



University
of Otago

ŌTĀKOU WHAKAIHU WAKA

Total Worker Health & Wellbeing Support Guide

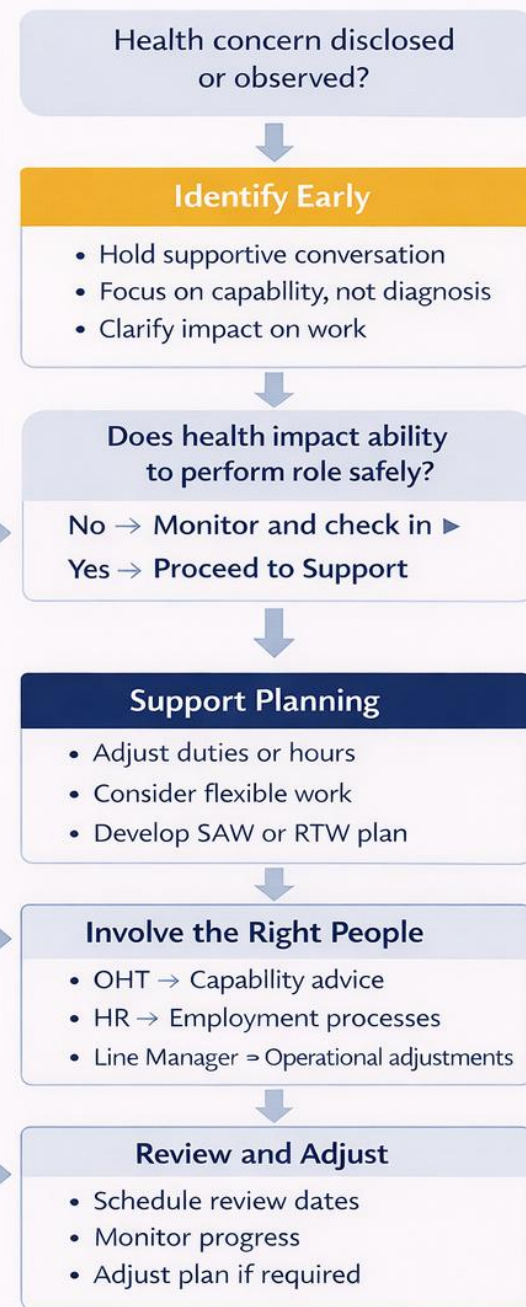
A practical guide for when health impacts mahi and mahi impacts health

Supporting the He Oraka Tōnui – Wellbeing Strategy 2026

When Work Impacts Health



When Health Impacts Work



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PRACTICAL GUIDE

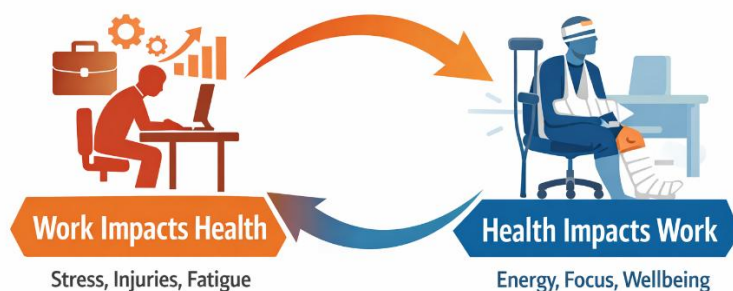
1. Why This Guide Exists

He Oraka Tōnui | Wellbeing Strategy 2026 affirms that wellbeing is a shared responsibility and a core part of how we lead, work, and connect at Ōtākou Whakaihu Waka | University of Otago.

Health and mahi are closely interconnected.

- Work can support wellbeing when it is safe, meaningful, and well-designed.
- Work can compromise wellbeing when risks, demands, or culture are not well managed.
- Personal health challenges can affect capacity, performance, and engagement.

This guide translates He Oraka Tōnui into practical action. It provides clear guidance for kaimahi and leaders when:



It does not replace policy.

It helps bring the Wellbeing strategy to life in everyday situations.

It is a living document, feedback about its practicality please email ohn@otago.ac.nz

2. Our Approach: Prevent → Identify Early → Support

At the University of Otago, health and work are managed through three connected actions:

Prevent

Design work and systems in ways that reduce harm and promote wellbeing.

Identify Early

Recognise signs of strain, risk, or reduced capacity before they escalate.

