



ISO 45003 Webinars: Questions and Answers

April 2021

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This document provides answers to questions submitted during the live webinars.

Note: Some questions have been merged or edited, to assist with clarity and to avoid duplication.

Answers reflect panellists' personal opinions and should not be viewed as endorsed by BSI or ISO.

Contents

ISO 45003: Type of standard, cost and availability	3
Intended audience	3
Relationship between ISO 45003 and ISO 45001	4
Relationship between standards and legislation	5
Auditing, certification and training	5
Implementation	7
Competence	8
COVID-19 pandemic	9
Different types of workplaces	11
Managing risks and opportunities	13
Managing individuals and the impact of external issues	14
Roles and responsibilities	16
Culture, understanding, engagement and communication	17
Measuring, monitoring and performance evaluation	19
General and miscellaneous	20

ISO 45003: Type of standard, cost and availability

Is ISO 45003 a requirements or guidance standard?

ISO 45003 is a guidance standard. It does not include any requirements. It is intended to complement the requirements in ISO 45001 and guide organizations on how to address OH&S issues relating to psychological health within their general OH&S management system.

When will the standard publish?

June 2021

Will the published standard differ from the current final draft available through BSI's advanced access?

There will be no further substantial changes before publication, although editorial corrections may occur. Anyone using the advanced access provision will automatically be sent the final standard on publication.

How much does it cost?

Each national standards body sets its own price.

How can I access the draft and/or the final standard?

Users should contact their own national standards body. As the UK's national standards body, BSI offers drafts and final standards through its [shop](#). Standards are also available directly from [ISO](#).

Intended audience

Can ISO 45003 be used by small organizations and/or self-employed people?

Yes. ISO 45003 provides examples and guidance for all types of organizations and individuals.



Relationship between ISO 45003 and ISO 45001

Is the standard written to be easily implemented alongside 45001?

Yes. ISO 45003 complements ISO 45001 by providing information on how to ensure psychosocial risk is considered when meeting ISO 45001 requirements.

Can an integrated approach be undertaken with regards to implementing both standards?

Yes. Ideally, organizations will use ISO 45001 and ISO 45003 together, to ensure psychological health and safety is effectively managed within the OH&S management system.

Is it a prerequisite to have complied with ISO 45001 before working to implement the ISO 45003 standard? Is it beneficial for an organization to have 45001 in place prior to implementing 45003?

ISO 45001 and ISO 45003 work together, so if an organization has already implemented ISO 45001 it can use ISO 45003 to ensure psychological health is being adequately addressed. If the organization hasn't implemented ISO 45001 yet, or doesn't plan to, ISO 45003 can still benefit organizations who wish to improve how they manage psychosocial risks.

Is there an opportunity to link the standard to ISO 9001 clause 7.1.3, allowing for businesses that do not hold certification to ISO 45001 to utilise the new standard?

Users do not need to be certified to ISO 45001 to benefit from using ISO 45003. The standard follows the same high-level structure as management system standards, enabling integration with, for example, ISO 9001.

Why is ISO 45003 a separate standard as opposed to being integrated into ISO 45001 as a holistic approach, as it is supposed to be part of the 'health' aspect in occupational health and safety management?

ISO 45003 recognises that psychological health, safety and well-being are not always fully addressed within OH&S management. The standard is designed to help organizations better understand and address these aspects of OH&S management so that their system covers all aspects of health and safety, not just those that are more familiar and seen as simpler to address.

How can psychological safety be integrated with the existing OH&S management system? Do organizations require a different management system for implementing psychological safety programmes?

Psychological health and safety should be fully integrated into the general OH&S management system, wherever possible.

Relationship between standards and legislation

Given there are defined management standards and laws in many countries, should ISO be putting more efforts into supporting adherence to mandatory laws, rather than creating a standard, which while will be used by many, is actually optional and not legally enforceable at present, to ensure employees are protected.

Standards are voluntary and laws always take precedence, where they exist. Not all countries have laws relating to this topic and those that do exist vary. Standards are often used as an alternative to legislation, or become the basis for legislation, and are an effective tool to harmonize good practice and protect more workers.

Is this standard mandatory or voluntary?

All standards are voluntary. The only exception to this is when a standard is cited in a particular country's legislation. Compliance with a standard can also become a contractual requirement.



Auditing, certification and training

Is ISO 45003 certifiable?

ISO 45003 is a guidance standard, not a requirements standard like ISO 45001. This means that ISO 45003 cannot be awarded an “accredited” certification like ISO 45001. BSI and possibly other certification bodies will be offering a [non-accredited certification](#) to ISO 45003

ISO 45003 is a guidance document rather than an auditable standard. That remit is 45001. How will companies be recognised for implementing the guidance from ISO 45003?

BSI and possibly other certification bodies will be offering a [non-accredited certification to ISO 45003](#) for organization that would like the independent third party assurance of conformity to ISO 45003

Do you expect ISO 45003 to be an optional addition to ISO 45001 certification at some time in the future?

BSI will be offering [unaccredited certification to ISO 45003](#) to clients that have ISO 45001 (and clients that do not have ISO 45001)

Who is accredited to certify against this standard?

ISO 45003 is a guidance standard, not a requirements standard like ISO 45001. This means that ISO 45003 cannot be awarded an “accreditation” like ISO 45001, which means that no certification body will be “accredited” to deliver ISO 45003. However, as ISO 45003 is design to support ISO 45001, you should seek a certification body that is accredited to ISO 45001.

Can you gain certification for ISO 45003 without ISO 45001 certification?

BSI will be offering [unaccredited certification to ISO 45003](#) to both clients that have ISO 45001 and clients that do not have ISO 45001.

Will the certification process be similar to ISO45001 and available globally?

The unaccredited certification to ISO 45003 is being offered globally by BSI and will operate in exactly the same way as our ISO 45001 certification process.

Could an organization conform to ISO 45001 if they obviously have deficiencies based on the guidance in ISO 45003?

Conformity to ISO 45001 will be judged on the requirements set down in the standard itself. Whilst there is reference to some psychosocial risks in ISO 45001, it may be the case that a more comprehensive psychosocial risk management approach (as set out in ISO 45003) is not in place – for instance return to work and rehabilitation processes).

Will there be an ISO/BSI auditing process for 45003?

