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# Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work



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# **Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)**

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## **1. Introduction**

The NEBOSH National Certificate in the Management of Health and Well-being at Work is the first recognised qualification of its kind, piloted in 2008 and launched in 2010.

This qualification is designed to provide the skills and knowledge to tackle health and well-being at work; achieving productivity gains, reducing absence and providing a better place to work. The syllabus emphasises practical management solutions to workplace health with reference made to clinical issues to enable managers to understand how these contribute to the prevention of ill-health and promote rehabilitation.

It is suitable for General Managers, Supervisors, HR Managers, and Safety Professionals (rather than Occupational Health Practitioners), who have responsibility for, or involvement in, the health and well-being of employees as part of their day-to-day duties.

### **1.1 Benefits for employers**

Healthy workers can be almost three times more productive than their unhealthy colleagues. People who are unwell either don't perform at their best, or they don't turn up for work at all. On average, every worker in Britain takes over 7 days off annually because of illness. In the public sector the average is almost 10 days per year per employee.

A correctly implemented health and well-being programme will help reduce absenteeism and staff turnover, leading to increased skill retention, and a reduction in training and recruitment costs. Employee physical and mental well-being will be protected and improved, increasing staff morale and leading to increased productivity. The cost savings to the organisation can be significant.

This course can be delivered within an organisation, or employees can attend accredited training courses run throughout the UK by our network of accredited course providers. NEBOSH course providers offer a variety of flexible course formats, so training can be arranged according to employer needs.

### **1.2 Qualification level and UK accreditation**

For users in Scotland, this qualification has been accredited at Level 6 with 7 credit points in the Scottish Credit and Qualifications Framework (SCQF).

For users in England, Wales and Northern Ireland, this would be comparable to a Vocationally-Related Qualification (VRQ) at Level 3 in the National Qualifications Framework (NQF), broadly comparable to A-Level standard.

For further information on level comparisons please see the qualification regulator's "*Qualifications can cross boundaries*" document available from the Scottish Qualification Authority's (SQA) website ([www.sqa.org.uk](http://www.sqa.org.uk)).

### **1.3 Key topics covered**

The syllabus is based on recognised best practice in management of health in the workplace:

- Identifying risks to health at work

*The Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)*

- Learning how to manage sickness absence and implement a return to work programme
- Prevention and management of work related stress
- Workplace health promotion
- Disability discrimination and protecting health at work
- Dealing with mental health at work
- Working effectively with health professionals.

## 1.4 Course tuition and private study time requirements

**Unit NHC1:** 34 hours tuition and 8 hours private study

**Total: 42 hours**

**Unit NHC2:** 2 hours tuition and 10 hours private study

**Total: 12 hours**

A programme of study therefore needs to be based around a minimum of **36 taught hours** and approximately **18 hours of private study** for an overall total of **54 Hours**.

A block release course would be expected to last one week (five working days) and a day release course would be spread over 4-5 weeks. For candidates studying by open or distance learning, the tuition hours should be added to the recommended private study hours to give the minimum number of hours that this mode of study will require.

Quoted hours *do not* include assessment time, ie, sitting written examinations or the practical application unit.

## 1.5 Unit examinations

- **Unit NHC1: Managing health and well-being in the workplace:** Assessed by a written examination marked by external examiners appointed by NEBOSH
- **Unit NHC2: Health and well-being practical application:** Assessed by a practical examination marked by the course provider and moderated by NEBOSH.

## 1.6 Entry requirements

There are no specific barriers, in terms of academic qualifications, skills or experience to entry to the NEBOSH National Health and Well-being Certificate programme. However, it should be noted that currently the assessments are offered, and must be answered, in English only. The qualification includes a requirement to write a short report based on the candidate's own workplace, which must also be in English. Candidates should discuss this with the course provider before undertaking the qualification.

## 1.7 Minimum standard of English required for candidates

The standard of English required by candidates studying for the NEBOSH National Health and Well-being Certificate must be such that they can both understand and articulate the concepts contained in the syllabus. It is important to stress that the onus is on course providers to determine their candidates' standards of proficiency in English.

NEBOSH recommends to course providers that candidates undertaking this qualification should reach a minimum standard of English *equivalent* to an International English Language Testing System score of **6.0** or higher in IELTS tests in order to be accepted onto a National Health and Well-being Certificate programme.

*The Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)*

For further information please see the latest version of the IELTS Handbook or consult the IELTS website: [http://www.ielts.org/institutions/test\\_format\\_and\\_results.aspx](http://www.ielts.org/institutions/test_format_and_results.aspx).

