REPUBLIC OF KENYA

MINISTRY OF LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR LABOUR AND SKILLS DEVELOPMENT

DIRECTORATE OF OCCUPATIONAL SAFETY AND HEALTH SERVICES

DRAFT

CODE OF PRACTICE

FOR

PSYCHOSOCIAL HAZARD MANAGEMENT IN THE WORKPLACE

This document is a **draft version** developed by the Directorate of Occupational Safety and Health Services (DOSHS), Ministry of Labour and Social Protection. It is currently circulated **solely for the purpose of public participation and stakeholder input**.

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The final version will be developed after incorporating relevant inputs.

SUBMISSION FORMAT:

Instrument/Document	Clause Details	Suggested amendments	Justification/Comments

Declaration

This Code of Practice on Psychosocial Hazard Management in the Workplace is an official publication of the Ministry of Labour and Social Protection, developed through the Directorate of Occupational Safety and Health Services (DOSHS).

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Disclaimer

This Code of Practice is intended to provide general guidance on the identification, prevention, and management of psychosocial hazards in the workplace. It outlines recommended standards and best practices for employers, employees, and occupational safety and health professionals to promote mental well-being and safe work environments across all sectors in Kenya.

While every effort has been made to ensure the accuracy, currency, and relevance of the information contained herein, this Code is not a substitute for legal advice or statutory obligations under the Occupational Safety and Health Act, 2007; or any other applicable Kenyan laws and regulations. Compliance with this Code does not exempt any workplace from fulfilling all other statutory obligations under Kenyan law or relevant international conventions.

This document is subject to periodic review and may be updated to reflect emerging evidence, legislative changes, or evolving occupational health and safety standards.

Foreword

In today's dynamic world of work, the mental health and well-being of workers are as critical as their physical safety. The Government of Kenya, through the Ministry of Labour and Social Protection, recognizes the growing burden of psychosocial hazards in the workplace—including stress, harassment, job insecurity, work-life imbalance, and organizational change—, which, if unaddressed, undermine productivity, health, and dignity at work.

This *Code of Practice on Psychosocial Hazard Management* provides a comprehensive framework to guide employers, employees, regulators, and social partners in identifying, assessing, and managing psychosocial risks across all sectors. It is anchored in the Occupational Safety and Health Act, 2007, and aligns with international labour standards, including ILO Convention No. 190 on Violence and Harassment, as well as the WHO guidelines on mental health at work.

By establishing clear principles, responsibilities, and preventive measures, this Code supports the promotion of decent work, the creation of mentally healthy workplaces, and the integration of psychosocial risk management into existing occupational safety and health systems.

Its development is a result of extensive consultation with stakeholders from government, trade unions, employers' organizations, academia, and civil society, reflecting our collective commitment to a safe, respectful, and inclusive world of work.

I call upon all organizations, both public and private, to implement this Code diligently and proactively. Together, we can create workplaces where all workers thrive—physically, mentally, and socially.

Hon. Dr. Alfred Mutua
Cabinet Secretary
Ministry of Labour and Social Protection

Preface

The transformation of Kenya's labour market—driven by technological advancements, shifting work arrangements, socio-economic pressures, and global uncertainties—has brought to the fore the urgent need to safeguard workers' psychological well-being. While physical hazards have long been the focus of occupational safety and health (OSH) interventions, psychosocial hazards remain under-identified, under-reported, and inadequately managed, despite their profound impact on workers' health, job satisfaction, and organizational performance.

This *Code of Practice on Psychosocial Hazard Management* is a timely and progressive step towards bridging that gap. It provides practical guidance on the prevention and control of psychosocial risks in the workplace. It outlines key responsibilities for employers, employees, OSH practitioners, and regulators in promoting mental well-being, preventing work-related stress, violence, and harassment, and fostering a culture of mutual respect and psychological safety.

The Code is informed by a broad consultative process, ensuring that it reflects the realities of Kenya's diverse workplaces—from the formal to the informal, from urban offices to rural factories. It is aligned with the Constitution of Kenya, the Occupational Safety and Health Act, 2007, the National OSH Policy, and international frameworks that champion safe and decent work for all.

As the Ministry advances the decent work agenda and prioritizes inclusive, resilient, and productive workplaces, the implementation of this Code is essential. It is not only a regulatory tool but also a call to action: for employers to lead with empathy, for employees to speak up without fear, and for institutions to champion dignity and wellness in the world of work.

