JUPITER PRIME

Consulting • Training • Advisory

جوبيتر برايم للاستشارات والتدريب

COURSE BROCHURE

Advanced Psychosocial Risk and Workplace Health Surveillance Training Course

11 – 22 January 2027
Dar es Salaam

jupiterprime.uk

info@jupiterprime.uk

Registered in the United Kingdom and Saudi Arabia

Advanced Psychosocial Risk and Workplace Health Surveillance Training Course

Ref: 810_30801 **Date:** 11 – 22 January 2027 **Location:** Dar es Salaam **Fees:** 9500 GBP

Psychosocial risk and workplace health surveillance is a 2-week advanced training course for HSE managers, wellbeing leads and occupational health professionals, in which each participant builds a psychosocial risk and health surveillance plan for their organisation. Stress, fatigue and hidden ill health now drive absence, turnover and incidents as strongly as physical hazards do. Jupiter Prime Training delivers this course for leaders who must treat mental strain as a managed risk.

Why Psychosocial Risk and Workplace Health Surveillance Matters Now

Three forces shape this subject today. Remote, shift and always-on working patterns blur recovery time, while restructuring and tight staffing raise workload strain. Employees and boards increasingly expect mental health to be handled with the same rigour as machinery guarding. An organisation that assesses psychosocial hazards and monitors exposed workers spots harm early and keeps skilled staff; one that relies on wellbeing perks alone misses root causes. The course rests on ISO 45001, the international standard for occupational health and safety management systems, which expects psychosocial hazards to be identified and controlled.

Who Gains Most from Psychosocial Risk and Workplace Health Surveillance

- Practitioners who identify workplace hazards and maintain the health and safety risk register
- Leads who design wellbeing strategy and support services for employees
- Clinicians and advisers who run medical checks and fitness for work decisions
- Specialists who plan rosters, workloads and shift systems
- Partners who advise line managers on absence, adjustments and change

Organisations gain most when HSE, HR and occupational health colleagues attend together and leave with one shared view of strain hotspots.

Psychosocial Risk and Workplace Health Surveillance Capabilities

Participants learn to treat stress and fatigue as measurable exposures, choose who needs monitoring and link each control to a tracked indicator.

- Assess psychosocial hazards with validated questionnaires and a risk matrix — for control priority
- Design exposure-based health surveillance schedules — for occupational health resourcing
- Build fatigue-aware rosters and workload controls — for operations managers
- Specify stepped mental health support pathways — for HR and service providers
- Calculate leading and lagging wellbeing indicators — for board reporting
- Align psychosocial controls with ISO 45001 clauses — for audit and management review

Key Psychosocial Risk and Workplace Health Surveillance Terms

- Psychosocial hazard — an aspect of work design, organisation or social relations, such as excessive workload or poor support, that can harm mental or physical health.
- Health surveillance — a planned schedule of periodic health checks for workers exposed to a known hazard, used to detect early harm and test controls.
- Fitness for work — a judgement, made by an occupational health professional, of whether a person can perform specific tasks safely without harm to themselves or others.
- Presenteeism — attending work while unwell to the point that performance and recovery suffer, often hidden in absence figures.
- Fatigue risk — the likelihood that reduced alertness from long hours, night work or poor recovery leads to error, injury or ill health.
- Stepped care — a support model that offers the least intensive effective help first and escalates to specialist care when needs require it.

Psychosocial Risk and Workplace Health Surveillance Day by Day

Day 1: Forces Reshaping Worker Health

- Psychosocial Hazard Landscape — Ranking Workload, Control and Conflict Exposures
- Remote and Shift Patterns — Spotting Isolation and Circadian Strain
- ISO 45001 Psychosocial Expectations — Placing Mental Strain in Hazard Identification
- Presenteeism and Absence Costs — Framing the Case for Senior Sponsors
- Worker Consultation Duties — Involving Staff Before Choosing Controls

Day 2: Psychosocial Hazard Identification

- Demand-Control-Support Model — Locating Jobs With High Strain Profiles
- Effort-Reward Imbalance Lens — Explaining Turnover in Specific Teams
- Bullying and Harassment Indicators — Deciding When Investigation Is Needed
- Organisational Change Impact Screens — Timing Restructures to Limit Strain
- Lone and Customer-Facing Work Reviews — Prioritising Aggression Exposure

Day 3: Measuring Stress and Strain

- Validated Psychosocial Questionnaires — Choosing Instruments for Each Population
- Focus Group Protocols — Turning Survey Scores Into Root Causes
- Psychosocial Risk Matrix — Rating Likelihood and Severity of Strain
- Sampling and Confidentiality Rules — Protecting Respondents in Small Units
- Baseline Heat Maps — Selecting Departments for First Action