Candidates wishing to assess their own language expertise may consult the IELTS website for information on taking the test: <http://www.ielts.org/institutions/faqs.aspx>.

## **1.8 Legislation**

The syllabus refers to UK legislation. Where the syllabus refers to the legislative system of England and Wales, candidates may refer to the legislative systems and requirements that apply in Scotland or Northern Ireland, provided that these references are clearly indicated as such.

If this qualification is delivered overseas, course providers may refer to examples of local legislation as part of the course programme but examination questions will refer to UK legislation only.

## **1.9 Legislative updates**

Relevant new legislation will become examinable in detail six months after its date of introduction. However, candidates will be expected to be essentially up-to-date at the time of the examination and, whilst a detailed knowledge will not be expected, reference to new or impending legislation, where relevant to an examination question, will be given credit.

Please note, NEBOSH will not ask questions related to legislation that has been repealed, revoked or otherwise superseded.

**NB:** Course providers are expected to ensure their course notes remain current with regard to new legislation.

## **1.10 National Occupational Standards (NOS) and best practice**

The syllabus is mapped to two sets of National Occupational Standards (NOS):

- NOS for Health and Safety (Standalone units) published by Proskills Standards Setting Organisation (SSO) in August 2011 ([www.proskills.co.uk](http://www.proskills.co.uk)).
- NOS for Health Trainers published by Skills for Health Sector Skills Council (SSC) ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)).

The mapping of the syllabus units to each NOS can be found on pages 9-10.

The qualification is also based on recognised best practice in the field, including the Corporate Health Standard published by the Welsh Assembly Government (Further information can be found at: <http://wales.gov.uk>).

## **1.11 Qualification type**

NEBOSH offers Vocationally-Related Qualifications (VRQs) in England, Wales and Northern Ireland.

VRQs provide the knowledge and practical skills required for particular job roles through a structured study-based training programme, that combine the testing of knowledge and understanding in written examinations with practical application of learning in the workplace.

VRQs are a popular type of qualification because they are nationally recognised, flexible and offer routes for progression to employment or further study. In Scotland, the equivalent of VRQs are ‘Other Accredited Qualifications’.

## **1.12 Qualification level and UK accreditation**

For users in Scotland, this qualification has been accredited at Level 6 with 7 credit points in the Scottish Credit and Qualifications Framework (SCQF).

For users in England, Wales and Northern Ireland, this would be comparable to a Vocationally-Related Qualification (VRQ) at Level 3 in the National Qualifications Framework (NQF), broadly comparable to A-Level standard.

For further information on level comparisons please see the qualification regulator’s “*Qualifications can cross boundaries*” document available from the Scottish Qualification Authority’s (SQA) website ([www.sqa.org.uk](http://www.sqa.org.uk)).

## **1.13 Qualification progression**

Candidates successfully completing this qualification who further develop the health aspects of their role may find this as a useful basis from which to progress to occupational health or health trainer qualifications.

Candidates successfully completing this qualification who wish to further develop the safety aspects of their role may consider studying one or more of our suite of specialist health, safety and environmental qualifications:

- National General Certificate in Occupational Health and Safety
- National Certificate in Construction Health and Safety
- National Certificate in Fire Safety and Risk Management
- National Certificate in Environmental Management
- International General Certificate in Occupational Health and Safety

Further information regarding our qualification portfolio can be found on our website: [www.nebosh.org.uk/qualifications](http://www.nebosh.org.uk/qualifications)

## **1.14 Programmes offered by NEBOSH-accredited course providers**

Course providers can be located using the ‘Where to study’ tab on our website: [www.nebosh.org.uk](http://www.nebosh.org.uk)

**NB:** Candidates are advised to check up-to-date information on course dates with course providers directly.

## **1.15 Examination dates**

Course providers may request 'on-demand' examinations on a date of their choosing for this qualification. 'Standard' examination dates set on an annual basis will be made available in due course, to be offered from December 2010.

## **1.16 Specification date**

This January 2010 specification has been revised and updated following the 2008 pilot examinations and applies for all examinations for this qualification from the 1 April 2010.

## **1.17 Syllabus development and review**

The syllabus has been developed by NEBOSH in consultation with key stakeholders, notably course providers, professional bodies, employers, standards setting organisations, enforcement bodies and subject experts. NEBOSH would like to take this opportunity to thank all those who participated in the development, piloting and implementation of this qualification.

