



Government of **Western Australia**  
Department of **Mines, Industry Regulation and Safety**

CODE OF PRACTICE

# Mentally healthy workplaces for fly-in fly-out (FIFO) workers in the resources and construction sectors



**COSH**

COMMISSION FOR OCCUPATIONAL SAFETY AND HEALTH



**MIAC**

MINING INDUSTRY ADVISORY COMMITTEE





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Department of **Mines, Industry Regulation and Safety**

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# Foreword

## Background

On 18 June 2015, the Legislative Assembly Education and Health Standing Committee tabled its final report on the impact of fly-in, fly-out (FIFO) work practices on mental health. The Standing Committee made a number of findings and recommendations in its report relating to the Mental Health and Mines and Petroleum portfolios.

The Government provided its response to the Standing Committee's recommendations in October 2015, which included the Mining Industry Advisory Committee (MIAC) progressing relevant recommendations. To assist in identifying a framework to support good practice for positive mental health and wellbeing in the resources sector workplace, MIAC established a Mental Health Strategies Working Group in April 2016.

The Working Group, which comprises representatives from industry, unions, mental health organisations and government agencies, provided input and feedback during the drafting of this code of practice.

## Acknowledgement

This code of practice draws upon Safe Work Australia's national guidance material on *Work-related psychological health and safety: a systematic approach to meeting your duties*; research conducted by the Centre for Transformative Work Design at Curtin University's Future of Work Institute; the *Mentally healthy workplaces toolkit* produced by the Office of Industrial Relations, Workplace Health and Safety Queensland; and the *Psychologically safe and healthy workplaces: Risk management approach toolkit* produced by the Department of Mines, Industry Regulation and Safety (DMIRS).

DMIRS also recognises the contributions received during public consultation and thanks respondents for their feedback. This feedback has been considered and helped with finalising the structure and content of the code.

## Basis for code of practice

This code of practice is endorsed by the Commission for Occupational Safety and Health (COSH) and MIAC, and is approved for release by the Minister for Mines and Petroleum; Industrial Relations under the:

- *Occupational Safety and Health Act 1984* (OSH Act)
- *Mines Safety and Inspection Act 1994* (MSI Act).

A code of practice provides guidance on achieving the standards of occupational safety and health required under legislation. It applies to anyone who has a duty

of care in the circumstances described in the code of practice. In most cases, following a code of practice would achieve compliance with the duties in the legislation in relation to the subject matter of the code of practice. However, like regulations, codes of practice deal with particular issues and do not cover all hazards or risks that may arise. Duty holders need to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings. Courts may regard a code of practice as evidence of what is known about a hazard, risk or control and may rely on the code of practice in determining what is reasonably practicable in the circumstances to which the code of practice relates. However, compliance with the legislation may be achieved by following another method, such as a technical or an industry standard, if it provides an equivalent or higher standard of work health and safety than the code of practice.

## Scope and application

This code of practice provides guidance on creating and maintaining a mentally healthy workplace through:

- providing an environment that promotes good health and wellbeing
- the application of a risk management process to avoid or minimise the harm from psychosocial hazards and risk factors and develop a mentally healthy workplace
- developing response strategies (intervention) for workers when there are concerns regarding work-related stress or exposure to psychosocial hazards and risk factors
- providing an environment that supports recovery.
- It applies to workplaces in Western Australia that utilise fly-in fly-out (FIFO) work arrangements. This includes:
- resources operations (minerals and petroleum sectors) that are engaged in activities such as exploration, construction, mining or processing, or support such activities (e.g. drilling contractors, facilities management)
- construction work not related to resources operations.

*Note: Although specifically covering FIFO work arrangements, the code of practice may also be a useful source of information for residential and other long-distance commuting arrangements [e.g. drive-in drive-out (DIDO)] where people are working away from home.*

The terms used in this code of practice are intended to have a broad and flexible application, for use across the resources and construction industries.

The term workplace usually means the physical location where someone works. However, the legislative definition of workplace varies and employers should use this and other terms in the context of the legislation applicable to their circumstances.

The FIFO work arrangement is a method of employing people in remote areas that are beyond daily commuting range of their permanent place of residence. Workers are transported temporarily to the work site instead of being permanently relocated, and are provided with accommodation for the duration of their roster. Those engaged in FIFO work arrangements work on a rotational basis, with a regular roster at the workplace alternating with intervals of time at their permanent place of residence.

Arrangements will differ across individual workplaces and industries. The code of practice provides high-level guidance for a risk management approach, which should be tailored to the unique demands of each workplace.

Developing and maintaining mentally healthy workplaces can be challenging because of the complex interplay and changing nature of risk factors. Effective consultation and communication are critical, and a proactive and integrated approach is required

It is recognised that responsibility for mental health goes beyond the workplace. Other agencies and services have a contribution to make in ensuring access to community services to keep people well, out of hospital, and connected to family, friends and the community.

## Who should use this code of practice?

You should use this code of practice if you have functions or responsibilities to manage exposure, as far as practicable, to psychosocial hazards and risk factors at workplaces, including the implementation of appropriate controls; strategies and programs for promoting wellbeing, intervention and recovery; and monitoring and review, including statutory reporting.

*Note: All parties at the workplace have a role in ensuring safety and health at the workplace, whether as an employer, worker, contractor or other work arrangement. This code of practice may also be helpful for those seeking to understand how they can discharge their duty of care and help protect and maintain the mental health and wellbeing of others in the workplace.*

## How to use this code of practice

The code of practice includes references to both mandatory and non-mandatory actions.

The words “must” or “requires” indicate that legal requirements exist, which must be complied with. The word “should” indicates a recommended course of action, while “may” is used to indicate an optional course of action.