I commend all stakeholders who contributed to the development of this Code and urge its widespread adoption across all sectors.

Shadrack Mwadime
Principal Secretary
State Department for Labour and Skills Development

Acknowledgement

The development of this *Code of Practice on Psychosocial Hazard Management in Kenya* marks a significant milestone in our nation's ongoing efforts to create safer, healthier, and more dignified workplaces for all. Our occupational safety and health (OSH) frameworks must evolve with the changing world of work. This Code affirms our commitment to addressing not just physical hazards, but also the psychological and social factors that affect workers' well-being and organizational effectiveness.

I wish to sincerely thank all the stakeholders who contributed their time, expertise, and perspectives throughout the development of this Code. These include representatives from government ministries and agencies, workers' unions, employers' associations, mental health experts, OSH professionals, academia, civil society, and international partners. Their inputs ensured that this Code is both evidence-informed and contextually relevant to Kenya's diverse labour landscape.

Special appreciation goes to the technical working group under the Directorate of Occupational Safety and Health Services (DOSHS), whose dedication, research, and coordination made this Code possible. I also acknowledge the support of the Ministry's leadership and development partners who continue to champion the mainstreaming of psychosocial risk management in line with the National OSH Policy and global best practices.

This Code is intended to serve as a practical guide for employers, workers, OSH officers, and other stakeholders in recognizing, preventing, and managing psychosocial hazards. It is my hope that it will catalyze a cultural shift toward mentally healthy, inclusive, and resilient workplaces across all sectors.

Dr. Musa Nyandusi, OGW
Secretary

Occupational Safety and Health, (OSH)

Directorate of Occupational Safety and Health Services (DOSHS)

Executive Summary

The **Code of Practice on Psychosocial Hazard Management in the Workplace** is a strategic framework developed by the **Ministry of Labour and Social Protection**, through the **Directorate of Occupational Safety and Health Services (DOSHS)**, to address the rising burden of work-related stress, mental ill-health, and psychosocial risks in Kenya's workplaces.

Psychosocial hazards—ranging from job insecurity, excessive workload, workplace violence, harassment, to poor organizational culture—pose significant threats to the health, safety, and productivity of workers. In response, this Code provides practical, evidence-based guidance for employers, employees, occupational health practitioners, and other stakeholders on how to identify, assess, prevent, and manage such hazards across all sectors.

Definition of Terms

Term	Definition
Control Measures	Strategies and interventions—administrative, organizational, or engineering—implemented to eliminate or reduce psychosocial risks and protect workers' mental and physical health.
Employee Assistance Program (EAP)	A workplace initiative offering confidential counseling and support services to employees facing personal or work-related issues, helping alleviate mental strain and promote well-being.
Employee	Any person employed under a contract, including full-time, part-time, temporary, and contract workers.
Employer	Any person, company, or entity that employs workers.
Mental Health	A state of well-being in which individuals realize their potential, cope with normal life stressors, work productively, and contribute to their community. It is more than just the absence of mental illness.
Mental Strain	The psychological and physical burden resulting from prolonged exposure to adverse psychosocial hazards. Indicators may include fatigue, irritability, reduced concentration, and a lower capacity to cope.
Mental Well-being	A positive emotional, psychological, and social state that affects how individuals think, feel, act, handle stress, relate to others, and make healthy choices.

Psychosocial Hazards	Elements of work design, organization, interpersonal relationships, and environment that may negatively affect workers' mental or physical health. Examples: stress, excessive workload, bullying, harassment, job insecurity.
Psychosocial Risks	The probability that exposure to psychosocial hazards will result in negative outcomes such as stress, burnout, anxiety, depression, or other mental health issues.
Right to Disconnect	The right of employees to disengage from work-related communications outside normal working hours, supporting work–life balance.
Risk Assessment	A systematic process of identifying, evaluating, and controlling hazards—including psychosocial factors—in the workplace to prevent harm to workers' health.

1. INTRODUCTION

1.1. Background.

Mental health is a fundamental component of overall well-being and a recognized occupational safety and health (OSH) right. In Kenya, as in the rest of the world, maintaining good mental health is crucial for individual productivity, job satisfaction, and overall quality of life. Addressing mental health in the workplace is essential not only for the well-being of employees but also for the effective functioning and competitiveness of organizations.

