issue.	<input type="checkbox"/> Complaints and feedback can be provided via multiple mediums i.e. verbal, in-person, email, text message and anonymously. <input type="checkbox"/> Facility has a policy and procedure for investigating and responding to complaints. <input type="checkbox"/> Complaints and incidents are investigated promptly with close out process. <input type="checkbox"/> Facility actively seeks feedback for improvement and acts upon relevant items. <input type="checkbox"/> There is a process for responding to feedback and complaints from residents and employer organisations.	
	An allegation of breach of code of conduct has been made against a resident which is untrue or vexatious. The resident has an adverse outcome as a result.	<input type="checkbox"/> Facility has a grievance resolution process and procedure, which includes an appeals process. <input type="checkbox"/> Investigation processes are carried out by impartial, skilled investigators. <input type="checkbox"/> There is a process for responding to feedback and complaints from residents and employer organisations.	
<b>Conflict or poor workplace relationships and interactions</b>	Two residents are required to share a room offshore. One resident snores loudly, resulting in an altercation between them.	<input type="checkbox"/> Facility has a procedure or policy to prioritise day and night room sharing to minimise same-shift room sharing. <input type="checkbox"/> There is a process for requesting room changes.	

5.3.3 People and Culture Controls

Table 5 - People and Culture Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	People and Culture Controls	Is this relevant to my facility?
<b>Poor support</b>	A new worker isn't used to working away from home or living in an accommodation facility. They are experiencing isolation and anxiety.	<input type="checkbox"/> Staff intentionally seek out first-time residents to the accommodation facility. <input type="checkbox"/> Site leaders reinforce a culture of speaking up if health or well-being issues arise. <input type="checkbox"/> Admin staff regularly ask residents how they are settling in.	
	Resident receives a call that child is very sick and their partner is having difficulty coping as there is little family support. The resident is distressed and worried.	<input type="checkbox"/> Facility staff respond with care and helpful problem solving. <input type="checkbox"/> Leaders actively encourage help seeking.	
	A resident is anxious while in lockdown during severe weather event.	<input type="checkbox"/> Leaders check on residents' well-being during and after event. <input type="checkbox"/> Facility staff look out for residents for signs of distress and actively encourage people to seek support.	
<b>Poor organisational change management</b>	A sudden change disrupts residents' usual routine e.g. cancelled services, imposed facility restrictions, change in food.	<input type="checkbox"/> Staff acknowledge inconvenience of changes using supportive language. <input type="checkbox"/> Facility staff personally communicates changes to residents who are personally affected e.g. room changes.	
	There is a telecommunication outage at the accommodation facility which interferes with the residents' ability to contact home, and access the internet for entertainment.	<input type="checkbox"/> Process for explaining outage and giving estimate on when communications will be resumed.	
<b>Poor organisational justice</b>	Resident makes a report of sexual harassment to accommodation facility management.	<input type="checkbox"/> Leaders encourage a 'speak-up' culture by supporting residents to make reports.	
	Residents experience distress when they perceive preferential treatment is given to particular residents over others (such as in the allocation of rooms, lockers, etc).	<input type="checkbox"/> Staff communicate openly about decision-making. <input type="checkbox"/> Staff are skilled in de-escalation and problem solving.	



5.3.3 People and Culture Controls

Table 5 - People and Culture Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	People and Culture Controls	Is this relevant to my facility?
<b>Traumatic events or material</b>	Camp worker discovers a deceased resident in room during normal operating activities.	<input type="checkbox"/> Facility staff look out for resident signs of distress and actively encourage people to seek support. <input type="checkbox"/> Facility staff actively promote positive wellbeing by holding events for awareness days e.g. RUOK day.	
	The accommodation facility is impacted by local bushfires that are out of control and threatening the facility.	<input type="checkbox"/> Staff actively update residents of situation. <input type="checkbox"/> Leaderships maintain open and calm communications with staff and resident. <input type="checkbox"/> Leaders and staff checking-in on residents' well-being.	
<b>Remote or isolated work</b>	A resident of Islamic faith is unable to fulfil their religious obligations and faith-based activities causing them distress and feelings of isolation.	<input type="checkbox"/> Facility staff demonstrate inclusion and non-judgement in their interactions with all residents. <input type="checkbox"/> Leaders and staff speak out against racist or non-inclusive language.	
	Relationship issues and conflict arising from tension between residents who live and work together.	<input type="checkbox"/> Staff can resolve conflicts. <input type="checkbox"/> Escalation process to involve the resident's manager/supervisor.	
<b>Poor physical environment</b>	Residents' sleep is disrupted due to facilities such as smoke alarms going off, air conditioning not working. Or night shift residents are kept awake by neighbours talking loudly and cleaners moving around outside their room.	<input type="checkbox"/> Staff enforce noise policy.	
<b>Violence and aggression</b>	Resident becomes physically violent during an altercation with another resident in the wet mess.	<input type="checkbox"/> Staff actively intervene early when problems emerge. <input type="checkbox"/> Leaders encourage people to report unacceptable behaviours. <input type="checkbox"/> Code of conduct is enforced and evident in behaviour of all residents.	
	A resident becomes angry and aggressive at a gym user over access to gym machine.	<input type="checkbox"/> Gym staff actively intervene to prevent escalation. <input type="checkbox"/> Leaders invite people to speak up when problems emerge.	