BSI will be offering ISO 45003 gap analysis and auditing for [unaccredited certification](#).

How will ISO 45003 be audited as part of the OH&S management system?

The unaccredited certification to ISO 45003 being offered globally by BSI will operate in exactly the same way as our ISO 45001 certification process. An organization will be audited on each standard (ISO 45001 as the main OH&S management system standard and ISO 45003). Where an organization has certification to ISO 45001 with BSI, the audits can be combined (subject to audited cycle)

Since I am an IRCA ISO 45001 lead auditor, how can I get the qualification of ISO 45003 qualification?

As ISO 45003 is a guidance standard, there is no requirement to become a 'lead' auditor to this standard. BSI offers a [one-day requirements training course](#), introducing you to the ISO 45003.

Will BSI be training its client managers to ensure they are competent to effectively deliver the visit to an appropriate level?

BSI will be taking the same rigorous approach to the competency requirements of auditors delivering ISO 45003 certification, as it does to all its auditors for all standards.

What other opportunities for training and development will there be for employees, beyond mental health and wellbeing first aid training?

BSI has developed a [one-day training course on ISO 45003](#) which is available globally. On the course you'll learn how to manage psychosocial risk across your organization as part of your overall occupational health and safety management system based on ISO 45001, in order to:

- Prevent psychosocial harm in the workplace
- Implement effective controls to eliminate or manage psychosocial risk
- Continually improve the management of psychosocial risk

Are there any courses that line managers can attend?

BSI has developed a [one-day training course on ISO 45003](#) which is available globally, which is suitable for line managers and anyone who is involved in supporting your organization's psychological health and well-being and psychosocial risk management. This may include health and safety, occupational health, human resource, compliance and risk and operational teams and managers.

I am in Hong Kong. Is ISO 45003 training available in my country?

BSI has developed a one-day training course on ISO 45003 which is available globally. Please visit your local BSI website for details of local courses. All BSI courses are now available with on-line learning options (not just face to face).

When will training for the standard be available?

BSI's [one-day training course on ISO 45003](#) is available globally now. On the course you'll learn how to manage psychosocial risk across your organization as part of your overall occupational health and safety management system based on ISO 45001, in order to:

- Prevent psychosocial harm in the workplace
- Implement effective controls to eliminate or manage psychosocial risk
- Continually improve the management of psychosocial risk



Implementation

Who should implement the standard - HR or safety professionals?

As with any risk management system, all workers within an organization need to play an active part in making it a success. Often a particular 'function' within an organization will lead implementation and this varies from organization to organization. As ISO 45003 is designed to support ISO 45001, for many organizations the safety team may lead implementation, for others it may be the HR team, or even the quality team. Whichever function 'leads' it will be essential for health and safety teams and HR in particular, to work closely together, as many of the recommendations in ISO 45003 will need to draw on health and safety AND HR expertise.

To what extent will psychosocial knowledge and experience be required for an effective implementation and verification of ISO 45003?

ISO 45003 does talk about ensuring that workers are competent for their roles, and notes that external assistance may be required if organizations feel they don't have the necessary skills and expertise in house. There are many sources of information that can assist in developing capabilities in relation to psychosocial risks. It doesn't require formal qualifications in psychology or related disciplines. This is a similar situation as for other hazards for which workers skills and experience may need to be developed. BSI offers a [one-day training course on ISO 45003](#) and short, on demand training modules on the main psychosocial risks.

What plans and controls are built into ISO 45003 to ensure competence of practitioners engaged to guide and assist in implementation?

ISO 45003 does state that organizations should ensure that workers are competent for their roles, and notes that external assistance may be required if organizations feel they don't have the necessary skills and expertise in house. There are many sources of information that can assist in developing capabilities in relation to psychosocial risks. It doesn't require formal qualifications in psychology or related disciplines. If you do choose to seek external help you'll need to have enough competence on the subject to be able to choose a competent third-party

– this is often called 'intelligent customer capability'. This ensures that your organization understands the issue and recognizes that the responsibility and accountability for the risks cannot be outsourced.

Is there a danger that organizations disengage because they see this subject as too intangible, overwhelming - given the shared responsibility to every (different and unique) individual?

There is a risk that organizations don't initially engage because these issues are seen as too intangible, however these issues affect every workplace. ISO 45003 is designed to make the topic accessible and provides simple, practical guidance. The focus is on understanding the sources of harm that the organization can control, and these come from the way work is organised, social factors at work, and work environment and equipment. The sources of harm that are within the organizations control are not intangible or overwhelming – there are a range of risk controls that organizations can consider.

How does the standard help those in HSE/wellness functions with gaining tangible skills to implement, monitor and sustain the essentials of the standard?

The standard outlines that organizations should make sure that workers with various roles have the relevant competencies and resources to perform their roles. People in HSE roles can use Clause 7 to help argue for the provision of professional development, resources and support for their roles.

Does implementation of ISO 45003 provide evidence to regulators (e.g. HSE inspectors in the UK) that such things as the HSE Stress Management Standards are being met?

Regulators are looking for evidence of compliance with legislation. ISO standards can be one source of evidence but they may not reflect the specific requirements of legislation. Standards are voluntary and laws always take precedence, where they exist.

Competence

Does ISO 45003 help top management gain proficiency in dealing with psychosocial hazards?

It helps with identifying the kinds of issues that top management should know about when planning and implementing their organization's management system. The standard outlines that organizations should make sure that workers with various roles have the relevant competencies and resources to perform their roles. There are also specific actions, responsibilities and accountabilities set out for top management.

Are we better to outsource management of psychosocial risks to an external provider to ensure competence?

Outsourcing any business activity has pros and cons and will be based on many different business requirements. Whether or not your organization engages a third party to support your psychosocial risk management, you will still need a certain level of understanding within your organization. Workers, at all levels of the business need to understand what psychosocial risks are present and what 'controls' are in place to keep them safe and healthy.

Every standard requires a level of competence to ensure effective implementation. What plans and controls are built into ISO 45003 to ensure competence of practitioners?

The clause on competence deals with how organizations need to establish the relevant competences for workers at all levels, and then support the development of those competences.

What do you see as the role of the OH&S professional in using ISO 45003 – do you think they are adequately equipped?