Support

Provide coordinated, fair, and timely support when health challenges arise.

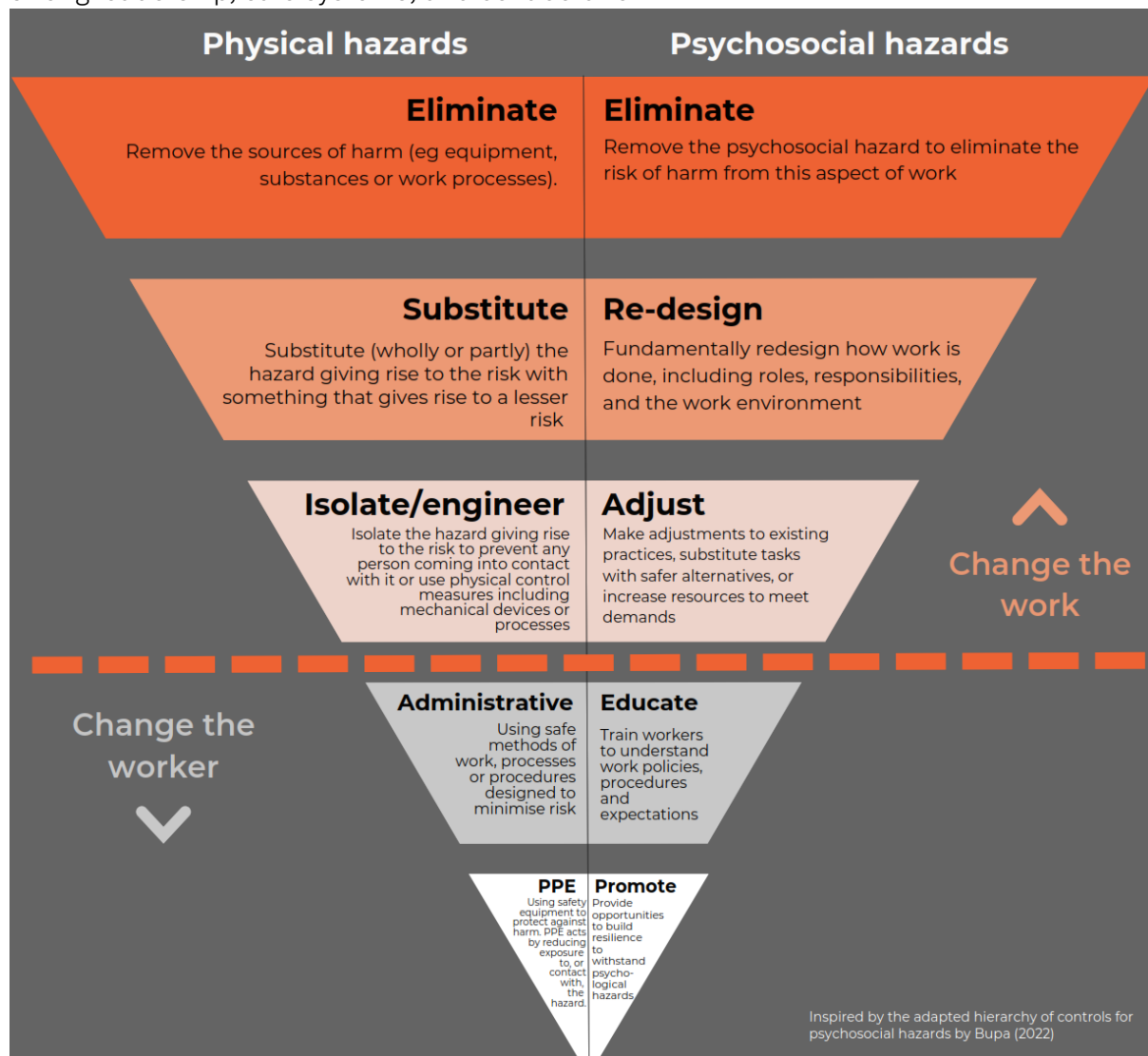
This approach applies to:

- Physical health risks
- Psychosocial hazards
- Temporary or long-term health conditions

Prevention remains the foundation. Early identification reduces escalation. Support enables sustainable participation in mahi.

3. When Work Impacts Health

Work can influence both physical and mental wellbeing. Managing this effectively requires strong leadership, safe systems, and collaboration.



