

Work health and wellbeing

Strengthen your business

Interventions tool

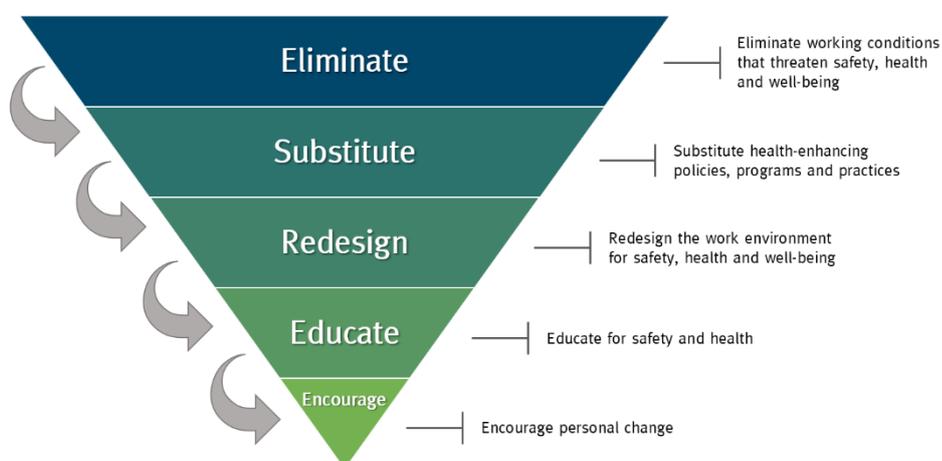
Once you have identified chronic disease risks, you can use this tool to help you develop interventions to manage the risks. Interventions should be documented in an **action plan**.

There are many ways to address chronic disease risks within the workplace. You should consider if the risk can be eliminated first, if it cannot be eliminated, then consider how the risk can be minimised. There are various levels of controlling risks. These can be ranked from the highest level of control e.g. changes to the work organisation or work environment, to the lowest level of control e.g. administrative controls. This is called the hierarchy of control.

How to use this tool

This tool provides guidance on:

- modifiable chronic disease risk factors, including general physical inactivity (sedentary work, unhealthy eating, harmful alcohol consumption, smoking, obesity and mental health)
- contributing work-related factors for chronic disease risk factors
- examples of interventions that may eliminate or minimise risk. The interventions in this tool focus on modifying the factors that may contribute to the risk.



Interventions are based on good work design and are categorised into three sections, work organisation, work environment and worker directed.

Intervention examples **Examples provided are not an exhaustive list of all interventions.*

Work organisation

Recommended interventions for the way work is organised, for example, support structures, scheduling of breaks.

Work environment

Recommended interventions for the physical work environment, for example, kitchen facilities, sit to stand work stations, end of trip facilities.

Worker directed

Recommended interventions for the workers, for example, education and training.

Tips

- Consult with workers and management when deciding on interventions. Focus on the highest level of control first e.g. changes to the work organisation or work environment before considering the lowest level of control e.g. administrative controls.
- Monitor and review the intervention/s chosen to make sure it is working and/or does not introduce new risks.

Work health and wellbeing - general

This section covers overarching interventions related to all chronic disease risk factors.

Physical inactivity (sedentary work, unhealthy eating, excessive alcohol consumption, smoking, obesity and poor mental health) can contribute to chronic diseases such as cardiovascular diseases, cancers, chronic obstructive pulmonary disease, diabetes and mental health conditions.

Lifestyle related risk factors accounted for 43 per cent of deaths in 2016. Reducing unhealthy behaviours and increasing healthy habits across the workforce is an effective way of reducing chronic disease risks. The Business Council of Australia estimates that if chronic diseases were eliminated, workforce productivity could increase by 10 per cent. Implementing appropriate interventions that address work organisation, work environment and the needs and interests of workers, can improve health and wellbeing in workplaces^{1,2}.

Work factors that may contribute to work health and wellbeing risks

Work organisation

- Time pressures.
- Work scheduling (long work hours, early starts, late finishes, shift work, inadequate breaks, fatigue, transient workforce).
- Pace and flow of work across day/shift, i.e. incentives to increase pace (finish and go, per piece payment, high production pressures) – the workers are working with tight deadlines.
- Workers input into how work is performed and their workload.
- Resourcing – staffing, skill mix, shift arrangement.
- Activities including high physical and/or mental demands.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.