OH&S professionals should be well equipped for dealing with these risks as the same risk management approach is required as for other risks. However, levels of competence, experience and comfort with dealing with psychosocial risks will vary and this is something that professionals of all kinds may want to reflect on when using ISO 45003 e.g. “What is my level of perceived competence/experience/comfort relative to other hazards? The “relative to other hazards” test can be very useful. OH&S professionals should be getting to a point where they are as familiar and comfortable dealing with psychosocial hazards as they are with, for example, noise or dusts. So, it might be an opportunity for some professional development.

Is it not time to separate “health” from “safety” and allocate a unique ISO to occupational health - keeping in mind the specialist knowledge and skill required for health that is different from the specialist competence required for safety?

ISO 45001 considers both health and safety because both are of equal importance and both impact the other. It also reflects how organizations work. There are many elements within OH&S that require specialist knowledge and naturally not all workers with OH&S functions will have that, which is why standards recommend external advice is sought in cases where knowledge is lacking. Separating the two in standards could potentially lead to even less emphasis on health than has traditionally been seen, however we do recognize the need to provide some additional guidance on particular topics, such as that provided in ISO 45003.

COVID-19 pandemic

What can we do about employers who are using COVID-19 as an excuse for poor practice that has a negative impact on mental health? For example, telling a worker that they no longer have a job without warning.

Many countries have health and safety, employment or even COVID-19 specific legislation to protect workers. With regulation there are mechanisms for reporting concerns to the regulator.

ISO 45003 will help improve awareness and competence within organizations so that poor practices are eliminated.

Are there psychosocial risks of returning to the office/normality?

There are a number of psychosocial risks associated with returning to the office which organizations need to consider. For example, there may have been change in the way offices are set out and new working arrangements – change is a psychosocial risk. So very clear communication on what to expect and how it will all work is important; new induction training is also likely to be required and ensuring that line managers speak with individuals to understand their concerns and work together to address them.

How can we help the psychological health and well-being of those anxious about returning to the workplace, taking into account both the potential stigma of being anxious and the real entrenched fears around the virus?

Very clear communication is key. Ensure workers understand what is expected of them in terms of any changes to ways of working or behaving in the workplace and reinforce these messages regularly through appropriate communication channels (posters, intranet, newsletters, etc.). A process should be set up to ensure that individual workers can talk to their line manager, or other appropriate person, to discuss specific concerns and work together to address them.

How can we manage the psychosocial risks relating to different work-related experiences during the pandemic, for example those who have been furloughed compared to those who have worked throughout, or front-line workers compared to people who have worked from home?

Identifying that this is a potential issue is a great first step. Setting clear guidance around behaviours is important and being alert to the possibility of conscious or unconscious bias or discrimination for different groups. Ensuring that line managers speak with individuals to understand their concerns and work together to address them is critical and team discussions will help air potential issues and give people the opportunity to express how they feel, which in turn allows the organization to determine what can be done to address issues that arise.

What is the name of the ISO PAS for safe working during the pandemic and where can I access it?

ISO PAS 45005 Occupational health and safety management - General guidelines for safe working during the COVID-19 pandemic is free to read on the [ISO website](#) and is also available from national standards bodies, including translations into some languages other than English. BSI offers a free download of the PAS on its COVID-19 page.

Some countries have reported a drop in mental health sickness absence in 2020, what is the theory for this happening? Lack of attendance at health care settings or people working from home, or something else?

Yes, that happened in some countries, especially at the start of the pandemic. It has been seen that those who started working from home had a lower prevalence of mental health problems (initially), on the other hand, exhaustion began to take effect after a few months of being exposed to excess stress arising from the pandemic and all the changes. Additionally, the initial economic shock of the pandemic meant people were concerned for their jobs and therefore did not report illness.

We operate in an environment where there is a higher risk of transmission of the virus yet have vulnerable staff who don't want to work from home. How can we manage the psychosocial risks to managers and other workers who need to try and protect these vulnerable workers in such a workplace?

Ensure that line managers really listen to the concerns expressed by individuals. Better understanding can often help determine a way of addressing those concerns. In some instances, alternate work activities may be possible, enabling vulnerable workers to be on site but with less exposure to transmission. Ensure that all steps are being taken within the workplace to minimise potential transmission – social distancing, enhanced hygiene, face masks, good ventilation, controlled use of common areas, etc. It's also important to ensure that line managers are fully supported and know where they can seek additional help.

How can we support vulnerable workers to overcome concerns about not coming into a physical workplace but instead working from home?

Again, it is very important that the concerns are listened to and taken on board. Once a proper understanding is achieved there will almost always be practical steps that can be taken to address them. It is also worth remembering that the pandemic has proved that many roles can be effectively performed from home, so allowing flexibility and appropriate continued support for those who prefer to work from home in the longer term should be considered.

How can we manage the psychosocial risks relating to some workers not wanting to vaccinate whilst others do?

There are many reasons why someone will choose to vaccinate while others will not; some individuals may not be able to have the vaccine due to underlying health issues, for example. Clear communication and strong worker engagement is key and organizations should be alert to any sign of discrimination, bullying or coercive behaviours related to vaccination status.

During the pandemic many people have needed to work online, using tools such as Zoom or Teams and running or participating in many webinars. How can we deal with needing to be available, often on camera, and with general online-meeting fatigue?

This has definitely been a real issue and has even become part of our pandemic terminology - “zoom fatigue”. To deal with this, we must reduce screen time through active planning and perhaps using timers to indicate when a break should be taken. Measure how much time you actually spend in front of screens: that way you can change your habits and, for example, introduce breaks away from the screen once an hour.

It's also really important to ensure that work overload is avoided – this is the responsibility of top management, however processes should be in place to enable workers to flag if they feel they have too much work, or need to work excessive hours to keep on top of things.

Workers should be encouraged to turn off phones out of work hours and leave them on silent or airplane mode during breaks. Some organizations are also introducing 'zoom free' times to ensure that the whole organization takes a break at the same time. If the nature of your activities doesn't allow for this ensure that breaks are built into meetings, webinars etc, if they cannot be kept short, and introduce guidance to prevent 'back-to-back' meetings.

How can ISO 45003 help mitigate the mental health issues experienced by international seafarers who, due to COVID-19, need to remain onboard ships for months after contracts end and aren't even allowed ashore when a ship is in port?