A. Physical Health Risks/Hazards

Examples may include:

- Hazardous substances
- Manual handling
- Noise exposure
- Environmental extremes
- Laboratory or fieldwork risks

Prevent

- Conduct risk assessments
- Implement hierarchy of controls
- Provide appropriate training and protective equipment
- Ensure safe work procedures are clear and followed

Primary responsibility: Leaders and Health & Safety, supported by Occupational Health expertise.

Identify Early

- Identify and monitor symptoms or exposure indicators
- Encourage reporting of hazards or discomfort
- Conduct health monitoring where required

Support

If harm occurs or symptoms develop:

- Provide timely medical advice and intervention
- Review control measures
- Implement Stay-at-Work (SAW) or Return-to-Work (RTW) planning where appropriate

**Occupational Health provides clinical and exposure advice.
Human Resources HR is involved where employment or leave matters arise.**

B. Psychosocial Factors/Risks (Shared Systems Responsibility)

Psychosocial factors relate to how work is designed, managed, and experienced.

These may include:

- Workload and pace
- Role clarity
- Leadership practices
- Organisational change
- Civility and respect
- Work-life balance
- Bullying or harassment

Psychosocial hazards are organisational risks — not individual weaknesses.

Prevent

- Design realistic workloads
- Provide role clarity
- Support leadership capability
- Communicate clearly during change
- Foster respectful workplace behaviour

Primary responsibility: Leaders, supported by HR and Health & Safety.

Identify Early

Signs may include:

- Increased conflict
- Repeated absence
- Withdrawal or behavioural shifts
- Reduced engagement
- Complaints or Vault reports

Early conversations are critical.

Support

Support may include:

- Work adjustments
- Mediation or facilitated conversations
- HR processes
- Occupational Health advisory input
- Referral to support services such as Employee Assistance Programme EAP

Psychosocial hazard management requires collaboration between:

- Leaders (local work design and culture)
- HR (employment processes and mediation)
- Health & Safety/OHT (risk framework and advisory role)

**No single function “owns” psychosocial wellbeing.
It is a shared organisational responsibility.**

4. When Health Impacts Work

Health challenges — whether physical or mental, temporary or long-term — may affect a person’s capacity to perform their role.

Examples may include:

- Cancer treatment
- Surgery recovery
- Chronic illness
- Mental health conditions
- Concussion
- Significant life stress

The focus should be on **capability**, not diagnosis.

Prevent

- Maintain accurate job descriptions
 - Promote health awareness initiatives
 - Foster a culture where early disclosure feels safe
-

Identify Early

Leaders may notice:

- Changes in performance or behaviour
- Increased absence
- Reduced concentration
- Irritability or withdrawal

Kaimahi may:

- Disclose a health challenge
- Request adjustments
- Provide medical certification

Early, respectful conversation is essential.

Support

Support may include:

- Temporary workload adjustments
- Flexible work arrangements
- SAW or RTW plans
- Referral to Occupational Health
- HR guidance on leave or employment implications

Clear boundaries apply:

- Occupational Health advises on fitness for work and capability.
- HR manages employment processes, leave, and contractual matters.
- Leaders manage operational adjustments and team impact.
- The employee participates and provides consent where required.

Confidentiality and dignity are paramount.

5. Who Does What?

Clear role boundaries reduce confusion and ensure consistent responses.

When Health Impacts Work

Role	Responsibility
Employee	Disclose impact on work (not required to disclose diagnosis or treatment plan)
Line Manager	Adjust duties and maintain communication, document accommodations/support, ask for assistance when needed.
Occupational Health	Provide capability advice and clinical guidance
HR	Manage leave, employment obligations, and contractual processes

When Work Impacts Health – Physical Hazard

Role	Responsibility
Employee	Report to line manager, report in Vault
Leader	Identify and escalate hazard, assist with reporting in Vault
Health & Safety/OHT	Risk assessment and control advice
HR	Involved only if employment matters arise
Executive	Ensure organisational oversight and accountability

When Work Impacts Health – Psychosocial Hazard

Role	Responsibility
Employee	Report to line manager and/or file incident report in Vault

Role	Responsibility
Leader	Gather information, address local work design and culture, report in Vault
HR	Manage employment processes and mediation
Health & Safety/OHT	Provide psychosocial risk framework and advisory input
Executive	Ensure organisational oversight and accountability

6. What To Do First

For more detailed information please refer to “Case Management Framework” below

If Someone Discloses a Health Condition

1. Listen without judgement.
2. Focus on capability and impact on work.
3. Discuss possible adjustments, document safely (without health information).
4. Seek consent before sharing any health information.
5. Contact HR or OHT if further guidance is needed, this can be done discreetly without identification in the first instance.