5.3.3 People and Culture Controls

Table 5 - People and Culture Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	People and Culture Controls	Is this relevant to my facility?
<b>Violence and aggression</b>	A resident uses intimidating behaviour and aggressive language towards a staff member at the facility.	<input type="checkbox"/> Leaders intervene early in escalating situations. <input type="checkbox"/> Appropriate behaviours are demonstrated by all staff and reinforced in residents. <input type="checkbox"/> Front line staff demonstrate friendly and calm behaviour.	
	A resident is called names and laughed at by small group of other residents in the dining area.	<input type="checkbox"/> Accommodation facility staff actively intervene when unacceptable behaviour is evident.	
<b>Bullying</b>	Graffiti is found in common toilet area that specifically targets an accommodation worker.	<input type="checkbox"/> Accommodation facility staff actively intervene when unacceptable behaviour is observed.	
	During check-in personal information a resident's full name and room number was announced in vicinity of numerous other people checking in. The resident felt vulnerable as a result.	<input type="checkbox"/> Accommodation managers actively enforce a positive culture. <input type="checkbox"/> Staff use care when communicating with residents to ensure private information is not overheard.	
<b>Harassment including sexual harassment</b>	While working out in the gym, a female resident was subjected to sexually explicit comments made by two males who walked past, disturbing not only her but also others present in the gym.	<input type="checkbox"/> Gym staff actively intervene to prevent escalation. <input type="checkbox"/> Leaders invite people to speak up when problems emerge.	
	A resident is followed back to their room from wet mess. This person walks close behind and makes audible noises until they reached their room.	<input type="checkbox"/> Leaders invite people to speak up when problems emerge. <input type="checkbox"/> Accommodation managers actively enforce a positive culture. <input type="checkbox"/> Accommodation facility staff actively intervene when unacceptable behaviour is observed.	

5.3.3 People and Culture Controls

Table 5 - People and Culture Controls and Risk Scenarios Checklist

Psychosocial Hazard	Risk Scenario	People and Culture Controls	Is this relevant to my facility?
<p><b>Conflict or poor workplace relationships and interactions</b></p>	<p>A resident experiencing discomfort due to another's behaviour seeks a process for reporting, but faces difficulty accessing one or finds that making a report has no impact on addressing the issue.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facility staff are approachable.</li> <li><input type="checkbox"/> Staff demonstrate skill in de-escalation and conflict resolution.</li> </ul>	
	<p>An allegation of breach of code of conduct has been made against a resident which is untrue or vexatious. The resident has an adverse outcome as a result.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Relevant staff demonstrate competence in implementing inquiries into complaints.</li> </ul>	
	<p>Two residents are required to share a room offshore. One resident snores loudly, resulting in an altercation between them.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Facility staff are approachable.</li> <li><input type="checkbox"/> Staff demonstrate skill in de-escalation and conflict resolution.</li> </ul>	

## 5. Approach (cont.)

### 5.4 Engaging with stakeholders



#### Collaborative approach

A collaborative approach is critical when managing psychological health and safety in accommodation facilities.

- Through this collaborative approach, the unique risks associated with each facility can be identified.
- By addressing identified risks collaboratively, effective risk management strategies can be implemented.
- Ultimately, this collaborative effort leads to safeguarding and enhancing the psychological health and safety of accommodation residents.