ISO 45003 provides guidance on the management of psychological risk, including areas such as isolation, so will help organizations address these challenges. The pandemic has had a particularly significant impact on the seafarer community. IOSH funded research that looks at mental health within this population, which although produced pre-pandemic, still provides good advice in this area.

Different types of workplaces

In sectors/industries that are historically deprived of psychologists by design, how best can this standard be tailored to manage psychosocial issues at work?

ISO 45003 sits under the umbrella of an occupational safety and health management system so the guidelines are inclusive. OH&S and HR practitioners will be able to work effectively with this standard, as will line managers, regardless of previous experience or knowledge of dealing with psychosocial risk.

Does the new standard encourage the flexibility created by home working?

The standard certainly acknowledges the importance of flexibility as a tool for reducing psychosocial risk. It also identifies that home working can increase some types hazards whilst being an effective mitigation for others – it will depend on individual circumstances and needs as much as anything else.

When we talk about what makes a workplace positive/negative, how do we apply this to the many of us still working from home? As mentioned, we are working at home and living at work lots of boundaries are being blurred. Are there factors already identified?

The guidelines cover most of the complexities associated with working from home, including work-life balance issues. It highlights the importance of adapting and developing organizational culture, management and communication styles and ensuring those who work remotely are included and looked after in the same way workers in a building under the control of the organization are. Ensuring that there is clear guidance on working hours, what is expected if you are working from home and good practices to protect against psychosocial risks in the home environment will help.

Does ISO 45003 offer guidance on managing psychosocial risks related to hybrid working environments, the mix of remote and office working?

The guidelines cover many issues associated with hybrid working. See above.

I would love to see this guidance apply to laboratory and healthcare, will these sectors be considered at the next review and integrated?

ISO 45003 is applicable to any organization, working in any setting. It provides a wide range of examples to help users relate the guidance to their own context. Laboratories and healthcare organizations can benefit from the standard as it is. If there are particular elements you feel are missing, or need more attention, please do [get in touch](#) and we will take that into consideration.

Does the panel consider that a sectorial approach may help organisations to follow a joint approach i.e. UK construction has traditional issues around employment insecurity/conditions/work intensification etc.

All of the standards developed by ISO/TC 283, including ISO 45001 and ISO 45003, are applicable to all sectors. At this time there are no plans to develop sector specific documents, however this is something we can consider if it is justified. Please do [get in touch](#) if you have specific ideas that can help us better understand how a sector approach will help users.

Are any specific tools being used to help people returning to work (e.g. training, fatigue management, risk assessments etc.) that you would particularly recommend?

A great information site on return to work is [Return to work response for leaders \(workplacestrategiesformentalhealth.com\)](#). [Supporting Employee Success](#), a free resource that provides a process that can be used when an employee may be in need of accommodation or return of work.

Does ISO 45003 seek to identify stressors in a particular workplace?

ISO 45003 is applicable to all types of workplace. It includes a wide range of examples which will help users to identify the specific stressors (psychosocial risks) in their own context.



Managing risks and opportunities

How should we assess psychosocial risk in a structured way?

The assessment of psychosocial risks can be done in exactly the same way as other health and safety risks. Starting with identifying the hazards (ISO 45003 gives many examples) using a range of sources (again, examples are given) and then assessing who may be harmed and the likelihood and consequence of that harm. As with other health and safety risks, there are additional ISO standards that can provide additional guidance. For assessing psychosocial risks – ISO 10075-2 and ISO 6385 may be helpful. It is also critical that workers are consulted and participate in the process.

It is difficult to use quantitative risk assessments for psychological issues but using qualitative measures can become subjective. How can we address this for operational controls, taking into account local cultures?

The assessment of psychosocial risks can be done in exactly the same way as other health and safety risks, including the use of quantitative techniques – particularly its most basic form of assigning a numerical value to consequence and likelihood (most commonly a 5x5 risk matrix). The implementation of controls is based on the same hierarchy principles as ISO 45001, seeking first to eliminate the risks and then manage them, using good practice as the starting point.

Can we categorize potential or actual loss of work as a psychosocial risk? How can this be managed?

Job security is certainly a potential psychosocial risk and can arise for many reasons: zero hours contracts; restricted hours; mergers and acquisitions; introduction of new technology; economic uncertainty. Identifying the relevant factors and taking early and clear action is important. One of the most effective ways of reducing the risk is reducing uncertainty by

ensuring workers are given accurate, early information relating to potential changes relating to their work situations and giving the opportunity to workers to discuss their concerns.

Is it possible that changes made to a working environment to support more vulnerable colleagues can have a negative impact or place additional burden on other colleagues?

This is certainly possible if not effectively implemented. The reverse is also true. Business policies and practices have historically avoided tailored strategies, gender-sensitive approaches or have not focused on vulnerable disadvantaged groups when designing health, safety and well-being strategies. It's important, therefore, to consider the wider impacts of changes, take concerns seriously if these are raised and work with the affected workers to find solutions.

Can the organization evaluate opportunities just by voting in a meeting and keeping minutes?