Do not request unnecessary medical details. It’s the employee’s right not to disclose.

If You Notice Behaviour or Performance Changes

1. Arrange a private conversation.
2. Describe observed changes factually.
3. Ask open questions.
4. Explore whether health or workload factors may be contributing.
5. Seek advice early if unsure.

Do not assume cause.

If Someone Is Absent for an Extended Period

1. Maintain supportive contact.
2. Clarify expected duration where possible.
3. Involve HR where contractual triggers apply.
4. Consider early planning for return or adjustment, document safely (without health information).

Early engagement improves outcomes.

If a Psychosocial Concern Is Raised

1. Take concerns seriously.
2. Gather information, e.g., other complaints, staff value results, Vault reports, etc.
3. Review workload and work design factors.
4. Consult HR and Health & Safety as appropriate.

5. Ensure reporting mechanisms are understood ([Vault](#))
Focus on systems — not blame.

7. Key Principles

- Wellbeing is a shared responsibility.
- Prevention is better than crisis management.
- Early conversations reduce escalation.
- Capability matters more than diagnosis.
- Confidentiality and dignity must be upheld.
- Leadership behaviour shapes workplace wellbeing.

OPERATIONAL REFERENCE

Case Management Framework

1. Purpose of Case Management

Case management provides a structured, fair, and coordinated approach when a staff member's health impacts their ability to perform their role.

The aim is to:

- Support recovery and sustainable participation in mahi
- Maintain dignity and confidentiality
- Clarify roles and responsibilities
- Reduce prolonged absence where possible
- Ensure legal and procedural compliance

Early, coordinated engagement improves outcomes for both the individual and the University.

2. When Case Management Is Required

Case management may be initiated when:

- A staff member is absent for 10+ consecutive working days
- A staff member reaches 20 cumulative sick days within 12 months
- There is an extended absence (<3 weeks)
- A health condition significantly impacts functional capacity
- Return-to-work planning is complex
- Multiple stakeholders are required (HR, OHT, external providers)

Not all health matters require formal case management. Many situations can be managed through early discussion and temporary adjustments.

3. Core Principles

All case management at Ōtākou Whakaihu Waka is guided by the following principles:

- Early engagement reduces escalation
 - Capability is the focus — not diagnosis
 - Confidentiality and consent are essential
 - Collaboration supports better outcomes
 - Work should be adapted to capability where reasonably practicable, consider timeframes
 - Documentation and review provide clarity and fairness
-

4. Roles and Responsibilities in Case Management

Clear boundaries prevent confusion and protect professional integrity.

Employee

- Communicates impact of health on work capability
- Provides medical certification where required
- Participates in planning discussions
- Provides written consent before health information is shared

Disclosure of diagnosis is not required unless directly relevant to safety.

Line Manager

- Maintains supportive contact
- Identifies operational adjustments
- Participates in SAW/RTW planning
- Monitors progress and reviews arrangements
- Escalates to HR or OHT where required

Line Managers do not request detailed medical information.

Human Resources (HR)

- Manages employment processes
- Advises on leave entitlements and contractual obligations
- Ensures procedural fairness
- Acts as Case Manager in complex or prolonged cases
- Supports leaders to manage team impact
- Advises in situations where adjustments needed are challenging or not feasible for the role

HR does not provide clinical advice.

Occupational Health Team (OHT)

- Provides fitness-for-work and capability advice
- Advises on the interaction between health and work demands
- Supports SAW/RTW planning from a clinical perspective
- Maintains secure health records
- Liaises with external health providers where consent is provided

OHT does not manage employment decisions.

5. The Five-Stage Case Management Process

Stage 1 – Identification

Trigger may include:

- Disclosure by employee
- Medical certification
- Observed change in behaviour or performance
- Extended or repeated absence, check leave balances

Action:

- Hold an early, respectful conversation
- Clarify whether health is impacting work

- Determine whether HR and/or OHT involvement is required
-

Stage 2 – Assessment

Assessment includes:

- Review of role demands and essential tasks
- Understanding of functional capability
- Consideration of medical advice (where provided)
- Identification of risks to safety

Only information relevant to work capability is required.