Figure 3 outlines a recommended approach for working collaboratively with the users of the accommodation facility. It is critical that the strategy and expectations are reviewed regularly.



**Figure 3: Recommended approach for psychosocial risk management collaboration with accommodation users**

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## 6. Appendices

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**Appendix 1**

**Glossary**

**Appendix 2**

**Roles and Responsibilities**

**Appendix 3**

**Acts and Codes of Practice**

## Appendix 1 - Glossary

Term	Definitions
<b>Accommodation Facility Manager</b>	The organisation which is contracted or operates an on-site accommodation facility which houses employees as residents.
<b>Accommodation Facility Owner</b>	The organisation which owns an on-site accommodation facility which houses employees as residents.
<b>Accommodation Facility Shared WHS Duty Holders</b>	Those organisations, officers and managers who have shared duties for the provision of safe workplace for accommodation workers, visitors, and residents. This includes accommodation facility owners, operators, maintainers, residents, and organisations who are contracted to be able to utilize the facility for their staff's accommodation.
<b>DIDO</b>	Drive In Drive Out.
<b>Duty Holder</b>	A duty holder means any person who owes a duty under the WHS Act/within their jurisdiction, including a PCBU with management and control of a business or a designer, manufacturer, importer, supplier, installer of products or plant used at work (upstream duty holder), or officer or a worker.
<b>FIFO</b>	Fly In Fly Out.
<b>Health</b>	A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity. The state of being free from illness or injury.
<b>Mental Health</b>	A person's condition with regard to their psychological and emotional wellbeing.
<b>PCBU</b>	Person conducting a business or undertaking.
<b>Psychosocial Hazard</b>	Individual, job-level, or organisational aspects of work which have the potential for causing psychological, social, and physical harm.
<b>Psychosocial Risk</b>	The probability and consequence of harm occurring because of exposure to psychosocial hazards.
<b>Psychological safety</b>	The feeling of being able to speak up, take risks or make mistakes without fear on negative consequences
<b>Psychological Health and Safety</b>	A psychologically healthy and safe workplace is defined as one that promotes employees' mental health and wellbeing, protects mental health by reducing work-related risk factors and actively prevents and addresses mental illness and injury from occurring.
<b>SMS</b>	Safety Management System.
<b>Stress</b>	Stress is a common physiological experience for everyone. If stress becomes frequent, prolonged, or severe, and is not adequately managed it can cause psychological and physical harm – such as anxiety, depression or physical injuries from psychosocial hazards including musculoskeletal injury and chronic disease, Chronic, unmanaged work-related stress can result in burnout. Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy.

## Appendix 1 - Glossary

Term	Definitions
<b>Wellbeing</b>	Wellbeing is a combination of a person’s physical, mental, emotional, and social health factors. An individual’s wellbeing is more than the absence of illness; it is a state of experiencing positive emotions, feeling engaged and a sense of thriving in everyday life.
<b>Wet Mess</b>	Bar servicing alcohol.
<b>WHS</b>	Work Health, and Safety.
<b>Worker</b>	A worker means any person who carries out work for a PCBU, including work as an employee, contractor, or subcontractor (or their employee), self-employed person, outworker, apprentice or trainee, work experience student, an employee of a labour-hire company placed with a ‘host PCBU’, or a volunteer.  Managers and supervisors are also workers.
<b>Workplace</b>	A workplace means any place where work is carried out for a business or undertaking, or where a worker goes, or is likely to be, while at work.

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## Appendix 2 - Roles and Responsibilities

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### Safety Leaders Group

The Safer Together Safety Leaders Group (SLG) is responsible for:

- Approving this Guideline and any subsequent revisions.
- Ensuring that necessary arrangements and resources are in place to communicate the Guideline and subsequent revisions to industry members.

### Health Working Group

The Safer Together Health Working Group is responsible for:

- Maintaining this Guideline by monitoring feedback from users and other relevant stakeholders; tracking Industry practice and legislation; obtaining input from subject matter experts and legal advice as necessary.
- Providing user support for implementation.
- Communicating Guideline to relevant stakeholders.
- Monitoring the effects achieved by implementing this Guideline across the Industry and evaluating the impact on Psychological Health and Safety.