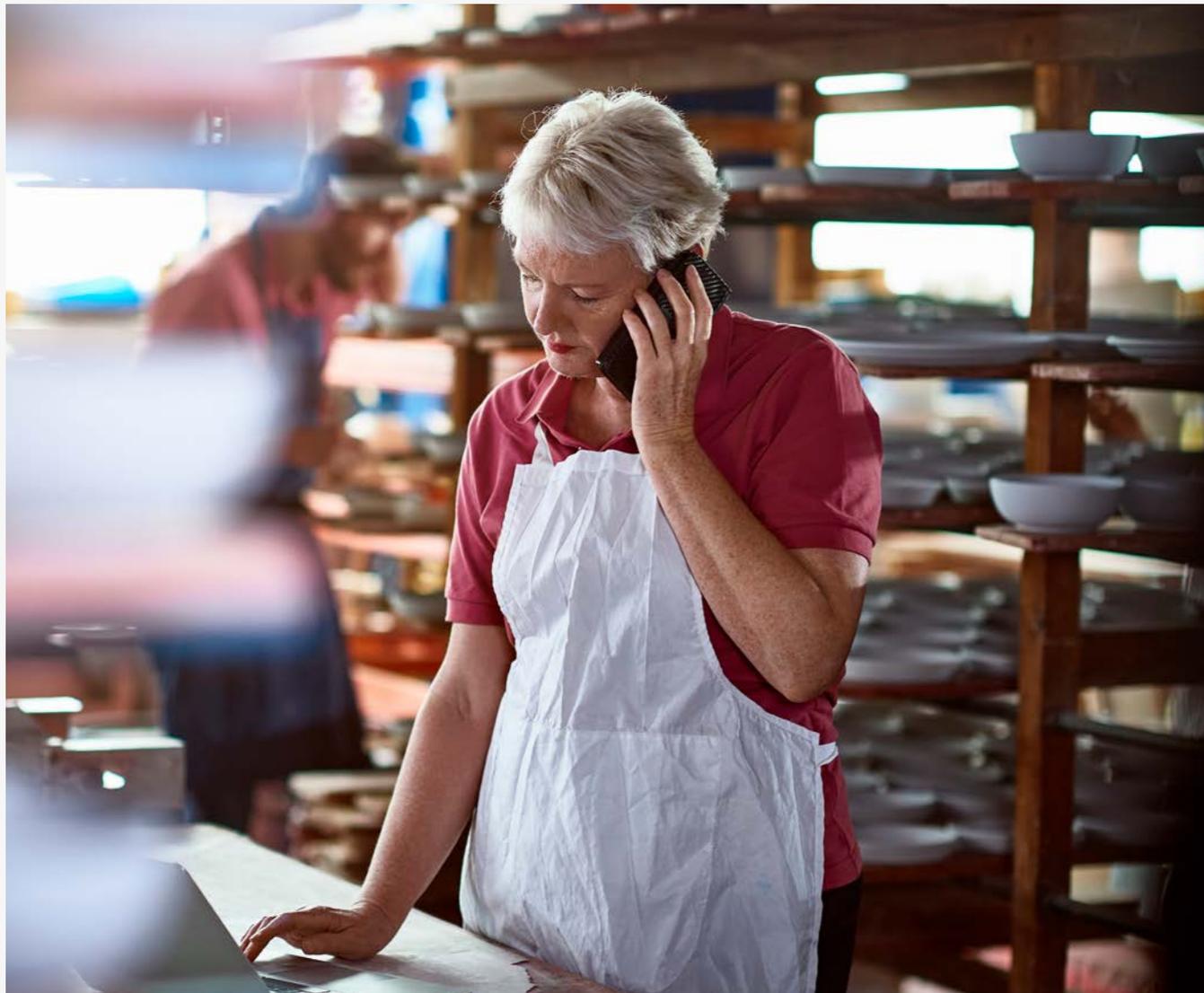
It depends entirely on who is present at that vote and the discussions that lead up to it. It is very important that the points of view of the workers are heard, and that this is reflected. Worker participation, at all stages of the process, is critical to the success of psychosocial risk management.

What is the best way to evaluate opportunities?

Firstly, take into account the feedback of workers (and worker representatives) to determine how effective current management of psychosocial risks is, ideas for improvement and where the real areas of concern are. Prioritize actions based on assessment of psychosocial risks and levels of performance and take those opportunities that can be determined to have significant impact on improving that performance.

What can we do to identify psychological hazards in our workplaces?

There are a number of ways that the organization can identify psychosocial hazards. This can be done, for example by reviewing job descriptions, analysing tasks, schedules and location; consulting with workers, clients and other interested parties; analysing performance evaluations, worker surveys, standardized questionnaires, audits, etc.



Managing individuals and the impact of external issues

Does the standard adequately address the issue that the impact of psychosocial risk is extremely personal, unlike physical risk where mitigations can be consistently applied and assessed?

ISO 45003 recognises that there can be many factors that can influence outcomes and individual factors should be considered. However, the real focus of the standard is on what the organization can do to eliminate or mitigate those sources of harm, to protect everyone, rather than on dealing with the impacts.

Does ISO 45003 advise specific training for leaders when handling specific cases, or in general? Can it help us move from situations like people taking on the roles of persecutor/victim?

It does not identify specific training, but it does indicate that the organization needs to be aware of the competences that various workers need, and to support the development of those competencies. The standard does emphasise the need to build a safe and supportive culture, so workers know how to raise such issues and feel in reporting them. By raising awareness of the issues such situations cause organizations using ISO 45003 should be able to move towards a culture where bullying and other coercive behaviour is never tolerated and action is taken when it is identified.

Does the standard address issues such as worker trauma and how it affects their work? For example, how a worker whose house has burned down can react to a fire or fire drill at work.

This is dealt with in part in the emergency preparedness section, though the focus is more on workplace trauma. Some controls that are implemented for work related risks, such as regular communication with line managers, making reasonable adjustments for individuals and employee assistance programmes, can also support workers with non-work-related trauma.

How do you differentiate between the different abilities of workers to cope with potential positive / negative work situations and/or stressful outcomes? For example, some workers thrive on heavy workloads while others are negatively impacted.

This is a common question. Organizations need to assess the level of risk that can be present. A hazard does not always present the same level of risk to everyone, every time. However, continued exposure to that hazard will eventually increase the risk. It's about finding the right balance so that the risk is reduced: the worker that's thriving on heavy workloads or continual high pressure is very unlikely to thrive forever.

How should organizations respond to requests for support from autistic workers, both in terms of timescale and depth of response?

To be a truly inclusive workplace, then individual's needs should be taken into consideration and many relatively small adjustments can make a big difference to workers with specific needs. In many cases, legislation also exists to ensure that vulnerable workers are supported and not discriminated against.

Every individual has unique life circumstances that affect psychosocial risk. How can an organization approach this sensitively without intruding into personal factors outside of the organization's control?

It is important for organizations to acknowledge that health and wellness of individuals is influenced and impacted by various factors and different life circumstances. ISO 45003 highlights that the diversity of the workforce should be taken into account and recognizes that outside factors will impact work. So, whilst the organization can only influence and control work-related psychosocial risk, it can certainly provide workers with support mechanisms and a culture where they feel safe to discuss non-work-related circumstances.

How can organizations differentiate the real psychological status of individuals from predefined performance indicators, especially where there is a lack of face-to-face communication?