Work environment

- Sedentary work - reduced or limited opportunity to be active throughout the day.
- Reduced access to kitchen facilities and/or equipment to store and prepare food.
- Inadequate time for work down time, meal breaks, recreation or group interaction.
- Cluttered or unclear walkways.

Worker directed

- Individual worker factors (i.e. skills and experience).

Intervention examples

Work organisation

- Develop or include work health and wellbeing into a workplace policy.
- Include work health and wellbeing in decision making or reporting systems.
- Include work health and wellbeing elements in key performance indicators, performance reviews and regular reports.
- Include work health and wellbeing as part of the organisation's mission, vision and business objectives.
- Combine worker and management, work health and wellbeing committees.
- Allocate resources (human and financial) for work health and wellbeing activities.
- Introduce health and wellbeing champions.
- Be flexible where practicable. i.e. break times and flexible work hours.
- Work health and wellbeing is included and embedded in organisational systems. i.e. staff and visitor inductions.
- Work health and wellbeing is included in role descriptions.
- Regular communication with workers by email/team meetings.
- Workers are consulted in relation to workplace risks.
- One on one meetings with workers and line managers.

¹ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

² Willcox, S. (2014). Chronic diseases in Australia: The case for changing course, Australian Health Policy Collaboration Issues Paper No. 2014-02. Melbourne: Australian Health Policy Collaboration.

Work environment

- Workers have the right equipment, training and resources, to do their jobs safely.
- The work organisation and the work environment encourages people to move throughout the day.
- Provide access to clean kitchen facilities and/or equipment to store, prepare and consume food.
- Provide access to clean drinking water.
- Provide space for work down time, meal breaks, recreation or group interaction.
- Provide space for workers to access privacy and quiet spaces when required.
- Separate people and vehicles for safe movement around the worksite.
- Clean and clear walkways.
- Adequate ventilation.
- Access to natural light.
- Have active travel amenities with shower or change room facilities.

Worker directed

- Provide information about work health and wellbeing risks and the impact on work.
- Provide access to community-based services that support work health and wellbeing.
- Provide workers with education and training to manage work health and wellbeing.
- Encourage workers to be healthy at work.
- Recognise and reward employee achievements.

Physical inactivity including sedentary work

Research indicates that in 2016, 40 per cent of adults did not meet the physical activity guidelines of 150 minutes of moderate intensity physical activity per week. Sedentary behaviour is also becoming common, with 50 per cent of Australian workers reporting they sit often or all the time at work. Physical inactivity and sedentary behaviours can increase the risk of type two diabetes, cardiovascular disease and musculoskeletal disorders^{3,4}.

Work factors that may contribute to physical inactivity and sedentary work

Work organisation

- Time pressures.
- Work scheduling - long work hours, inadequate rest breaks and fatigue.
- Workers are working with tight deadlines.
- Increased driving hours.
- Workers control/input into how work is performed and their workload.
- Resourcing – staffing, skill mix and shift arrangement.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.

Work environment

- Sedentary work - reduced or limited opportunity to be active throughout the day.
- Cluttered or obstructed walkways.
- Separation of people and vehicles (if not in place, movement around worksite could be unsafe).
- Increased use of technology.

Worker directed

- Individual worker factors (e.g. skills and experience).
- Static postures, causing a lack of movement and posture variation.

Intervention examples

Work organisation

- Strong visible senior management support to encourage new ways of working such as, regularly encourage movement during sedentary tasks.
- Regular communication with workers by email and at team meetings.
- Allow flexibility where practicable i.e. break times and flexible work hours.
- Redesign and vary work tasks throughout the day to promote movement where suitable, e.g. communal rubbish bins, variety of work tasks provides opportunity to change posture.
- Provide opportunities to stand during meetings and phone calls.
- Take regular short breaks during long meetings or training sessions so that participants can stand up for a few minutes.

³ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

⁴ Straker, L., Coenen, P., Dunstan, D., Gilson, N., Healy, G. (2016), Sedentary Work – Evidence on an Emergent Work Health and Safety Issue – Final Report, Canberra: Safe Work Australia

Work environment

- Workers have the right equipment, training and resources to do their jobs safely and well.
- The work organisation and the work environment encourages movement throughout the day.
- Separation of people and vehicles for safe movement around worksite.
- Clean and non-obstructive walkways.
- Set out walking/running pathways.
- Building design that promotes activity, e.g. make stairwells accessible, use the stairs instead of the lift.
- Provide end of trip travel amenities with shower or change room facilities.
- Set up stand friendly areas, e.g. install standing height tables, create enough space so people can stand in meeting rooms.