Globally, an estimated 15% of working-age adults live with a mental disorder, a statistic that underscores the importance of proactive mental health management at work. In the office and industrial environments, mental health challenges—ranging from stress and burnout to anxiety and depression—can significantly impact productivity and lead to increased absenteeism and higher healthcare costs.

Despite growing awareness, significant challenges remain in Kenya. Stigma and cultural misconceptions continue to hinder open discussions about mental health, while limited resources and a shortage of mental health professionals restrict access to care. Furthermore, workplace psychosocial hazards can exacerbate physical health problems, emphasizing the need for comprehensive risk assessments and effective support systems.

Regionally, efforts to integrate mental health into occupational health practices are emerging, yet progress is slow. Many African countries still lack standalone mental health policies, with nearly half yet to implement them fully. This gap underscores the critical need for robust guidelines that address both mental and physical workplace hazards.

This code of practice aims to provide a structured approach to managing psychosocial risks in the workplace, ensuring that employees' mental health is prioritized alongside their physical safety. By fostering a supportive work environment and aligning with international best practices, we can enhance productivity, reduce absenteeism, and promote overall worker well-being in Kenya.

1.2. Scope and purpose-

This Code of Practice applies to all workplaces in Kenya in accordance with the Occupational Safety and Health Act, 2007. It provides comprehensive guidance to employers, workers, and other stakeholders on preventing, identifying, managing, and mitigating psychosocial hazards in the workplace. The Code aims to foster a safe, healthy, and supportive work environment by offering a framework to prevent mental strain and promote practices that enhance mental health. It outlines key principles, guidelines, and responsibilities for both employers and employees, addressing all forms of mental strain encountered in the workplace.

2. LEGAL AND POLICY FRAMEWORK.

The development and implementation of this Code of Practice align with both national and international legislative frameworks. In particular, it has been issued pursuant to Section 4 of the Occupational Safety and Health Act, 2007 (No. 15 of 2007), which empowers the Director of Occupational Safety and Health Services—under the authority of the Cabinet Secretary and in consultation with the National Council for Occupational Safety and Health—to approve, issue, revise, or withdraw Codes of Practice and to publish all related notices in the Kenya Gazette.

Framework	Provision/Focus	Relevance to Psychosocial Hazard Management
Constitution of Kenya, 2010	Article 43(1)(a): Right to health, Article 21(2): Duty of the State to realize rights, Article 41: Right to fair labour practices	Establishes the right to mental health care and safe working conditions as constitutional rights.
Occupational Safety and Health Act (OSHA), 2007	- Section 6(1): Employer's duty of care - Section 76(2): Protection against mental strain- Sections 13 & 14: General duties of employers and employees	Mandates employers to protect workers from physical and mental strain; supports integration of psychosocial risk controls into OSH systems.

Mental Health Act, 2022	- Rights-based mental health care- Employer obligations for supportive environments	Requires awareness, training, and stigma-free workplaces; ensures dignity and non-discrimination for workers with mental health conditions.
Work Injury Benefits Act (WIBA), 2007	- Recognition of psychological injuries - Compensation for work-related mental health conditions	Provides a legal basis for compensation arising from work-related psychosocial injuries or stress.
Persons with Disabilities Act, 2025	- Prohibits discrimination-Obligation to accommodate psychosocial disabilities	Mandates inclusion and support for workers with mental health or psychosocial disabilities.
Health Act, 2017	- Health as a human right - Mental health system strengthening	Supports integration of mental health into workplace health systems and services.
Data Protection Act, 2019	- Confidentiality and data privacy	Safeguards privacy of mental health data, protecting workers' rights.
National OSH Policy, 2012	- Recognition of mental health as an OSH priority	Provides policy direction for the inclusion of psychosocial risks in workplace health and safety strategies.

International Labour Standards (ILO Conventions 155 & 190)	- OSH rights- Elimination of violence and harassment	Supports alignment with international best practices in managing psychosocial risks.
UN Sustainable Development Goals (SDGs 3, 8, 10)	- Good health and well-being - Decent work - Reduced inequalities	Reinforces Kenya's commitment to global goals that include workplace mental health and psychosocial well-being.