This question highlights the importance of good relationships and ongoing communication (whether in person or virtually) between line managers/supervisors and workers. It is critical to have communication with workers, and to build strong relationships that are stigma free and authentic. It is also important for the organization as a whole to strive for this type of open, supportive culture. Thus, if someone is struggling or if there are psychological issues, there is a safe and trusting environment where it is easier to have difficult conversations. This should result in less confusion between the psychological status of individuals and performance issues/indicators.

Will the standards help separate work-related stress and hazards, and personal life stresses that people bring to work?

ISO 45003 recognizes that external factors impact work (see Clause 4, Context) and that the organization does not exist in isolation: it cannot ignore what is happening but outside of its control. Recognizing that the diversity of the workforce – and therefore their different needs – is going to impact the management of psychosocial risks is important. Whilst the organization cannot be responsible for managing workers' external situations, the standard does guide users to address the hazards the organization does have control of and to manage the impact of potential risks from external hazards.

What about non work-related stress causing mental ill health - is this out of scope? 85% of employee assistance helpline calls are not work related and many are related to psychological issues.

That's an interesting statistic. The standard is focused on work-related hazards. Having said that, the organization benefits if it supports people experiencing distress from other parts of life, as it can have an impact on work; and an organization that creates a culture of care towards their workers is going to have a happier, productive and more loyal workforce.

How do you manage family/home stress in order to improve productivity? Is it a holistic approach?

The standard is focused on work-related hazards. In some instances, it is work related issues that are causing the problems at home, such as working long hours; short-tempered because of excess pressures at work etc. Even where it is not work-related, the organization benefits from supporting people experiencing distress from other parts of life, as it can have impact work.

Psychosocial risk is influenced a lot by what employee does outside the workplace, how can the organization manage this?

The standard is focused on recognizing and managing work-related hazards but does take into account external factors that can affect its ability to manage psychosocial risk. Supporting workers who are experiencing issues from other parts of their life will help the organization's performance overall: the standard stresses that psychosocial risks interact with each other and can lead other risks if not managed.



Roles and responsibilities

Managers are often under the greatest stress. Does ISO 45003 offer guidance on how to manage this?

ISO 45003 takes into account the various psychosocial risks that can arise in association with line management activities. It is important to remember that the word 'worker' in the standard relates to people at all levels of the organization and in all roles, therefore measures should be taken to protect line managers from psychosocial risk.

Managers can also be a source of psychological harm. Does the standard help manage this?

Psychosocial risks can be mitigated or increased by line managers. ISO 45003 takes into account psychosocial hazards related to interpersonal relationships, including the relationships between managers and those workers who report to them. By improving the culture of the organization to ensure effective consultation and participation, tackle bullying and harassment and ensure workers have some control over their work and manageable workloads, so there are reasonable expectations around, for example, meeting deadlines or quotas, the potential for psychological harm from interaction with managers will be mitigated.

With the future of work shifting more to working from home or other offsite models, what is the future of work for health and safety professionals who traditionally work onsite?

I don't think major transformations happening as part of the so-called 'future of work' will severely impact on people-related professions such as OH&S professionals. That said, practitioners need to adapt to new work patterns and working arrangements, including being more educated in the use of Information and Communication Technologies (e.g. remote health and safety audits).

Is there any clear evidence of the effectiveness of mental health first aiders (MHFA)?

MHFA are a reactive control not a proactive control. Organizations need to focus on prevention first and ISO 45003 can help with this. The UK's HSE has conducted [research](#) into this subject, as has [IOSH](#).

In the UK, the regulator's records show that human resources departments/functions cause a high percentage of work-related mental ill-health - how can ISO 45003 help deal with this?

Psychosocial risks can be mitigated or increased by various roles and activities within an organization and the relationships between workers of all types. ISO 45003 takes into account the various psychosocial risks that may arise through such interactions. It also specifically states that organizations should establish competence requirements, in relation to psychosocial risks, for various workers – this extends to HR.



Culture, understanding, engagement and communication

Is there a place for a management concept of 'Psychological Safety' to improve communication and engagement in organizations?

Messaging that leads to higher levels of motivation and shifting the mindset from a 'blame culture' to a culture that encourages trust and participation, are positive. However, it is important that this is approached as part of the overall OH&S risk management approach. Placing an emphasis on a single aspect may undermine the overall effectiveness OH&S management.

Do organizations actively need to develop a positive culture for effective communication and worker engagement?

Absolutely and this needs to be of an inclusive nature.

Some managers believe that workers use mental health as an excuse to seek adjustments and additional leave, or to explain reduced productivity. Any thoughts on this?

Organizations should ensure that the necessary training and support is provided to line managers so that they understand the root causes of psychosocial risk and that psychological ill-health should be treated in the same way as physical ill-health: there is no questioning of the need for time off or adjustments if a worker has a physical illness or has, for example, broken a leg. There is significant lack of understanding and many misconceptions and stigmas associated with psychological ill-health: organizations need to address this and ensure that line managers are aware and competent so that they provide a culture of care rather than one of suspicion or stigma.

Does ISO 45003 help address stigma about mental health, which is a big problem?

ISO 45003 is providing practical guidance on managing psychological health and safety in the workplace. Organizations who follow the standard, and put in place processes and policies and to raise awareness, prevent psychological ill-health, promote well-being, and create an environment that is open, and trusting will help to break down the deep rooted stigma that exists in organization and society at large.

Workers sometimes use 'my mental health' to avoid having work activities they don't want to do, putting pressure on colleagues, who may in turn behave the same way. Does ISO 45003 help to deal with this?

By using ISO 45003 organizations will be able to implement a system for effective psychosocial risk management, so that workers at all levels understand the causes and signs of psychosocial ill-health and can manage them effectively. ISO 45003 can help clarify roles, and design work so that people are supported in their tasks, feel they are contributing and engaged with their work, making it less likely that they'll try to avoid certain activities without good reason.

Gas lighting can happen in workplaces, with lies, second guessing and doubts created and misinformation spread between workers, often due to competitiveness. How can ISO 45003 help with this type of issue?

Will managers have to address it with disciplinary actions and reconciliation? By creating an inclusive, transparent and safe culture, where workers feel fully informed and are listened to and able to raise concerns (knowing that problems will be taken seriously and addressed if appropriate), organizations will be able to better manage this type of risk.