Worker directed

- Information provided about the links between low physical activity, sedentary work and risk of injury/recovery.
- Provide access to community-based services that support work health and wellbeing e.g. 10,000 steps or BeUpstandingTM.
- Provide workers with education and training on the benefits of physical activity and to manage sedentary work.
- Embed standing or moving breaks into meeting agendas.
- Walk to the water cooler to refill glass or water bottle.
- Eat lunch, morning and afternoon tea away from the desk.

Unhealthy eating

Poor diet is the second leading risk factor for disease in Queensland. Most Queenslanders do not meet the guidelines for healthy eating. Night work, long work hours, psychosocial job strain and job insecurity have shown to impact on workers eating behaviours. Good nutrition is necessary to maintain healthy weight, mental and physical health and protection against chronic disease^{5,6}.

Work factors that may contribute to unhealthy eating

Work organisation

- Time pressures.
- Work scheduling - long work hours, shift work inadequate rest breaks, fatigue.
- Activities including high physical and/or mental demands.
- Workers are working with tight deadlines.
- Workers control/input into how work is performed and their workload.
- Low workplace social support – conflict, low supervisor support.

Work environment

- Limited access to clean kitchen facilities and/or equipment to store, prepare and consume food.
- Limited access to clean drinking water.
- Limited access to healthy food and drink options.

Worker directed

- Individual worker factors, e.g. skills and experience.
- Co-worker influence.
- Eating more food in general and more junk food in response to stress.

Intervention examples

Work organisation

- Strong visible senior management support to encourage healthy eating.
- Regular communication with workers by email or team meetings.
- Allow flexibility where practicable, i.e. break times and flexible work hours.
- Ensure all catering, onsite food outlets and vending machines have 80 per cent or more of healthy food and drink choices.
- Provide healthy alternatives when catering.

⁵ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

⁶ Amani, Reza & Gill, Tim. (2013). Shiftworking, nutrition and obesity: Implications for workforce health—A systematic review. Asia Pacific journal of clinical nutrition. 22. 505-515.

Work environment

- Provide a clean kitchen facilities and/or equipment to store, prepare and consume food.
- Provide mobile workers with cooler bags or fridges for their vehicles.
- Provide clean drinking water.

Worker directed

- Provide information on the links between unhealthy eating and risk of injury/recovery.
- Provide access to community-based services that support work health and wellbeing e.g. cooking demonstrations and healthy eating.
- Provide workers with education and training to manage work health and wellbeing.
- Eat lunch, morning and afternoon tea away from your desk.
- Provide access to fresh fruit and vegetables, e.g. fruit boxes, fruit tree, vegetable garden.
- Identify healthy options if using food as a gift or reward.

Smoking

Smoking is the leading cause of premature death and disease in Queensland. Work characteristics that have been linked to higher smoking rates may include physically and psychologically demanding roles, lower workplace social support and the worksite safety climate.^{7,8} Workplace exposures such as dust and fumes can cause illness if not adequately controlled. Combining smoking with these exposures may greatly increase disease risk.

Other legislation: Tobacco and Other Smoking Products Act 1998.

Work factors that may contribute to smoking

Work organisation

- Time pressures.
- Work scheduling - long work hours, shift work inadequate rest breaks, fatigue, transient workforce.
- Activities including high physical and/or mental demands.
- Pace and flow of work across day/shift for example provide incentives to increase pace (finish and go, per piece payment, high production pressures) – the workers are working with tight deadlines.
- Workers control and have input into how work is performed and their workload.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.

Work environment

- Smoking areas close to ventilation systems or walkways.
- Hazardous working conditions.

Worker directed

- Individual worker factors, e.g. skills and experience.
- Co-worker influence.