Foreword .....	III
1 Introduction.....	1
1.1 Aims.....	1
1.2 What is mental health? .....	1
1.3 What is a mentally healthy workplace? .....	1
1.4 What are the potential health effects of workplace psychosocial hazards and risk factors? .....	2
1.5 Why is a mentally healthy workplace important? .....	2
2 Overview of risk management approach .....	3
2.1 Risk management process .....	3
2.2 Role of the organisation.....	3
3 Leadership and workplace culture .....	5
3.1 Demonstrating commitment .....	5
3.2 Supportive and capable management and supervision.....	5
3.3 Training and education .....	5
4 Identification of psychosocial hazards and risk factors.....	6
4.1 Identification approaches.....	6
4.2 Work-related psychosocial hazards and risk factors.....	6
5 Assessing the risks.....	11
5.1 Assessment approaches.....	11
5.2 Work design .....	11
5.3 Work and travel arrangements.....	12
5.4 Accommodation arrangements.....	12
5.5 Communications.....	12
6 Controlling the risks .....	13
6.1 Applying the hierarchy of control .....	13
6.2 Types of controls .....	13
7 Monitoring and review .....	15
8 Communication and consultation.....	16
9 Responding to reports .....	17
Appendix 1 Legislative provisions.....	18





# 1 Introduction

## 1.1 Aims

This code of practice provides guidance for organisations in the resources and construction sectors that utilise fly-in fly-out (FIFO) work arrangements to support the development and maintenance of mentally healthy workplaces by:

- using a risk management process to identify psychosocial hazards and risk factors in the workplace, and help protect mental health
- managing and avoiding the exacerbation of existing mental health concerns at work
- encouraging positive mental health outcomes for all workers.

The same risk management processes used for physical health and safety may be applied to mental health and wellbeing. This code of practice provides guidance on how to address psychosocial hazards and risk factors as part of established risk management processes and systems.

It is structured to:

- highlight the importance of mentally healthy workplaces (Chapter 1)
- describe a risk-based approach to prevent and manage harm from psychosocial hazards and risk factors in the workplace (Chapter 2)
- raise awareness of the importance of leadership and workplace culture in developing and maintaining mentally healthy workplaces (Chapter 3)
- focus on the risk management process (Chapters 4 to 8)
- outline considerations when responding to reports of psychosocial hazards and risk factors (Chapter 9).

Appendix 1 lists applicable legislative provisions.

## 1.2 What is mental health?

Mental health is defined by the World Health Organization as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community.

An individual's mental health status is changeable, and can range from being mentally healthy to experiencing mental ill health.

Mental health can be affected by internal and external factors. An individual's mental health status is not only determined by individual attributes, but also social, cultural, economic, political and environmental factors (e.g. living standards, working conditions, community social supports).

## 1.3 What is a mentally healthy workplace?

A mentally healthy workplace is one in which workers and management collaborate to protect and promote the health, safety and wellbeing of all by considering and addressing health, safety and wellbeing concerns due to the work environment, including the organisation and design of work and workplace culture as well as the physical environment and facilities provided. The focus is on finding ways to protect and promote the health of workers.

Developing a mentally healthy workplace means preventing or mitigating harm by:

- promoting positive practices at work that support mental health and wellbeing
- identifying then eliminating or minimising work-related psychosocial hazards by managing their associated risks
- intervening early to support effective coping strategies when individuals or groups of workers are showing signs of distress
- facilitating access to appropriate services and health management options such as recovery at work or return-to-work support.

Individuals may present with symptoms of mental ill health at work, whether or not attributable to the work environment. Part of creating a mentally healthy workplace is being aware of this possibility and being prepared to provide appropriate responses without discrimination.

Progress towards establishing a mentally healthy workplace, and the way in which health and safety systems are valued and implemented, requires the commitment of the leadership as well as individuals in the workplace — the level of commitment is reflective of the maturity of its health and safety culture.

Work environments are never static, and ongoing vigilance, monitoring and review are necessary for continuous improvement and to maintain and retain achievements. As well as identifying challenges in the work environment, a well-conducted risk assessment also highlights the positive aspects of the work environment that should be promoted and enhanced.

## 1.4 What are the potential health effects of workplace psychosocial hazards and risk factors?

Workplace psychosocial hazards are related to the psychological and social conditions of the workplace rather than just the physical conditions. These include stress, fatigue, bullying, violence, aggression, harassment and burnout, which can be harmful to the health of workers and compromise their wellbeing. There are also risk factors (e.g. misuse of alcohol or other drugs, poor change management) that increase the risk or susceptibility for harm to health from exposure to a hazard.

*Note: Workplace psychosocial hazards and risk factors (e.g. organisational, environmental) are sometimes referred to as work stressors.*

Both short- and long-term exposure to psychosocial hazards can have a negative impact on mental health. For example, while exposure to severe, short-lived (acute) psychosocial hazards may result in harm to health (e.g. acute-stress disorder, post-traumatic stress disorder), it is important to also recognise that the cumulative effect of low-level exposure to psychosocial hazards can negatively affect mental health (e.g. anxiety, depression) as much as a single, significant event. In addition to adverse health outcomes for workers, work stressors can also affect the organisation's performance and increase the risk of accidents or incidents.

## 1.5 Why is a mentally healthy workplace important?

Employers have a duty of care to manage risks associated with exposure to hazards arising from work that could result in harm — this includes physical health and safety as well as mental health.

Developing and maintaining a mentally healthy workplace not only benefits the mental health and wellbeing of the workforce by building trust and respect between workers and the leadership, improving motivation, engagement and job satisfaction, it also enhances an organisation's reputation as an employer of choice.

Mentally healthy workplaces also help organisations to:

- meet their legal responsibilities to
  - manage safety and health risks
  - provide timely and durable return to work systems
- decrease disruptions and costs resulting from work-related harm
- reduce worker turnover, absenteeism and presenteeism
- reduce work-related injuries, illness and lost time
- improve performance and productivity.

Investing in mental health and wellbeing at work is consistently demonstrated to generate a positive financial return on investment.

When a mentally healthy workplace is achieved and workers are protected from harm and other potentially negative impacts, the workforce can benefit more from the typical mental health benefits of employment such as routine, social contact, remuneration, identity and regular activity.

It is recognised that, as well as facing the stressors common to workplaces in general, people employed in FIFO work arrangements may face stressors specific to this work arrangement.

## 2 Overview of risk management approach

### 2.1 Risk management process

Adopting a risk management approach helps organisations to:

- prevent and reduce the number and severity of injuries and illnesses from exposure to psychosocial hazards and risk factors
- promote worker health and wellbeing
- identify and take opportunities for continuous improvement and innovation in their safety and health management systems.