ISO 45003 does not deal with 'how' organizations should deal with such situations but rather focuses on preventing them. By addressing the hazards that cause psychosocial risks – in this case competitiveness being primary rather than a culture where everyone is contributing and feels valued – issues such as gas lighting and misinformation will be less likely.

Does ISO 45003 have anything to say about the psychological health and well-being of workers who highlight or expose issues in the workplace (whistle-blowers)? There are often reprisals and some workers end up losing their careers after speaking up when things are not right.

ISO 45003 specifically includes recommendations about protecting workers from reprisals and encouraging and supporting reporting of issues.



Measuring, monitoring and performance evaluation

Does the standard provide guidance on how to evaluate existing maturity levels in relation to psychological health, safety and wellbeing?

The standard does not provide guidance on maturity levels, however there are a number of benchmarking tools on the market that may assist organizations in doing this.

What basic monitoring, evaluation and reporting data elements should be used to track performance?

Data, measurement, monitoring and evaluation is critical. It is important to collect and review all kinds of data to ensure you understand the current state of the organization and the business case for taking action. Employee engagement surveys, for example, can help organizations understand those psychosocial factors that need most attention and where to prioritize efforts for improvement and interventions that address significant areas of concern. A great survey to use to collect this information is [Guarding Minds at Work](#). It is also important to evaluate the interventions regularly and if not reaching your intended goals, change course, implement different measures and take corrective action.

How can you measure presenteeism as well as absenteeism?

[This document](#) provides a useful guide on the subject

Does ISO 45003 include metrics to measure performance?

It does not prescribe specific metrics but gives general guidance on how to measure and evaluate performance. We have just begun work on ISO 45004 which will give guidance on all types of OH&S performance evaluation.

What kind of indicators (both leading and lagging) are useful?

Organizations will choose to look at different indicators depending on their context and priorities, etc. but there are many leading and lagging indicators that are useful. Some common lagging indicators are: level of use of employee assistance programmes, sick leave, long term and short-term disability, percentage of people who return to work, percentage of people who stay at work, etc. However, the most informative and useful tend to be leading indicators that gather information on psychosocial factors and can help predict future performance, rather relying on what has happened in the past. You can find some great information at the following sites:

[Survey \(guardingmindsatwork.ca\)](#)

[sf_2018-indicators-of-a-thriving-workplace-report-bl_001_lr_1118.pdf \(headsup.org.au\)](#)

Does the standard give examples of how we can best capture 'incident data' for psychosocial health?

While the standard gives some general guidelines, it does not give specific examples. This topic is being considered in the standard currently under development ISO 45004 Occupational health & safety management – Performance evaluation guidelines.

General and miscellaneous

What are the key points of responsibility for the employer in relation to the mental health workers?

Every person in the organization has a responsibility and role to improve the psychological health and safety in the workplace. It is a joint responsibility between employer and employee. It is important for the employer to clearly articulate expectations, roles and accountability of different people in the organization, from senior leadership, to head of human resources, labour, Board, management all the way to employee. A great resource to see more information on this is Canada's psychological health and safety Standard - [Psychological Health and Safety in the Workplace - CSA Group](#)

A great resource for employee orientation to this topic and how they can contribute to building a psychologically health and safe workplace can be found at: [Employees' role in psychological health and safety \(workplacestrategiesformentalhealth.com\)](#)

How is personal privacy and GDPR addressed?

The need for confidentiality is addressed throughout the standard as is the need to understand any legal requirements. Whilst GDPR is not mentioned explicitly, organizations will need to take these requirements into account.

What recommendations does ISO 45003 make in relation to the increased use of artificial intelligence and other robotic aids?

ISO 45003 highlights the importance of organizations taking into account rapid technological changes (e.g. increased connectivity to electronic devices, impact of artificial intelligence and automation technology). It also recommends training on the risks and benefits associated with the adoption and implementation of these technologies (e.g. stressful interactions with robots)

Does the standard include reference to workplace support groups and referrals to external facilities for workers with significant psychological needs?

No, but it does indicate that the organization should refer workers to, or provide information about, relevant sources of support that are available in their location

Can this standard be used to agree on a new definition of 'normal', taking into account what workers believe?

ISO 45003 provides guidance on the management of psychosocial risks; this includes ways of working and the management of change (including working practices). It also provides guidance on how to involve workers in decision making, to ensure that there is meaningful participation and consultation.

ISO 45003 does not emphasise management of psychosocial risks by occupational health psychologists working directly for the organization in OH&S departments.

Wouldn't it be helpful to specify the duties of the occupational health psychologist and emphasise the importance of this role?

ISO 45003 sets out the need to define the roles and responsibilities for managing psychological health and safety within an organization. For organizations that have occupational psychologists, they would be included in this process, however many organizations do not have such resource so ISO 45003 provides guidance which can also be used by others.

Could lack of emphasis on trained occupation health psychologists lead to abuse of psychosocial risks and psychological health issues in other professions?

The intent of ISO 45003 is to provide organizations who do not have experts in this area with practical, simple to understand advice so that they can begin to address an area of OH&S that

has been neglected. ISO 45003 does not require 'experts' to be brought in to begin managing psychosocial risk, though in some situations this may be what the organization considers to be the best course of action.

A private sector organization recently advised a public sector organization about stress and said that they did not deal with the (work-based) causes of stress, only the symptoms, such as sleeplessness, loss of appetite etc. Is this acceptable within ISO 45003?

The intent of the standard is to enable organizations to tackle to causes and take actions to eliminate or reduce them. If the organization uses ISO 45003 to identify hazards and manage risks then impacts such as those described can often be avoided. Tackling the symptoms of psychological ill-health should be seen as the final intervention rather than the only intervention, as described in Clause 8.1.1.3.

Workload and working hours are so difficult to tackle – can you suggest any practical steps organizations can take (assuming they already know they have a problem)?

There are some good strategies for looking at this, though of course their usefulness depends on context. That's why the context clause (Clause 4) is so important.

The organization should analyse the tasks and roles to see if they can be separated, re-organized, re-scheduled or reallocated to different roles or shifts, consulting with those doing the work and involving them developing solutions. The organization can consider formal task analysis methods such as using data on workload and hours to identify necessary staffing levels, which will help predict staffing needs for the future.