Intervention examples

Work organisation

- Strong visible senior management support to encourage healthy work and behaviours.
- Proactive measures to make sure worker's workloads are reasonable. Provide additional support where required.
- Support structures are in place for workers and supervisors to access.
- Workers and visitors are made aware of work health, safety and wellbeing expectations and safe work procedures.
- Prohibit smoking in company uniforms.
- Develop a no smoking policy and guidelines.
- Develop a system to notify workers of unplanned deadlines and any exceptional need to work long hours

⁷ Dobson KG, Gilbert-Ouimet M, Mustard CA, et al. 2018. Association between dimensions of the psychosocial and physical work environment and latent smoking trajectories: a 16-year cohort study of the Canadian workforce. *Occup Environ Med* 2018;0:1–8. doi:10.1136/oemed-2018-105138.

⁸ Lauren M. Dutra et al. 2014. Worksite Safety Climate, Smoking, and the Use of Protective Equipment by Blue-Collar Building Workers Enrolled in the MassBUILT Smoking Cessation Trial. *JOEM*, Volume 56, Number 10, October 2014.

Work environment

- Prohibit smoking at workplaces or designate smoking areas in line with Queensland tobacco laws - ensure workers are not exposed to passive smoking in the workplace.
- Ensure there is no smoking in closed work spaces including work vehicles.
- Ensure smoking areas are not situated near ventilation intakes, e.g. air-conditioning systems.

Worker directed

- Information provided on the links between smoking and risk of injury/recovery.
- Provide access to community based services that support work health and wellbeing, e.g. quit smoking program.
- Offer free or subsidised nicotine replacement therapy.
- Provide counselling to workers who wish to quit smoke, e.g. get healthy or an employee assistance program.

Harmful alcohol consumption

Harmful alcohol consumption is the fourth largest cause of disease and injury burden in Queensland. In 2016, alcohol use accounted for an estimated 1300 deaths in Queensland (4.3 per cent of all deaths). While most people consume alcohol at levels that pose little or no risk to themselves or others, one in five adult Queenslanders are drinking at harmful levels. It is well known that the use of alcohol can have a harmful effect on the health, safety and wellbeing of individuals, either within or outside a work environment. In a workplace, this harmful effect potentially extends to the health and safety of colleagues, co-workers, customers and to the workplace in general. The use of alcohol may result in mistakes, accidents and injuries, a deterioration in workplace relationships, increased sickness-related absenteeism, lateness and lost time, decrease in productivity and staff morale.^{9,10,11}

Work factors that may contribute to harmful alcohol consumption

Work organisation

- Time pressures.
- Work Scheduling - long work hours and shift work
- Activities including high physical and/or mental demands.
- Pace and flow of work across day/shift for example: incentives to increase pace (finish and go, per piece payment; high production pressures) – the workers are working with tight deadlines.
- Workers control/input into how work is performed/workload.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.
- Workers working in isolated areas who are separated from family and friends. Consume more alcohol because of boredom, loneliness or lack of social activities.
- Inadequate job design and training, which may lead to low job satisfaction.
- Organisational change e.g. restructure, job transfer or redundancy.

Work environment

- Hazardous working conditions.

Worker directed

- Individual worker factors (e.g. skills and experience).
- Co-worker influence.
- Availability of alcohol and workplace culture including attitudes, behaviours and expectations around drinking in work-related environments.

Intervention examples

Work organisation

- Alcohol is not used as a gift, reward or in fundraising events.
- Develop a drug and alcohol policy.
- Embed alcohol support procedures into WHS procedures and policies.
- Consider training needs of managers or supervisors to recognise and reward

⁹ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

¹⁰ <https://www.aihw.gov.au/getmedia/c06f971a-4caf-4906-a42e-27f7040d74ca/injcat82.pdf.aspx?inline=true>

¹¹ <https://alcoholthinkagain.com.au/Alcohol-Your-Community/Alcohol-the-Workplace/Workplace-Resources/Facts-about-Alcohol-and-Workplace-Issues>

- Proactive measures to make sure worker's workloads are reasonable. Provide additional support where required.
- Support structures are in place for workers and supervisors to access.
- Workers and visitors are made aware of work health, safety and wellbeing expectations and safe work procedures.
- Develop a system to notify workers of unplanned deadlines and any exceptional need to work long hours.
- Prohibit the consumption of alcohol in the workplace both during and outside work hours.
- Prohibit the consumption of alcohol in company uniforms.
- Do not allow the sale of alcohol in the workplace.
- Ensure water and non-alcoholic beverages are available at all work functions where alcohol may be served.
- at work-related functions e.g. Christmas parties, provide no more than two free standard drinks and encourage workers to drink responsibly.
- Organise workplace functions and events at times or locations where alcohol consumption is not the primary focus.