Stage 3 – Planning

A Stay-at-Work (SAW) or Return-to-Work (RTW) plan may include:

- Temporary reduction in hours
- Adjusted duties
- Modified workload
- Environmental adjustments
- Flexible work arrangements
- Clear review dates

Plans must:

- Be documented
 - Be agreed by all parties
 - Maintain confidentiality
 - Include review timeframes
-

Stage 4 – Implementation

During implementation:

- Maintain regular check-ins
- Monitor effectiveness of adjustments
- Adjust plan if required
- Communicate appropriately with team (without disclosing confidential health information)

The Line Manager is responsible for operational implementation.

Stage 5 – Review and Resolution

Outcomes may include:

- Return to full duties
- Continued adjustments
- Transition to longer-term arrangements
- Escalation to formal HR process if capability cannot be sustained

Review meetings should be scheduled at agreed intervals.

6. Referral to Occupational Health

An Occupational Health referral may be appropriate when:

- Functional capacity is unclear

- Safety risk is present
- Medical input is required to guide adjustments
- Complex or prolonged recovery is anticipated

Referral process:

1. Discuss need for referral with employee
2. An occupational health assessment may include consultation with an Occupational Health Nurse or the Occupational Mental Health and Wellbeing Advisor. Referrals can be initiated by contacting ohn@otago.ac.nz
3. Recommendations shared with employee and relevant parties (capability-focused only)

All health information remains confidential within OHT systems.

7. Managing Absence

Regular supportive contact is essential during absence (check with kaimahi what's appropriate).

Key considerations:

- Maintain appropriate communication
- Monitor sick leave triggers, notify payroll when necessary
- Consult HR regarding contractual entitlements
- Begin return planning early where possible

Extended unexplained absence may be managed under employment processes.

8. Confidentiality and Consent

All health information is managed in accordance with:

- Privacy Act 2020
- Health Information Privacy Code 2020

Key principles:

- Health information is stored securely by OHT
 - Written consent is required before sharing health information
 - Only capability-related information is shared with workplace
 - Employees may withdraw consent (which may affect support options)
-

When Safety Overrides Confidentiality

If there is immediate risk to safety, appropriate action may be taken without consent, including contacting emergency services.

9. Documentation and Records

- Case plans must be documented and agreed
- Health records remain secure with OHT
- Employment documentation is managed by HR

Clear record management protects both employee and University.

10. Occupational Health Systems and Responsibilities

10.1 Purpose

Occupational Health supports the University to manage:

- The impact of work on health
- The impact of health on work

The focus is prevention, monitoring, capability advice, and sustainable participation in mahi.

Occupational Health operates within legislative requirements and professional clinical standards, while working collaboratively with HR, Health & Safety, and leaders.

10.2 Legislative Context

Occupational Health practice is informed by:

- Health and Safety at Work Act 2015
- Health Information Privacy Code 2020
- Privacy Act 2020
- Relevant WorkSafe guidance

The University must take reasonably practicable steps to eliminate or minimise health risks, including both physical and psychosocial risks.

10.3 Core Functions of Occupational Health

The Occupational Health Team (OHT) provides:

Health Risk Assessment

- Identifying workplace health risks
- Advising on exposure controls

Health Monitoring

- Monitoring where required by legislation
- Managing exposure-related health surveillance

Vaccination Programmes

- Risk-based vaccination advice
- Informed consent processes

Fitness-for-Work Advice

- Assessing functional capacity
- Advising on safe work capability

Stay-at-Work and Return-to-Work Guidance

- Clinical input into SAW/RTW plans
- Liaison with external providers (with consent)

Health Promotion Advisory Input

- Supporting University-wide health initiatives
- Contributing to prevention strategies

OHT does not manage employment decisions.

HR does not provide clinical advice.

10.4 Occupational Health Procedures

Procedures may include:

- Pre-placement health assessments (where risk-based)

- Task-based health risk assessments
- Exposure monitoring (biological, chemical, physical)
- Vaccination schedules and follow-up
- Consent and secure storage of health information
- Referral to external providers
- Notification of notifiable conditions where required

All procedures follow the **hierarchy of controls**:

1. Elimination
2. Substitution/Re-design
3. Engineering controls/Adjust
4. Administrative controls/Educate
5. Personal protective equipment/Promote

Prevention remains the primary objective.

