



JOANNA HENDERSON  
*Clinical Psychologist*

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## WORK HEALTH & SAFETY (WHS) POLICY

### **PRACTICE** (“the Practice”, “we”, “our”):

**Name:** Joanna Henderson Clinical Psychologist

**Practice entity:** Joanna Henderson as trustee for the Henderson Trust

**ABN:** 87 285 092 848

**Practice address:** 131 Wickham Terrace, Spring Hill, Brisbane, Qld, 4000

For the purposes of this policy, references to “we”, “us”, “our” or “the Practice” include the trustee of the Trust and any of its employees, contractors or agents acting within the scope of their role.

### **PRACTITIONER** (“the Practitioner”)

**Name:** Joanna Henderson

**Title:** Clinical Psychologist

**Registration:** AHPRA Registration Number PSY0002012556

For the purposes of this policy, references to the “Practitioner” indicate Joanna Henderson.

## **PURPOSE**

The purpose of this Work Health & Safety (WHS) Policy is to set out how the Practice will provide, so far as is reasonably practicable, a safe and healthy environment for:

- clients and their support people
- Joanna Henderson (Principal Psychologist)
- any contractors, students, sub-renting clinicians and visitors
- any other person who may be affected by the Practice’s work.

This policy supports compliance with relevant work health and safety legislation and professional obligations, and forms part of the Practice’s overall clinical governance and risk management framework.

This policy applies to:

- all work activities undertaken by the Practice, including in-person sessions, telehealth, administration and record keeping
- all Practice locations (e.g. consulting rooms, reception/waiting area, bathroom, storage areas)
- any work undertaken off-site (e.g. home office work, outreach, phone calls, report writing at home)
- the safe management of visitors, including clients, carers, delivery personnel and tradespeople.

Sub-renting clinicians are responsible for WHS in relation to their own business. However, when using shared spaces, all parties must follow reasonable safety rules and cooperate to maintain a safe environment.

## PRINCIPLES

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The Practice is committed to:

- preventing injury, illness and psychological harm
- identifying, assessing and controlling WHS risks in a systematic way
- complying with WHS legislation, standards and relevant codes of practice
- fostering a culture where safety concerns can be raised without fear of reprisal
- continuously improving WHS systems and practice.

## DEFINITIONS

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- **WHS** – Work Health & Safety, including physical and psychological health.
- **PCBU** – Person Conducting a Business or Undertaking (the Practice).
- **Worker** – Any person carrying out work for the Practice, including the practice owner and any contractors or students.
- **Psychosocial hazard** – A factor in the design or management of work that increases the risk of work-related stress or psychological harm (e.g. high workload, exposure to trauma, aggression).
- **Reasonably practicable** – What could reasonably be done at the time to ensure health and safety, considering the likelihood and consequences of risk, what is known about the risk, and the availability and cost of controls.

## ROLES AND RESPONSIBILITIES

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### Practice (PCBU)

The Practice will:

- provide and maintain a safe physical environment, as far as reasonably practicable
- identify WHS hazards and implement appropriate controls
- ensure safe systems of work for clinical and administrative tasks
- provide information, training and guidance on WHS to any worker or contractor as needed
- consult, as far as reasonably practicable, with workers and sub-renters on WHS matters that affect them
- maintain appropriate insurances (e.g. professional indemnity, public liability, workers compensation/insurance as required)
- respond promptly to WHS concerns and incidents, and implement corrective actions.

### Workers, Contractors and Sub-renting Clinicians

All workers, contractors and sub-renting clinicians are expected to:

- take reasonable care of their own health and safety
- take reasonable care that their acts or omissions do not adversely affect the health and safety of others
- follow Practice WHS procedures and reasonable instructions

- promptly report hazards, near misses and incidents
- participate in WHS consultations and training where requested
- use equipment and personal protective equipment (PPE) safely and only for its intended purpose.

### **Clients and Visitors**

Clients and visitors are requested to:

- follow any safety signage, instructions or evacuation directions
- advise the Practice if they identify a hazard or experience an incident on the premises.

### **WHS RISK MANAGEMENT**

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The Practice adopts a risk management approach to WHS:

1. **Identify hazards** – physical, environmental, chemical, ergonomic and psychosocial.
2. **Assess risks** – consider the likelihood and potential consequences of harm.
3. **Control risks** – implement measures to eliminate or minimise risk as far as reasonably practicable (e.g. elimination, substitution, engineering controls, administrative controls, PPE).
4. **Review controls** – regularly check that controls remain effective and adjust as required.

This approach is applied to all key areas of work, including:

- client sessions and waiting areas
- telehealth and remote work
- manual handling and workstation set-up
- infection prevention and control
- management of challenging or aggressive behaviour
- psychological health and workload.

### **KEY WHS AREAS & PROCEDURES**

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#### **Physical Environment**

The Practice will:

- maintain clear access and egress routes, including exits and stairs
- keep floors, cords and walkways free from tripping hazards
- ensure adequate lighting, ventilation and temperature control where reasonably practicable
- ensure furniture (chairs, couches, desks) is stable and suitable for client use
- ensure electrical items are in good condition and arranged to minimise trip risk; faulty items are removed from use and repaired or replaced.