For mental health and wellbeing, risk management essentially involves:

- identifying the psychosocial hazards and risk factors
- assessing the risks and identifying appropriate controls
- making the changes necessary to eliminate or minimise the risk of harm.

Figure 2.1 illustrates the risk management approach for psychosocial hazards and risk factors:

- identify the hazards and risk factors
- assess the associated risks — there will be known controls for some risks
- control the risks by making the changes necessary to eliminate the hazards or risk factors or, if not practicable, minimise the risk of harm
- monitor and review the effectiveness of the controls.

Leadership commitment, and supportive and capable management and supervision are keys to successful management of risks. Communication and consultation are important at all stages.

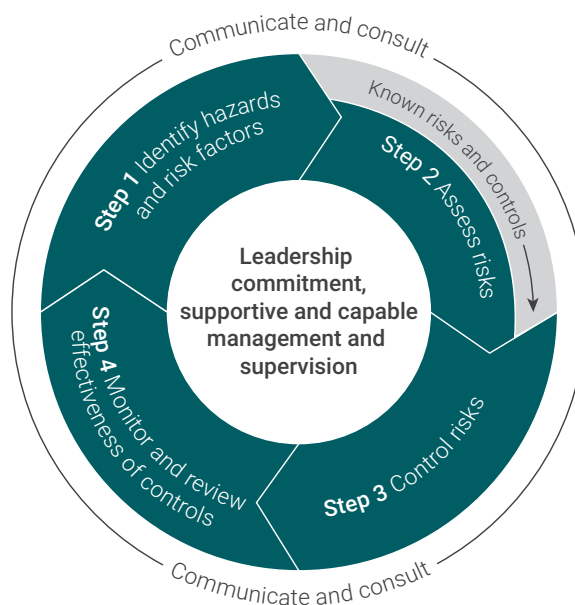


Figure 2.1 Schematic overview of the risk management process (adapted from Safe Work Australia, 2018)

### 2.2 Role of the organisation

While organisations should apply a risk management process and implement preventative actions and interventions that are primarily aimed at the sources of risk for psychosocial hazards and risk factors, whether organisational or environmental (Figure 2.2), establishing a positive and supportive workplace culture with visible leadership commitment is also fundamental to developing a mentally healthy workplace.

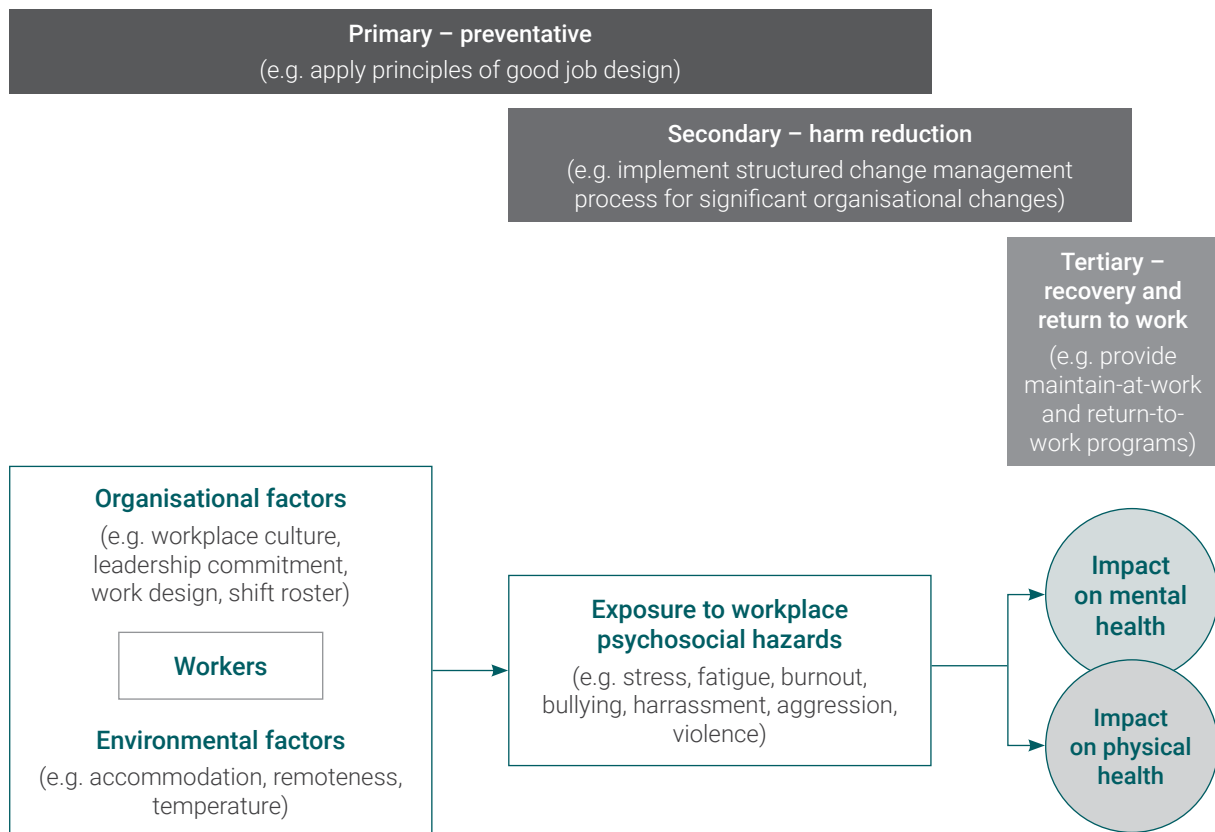


Figure 2.2 Schematic diagram showing the potential for psychosocial risk factors and exposure to psychosocial hazards to affect mental and physical health, and where organisations may apply strategies to help establish and maintain mentally healthy workplaces

# 3 Leadership and workplace culture

## 3.1 Demonstrating commitment

Everyone contributes to the culture of their workplace, not only by what they say but also by what they do. Effective leadership and a positive organisational culture not only set the tone for workplace relationships, they also drive the allocation of resources to support effective implementation of preventative actions and interventions.