Referral and Escalation Pathways

Clear escalation supports consistency and fairness.

Contact Occupational Health When:

- Functional capacity is unclear
- Medical advice is required
- Exposure-related health concern exists
- Complex SAW/RTW planning is required

Contact HR When:

- Leave entitlements require clarification
- Formal employment processes are required
- Misconduct or performance management is involved
- Mediation is needed
- Change processes impact individuals

Joint Involvement Required When:

- Health and employment issues overlap
- Psychosocial hazards require coordinated response
- Prolonged absence affects team functioning
- Complex or high-risk situations arise

Early collaboration is encouraged rather than late escalation.

Documentation and Governance

Documentation ensures clarity and procedural fairness.

- Case plans must be documented and agreed
- Review points must be scheduled
- Capability information only is shared
- Health information remains confidential within OHT

Records management must align with University policy.

APPENDIX A

Psychosocial Hazard Management Framework

Psychosocial hazards arise from how work is designed, organised, and managed. They are organisational risks and must be addressed systematically.

Responding to Psychosocial Concerns

When concerns arise:

1. Take concerns seriously.
2. Focus on systems and work design.
3. Consult HR and Health & Safety early.
4. Use formal reporting channels where appropriate (e.g., [Vault](#)).
5. Provide appropriate support to affected individuals.

Early intervention reduces escalation and formal complaints.

When Support May Be Requested

Support may be appropriate when multiple indicators suggest a potential psychosocial risk in a team or work environment.

Possible triggers may include:

- Staff Values Survey results
- Sick leave patterns
- Staff turnover data
- Complaints or formal concerns
- Staff meeting feedback or minutes
- Themes emerging from HR or wellbeing discussions
- Other workplace indicators identified by leaders

These indicators help determine **whether a psychosocial risk assessment may be appropriate.**

Governance Responsibilities

Psychosocial hazard management is a shared responsibility.

Executive Leadership

- Provide oversight and accountability
- Ensure organisational systems support wellbeing

Leaders

- Design and manage safe, sustainable workloads
- Foster respectful workplace culture
- Address concerns early

Human Resources

- Support employment processes
- Manage mediation and formal processes
- Advise on organisational change impacts

Health & Safety / OHT

- Provide psychosocial risk assessment framework
- Support hazard identification
- Advise on prevention strategies

Psychosocial risks are not solely medical issues and should not be medicalised unnecessarily.

Psychosocial Risk Support

Psychosocial risks may be identified through a range of organisational indicators, such as staff feedback, workplace data, and operational trends (e.g. sick leave patterns, staff turnover, complaints, or themes raised in team discussions, survey results for example are only one source of information about potential psychosocial hazards).

Psychosocial risks should be managed using the University's standard risk management processes.

Leaders are responsible for managing risks within their teams. Depending on the nature of the issue, leaders may be supported by Health & Safety and Divisional Human Resource Managers (DHRMs).

- **Health & Safety** supports the identification and assessment of psychosocial hazards, facilitates worker participation where appropriate, and provides guidance on risk controls and preventative actions.
- **DHRMs** provide advice and support where matters relate to employment processes, including performance management, workplace conduct, and other employment-related considerations.

The **Occupational Mental Health & Wellbeing Advisor** can support leaders and the Response Support Team to assess psychosocial risks and provide evidence-informed recommendations to help manage and reduce workplace risks.

Psychosocial Risk Assessment Process

1. PLAN – Assess & Identify

The first step is to understand **what the potential psychosocial hazard is and how it may be affecting staff.**

This may include:

- Reviewing available evidence (survey results, sick leave, turnover data etc.)
- Understanding the work context
- Worker participation sessions or facilitated discussions
- Identifying psychosocial hazards and potential impacts

2. DO – Identify Controls & Corrective Actions

Once risks are understood, practical actions can be developed.

This includes:

- Completing a **Vault Psychosocial Risk Assessment**
- Identifying risk controls or corrective actions assigned to line managers/DHRMs
- Supporting leaders to implement appropriate workplace changes
- Ensuring actions focus on **work design, systems, and leadership practices**
- Individual support for staff when harm has occurred.