Work environment

- Provide clean kitchen facilities and/or equipment to store, prepare and consume food.
- Provide clean drinking water.

Worker directed

- Provide education on the use of the drug and alcohol policy.
- Information provided on the links between harmful alcohol consumption and risk of injury/recovery.
- Provide counselling to workers who wish to manage any alcohol related issues or encourage workers to speak with their doctor. E.g. Get healthy or an Employee Assistance Program
- Encourage workers to participate in campaigns such as Feb Fast, Dry July and October.

Poor mental health

In 2011 the leading cause of disease burden in Queensland was cancer, followed by cardiovascular disease, musculoskeletal conditions and mental health disorders. According to an ABS study, 45 per cent of Australians between the ages of 16-85 will experience a mental health condition in their lifetime. It is estimated that untreated mental health conditions cost Australian workplaces approximately \$10.9 billion per year. The benefits of a mentally healthy workplace include a decrease in work-related injuries/illnesses, worker's compensation claims, absenteeism, turnover and an increase in productivity and thriving.^{12,13,14}

Work factors that may contribute to poor mental health

Work organisation

- Time pressures.
- Work scheduling - long work hours, shift work inadequate rest breaks, fatigue, transient workforce.
- Activities including high physical and/or mental demands.
- Pace and flow of work across day/shift for example: incentives to increase pace (finish and go, per piece payment; high production pressures) – the workers are working with tight deadlines.
- Workers control/input into how work is performed/workload.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.
- Low role clarity.
- Poor organisational change management.
- Remote or isolated work.

Work environment

- Poor environmental conditions.

Worker directed

- Individual worker factors (e.g. skills and experience).
- Co-worker influence.
- Work-related bullying.
- Work-related violence.
- Exposure to traumatic event.

¹² Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

¹³ Safe Work Australia. <https://www.safeworkaustralia.gov.au/topic/mental-health>

¹⁴ Mentally healthy workplaces toolkit. <https://www.worksafe.qld.gov.au/injury-prevention-safety/mentally-healthy-workplaces/toolkit>

Intervention examples

Work organisation

- Strong visible senior management support to create a mentally healthy workplace and culture.
- Allow workers to take regular breaks away from physically demanding work where possible.
- Manage work-related psychosocial hazards including bullying, fatigue, stress and violence.
- Develop and implement return to work or stay at work plans, tailored for employees' needs.
- Ensure a zero-tolerance approach to bullying by developing complaint handling processes to report inappropriate behaviour, and dealing with any cases quickly.
- Design jobs to be within workers' capabilities
- Implement workplace policies that support psychological safety and flexible workplace practices.
- Proactive measures to make sure worker's workloads are reasonable. Provide additional support where required.
- Support structures are in place for workers and supervisors to access.
- Initiate a feedback mechanism or forum for workers to participate in general or specific decision making.
- Monitor work load and work hours, addressing the issue directly and looking at your resourcing levels.
- Ensure workers have current job descriptions and a clear process and time frame to resolve any uncertainty.
- Workers and visitors are made aware of work health, safety and wellbeing expectations and safe work procedures.
- Develop a system to notify workers of unplanned tight deadlines and any exceptional need to work long hours.
- Minimise safety critical tasks during the early hours of the morning (3am to 5am).

Work environment

- Manage environmental hazards such as noise, vibration, poor lighting or poorly designed equipment.
- Design the physical environment for the work being performed. e.g. make changes to workstations, tools or equipment, or the way a job is done where needed.

Worker directed

- Promote the use of employee assistance services.
- Provide information on psychological health and safety.
- Encourage open, honest and effective communication and consultations.
- Practice respectful and dignified workplace interactions.
- Increase awareness of people's roles and responsibilities relating to mental health. This might cover areas such as work health and safety, discrimination, privacy and taking care of their own mental health.
- Provide gender and sexual diversity, cultural and disability awareness training for workers.

Only one-third of Queensland adults are currently in the healthy weight range. Obesity is a major issue with 30 percent of adults obese, of those about one-third are severely obese (12 percent or about 460,000 adults). Overweight and obesity has adverse health and economic impacts, including a higher risk of developing many chronic conditions, and of death (due to any cause).