An ongoing commitment from an organisation's leaders that is visible across the organisation is a key factor for success in developing and maintaining mentally healthy workplaces, and may help reduce the stigma associated with mental ill health and improve mental health and wellbeing outcomes for the workers.

Key messages that promote a commitment to a mentally healthy workplace need to be supported by appropriate action, especially by leaders and managers, to ensure the behaviours underpinned by these messages are valued and become part of the prevailing culture.

Organisations should have an overarching integrated work health and safety policy that includes mental health and wellbeing, and is appropriately supported and implemented across workplaces.

Leaders and others involved in management and supervision should model the behaviours and interactions that demonstrate to workers that positive mental health is important to the organisation, and encourage positive work practices.

## 3.2 Supportive and capable management and supervision

A mentally healthy workplace culture is more likely when those with management and supervisory responsibilities are respected and trusted by the workforce. Respect is gained by having the knowledge, skills and support to be able to manage psychosocial risks, positively influence workplace culture, and address inappropriate behaviours and interactions with integrity and credibility. A willingness to listen to and respond to workers' work health and safety concerns, and be engaged in a genuine dialogue about them, is fundamental to creating trust in working relationships.

Competencies shown to influence positive outcomes in the workplace are based on being respectful and responsible, managing and communicating existing and future work, leading teams, modelling desired behaviours and values, having difficult conversations, and resolving conflict.

## 3.3 Training and education

Training and education may be required for leadership and those with management and supervisory responsibilities to achieve the desired competencies and effectively prevent and manage harm from psychosocial risks in the workplace.

While training that relates to intervention and rehabilitation is important (e.g. mental health awareness, suicide prevention), as for any other hazard, training should target preventative strategies to eliminate or reduce harm from psychosocial risks.

Those with management and supervisory responsibilities should understand how they can contribute to a positive health and safety culture. This may include the identification of psychosocial risk factors to understand the workplace risk profile and application of good work design principles. For example, support from line managers is associated with positive effects on workers' mental health.

## 4 Identification of psychosocial hazards and risk factors

### 4.1 Identification approaches

A comprehensive risk assessment should identify all foreseeable psychosocial hazards and risk factors. This may require input from operational groups and subject matter experts (e.g. organisational psychologists, organisational development consultants, human resources consultants).

When starting the process, it is important to:

- identify who will take part (e.g. management, workers, safety and health representatives, subject matter experts, families, community representatives)
- gather workplace data that will inform the process (e.g. incident reports, complaints, absenteeism rates, baseline health data, survey results)
- understand legislative requirements and determine what the workplace is already doing to meet those requirements (e.g. policies, procedures, training)
- use a variety of sources (e.g. access online resources, engage a subject matter expert) to identify and understand the risk criteria
- consider how to maintain confidentiality and trust.

Psychosocial hazards and risk factors in the workplace may be identified in a variety of ways, including:

- reviewing organisational structure (e.g. lines of reporting, supervisory responsibilities)
- inspecting the condition of the physical workplace (e.g. equipment is working)
- assessing specific job requirements within the organisation
- observing how work tasks are completed
- consulting with the workforce through safety and health representatives, focus groups or surveys

- reviewing investigation processes
- examining hazard and incident reports
- analysing human resources data such as absenteeism, exit interviews, staff turnover and complaints
- examining records of past incidents and injuries, including workers' compensation claims, at the workplace
- examining data, where easily available, or published literature for similar workplaces
- consulting relevant codes of practice and other guidance
- analysing available de-identified data from work medical staff and employee assistance providers (EAPs).

### 4.2 Work-related psychosocial hazards and risk factors

Workers are likely to be exposed to a combination of work-related psychosocial hazards and risk factors. Some are always present, and others occasionally, therefore it is important to consider both in the risk management process.

Table 4.1 lists some psychosocial hazards and risk factors that organisations should assess as part of the risk management process. It also highlights those elements that may warrant additional consideration in the context of FIFO work arrangements, such as remote and isolated work, lack of control over aspects of accommodation arrangements, and ability to fulfil the requirements of the job. The list is not exhaustive and there are other psychosocial hazards and risk factors that an organisation may need to consider.

Table 4.1 Some work-related psychosocial hazards and risk factors. Examples are provided to assist in the risk management process. Elements warranting additional consideration for FIFO work arrangements are shaded.

Psychosocial hazard or risk factor	Description	Examples
Work demands	Substantial and/or excessive physical, mental and emotional efforts required to do the job	Tasks or jobs that involve: <ul style="list-style-type: none"> <li>fast work-pace and time pressure</li> <li>excessive workload</li> <li>repetitive or monotonous tasks</li> <li>sustained concentration</li> <li>high mental workload</li> </ul>
		<ul style="list-style-type: none"> <li>extended work hours</li> <li>large number of consecutive days worked</li> <li>roster length</li> <li>shift rotation</li> </ul>
		<ul style="list-style-type: none"> <li>exposure to emotionally distressing situations (e.g. first responders including emergency and medical call outs)</li> </ul>
Low levels of control	Lack of control over aspects of the work, including how and when a job is done (i.e. autonomy)	Tasks or jobs where: <ul style="list-style-type: none"> <li>work is machine or computer paced</li> <li>work is tightly prescribed or scripted</li> <li>workers have little say in the way they do their work, when they can take breaks or change tasks</li> <li>workers are not involved in decision making about work that affects them or their clients</li> <li>workers are unable to refuse working with aggressive individuals</li> </ul>
	Lack of control over aspects of accommodation arrangements	There may be limited options to allow for: <ul style="list-style-type: none"> <li>personal scheduling of activities of daily living (e.g. meal times, showering)</li> <li>varying sleep schedules</li> <li>different accommodation preferences (e.g. privacy)</li> </ul>
Inadequate support from supervisors and/or co-workers	Lack of support in the form of constructive feedback, problem solving, practical assistance, provision of information and resources	Tasks or jobs where workers have insufficient or inappropriate: <ul style="list-style-type: none"> <li>support from supervisor or co-workers</li> <li>information or training to support their performance</li> <li>equipment and resources to do the job</li> </ul>
Lack of role clarity	Unclear or constantly changing management expectations about the responsibilities of the job	Jobs where there is: <ul style="list-style-type: none"> <li>uncertainty about or frequent changes to tasks and performance standards</li> <li>important task-related information is not available to the worker</li> <li>conflicting job roles, responsibilities or expectations</li> </ul>
	Incompatible expectations or demands placed on workers by different workplace stakeholders	
Poor organisational change management	Uncertainty about changes in the organisation, structure or job	Workplaces where: <ul style="list-style-type: none"> <li>organisational change is poorly managed</li> <li>there is inadequate communication and consultation with workers about the changes</li> </ul>
	Unstructured approach to change	