In recognition of the need for a multisector response to mental health in Kenya, these code of practice will seek to promote synergy and alignment with related multisector legislative guides including (but not limited to) The Health Act, 2017; Data Protection Act 2020; Road Safety Act, Radiation Protection Act, 2012, Cap 243; Environmental Management and Coordination Act, 2002, Cap 387; National Environmental Management Act, 1998, The Persons with Disabilities Act, 2025.

3. DUTY OF CARE

3.1. Employer Duties

Every employer must put in place initiatives that promote mental health, minimize the burden of mental health and strategies that support workers to receive treatment or management

Employers shall:

a. Every occupier shall have a written and implement institutional policy for psychosocial hazard management which includes the items below;
   - ❖ The prevention of psychosocial risk factors
   - ❖ The prevention of workplace violence, and
   - ❖ The promotion of a favorable organizational environment.
   - ❖ Adopt measures to prevent and control psychosocial risk factors,
   - ❖ Promote a favorable organizational environment
   - ❖ Address practices that are contrary to the favorable organizational environment and
   - ❖ Acts of workplace violence.

b. **Risk Assessments:** Conduct regular (at least annual) psychosocial risk assessments and update them when significant changes in work conditions occur.

c. **Training:** Provide mandatory information and training for management and employees on identifying, preventing, and managing psychosocial hazards.

d. **Employee Involvement:** Actively involve employees and, where applicable, their representatives in the risk assessment and control process.

e. **Support Services:** Ensure access to counseling and support services (e.g., through an EAP) and facilitate reasonable accommodations where needed

f. Ensure workers confidentiality and privacy in respect to mental health conditions is respected and protected

g. Offer opportunities for managing emotional crisis after an incident such as Psychological first Aid, Debriefing and Critical incident management

h. Develop and implement strategies to deal with workplace violence, harassment and bullying

i. Assessment of potential hazards and risks to psychological health and safety as part of its Work Health and Safety risk assessment processes.
j. Workplace inspections to ensure mental well-being of workers is well maintained
k. To investigate incidents concerning mental health arising from workplaces.

3.2. Employee Duties

a. Actively participate in creating a mentally healthy workplace.
b. Identify, mitigate and report hazards and risks to mental health and wellbeing.
c. Take reasonable care of their own mental health and wellbeing, and that of their colleagues.
d. Seek to continuously improve their knowledge, awareness and understanding of mental health issues and behaviors.
e. Understanding policies
f. Self-care
g. Communications
h. Engagement in initiatives
i. Right to support services

3.3. Duties of other Persons in the Workplace

a. **Take reasonable care** for their own physical and psychological health and safety.
b. **Avoid adversely affecting** the health and safety of any other person.
c. **Comply, as far as they are reasonably able**, with any lawful instruction given by the employer/occupier to enable the workplace to comply with the Occupational Safety and Health Act, 2007 and its Regulations.

Example:

A contractor's maintenance employee at a manufacturing plant must comply with all safety instructions and must not interfere with regular staff's work or introduce any physical or psychological hazards. They must also refrain from violent, physically abusive, or verbally abusive behavior toward any workplace personnel.

4. PSYCHOSOCIAL HAZARD IDENTIFICATION

All hazards should be identified and registered in a master risk register.

a. Identification Methods

- ❖ Anonymous reporting
- ❖ OSH Committees
- ❖ Staff surveys
- ❖ Risk audits
- ❖ Monitoring trends in the workplace, injuries, sick off days,
- ❖ Observation of workers behaviour

b. Documentation and Reporting

- All identified hazards shall be recorded in the Psychosocial Hazard Register, including source, affected groups and contextual notes.
- Individual responses from surveys or interviews shall be anonymized.
- Aggregated findings shall be communicated to senior management, OSH Committees and worker representatives

c. Hazard categories:

Some common categories of hazards include:

i. Workload and Work Content – Excessive demands; under-challenging tasks.

ii. Control and Autonomy – Limited decision-making authority; scarce opportunity for skill utilization.

iii. Work Schedule – Prolonged hours; frequent shift rotations without sufficient rest.

iv. Organizational Change – Inadequate communication; lack of employee involvement.

v. Role Clarity – Ambiguous duties; conflicting instructions.

vi. Leadership and Relationships – Authoritarian supervision; bullying; harassment.