Consider if professional development resources can be used to upskill workers to take on tasks, freeing other workers to perform other duties, or if efficiencies can be gained with software, tools, or systems of work, to reduce workload by reducing inefficiency.

Is there data on the effectiveness of the Canadian standard during the pandemic?

I am not aware of any formal research or studies that are completed and data available, but it has been observed that many of the organizations that were using the standard and looked at psychological health and safety equally to physical health and safety, were better positioned to support employees and adapt to the realities of the pandemic. There are some great tools and resources around Canada's Standard and the response to COVID – these can be found here:

[Workplace Resources | The Working Mind](#)

How will ISO 45003 add to/work with the HSE's existing Management Standards in the UK?

Both ISO 45003 and HSE stress management standards provide good practice for the management of psychological risk and organizations can benefit from looking at both.

How will ISO 45003 add to/work with the existing standard in Canada?

ISO 45003 has the benefit of being created with input from numerous countries and almost 10 years after the Canadian Standard was developed. The Canadian standard was also used as an input document to ISO 45003, along with others, so will enhance the existing standard.

Do all Canadian documents get published in French and English?

All official documents such as the standard or government issued documents are available in French and English, and sometimes in our indigenous languages.

How many of the Canadian companies followed already had ISO 45001 in place and had integrated the standard alongside it?

That data is unavailable.

I'm from Spain, how can I download CAN/CSA-Z1003-13/BNQ 9700-803/2013 (R2018)?

You can download at: [Psychological Health and Safety in the Workplace - CSA Group](#)

Interesting analogy with a decrease in mental health issues in Latin America during the COVID-19 issues. Has this been replicated in Europe and the UK?

The evidence is mixed – there is an indication that there has been an improvement in some aspects and decrease in others. Data about health is often lagging so it is impossible to get an accurate picture while the pandemic is still underway.

Well-being is often used as an alternative to tackling health issues caused by work. Is ISO 45003 only talking about mental health and possible work-related stress in the context of well-being, or is it including all those other things can detract from tackling workplace health hazards?

ISO 45003 addresses the broad spectrum of work-related psychosocial hazards, tackling psychological health, safety and well-being, rather than just well-being.

As a senior manager in the NHS welcome the normative advice - but as someone from the 'coalface' enacting, resourcing and even the awareness of such standards is sadly a million miles away both in practice and in typical NHS Trust's and Board's Operational Polices. This is a big problem that's about to explode in the NHS and other public sector areas that had to stay open during the pandemic

We recognize the massive impact the pandemic has had on workers, especially those in front-line occupations in the NHS. Please do please do [get in touch](#) if you would like to discuss this further and explore ways the ISO committee or BSI may be able to assist.

We have an organization implementing change - staff are having difficulty working differently as it involves big shifts, especially coupled with the pandemic - what suggestions can you offer to help manage the psychosocial risks?

The guidelines include clause 8.1.3 Management of change and offer recommendations linked to organizational changes. However this is a complex matter, as the pandemic is exacerbating mental health issues that can contribute to reduced performance, absence, a reduction in efficiency and increased possibility of human error. It is worth looking at ISO/PAS 45005 for additional specific guidance on managing psychosocial risk related to the pandemic.

What is the relationship between well-managed safety at work and good levels of mental wellbeing?

The current relation is of a blurred nature and this is something that the guidelines try to address. One of the core principles of the standard is to use a holistic OH&S management system approach which encompasses mental health and well-being needs. By doing this the organization can use performance indicators that measure mental health and well-being alongside other indicators relating to safety and analyse the performance correlation.

"ILO reports nearly 3million workers killed every year. Nearly 400million workers suffer non-fatal injuries, maiming or are disabled every year. The worker numbers suffering work caused diseases and illness isn't recorded. Plausibly there is easily a billion workers around the world suffering significant harm from the work they do at any one time. If we stop the slaughter and carnage of so many workers mental illness and mental injury will improve.

The driving force behind all of the work in ISO/TC 283 is to reduce all types of work-related injuries and ill-health across the globe and to protect workers. Implementing ISO 45001 can help organizations to put in place a system tailored to their own unique situation so that the specific risks they face are managed, which will help drive down these terrible statistics.

Once ISO 45003 is published, what value of business is likely to arise as a result around the world? Where are the experts and competent practitioners coming from to implement this work?

The intent of ISO 45003 is to provide organizations who do not have experts in this area with practical, simple to understand advice so that they can begin to address an area of OH&S that has been neglected. ISO 45003 does not require 'experts' to be brought in to begin managing psychosocial risk, though in some situations this may be what the organization considers to be the best course of action.

What are the most often recognized psychological issues at work in practice or discovered through research (in terms of mental disorders)?

The HSE stress management standards were developed based on [research](#) into the main causes of stress (psychosocial risks).

Do you think the standard will impact on capabilities sought during recruitment in relation to resilience and the likely impacts suffered as the result of a realised risk?

One cause of psychosocial risk is skill-mismatching: putting someone in a role for which they are under or over skilled. Job descriptions and the recruitment process should take this account. However, this will need to be balanced against other requirements, particularly legal requirements, in association with measures to avoid discrimination.

Does the guidance include recommendations for staff to respond to organizations that insist that staff are monofunctional in their role and do not encourage or permit involvement in other parts of the organization?

No, the standard does not go to this level of detail. The standard is written to be used by a whole range of organizations in all industries, so it does not always give specific indications

relevant to particular scenarios. The standard does however encourage consultation and participation of workers in planning how to address psychosocial risks as part of the safety management system and identifies factors such as lack of autonomy and task variety as hazards to be addressed.

What further support should organizations' offer after a mental health first aider speaks to worker and is concerned for their welfare?

An organization should not provide MHFAs without a clear process for them to refer individuals on to additional support, whether this is internal or external.

MHFAs are not there to provide 'treatment'; they are only an initial response, giving workers a first point of contact. MFHAs can play a valuable role as part of a more systematic approach to managing psychosocial risk but should not be seen as the whole solution for psychological health, safety and wellbeing.

Does ISO 45003 cover issues such as passive aggression and gaslighting at work?

The standard includes many examples of hazards and ways of addressing them, including those related to social factors. Whilst these specific phrases have not been used (we have to take into account translation issues) the concepts behind them are covered.

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