Table 4.1 continued

Psychosocial hazard or risk factor	Description	Examples
<b>Low recognition and reward</b>	Lack of positive feedback on job and task performance, and inadequate skills development and utilisation	Jobs where there is: <ul style="list-style-type: none"> <li>• an imbalance between workers' efforts and associated recognition and reward</li> <li>• a lack of recognition of good performance</li> <li>• lack of opportunity for skills development</li> <li>• skills and experience are underused.</li> </ul>
<b>Poor organisational justice</b>	Unfairness, inconsistency, bias or lack of transparency in the way procedures are implemented, decisions are made, or workers are treated	Workplaces where there is a real or perceived: <ul style="list-style-type: none"> <li>• inconsistency in the application of organisational policies and procedures</li> <li>• unfairness in the allocation of resources</li> <li>• bias in the approval of worker entitlements (e.g. annual leave)</li> </ul>
<b>Extreme environmental conditions</b>	Exposure to conditions that influence worker comfort and performance	Working with: <ul style="list-style-type: none"> <li>• extremes of temperature</li> <li>• high levels of noise</li> <li>• poor air quality</li> </ul> Accommodation arrangements that unreasonably affect the amount of quality rest and sleep needed to manage fatigue, including exposure to: <ul style="list-style-type: none"> <li>• hot and humid conditions with no relief</li> <li>• nuisance and excessive noise that disturbs or disrupts sleep routines</li> </ul>
	Adverse natural events	A natural event (e.g. cyclone, flooding, bushfire) that can: <ul style="list-style-type: none"> <li>• restrict travel</li> <li>• constrain activities</li> <li>• interfere with communications</li> <li>• create uncertainty in the workforce and families</li> </ul>
<b>Remote work</b>	Work where access to resources and communications is difficult	Working and living in a remote location may mean: <ul style="list-style-type: none"> <li>• limited access to reliable communication technology</li> <li>• limited access to preferred support network</li> <li>• limited access to recreational activities</li> <li>• interruption and reduced capacity to fulfil usual roles and commitments in family, community and other social networks</li> <li>• challenges with reintegration to home and work environments after being away from them</li> <li>• fewer opportunities to escape work issues and work relationships</li> </ul>
	Work where travel times may be lengthy	Commutes that involve: <ul style="list-style-type: none"> <li>• multiple modes of transport</li> <li>• crossing time zones</li> <li>• overnight accommodation during journey</li> <li>• impact on unpaid personal recovery time</li> </ul>



Table 4.1 continued

Psychosocial hazard or risk factor	Description	Examples
<b>Isolated work</b>	Work where there are no or few other people around	Work where there may be: <ul style="list-style-type: none"> <li>• limited opportunities for problem sharing and feedback</li> <li>• a perception of increased responsibility for decision making</li> <li>• limited opportunities for socialisation</li> <li>• barriers to communication</li> </ul>
<b>Inappropriate behaviours</b>	Exposure to behaviours that are unreasonable, offensive, intimidating or may cause distress	Witnessing or experiencing situations involving: <ul style="list-style-type: none"> <li>• violence or aggression</li> <li>• bullying</li> <li>• harassment</li> <li>• conflict</li> <li>• discrimination</li> </ul>
<b>Traumatic events</b>	Exposure to an event, or threat of an event, that is deeply distressing or disturbing for the individual	Witnessing or experiencing situations involving: <ul style="list-style-type: none"> <li>• death or threat to life</li> <li>• serious injury</li> <li>• near misses</li> <li>• self-injury</li> </ul>
<b>Fatigue</b>	Fatigue is a state of mental or physical exhaustion (or both)	Jobs where there are: <ul style="list-style-type: none"> <li>• high cognitive demands, such as sustained concentration</li> <li>• extended work hours</li> </ul> Design, quality and management practices for accommodation facilities and amenities that compromise the amount and quality of sleep and rest, such as: <ul style="list-style-type: none"> <li>• inadequate buffers from potential sources of nuisance or excessive noise (e.g. parking, catering and recreational areas)</li> <li>• poor noise management (e.g. lack of noise curfews)</li> <li>• uncomfortable bedding</li> <li>• ineffective window treatments for sleeping during daylight hours</li> <li>• poorly scheduled cleaning activities</li> </ul> Medical conditions that exacerbate fatigue if not appropriately managed and supported, such as: <ul style="list-style-type: none"> <li>• sleep apnoea</li> <li>• diabetes</li> <li>• asthma</li> <li>• some blood disorders</li> <li>• depression</li> <li>• anxiety</li> </ul>

Table 4.1 continued

Psychosocial hazard or risk factor	Description	Examples
<b>Alcohol and other drug use</b>	Use of legal and illegal substances such as alcohol, prescription and non-prescription drugs that affect the ability to work	Use of alcohol and other drugs that: <ul style="list-style-type: none"> <li>• reduces quality of sleep</li> <li>• contributes to long-term physical and mental health effects</li> <li>• affects emotional regulation</li> <li>• compromises safe operation of plant and machinery</li> </ul>
<b>Poor physical health</b>	Lack of regular physical activity	Likelihood of exercise reduced by: <ul style="list-style-type: none"> <li>• length of work shifts</li> <li>• lack of awareness about recreational options</li> <li>• unavailability of preferred activity options</li> <li>• restricted access to resources</li> </ul>
	Poor nutrition	Service of food that: <ul style="list-style-type: none"> <li>• limits access to healthy food options</li> <li>• lacks nutritional information about menu items</li> <li>• leads to poor portion control</li> </ul>
	Illness or injury	Stress resulting from consequences such as: <ul style="list-style-type: none"> <li>• pain</li> <li>• loss of function</li> <li>• lifestyle adjustments</li> <li>• side-effects of medical treatment</li> </ul>

## 5 Assessing the risks

### 5.1 Assessment approaches

Following the identification of psychosocial hazards and risk factors at the workplace, the next step in the risk management process is assessing the risks of harm, which follows the same principles as the risk assessment undertaken for other hazards.