vii. Work–Life Balance – Encroachment of work demands on personal responsibilities.

viii. Job Security and Reward – Perceived threat of redundancy; inequitable recognition.

ix. Physical Conditions – Poor ergonomics; excessive noise or lighting that exacerbate stress.

x. Violence and Harassment – Exposure to verbal or physical aggression, including sexual and psychological violence.

c. **Reapply identification methods after any of the following:**

- Notable increase in absenteeism or grievances
- Introduction of new work technology or processes
- Annual targeted mini-assessment findings indicating emerging issues
- Monthly OSH committee assessments

5. PSYCHOSOCIAL RISKS ANALYSIS

All hazards identified and recorded in the risk register must be analyzed. This is to assess the likelihood and severity of harm associated with identified psychosocial hazards and to priorities risks for control.

Definition:

Likelihood (L): Probability of exposure to a hazard, rated on a scale from 1 (Rare) to 5 (Almost Certain).

Severity (S): Potential impact of exposure, rated on a scale from 1 (Insignificant) to 5 (Catastrophic).

Risk Score (R): Product of Likelihood and Severity (R = L × S).

a. Rating Scales

Likelihood (L)	Description
1 – Rare	Exposure very unlikely; observed once in last year
2 – Unlikely	Occasional exposure; anecdotal evidence
3 – Possible	Regular exposure; noted in multiple data sources
4 – Likely	Frequent exposure; confirmed across several teams
5 – Almost Certain	Daily exposure; pervasive organisation-wide

Severity (S)	Description
1 – Insignificant	Minor discomfort; no lost time
2 – Minor	Temporary stress symptoms; brief absence
3 – Moderate	Clinical stress reaction; several days off; reduced performance
4 – Major	Depressive episodes; prolonged absence; significant productivity loss
5 – Catastrophic	Serious psychiatric injury; long-term incapacity; legal claims

b. **Risk Matrix and Categories**

** R = L×S **	**1 Rare**	**2 Unlikely**	**3 Possible**	**4 Likely**	**5 Almost Certain**
5-Catastrophic	5	10	15	20	25
4-Major	4	8	12	16	20
3-Moderate	3	6	9	12	15
2-Minor	2	4	6	8	10
1-Insignificant	1	2	3	4	5

Low (1–5): Maintain controls; monitor periodically.

Medium (6–12): Strengthen controls within defined timeframe.

High (13–20): Implement additional controls immediately.

Extreme (21–25): Cease activity if practicable; escalate to senior management.

6. WORKPLACE ACCOMMODATIONS:

Reasonable accommodation is a critical element in fostering inclusive, healthy, and productive workplaces. It ensures that individuals with mental health conditions are not disadvantaged in employment due to their health status. This chapter provides guidance on how employers can implement mental health accommodations in line with best practice standards.

Principles of Reasonable Accommodation

- Individualized: Tailored to the specific needs of the employee.
- Collaborative: Involves consultation between the employee, employer, and relevant health professionals.
- Confidential: Information about the employee's mental health is kept secure and shared only on a need-to-know basis.
- Flexible: Designed to evolve with the employee's health status and work demands.

i. Communication and Support:

➢ Provide ongoing confidential support and mental health resources e.g. Employee Assistance Programs, access to mental health practitioners to help employees manage their mental health. Taking into consideration some causes of mental health challenges maybe from outside the work environment.

➢ **Create a safe and understanding culture:** encourage employees to discuss their mental health needs with their supervisor or HR representative.

➢ Clear expectations and deadlines.

➢ Regular check-ins with supervisors.

➢ **Supportive Management:** Providing managers with training to support employees with mental health conditions.

- ➢ **Peer Support Groups:** Facilitating peer support groups for employees to share experiences and support each other.

ii. Flexible Scheduling:

Some suggestions include;

- ➢ Allowing flexible start and end times for work.
- ➢ Offering compressed workweeks of longer working hours for fewer days in a week.
- ➢ Permitting part-time work or job sharing.
- ➢ Providing the option to work from home or a remote location.
- ➢ Temporarily adjusting the workload and deadlines during periods of heightened mental health challenges.
- ➢ Prioritization: Helping employees prioritize tasks to reduce overwhelm.
- ➢ Breaking down large tasks into smaller, more manageable ones.
- ➢ Providing additional time for completing tasks.
- ➢ Adjusting job responsibilities to reduce stress.
- ➢ Provide written instructions and task lists to help with organization.

iii. **Physical Workplace Modifications:** Depending on the nature of work, various considerations can be taken into account**;** physical environment accommodations, such as access to private space for rest, or even green spaces.)