## **1.18 Further information for candidates**

Further information for candidates including a syllabus summary, qualification overview leaflet and a sample examiner's report can be found via the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)). Examiners reports and past examination papers may be purchased from the NEBOSH online shop.

## **1.19 Further information for course providers**

Further information for course providers including policies and procedures and guidance on the practical unit can be found in the Course Providers' section of the NEBOSH website.

## **2. Qualification structure**

### **2.1 Unit assessment**

The National Certificate in the Management of Health and Well-being at Work is divided into two units:

- **Unit NHC1: Managing Health and Well-being in the Workplace**

Unit NHC1 is a taught unit, assessed by one two-hour written examination. Each written examination consists of ten 'short-answer' questions (8 marks each) and one 'long-answer' question (20 marks). Each examination paper covers the whole unit syllabus with at least one question per unit element. All questions are compulsory. Candidate scripts are marked by external examiners appointed by NEBOSH. A sample examination paper can be found in Section 5.

- **Unit NHC2: Health and Well-being practical application**

Unit NHC2 is assessed by one practical examination, based on identification of workplace health and wellbeing issues in the candidate's own workplace. This is held on a date set by the course provider and must be taken within 10 working days of a written examination. The practical examination is internally assessed by the course provider and externally moderated by NEBOSH.

NEBOSH applies best practise in relation to assessment setting and marking. NEBOSH uses external assessment for written examinations and assignments: scripts are sent to NEBOSH and undergo rigorous marking, checking and results determination processes to ensure accuracy and consistency.

### **2.2 Unit structure**

Candidates may choose to take one or both of the units at the same time or at different times.

**NB:** For candidates planning to do both units, Unit NHC2 (Health and Well-being practical application) is not normally offered independently of the taught unit (NHC1). Candidates will be required to complete the NHC2 assessment within 10 working days of sitting the examination for unit NHC1, on a date to be agreed with their course provider.

### **2.3 Achieving the qualification**

Candidates will need to pass both units within a two-year period. The two years commences from the result declaration date of the first successful unit.

### **2.4 Unit pass standard**

The pass standard for each unit may vary according to pre-determined criteria but is normalised to 45% for the written paper (NHC1) and 60% for the practical application unit (NHC2).

## **2.5 Unit certificates**

Candidates who are successful in an individual unit will be issued with a Unit Certificate, normally within 8 weeks of the issue of the result notification. Units are not graded and the unit certificates will show a 'Pass' only.

## **2.6 Qualification grades**

When candidates have been awarded a unit certificate for both units (ie, have achieved a Pass in units NHC1 and NHC2), the marks are added together and a final grade is awarded as follows:

<b>Pass</b>	105 - 124 marks
<b>Credit</b>	125 - 144 marks
<b>Distinction</b>	145 marks or more

## **2.7 Qualification parchment**

Once a candidate has achieved a Pass in both units and the qualification grade awarded they are normally considered to have completed the qualification and an qualification parchment will be issued, normally within 40 working days of the result declaration date for the second successfully completed unit.

However, once the result of the second successfully completed unit has been issued the candidate as **20 working days** from the date of issue of that result to either:

- Inform NEBOSH in writing of their intention to re-sit a successful unit for the purposes of improving a grade
- submit an Enquiry About Result (EAR) request (see 3.3 below).

## **2.8 Re-sitting examinations**

If a candidate's performance in a unit is lower than a pass, candidates may re-register for each unit or the whole qualification at a later date if they so wish. Candidates may re-sit just the unit in which they have been unsuccessful providing that they re-sit within 2 years of the sitting of the first successful unit. Candidates should take this to mean from the result declaration date for their first successful unit.

Candidates who wish to improve the mark from a unit they have successfully passed in order to improve their qualification grading to a credit or distinction, may do so providing that they re-sit the examination within 2 years of the sitting of the first successful attempt. Any candidate who re-sits a successful unit, and does not surpass their original mark, eg, is referred in the paper, will keep the *original* mark awarded. Re-sit marks are not capped. There is no limit to the number of re-sits within this two year period.

Candidates who register for any unit of the National Health and Well-being Certificate whilst awaiting a result from a previous sitting of an examination for the same qualification may not seek a refund of the registration fee if they retrospectively claim exemption from any part of the qualification, subsequent to the issue of the awaited result.