It is important those undertaking the risk assessment have access to information about the work environment and work processes, and knowledge and understanding of potential psychosocial hazards and risk factors.

Assessments should:

- include data collection and monitoring of the controls (e.g. using workplace data and information from focus groups, interviews, de-identified surveys)
- involve consultation with safety and health representatives and committees
- cite the evidence used.

If those responsible for the risk assessment have limited knowledge and understanding about how to analyse the evidence, then appropriate training should be provided or assistance sought from a subject matter expert.

A risk assessment involves considering what could happen if a worker is exposed to a hazard and the likelihood of it happening. A risk assessment helps determine:

- who might be exposed
- the source of the risks
- how severe the risks are – the frequency and duration of potential exposure to a psychosocial hazard, possible consequences of exposure and likelihood of harm
- whether existing controls are effective
- what additional measures should be implemented to control the risks
- how urgently action needs to be taken.

Some hazards (e.g. bullying) and the associated risks they pose to mental health are well known, and have well established and accepted controls. In these situations, formally assessing the risk is not necessary. After identifying a hazard, if the risks and how to control them effectively are already known, the controls may be implemented.

Workers may be exposed to more than one type of psychosocial hazard or risk factor at any one time. Psychosocial hazards and risk factors interact with each other so they should not be considered in isolation. For example, the combined effect of high job demands, low control, and low support increases the likelihood and severity of a negative impact on a worker's mental health status.

The duration, frequency and intensity of exposure to each psychosocial hazard or risk factor should be considered during the risk assessment. This is particularly important in a FIFO work arrangement where there may be limited opportunities for relief from the stressors.

Employers should demonstrate that psychosocial hazards and risk factors have been considered and recorded as a part of their hazard identification and risk management process – this may be in the hazard or risk register for that site or project. The hazard and risk assessments should be reviewed, and updated regularly, including when changes are made at the workplace.

Some other considerations when assessing FIFO work arrangements for risks of harm from psychosocial hazards and risk factors are described below.

### 5.2 Work design

Work design is integral to the development of a mentally healthy workplace as it has a major impact on how individuals feel at work. For example, job insecurity, heavy work demands and a feeling of a lack of control over work decisions are risk factors for work-related stress. Workers who report feeling supported and having clear roles, job control and reasonable work demands report better mental health and wellbeing.

By considering the content of the job and the way in which work is done, it is possible to design jobs that support the mental health and wellbeing of the workforce. For example, strategies to make work more interesting and meaningful include job rotation, job enrichment and self-managing teams.

Examples of job characteristics that support mental health and wellbeing include:

- job autonomy – able to make decisions within the job
- task variety – job involves a range of tasks
- skill utilisation – able to use skills in the job
- job significance – understanding how the job contributes to the organisation's goals
- task identity – seeing a job through to completion
- job feedback – receiving individual and team feedback.

## 5.3 Work and travel arrangements

While there are many options, rosters should allow sufficient time for rest, recovery and recreation to disengage from the work environment and the opportunity to socialise. For example, even-time and shorter rosters (e.g. one week on, one week off; eight days on, six days off) are linked to better mental health and wellbeing outcomes. Rosters of greater compression can result in fatigue, which poses a risk to workers' mental health and wellbeing.

Disruption of circadian rhythms, known as the body's biological clock, results in fatigue. Shift workers are inherently at risk of circadian disruption, with their working hours extending into the night or early morning. Day shifts are linked to better mental health and wellbeing outcomes than night shifts. The forward rotation of shifts (day to evening to night shift) is linked to improved fatigue management.

Other considerations when planning rosters and shifts to manage fatigue and the risk to mental health and wellbeing include:

- consultation with the workforce (e.g. safety and health representatives, supervisors)
- work schedules, including fly-in and fly-out days
- commuting arrangements (e.g. travel time to or from work should be assessed for any additional risks for workers travelling home from sites or airports)
- shift length in relation to the physical and mental demands of the work, and environmental and seasonal conditions.

A person's stage of life and lifestyle may influence the type of roster they prefer and accept.

## 5.4 Accommodation

The type, design and quality of accommodation and activities available may be used to support strategies for mentally healthy workplaces by providing controls to reduce the risks of harm associated with psychosocial hazards and risk factors such as:

- stress
- fatigue
- loneliness.

For example, where practicable, accommodation arrangements should be predictable to reduce stress. Those with permanent rooms report better mental health and wellbeing outcomes than other accommodation arrangements (e.g. motelling, changing in the middle of a roster).

To reduce stress and fatigue, administrative processes should be designed for efficiency (e.g. streamlined check in and check out) and to minimise disruptions to personal time (e.g. appropriate cleaning schedules).

Accommodation villages should be designed to encourage socialisation while also considering requirements for peace, privacy and safety.

To minimise sleep disturbance as far as practicable, sleeping quarters should be located away from communal areas, with comfortable beds, sound-proofing, air conditioning and blackout curtains.

Those responsible for recreational activities (e.g. active lifestyle coordinators) should promote recreational activities with a clear social element (e.g. barbecues, social sports, movie nights) that are associated with better mental health and wellbeing.

## 5.5 Communications

Access to reliable communications infrastructure is an important factor for managing the impact of remote and isolated work on mental health and wellbeing.

Allowing contact with personal networks helps fulfil home-life roles and responsibilities, meet social needs and facilitate the transition between home and work. Where practicable and in line with site requirements, there should be flexibility for workers to contact family and friends during the working day.