- ■ **Ergonomic Adjustments:** Providing ergonomic furniture and equipment to reduce physical discomfort.
- ■ **Sensory Modifications:** Adjusting lighting, noise levels or temperature to create a more comfortable environment and reduce distractions.

- Allowing the use of noise-canceling headphones.
- **Quiet Workspace:** Providing a private or quiet space for focused work.

iv. Time off:

- **Mental Health Days:** Have days off from work to specifically focus on one's mental wellbeing to prevent burnout.
- **Flexible Leave:** Allowing employees sick leave and offer additional paid leave for mental health appointments or recovery.
- Providing more frequent and longer breaks for relaxation or meditation in quiet spaces.

v. **Training and Education:**

- On mental health awareness.
- Stigma reduction.
- How other employees can recognise mental illness.
- How to support those with mental illness.
- How to respond to signs of mental health distress i.e. psychological first aid.
- Bullying, Violence and harassment.

Implementation Steps for accommodation at work;

i. **Request**: Employee or health practitioner submits a request.
ii. **Assessment**: Evaluate the request in light of job requirements.
iii. **Discussion**: Engage in a collaborative dialogue with the employee.
iv. **Decision and Documentation**: Approve and document the agreed-upon accommodation.
v. **Review**: Periodically review and adjust as needed.

- **Document the Process:** Keep detailed records of the accommodation request, the agreed-upon accommodations and any follow-up discussions.
- **Review and Adjust:** Regularly review the effectiveness of the requested accommodations and the mental health policies and make adjustments as needed.

7. ACCESS TO SUPPORT SERVICES

7.1. Responsibility of the management/employer to provide support services

i. Establish mental health counseling facilities and committees to build capacity and provide training such as reputable EAP providers that offer confidential counseling and support services. Ensure employees are informed about the program, its benefits, and how to access it

ii. Establish flexible work arrangements in accordance with the Employment Act and allow flexible scheduling to enable employees to attend to medical care without the stress of work conflicts

iv. Establish peer support groups where employees can share experiences and provide mutual support in a confidential setting.

v. Implement strong confidential reporting mechanisms.

vi. Establish strong and straightforward referral service guidelines, procedures, and policies that guarantee immediate access to emergency care.

vii. Submit yearly reports on the implementation of mental health activities to DOSHS.

viii. Establish a mental health recognition system at work.

ix. Conduct training sessions to inform employees about the available confidential reporting mechanisms and how they work. Raising awareness helps demystify the process and reassures employees that their concerns will be taken seriously.

7.2. Responsibilities of Employees

Employees also have a duty to engage in and support workplace mental health initiatives. These responsibilities include:

i. **Participation**

- Actively participate in workplace mental health programs, including awareness campaigns, screening, training, and feedback sessions.

ii. **Self-awareness**

- Monitor their mental health status and seek assistance when needed, using the available workplace resources.

iii. **Respect and Non-Stigmatization**

- Respect the privacy, dignity, and rights of colleagues regarding mental health. Employees must avoid assumptions or discriminatory behavior toward individuals perceived to have a mental health condition.

iv. **Voluntary Disclosure and Accommodation**

- Where necessary, consider confidentially disclosing their mental health status to access reasonable accommodation under employment and disability laws.

8. INCIDENT MANAGEMENT AND RESPONSE

Mental health emergencies—such as suicidal behavior, severe anxiety attacks, or psychotic episodes—can be as urgent and life threatening as physical injuries. Workplaces must be prepared to respond swiftly and supportively to mental health crises, treating them with the same seriousness as physical emergencies.

8.1. Key Principles

- Parity of Response: Mental health emergencies must receive prompt, professional intervention, just like physical injuries.
- Recognition & Action: All staff should be trained to recognize crisis signs and respond immediately and appropriately.
- Confidentiality & Respect: Crises must be handled with compassion, ensuring dignity and privacy for the affected individual.
- Integrated Planning: Mental health emergencies should be fully incorporated into the workplace's broader emergency preparedness protocols.