Studies indicate that excess weight and physical inactivity are associated with increased sick leave, more prone to injuries and increased musculoskeletal disorders. Workplaces and their surrounds can have an impact on obesity. Factors affecting workplace health include food outlets, working hours, vending machines, event catering and public transport access. Building design, ease of access to work sites, good stair design, access to showers, physical activity facilities and programs all enable people to be more active at work.^{15,16,17}

Work factors that may contribute to obesity

Work organisation of work

- Time pressures.
- Work scheduling - long work hours, inadequate rest breaks, fatigue.
- Workers are working with tight deadlines.
- Increased driving hours.
- Workers control/input into how work is performed/workload.
- Resourcing – staffing, skill mix, shift arrangement.
- Low workplace social support – conflict, low supervisor support.
- Low safety climate.

Work environment

- Sedentary work - reduced or limited opportunity to be active throughout the day.
- Cluttered or unclear walkways.
- Increased use of technology.
- Limited access to clean kitchen facilities and/or equipment to store, prepare and consume food.
- Limited access to clean drinking water.
- Eating unplanned food at work.
- Limited access to healthy food and drink options.

Worker directed

- Individual worker factors (e.g. skills and experience).
- Co-worker influence.
- Eating more food in general and more junk food in response to stress.

Intervention examples

Work organisation

- Strong visible senior management support to encourage new ways of working such as interrupting sedentary tasks regularly.
- Regular communication with workers via email/team meetings.
- Work allows flexibility where practicable. i.e. breaks and flexible work.
- Redesign and vary work tasks throughout the day to promote movement where suitable e.g. communal rubbish bins.
- Provide opportunities to stand including during meetings and phone calls.
- Take regular short breaks during long meetings or training sessions so that participants can stand up for a few minutes.
- One on one meetings with workers and line managers.
- Ensure all catering, onsite food outlets and vending machines have 80% or more of healthy food and drink choices.
- Provide healthy alternatives when catering.

¹⁵ Queensland Health. The health of Queenslanders 2018. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane 2018.

¹⁶ Australian Institute of Health and Welfare 2017. A picture of overweight and obesity in Australia 2017. Cat. no.PHE 216. Canberra: AIHW.

¹⁷ Australian Safety and Compensation Council. 2008. Overweight and Obesity: implications for workplace health and safety and workers' compensation.

Work environment

- Workers have the right equipment, training and resources to do their jobs safely and well.
- The work organisation and the work environment promotes movement throughout the day.
- Separation of people and vehicles for safe movement around worksite.
- Clean and clear walkways.
- Set out walking/running pathways or make stairwells accessible.
- Have active travel amenities with shower or change room facilities.
- Set up stand friendly areas (e.g. install standing height tables, create enough space so people can stand in meeting rooms).
- Provide clean kitchen facilities and/or equipment to store and prepare food.
- Provide mobile workers with cooler bags or fridges for their vehicles.
- Provide clean drinking water

Worker directed

- Communication on the links between low physical activity, sedentary work and unhealthy eating and risk of injury/recovery is provided to workers, supervisors and managers.
- Provide access to community-based services that support work health and wellbeing e.g. 10,000 steps or BeUpstanding™ and cooking demonstrations and healthy eating.
- Provide workers with education and training to manage work health and wellbeing.
- Embed standing or moving breaks into meeting agendas.
- Walk to the water cooler to refill your glass or water bottle.
- Eat lunch and morning and afternoon tea away from your desk.
- Provide access to fresh fruit and vegetables.
- Use healthy options if using food as a gift or reward.

Further information

Other resources and case studies to support improvements in work health and wellbeing can be found at [Health and wellbeing | WorkSafe.qld.gov.au](https://www.worksafe.qld.gov.au/health-and-wellbeing).

Contact the Healthy Workers Initiative

Email: healthyworkers@oir.qld.gov.au

Phone: 1300 362 128

Work health and safety risk resources

[How to manage work health and safety risks code of practice 2021](#)

[Principles of Good Work Design](#)

[Managing the work environment and facilities code of practice 2021](#)

[Hazardous manual tasks code of practice 2021](#)

[Mentally health in the workplace](#)

[Hazards](#)