Where mobile phone coverage is unreliable or inadequate, alternative communication channels (e.g. satellite internet) should be available for personal use and able to cope with periods of high demand.

## 6 Controlling the risks

### 6.1 Applying the hierarchy of control

Some controls are more effective than others. They can be ranked from the highest level of protection and reliability to the lowest. This ranking is known as the hierarchy of control. Primary controls (elimination controls) are the most effective and reliable form of control, followed by secondary and tertiary (engineering, substitution, administration and personal protective equipment controls).

Some hazards and the associated risks they pose to mental health are well known, and have well established and accepted controls. These controls should be considered in consultation with the workforce.

Some psychosocial hazards and risk factors relate to the job as a whole, such as organisational change or workplace conflict, whereas others may be relevant to some tasks. To address this, a systematic approach is required to achieve effective control. A combination of controls should be used to minimise the risk to as low as reasonably practicable. There should also be a mechanism for checking that other hazards and risk factors are not introduced when implementing new controls.

### 6.2 Types of controls

Primary controls target the organisation and workforce. Secondary and tertiary controls target the workforce.

The aim of primary controls is to prevent harm to health, and they are implemented before hazards or injuries are present. This is the most effective control measure and should always be considered before anything else.

Where it is not reasonably practicable to eliminate the risk, the remaining risks are addressed by secondary and tertiary controls.

Secondary controls (e.g. introduction of an employee counselling service, adjusting workloads) are implemented after hazards or injuries are present with the aim of intervening early to reduce harm to health.

Tertiary controls are implemented after it has been medically established that there has been harm to health. They concern the treatment of the diagnosed psychological injury. The aim is to restore or improve the worker's mental health to the point where the worker is able to return to work and a healthy state of functioning. It is important that, so far as is reasonably practicable, workers returning to work from illness or injury are not exposed to work stressors that may affect their recovery. A risk management approach will help prevent further harm, and support successful return-to-work programs. Investment in the return to work process encourages early reporting, early intervention, and supports recovery.

Examples of the types of controls that may be applied are given in Table 6.1.

Table 6.1 Some strategies and examples that may assist in developing and maintaining mentally healthy workplaces.

Strategy	Examples of controls
<b>Promotion (primary)</b>	
Enable workers to increase control over, and improve, their health	<p>Promote positive mental health and resilience and reduce stigma using a range of social and environmental actions (e.g. educational programs, policies, environmental improvements, campaigns, pre-employment information about work and living conditions for workers and families) to:</p> <ul style="list-style-type: none"><li>• create supportive environments that enhance healthy attitudes and skills, and destigmatise mental health conditions</li><li>• educate the workforce about what a mentally healthy workplace is and how they may contribute</li><li>• increase individual and organisational capacity to recognise and address mental health and wellbeing concerns</li><li>• raise awareness of the effect of alcohol and other drugs on mental health</li></ul>

Table 6.1 continued

Strategy	Examples of controls
<b>Prevention (primary)</b>	
Eliminate exposure to psychosocial hazards, so far as is reasonably practicable	<p>Address psychosocial hazards at their source by:</p> <ul style="list-style-type: none"> <li>• applying principles of good job design (e.g. appropriate workload)</li> <li>• providing education and training to organisational leaders on how they influence the development and maintenance of a mentally healthy workplace</li> <li>• clearly defining job roles, reporting structures and activities</li> <li>• establish achievable workloads and performance targets specific to the workplace's current number of workers and skills mix</li> <li>• promoting a workplace culture that is inclusive, destigmatises mental ill health and encourages help-seeking behaviour</li> <li>• developing and implementing policies and procedures that appropriately address psychosocial hazards and risk factors</li> <li>• provide access to reliable communication technology</li> </ul>
<b>Intervention (secondary)</b>	
Reduce likelihood and severity of harm from exposure to psychosocial hazards and risk factors	<p>Minimise harm by:</p> <ul style="list-style-type: none"> <li>• educating organisational leaders on intervention strategies and how they are implemented</li> <li>• educating the workforce on identifying the early signs of distress and what to do</li> <li>• implementing a structured change management process, including consultation with workers, for significant organisational changes</li> <li>• promoting the reporting of psychosocial hazards and incidents (without fear of negative consequences)</li> <li>• investigating injuries, incidents and complaints, and communicating remedial actions to the worker and workforce as appropriate</li> <li>• supporting engagement with family and social networks</li> <li>• providing workers with control over the order and pace of jobs</li> <li>• rotating jobs for repetitive or highly demanding tasks</li> <li>• providing individual skills training (e.g. conflict resolution)</li> <li>• adjusting workloads</li> <li>• educating workers on healthy coping strategies and the provision of supporting resources</li> <li>• providing access to an employee assistance program (EAP) for work and non-work concerns</li> <li>• providing access to appropriate peer-support programs</li> <li>• developing procedures for a timely welfare check when persons do not report to work or are missing from work</li> <li>• developing policies and procedures for managing and responding to critical and traumatic events</li> </ul>
<b>Recovery and return to work (tertiary)</b>	
Provide appropriate response after harm to health	<p>Address adverse health effects from exposure to psychosocial hazards and risk factors by arranging or providing:</p> <ul style="list-style-type: none"> <li>• emergency response and crisis management plans that address mental health scenarios, including suicidal behaviour</li> <li>• maintain-at-work and return-to-work programs</li> <li>• reasonable work adjustments</li> <li>• access to confidential counselling (e.g. EAP)</li> <li>• access to health professionals</li> </ul>

## 7 Monitoring and review

The results of monitoring for psychosocial hazards and risk factors are used:

- for verification and validation of controls
- to identify learning opportunities for the purpose of continuous improvement.

The monitoring results should be used to trigger corrective measures, including early intervention if necessary.

Mechanisms for the recognition and early detection of harm to mental health in the workplace include analysing workplace data from:

- hazard, incident and investigation reports
- complaints
- worker surveys

- consultation with safety and health representatives and work teams
- alcohol and other drug test results
- direct observations (e.g. workers displaying the early signs and symptoms of psychological or physical harm).

## 8 Communication and consultation

Effective communications requires consistent and authentic engagement, action and feedback from the leadership to address workforce concerns. For FIFO work arrangements, this means sharing information with workers and giving them a reasonable opportunity to express their views on safety and health matters that may affect them.