Day 4: Health Surveillance Design

- Exposure-Based Surveillance Triggers — Deciding Which Roles Need Monitoring
- Fitness for Work Assessments — Matching Medical Checks to Task Demands
- Noise, Dust and Skin Surveillance — Scheduling Periodic Tests by Exposure
- Night Work Health Reviews — Screening Shift Workers for Sleep Disorders
- Surveillance Record Keeping — Retaining Results Under Medical Confidentiality

Day 5: Fatigue and Workload Controls

- Fatigue Risk Scoring of Rosters — Rebuilding Rotas Around Recovery
- Workload Allocation Reviews — Rebalancing Peaks Across Shifts
- Job Crafting and Autonomy Options — Widening Decision Latitude
- Recovery and Break Design — Protecting Rest in Continuous Operations
- Overtime Thresholds — Setting Escalation Points for Excess Hours

Day 6: Mental Health Support Pathways

- Stepped Care Model — Routing Staff From Peer Support to Clinicians
- Mental Health First Aider Networks — Sizing Coverage per Site
- Employee Assistance Provision — Specifying Service Levels and Uptake Reporting
- Critical Incident Support — Planning Trauma Response After Serious Events
- Reasonable Adjustment Plans — Agreeing Phased Return After Psychological Absence

Day 7: Healthy Work Design

- Good Work Design Principles — Redesigning Roles to Remove Root Causes
- Line Manager Competency Frameworks — Equipping Supervisors to Spot Distress
- Civility and Respect Charters — Setting Behaviour Expectations Across Teams
- Change Consultation Playbooks — Reducing Uncertainty During Reorganisation
- Physical Environment Factors — Adjusting Lighting, Noise and Space for Wellbeing

Day 8: Wellbeing Metrics and Reporting

- Leading Wellbeing Indicators — Selecting Pulse, Referral and Workload Measures
- Lagging Health Indicators — Tracking Psychological Absence and Ill-Health Retirement
- Wellbeing Dashboards — Presenting Trends to Boards and Committees
- Intervention Evaluation Logic Models — Linking Interventions to Measured Change
- Data Ethics in Health Analytics — Limiting Identification of Individuals

Day 9: Integration and Assurance

- ISO 45001 Clause Mapping — Embedding Psychosocial Controls in the OH&S System
- Internal Audit of Psychosocial Controls — Testing Evidence Beyond Policy
- Contractor and Supply Chain Expectations — Extending Controls to Partners
- Management Review Inputs — Escalating Persistent Strain Hotspots
- Continual Improvement Cycles — Retiring Ineffective Wellbeing Initiatives

Day 10: Practising the Psychosocial Risk and Health Surveillance Plan

- Hotspot Assessment Exercise — Applying Questionnaires and Matrix to a Case
- Surveillance Schedule Drafting — Applying Triggers to a Mixed Workforce
- Roster Redesign Simulation — Applying Fatigue Scoring to a Shift Pattern
- Board Briefing Rehearsal — Presenting Metrics and Requested Resources
- Psychosocial Risk and Health Surveillance Plan — Finalising Owners, Controls and Measures

Applying Psychosocial Risk and Workplace Health Surveillance After the Course

- Run a validated psychosocial questionnaire in two departments and rank the first three strain hotspots with a focus group
- Review which roles need exposure-based health surveillance and draft the first periodic check schedule with occupational health

Psychosocial Risk and Workplace Health Surveillance Questions FAQ

What is psychosocial risk and workplace health surveillance and why does it matter now?

It is the practice of assessing work-related stress, fatigue and strain and monitoring the health of exposed workers. It matters now because new working patterns and tight staffing raise mental strain, and boards expect it managed like any other hazard.

Which roles gain most from psychosocial risk and workplace health surveillance training?

HSE managers, wellbeing leads and occupational health professionals gain most. Roster planners and HR partners who handle absence, adjustments and organisational change also apply the methods directly in construction, energy, logistics and healthcare settings.

How does psychosocial risk and workplace health surveillance training differ from a general wellbeing course?

It treats mental strain as a hazard to assess and control, not a benefits menu. You work with risk matrices, surveillance triggers, fatigue scoring and audit evidence rather than awareness sessions and perks.

What do you bring back from psychosocial risk and workplace health surveillance training?

You bring back a plan covering ranked strain hotspots, chosen controls, a health surveillance schedule, support pathways and wellbeing indicators, each with an owner, ready to present to your leadership.

Psychosocial Risk and Workplace Health Surveillance: The Way Forward

The psychosocial risk and health surveillance plan first informs which strain hotspot receives redesign effort and which roles enter periodic monitoring. HSE, HR and occupational health leads use it to assign owners and report trends to the board. After the first review cycle, revisit whether indicators still reflect real strain or simply measure participation in initiatives.