### Employer organisation

- Incorporating its guidance into their Safety Control Framework, including processes to ensure integrated planning, risk assessment and change management.
- Communicating the Guideline.
- Training and educating workers on hazards, risks, and behavioural expectations.
- Having a process for effectively responding to concerns.

### Accommodation Operator Companies Adopting this Guideline

Companies adopting this Guideline are responsible for:

- Incorporating its guidance into their Safety Control Framework, including processes to ensure integrated planning, risk assessment and change management.
- Passing its guidance onto their supply chains via contract terms and conditions.
- Communicating and implementing its guidance.
- Collecting information on the use of the guidance and its effect within its business.



## Appendix 3 - Acts and Codes of Practice

State	Regulations	Codes of Practice
<b>New South Wales</b>	First state to adopt the Model WHS laws <a href="#">Work Health and Safety Regulation 2017</a> which came into operation on 1 October 2022	Has adopted a Code of Practice in addition to changes to WHS Regulations  <a href="#">Code of Practice: Managing Psychosocial Hazards at Work</a> as published in May 2021
<b>ACT</b>	Has adopted the Model WHS laws and included an additional requirement that ACT duty holders must apply the hierarchy of controls to psychosocial risks, pursuant to clause 36 of the WHS Regulation.  <a href="#">Work Health and Safety Amendment Regulation 2023 (No 1)</a> came into operation November 2023.  Previously amended the Work Health and Safety Act 2011 (ACT) to add "sexual assault incident" as a notifiable incident.	Has developed a Code of Practice <a href="#">Managing Psychosocial Hazards at Work Code of Practice</a> came into operation November 2023
<b>Queensland</b>	Has adopted the Model WHS laws and included an additional requirement that Queensland duty holders must apply the hierarchy of controls to psychosocial risks, pursuant to clause 36 of the WHS Regulation.  <a href="#">Work Health and Safety Regulation 2011</a> which commenced 1 April 2023	Specific Codes of Practice introduced (and generic Codes deal with psychosocial risk)  <a href="#">Code of Practice: Managing the risk of psychosocial hazards at work 2022</a> commenced 1 April 2023  <a href="#">Code of Practice: How to manage work health and safety risks 2021</a>  <a href="#">Code of Practice: Work health and safety consultation, cooperation and coordination 2021</a> as amended in August 2022
<b>Western Australia</b>	Has adopted the Model WHS Laws <a href="#">Work Health and Safety (General) Regulations 2022</a> which commenced 24 December 2022	Specific Codes of Practice introduced deal with psychosocial risk  <a href="#">Code of practice: Psychological hazards in the workplace</a> as published in February 2022  <a href="#">Code of practice: violence and aggression at work</a>  <a href="#">Code of practice: workplace behaviour</a>
<b>Tasmania</b>	Has adopted the Model WHS laws <a href="#">Work Health and Safety Regulations 2022</a> which came into effect on 22 December 2022	Has adopted a Code of Practice <a href="#">Model code of practice: Managing psychosocial hazards at work</a> as published in July 2022, effective in Tasmania on and from 4 Jan 2023

## Appendix 3 - Acts and Codes of Practice

State	Regulations	Codes of Practice
<b>South Australia</b>	<p>Has adopted the Model WHS laws and included an additional requirement that SA duty holders must apply the hierarchy of controls to psychosocial risks, pursuant to clause 36 of the WHS Regulation.</p> <p><a href="#">Work Health and Safety (Psychosocial Risks) Amendment Regulations 2023</a> commenced in December 2023.</p>	<p>Has adopted a Code of Practice <a href="#">Model code of practice: Managing psychosocial hazards at work</a> as published in July 2022, effective in South Australia from December 2023.</p>
<b>Victoria</b>	<p>Reform proposed, but not yet introduced <a href="#">Occupational Health and Safety Amendment (Psychological Health) Regulations</a> proposed to come into force in 2024</p>	<p>Has not adopted a Code of Practice (prefers to make changes to OHS Regulations)</p>
<b>Northern Territory</b>	<p>Has adopted the Model WHS laws and included an additional requirement that Northern Territory duty holders must apply the hierarchy of controls to psychosocial risks, pursuant to clause 36 of the WHS Regulation.</p> <p><a href="#">Work Health and Safety (National Uniform Legislation) Regulations 2011</a> which commenced 1 July 2023</p>	<p>In the process of adopting a Code of Practice: Managing psychosocial hazards at work</p>