8.2. Developing the Emergency Plan

Employers should:

- Include a mental health crisis protocol in their overall emergency response plan.
- Assign trained staff (or crisis teams) to handle incidents.
- Maintain and publicize emergency contacts, including nearby psychiatric facilities and helplines.

- Train staff in psychological first aid and de-escalation techniques.
- Regularly simulate mental health response drills.
- Allocate resources such as private spaces and access to on-call counseling.

8.3. Access to Emergency Services

Ensure timely access to:

- Ambulances or emergency medical services.
- Mental Health Practitioners and referral facilities.
- Timely helplines and on-site support where possible.

8.4. Adaptation across Workplace Sizes

- **Small Enterprises:** Designate a focal person, display helpline numbers, and build on local community support.
- **Medium Workplaces:** Develop formal procedures, train wellness champions, and hold periodic drills.
- **Large Organizations:** Establish crisis response teams, integrate into business continuity plans, and gather metrics for improvement.

8.5. Checklist: Reporting and Managing Mental Health and Psychosocial Hazard Incidents

- Establish confidential reporting channels for mental health concerns and psychosocial hazards (e.g. hotlines, suggestion boxes, digital platforms).
- Develop clear Standard Operating Procedures (SOPs) outlining how to receive, document, and manage reports related to mental health incidents.
- Ensure all employees are informed about how and where to report such issues safely and without fear of reprisal.
- Designate trained personnel or a response team to handle reported cases with sensitivity and professionalism.
- Investigate all reports promptly and impartially, ensuring that both the affected individuals and other involved parties are treated fairly.
- Implement appropriate corrective or supportive actions based on the investigation findings (e.g. referrals, adjustments, disciplinary action).
- Maintain secure and confidential records of all reported cases, including dates, actions taken, and outcomes.
- Review and analyze incident records periodically to identify trends and areas for improvement in mental health and safety practices.
- Ensure data protection compliance in storing and accessing incident-related information.

9. MONITORING AND EVALUATION

To ensure the continuous improvement and effectiveness of psychosocial hazard management measures, employers must establish robust systems for monitoring, evaluation, and feedback. These systems should be participatory, confidential, and evidence-based, while also safeguarding employee dignity and data privacy.

Employers must monitor the effectiveness of implemented measures through:

a. Regular employee feedback and surveys.
b. Tracking absenteeism, turnover rates, and performance trends.
c. Annual reviews of workplace policies on psychosocial hazards.

9.1. Evaluation Tools and Reporting

Employers may apply standardized questionnaires or psychosocial risk assessment tools to:

- Identify and analyze workplace psychosocial risk factors.
- Evaluate the broader organizational environment and employee well-being.
- Generate a report outlining findings, risk levels, and recommended actions
- The identification and analysis of psychosocial risk factors and the evaluation of the organizational environment;
- The results of the identification and analysis of the psychosocial risk factors and the evaluation of the organizational environment must be contained in a report.
- The result of the identification and analysis of the psychosocial risk factors and the evaluation of the organizational environment should be available for consultation of the workers.

Time: The identification and analysis of psychosocial risk factors and the evaluation of the organizational environment should be carried out at least every two years.

9.2. The results of these assessments:

a. Must be documented in an official report shared with the OSH Committee.

b. Should be made available to workers in an accessible format for transparency and dialogue.

c. Are to be reviewed at least once every two years to track progress and adjust interventions.

9.3. Role of the Occupational Safety and Health (OSH) Committee

The OSH Committee, as mandated under the OSHA 2007, plays a central role in the monitoring process through:

- Regular inspections focused on psychosocial work conditions.
- Participatory evaluation of workplace practices, workload balance, and communication systems.
- Reviewing the implementation of corrective measures arising from psychosocial risk assessments.
- Promoting ongoing dialogue between employers and employees on mental health and well-being.

10. PENALTIES FOR NON-COMPLIANCE

Non-compliance with this Code of Practice may result in enforcement action under OSHA 2007, including penalties, fines, or suspension of workplace operations.

11. REVIEW AND UPDATES

This Code of Practice shall be reviewed every 10 years or from time to time by the Directorate of Occupational Safety and Health Services (DOSHS) to incorporate emerging issues and global best practices.

END