3. CHECK – Review & Monitor

After actions are implemented, the situation should be reviewed to determine whether improvements have occurred.

This may include:

- Reviewing team feedback
- Monitoring workplace indicators
- Ensuring corrective actions remain effective
- Adjusting controls where required
- Pulse check surveys

4. ACT – Improve

- Adjust controls if risks remain
- Embed effective changes into team practices
- Update risk assessments and actions in Vault
- Escalate broader organisational issues if required

Categories of Psychosocial Hazards

Psychosocial hazards may arise from:

Work Content

- Job demands
- Workload and pace
- Work schedule
- Task design

Work Context

- Leadership style
- Role clarity
- Organisational change
- Interpersonal relationships
- Recognition and reward

Environmental Factors

- Bullying or harassment
- Violence
- Discrimination
- Unsafe behaviour related to impairment

A detailed taxonomy of psychosocial hazards is provided in the Appendix.

APPENDIX B

Psychosocial Hazards – Indicators and Control Measures

This appendix provides a more detailed reference list to support identification and management of psychosocial hazards.

Psychosocial hazards should be considered alongside physical hazards in risk management processes.

B.1 Work Content

Role Clarity and Expectations

- Role ambiguity
- Conflicting responsibilities
- Unclear reporting lines
- Frequent changes to expectations

Control Measures

- Clear position descriptions
 - Regular performance conversations
 - Structured change communication
-

Job Demands and Workload

- Excessive workload
- Unrealistic deadlines
- Persistent time pressure
- Underuse of skills
- Highly repetitive tasks

Control Measures

- Workload reviews
 - Task redistribution
 - Prioritisation support
 - Resourcing adjustments
-

Work Schedule

- Unpredictable hours
- Inflexible schedules
- Ongoing unsociable hours
- Poor work-life balance

Control Measures

- Flexible work options
 - Leave planning
 - Clear after-hours boundaries
-

B.2 Work Context

Leadership and Management Practice

- Poor communication
- Inconsistent decision-making
- Lack of accountability

- Failure to listen to concerns

Control Measures

- Leadership development
 - 360° feedback
 - Structured communication plans
-

Interpersonal Relationships

- Poor team dynamics
- Conflict handled poorly
- Lack of support
- Power imbalances

Control Measures

- Mediation
 - Team facilitation
 - Clear behavioural expectations
-

Organisational Change

- Prolonged restructuring
- Inadequate consultation
- Poor communication during change

Control Measures

- Change management frameworks
 - Transparent communication
 - Employee consultation processes
-

Recognition and Reward

- Effort-reward imbalance
- Lack of acknowledgment

Control Measures

- Structured recognition processes
 - Transparent promotion pathways
-

B.3 Environmental Factors

Bullying and Harassment

- Repeated unreasonable behaviour
- Undermining actions
- Social exclusion
- Intimidation

Control Measures

- Clear behavioural policies
 - Prompt investigation
 - HR-led intervention
 - Mediation where appropriate
-

Violence and Aggression

- Verbal threats
- Physical intimidation

- Client-initiated aggression

Control Measures

- Reporting systems
 - Risk assessment
 - Safety planning
-

Unsafe Behaviour Related to Impairment

- Poor coordination
- Risk-taking behaviour
- Cognitive impairment affecting safety

Control Measures

- Immediate safety response
 - Referral to OHT where appropriate
 - HR involvement if employment processes are required
-

APPENDIX C

Glossary

Capability

A person's functional ability to perform essential job tasks.

Case Management

A structured process used when health impacts work capability and coordinated support is required.

Health Impacting Work

Situations where a staff member's health affects their ability to perform their role.

Work Impacting Health

Situations where aspects of work contribute to physical or psychological harm.

Occupational Health Team (OHT)

Clinical team providing health advice related to work and fitness for work.

Divisional Human Resource Manager (DHRM)

A senior HR professional at the University of Otago responsible for providing strategic and operational human resources advice and support to a specific division and its leaders, acting as the first HR contact for that group

Psychosocial Hazard

An aspect of work design or organisational culture that may cause psychological or physical harm.

Stay-at-Work (SAW) Plan

A structured plan allowing a staff member to remain in work with temporary adjustments.

Return-to-Work (RTW) Plan

A structured plan supporting safe reintegration following absence.