#### **Psychosocial Safety**

Given the nature of psychological work, psychosocial safety is a priority. The Practice will:

- monitor workload and appointment scheduling to reduce risk of burnout
- allow adequate breaks between clients where practicable
- implement boundaries around contact outside session times (e.g. for non-crisis clinics)

- use supervision, peer consultation and debriefing to manage exposure to trauma and high-distress clients
- maintain clear policies on professional boundaries, conflict of interest and client behaviour
- manage aggressive or threatening behaviour by:
  - having a process for identifying clients who may pose risk
  - de-escalation strategies and safety planning
  - clear procedures for ending sessions or terminating services if risk is unacceptable
  - contacting emergency services or security where needed.

### **Manual Handling and Ergonomics**

The Practice will:

- arrange furniture and equipment to promote good posture and reduce strain
- ensure computer workstations (chair height, screen height, keyboard and mouse position) are set up ergonomically
- avoid unnecessary lifting of heavy items; where unavoidable, use proper lifting techniques, share loads or request assistance
- store heavier items at waist height where practicable.

### **Infection Prevention and Control**

To reduce the risk of infectious disease transmission, the Practice will:

- maintain regular cleaning of high-touch surfaces in shared areas
- provide access to hand hygiene (e.g. hand sanitiser and/or hand-washing facilities)
- follow public health guidance in relation to respiratory illnesses (e.g. asking unwell clients to reschedule or use telehealth where appropriate)
- use appropriate PPE where reasonably required
- dispose of clinical waste (e.g. tissues) appropriately.

### **Telehealth and Remote Work**

When providing telehealth or working from home, the Practice will:

- ensure telehealth platforms are secure and stable
- ensure the remote work environment is as safe and ergonomic as reasonably practicable
- maintain privacy and confidentiality (e.g. using headphones, private space)
- manage fatigue by limiting back-to-back telehealth sessions and taking breaks.

### **Hazard, Incident and Near-Miss Reporting**

- Any hazard, incident, injury or near miss must be recorded as soon as practicable (e.g. in a WHS incident register, clinical notes or secure log).
- Incidents include physical injury, threats, abusive behaviour, property damage, security breaches and significant distress events.
- The Practice will:
  - review each report
  - identify root causes
  - implement corrective and preventive actions
  - consider whether any notifiable incident requirements are triggered under WHS legislation and seek advice if unsure.

Where an incident involves a client, appropriate follow-up and documentation in the clinical record will also occur.

## **CONSULTATION, COMMUNICATION AND TRAINING**

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The Practice will:

- discuss WHS as part of regular supervision, practice meetings or informal check-ins
- provide orientation on key WHS procedures to any new worker or contractor
- provide or arrange additional WHS training if new risks are identified (e.g. managing aggression, infection control updates)
- communicate WHS updates or changes through email, notices in the practice, or meeting minutes.

Sub-renting clinicians will be consulted about shared-space risks and are expected to participate in cooperative risk management.

## **EMERGENCY MANAGEMENT**

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The Practice will maintain and/or participate in:

- clear evacuation routes and signage (where provided by the building)
- knowledge of the building's emergency procedures and assembly points
- access to a charged phone to contact emergency services
- basic first aid supplies
- procedures for responding to:
  - medical emergencies (calling 000 and following operator instructions)
  - fire (evacuation, not using lifts, assembling at the designated point)
  - security threats (e.g. leaving the area, seeking assistance, contacting police).

Emergency procedures will be reviewed at least annually and after any incident.

## **RECORD KEEPING**

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The Practice will maintain WHS records, which may include:

- hazard, incident and near-miss reports
- risk assessments and control plans
- maintenance or service records for key equipment
- WHS training or induction records
- emergency drill or incident debrief notes.

Records will be stored securely in line with the Practice's Records Management, Retention & Destruction Policy.

## **CONTINUOUS IMPROVEMENT**

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The Practice is committed to continuous improvement in WHS. Improvements may arise from:

- incident and hazard reports
- client or worker feedback and complaints

- changes in legislation, professional standards or codes of practice
- outcomes of audits, inspections or reviews.

Where improvements are identified, the Practice will implement and document changes and communicate them to affected workers and contractors.

## RELATED DOCUMENTS

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- Clinical Governance / Risk Management Policy
- Professional Boundaries & Conflict of Interest Policy
- Complaints & Feedback Policy
- Records Management, Retention & Destruction Policy
- Data Breach Response Plan
- Emergency and Critical Incident Procedures (if separate)
- Client Agreement and Informed Consent documents.

## QUESTIONS ABOUT THIS POLICY

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If you are unsure about how this policy applies to you, or if you would like to discuss your situation, please contact:

- **Email:** [admin@jhpsych.com.au](mailto:admin@jhpsych.com.au)
- **Business mobile (SMS):** 0435 013 760

We appreciate your understanding and cooperation. This policy helps us provide a reliable and sustainable service for you and for all clients of the practice.