Consultation with workers and safety and health representatives is important at each step of the risk management process. By drawing on workers' experience, knowledge and ideas, it is more likely that the psychosocial hazards and risk factors will be identified and effective controls selected. Worker participation throughout the process can lead to increased support and understanding when strategies are implemented.

Examples of strategies to encourage communication and reporting include:

- role modelling of desired behaviours and values by managers and supervisors
- actively encouraging workers to provide feedback

- consulting workers about workplace updates and changes
- being responsive to worker reports
- empowering a safe, supportive and learning culture
- checking in regularly with workers
- maintaining confidentiality.

Examples of activities to support effective communication and consultation include:

- using focus groups
- having a standing agenda or discussion item at
  - safety and health committee meetings
  - team meetings
  - toolbox meetings
- regular updates to the workforce (e.g. email broadcasts, newsletters).



## 9 Responding to reports

There are various ways in which workers report exposure to psychosocial hazards or risk factors to their employer. Addressing these reports helps to achieve safer and healthier workplaces.

Examples of types of reporting include:

- verbal discussions
- hazard or incident report forms
- letters of complaint or grievance
- emails
- medical certificates
- workers' compensation claims
- mobile text messages.

It is important that the person receiving the report communicates with the individual or group of workers how they intend to address it, which may be an informal or formal process. Keeping people updated about the progress of their report also helps to establish trust and encourages a reporting culture.

If a formal process is conducted, those undertaking the investigation should be competent in identifying psychosocial risk factors, hazards, sources of risks, and appropriate preventative control measures. As investigations into psychosocial risk factors and hazards can be complex, input from subject matter experts (e.g. organisational psychologists, organisational development consultants, human resources consultants) may be required.

Consultation with safety and health representatives and affected workers is important. However, it will not always be appropriate to consult with safety and health representatives if the initiating report or subsequent investigation includes sensitive and confidential information about other workers.

Key steps in the process for investigating and responding to reports of psychosocial hazards and risk factors are:

- identifying contributing psychosocial risk factors – organisational, environmental and individual
- identifying sources of contributing psychosocial risk factors
- identifying existing control measures and their adequacy
- identifying preventative control measures
- implementing preventative control measures
- reviewing and monitoring.

As well as complying with legislative requirements for reporting harm to health (including mental health) in the workplace, FIFO operations are expected to report incidents of suspected suicides and self-injury to DMIRS, as recommended by the 2015 parliamentary inquiry into the mental health impacts of fly-in fly-out work arrangements in Western Australia.

# Appendix 1 Legislative provisions

## Occupational safety and health legislation

The current mining, petroleum and general industry legislation does not include a definition of 'health' and does not explicitly cover mental health. However, the Department of Mines, Industry Regulation and Safety considers the intent of the legislation, and interprets 'health' to mean physical and psychological (mental) health.

The parts of occupational safety and health legislation administered by the Department that may be applicable to this code of practice are listed below.

### **Occupational Safety and Health Act 1984**

#### Part III, Division 2 – General workplace duties

- s. 19 Duties of employers
- s. 20 Duties of employees
- s. 21 Duties of employers and self-employed persons
- s. 22 Duties of persons who have control of workplaces
- s. 23 Duty of employer to maintain safe premises

### **Occupational Safety and Health Regulations 1996**

#### Part 3, Division 1 – General duties applying to workplaces

- r. 3.1 Identification of hazards, and assessment and reduction of risks, duties of employer etc. as to

### **Mines Safety and Inspection Act 1994**

#### Part 2, Division 2 – General duties

- s. 9 Employers, duties of
- s. 10 Employees, duties of
- s. 12 Employers and self-employed persons, duties of
- s. 13 Principal employers and managers, duties of

## Mines Safety and Inspection Regulations 1995

#### Part 3, Division 1 – Exploration operations

- r. 3.6 Training of persons

#### Part 3, Division 1 – Exploration operations

- r. 3.13(1)(b) Project management plan to be provided for mine operations

### **Petroleum and Geothermal Energy Resources Act 1967**

#### Schedule 1, Division 2 – Occupational safety and health

- cl. 7 Duties of operator
- cl. 8 Duties of persons in control of parts of petroleum operation or geothermal energy operation
- cl. 9 Duties of employers
- cl. 13 Duties of persons in relation to occupational safety and health

### **Petroleum and Geothermal Energy Resources (Occupational Safety and Health) Regulations 2010**

#### Part 4 – Matters relating to occupational safety and health generally

- r. 28 Avoiding fatigue

### **Petroleum Pipelines Act 1969**

#### Schedule 1, Division 2 – Occupational safety and health

- cl. 7 Duties of licensee
- cl. 8 Duties of persons in control of parts of pipeline operation
- cl. 9 Duties of employers
- cl. 13 Duties of persons in relation to occupational safety and health

## Petroleum Pipelines (Occupation Safety and Health) Regulations 2010

Part 4 – Matters relating to occupational safety and health generally

r. 28                      Avoiding fatigue

## Petroleum (Submerged Lands) Act 1982

Schedule 5, Division 2 – Occupational safety and health

- |        |  |
|--------|--|
| cl. 8  | Duties of operator   |
| cl. 9  | Duties of persons in control of parts of facility or particular work |
| cl. 10 | Duties of employers  |
| cl. 14 | Duties of persons in relation to occupational safety and health      |

## Petroleum (Submerged Lands) (Occupational Safety and Health) Regulations 2007

Part 4 – Matters relating to occupational safety and health generally

r. 27                      Avoiding fatigue

## Other legislation to consider

- *Equal Opportunity Act 1984*
- *Fair Work Act 2009 (Commonwealth)*
- *Industrial Relations Act 1979*
- *Privacy Act 1988 (Commonwealth)*
- *Rail Safety National Law (WA) Act 2015*

*Note: The only authorised versions of the Act and regulations are those available from the Department of Justice ([www.legislation.wa.gov.au](http://www.legislation.wa.gov.au)), the official publisher of Western Australian legislation and statutory information.*



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