### **3. Policies**

#### **3.1 Requests for access arrangements/reasonable adjustments**

Access arrangements and reasonable adjustments are modifications which are approved in advance of an assessment to allow attainment to be demonstrated by candidates with either a permanent or long-term disability or learning difficulty, or temporary disability, illness or indisposition.

Requests for access arrangements or reasonable adjustments must be made to NEBOSH by accredited course providers at least one month before the assessment.

For further details see the NEBOSH “*Policy and procedures for access arrangements, reasonable adjustments and special consideration*” available from the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)).

#### **3.2 Requests for special consideration**

Special consideration is a procedure that may result in an adjustment to the marks of candidates who have not been able to demonstrate attainment because of temporary illness, injury, indisposition or an unforeseen incident at the time of the assessment.

Candidates who feel disadvantaged due to illness, distraction or any other reason during the assessment must report this to the invigilator (or the course provider in the case of a practical examination) before leaving the examination room and request that their written statement, together with the invigilator’s comments on the statement, are sent by the course provider to NEBOSH.

Requests for special consideration must be made to NEBOSH by the course provider as soon as possible and no more than seven working days after the assessment.

For further details see the NEBOSH “*Policy and procedures on reasonable adjustments and special consideration*” available from the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)).

#### **3.3 Enquiries about results and appeals**

NEBOSH applies detailed and thorough procedures to moderate and check examination results before they are issued. This includes a particular review of borderline results. It thereby ensures that the declared results are a fair and equitable reflection of the standard of performance by candidates.

There are, however, procedures for candidates or course providers to enquire about results that do not meet their reasonable expectations. An ‘enquiry about result’ (EAR) must be made in writing within one month of the date of issue of the result to which it relates.

For details see the NEBOSH “*Enquiries and appeals policy and procedures*” document available from the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)).

### **3.4 Malpractice**

Malpractice is defined as any deliberate activity, neglect, default or other practice by candidates and/or course providers that compromises the integrity of the assessment process, and/or the validity of certificates. Malpractice may include a range of issues from collusion or use of unauthorised material by candidates, to the failure to maintain appropriate records or systems by course providers, to the deliberate falsification of records in order to claim certificates. Failure by an accredited course provider to deal with identified issues may in itself constitute malpractice.

For further details see the NEBOSH “*Malpractice policy and procedures*” document available from the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)).

## **4. Syllabus - NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)**

### **Structure**

The qualification is divided into two units. The first unit is further divided into eight elements.

The matrix below indicates how the syllabus elements map to the relevant National Occupational Standards (See also section 1.9):

- National Occupational Standards (NOS) for Health and Safety (Standalone units) published by Proskills Standards Setting Organisation (SSO) ([www.proskills.co.uk](http://www.proskills.co.uk)).
- National Occupational Standards (NOS) for Health Trainers published by Skills for Health Sector Skills Council (SSC) ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)).

### **Unit NHC1: Managing Health and Well-being in the Workplace**

Element Number	Element Title	Recommended hours	Relevant Proskills units and elements	Relevant Skills for Health units and elements	Page
1	Introduction to workplace health	2	PROHSS 3	HT 1-3	12
2	Effects of health on work	5	PROHSS 1, 3	HT 2-3	15
3	Effects of work on health	6	PROHSS 3	HT 2-3	17
4	Management of attendance	7	PROHSS 3, 5	HT 2	20
5	Management of mental health at work	5	PROHSS 1-3, 5, 8	HT 2-3	24
6	Management of people with musculoskeletal disorders	3	PROHSS 1-3, 5-6, 8	HT 2-3	27
7	Workplace health promotion	3	PROHSS 2-3, 5	HT 1-3	29
8	Workplace health support	3	PROHSS 3, 5, 8	HT 2	31
<b>Minimum unit tuition time<sup>3</sup></b>		<b>34</b>			
<b>Recommended private study time</b>		<b>8</b>			

## **Unit NHC2: Health and Well-being practical application**

Title	Recom-mended hours	Relevant Proskills units and elements	Relevant Skills for Health units and elements	Page
Health and well-being practical application	2	PROHSS 8	2-3, HT 2-4	33
<b>Minimum unit tuition time</b>	<b>2</b>			
<b>Recommended private study time</b>	<b>10</b>			
<b>Minimum total tuition time</b>	<b>36</b>			
<b>Recommended total private study time</b>	<b>18</b>			
<b>Total overall hours</b>	<b>54</b>			

## **4.1           Unit NHC1: Managing Health and Well-being in the Workplace**

### **Element 1: Introduction to workplace health**

#### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 1.1      Outline the scope and nature of health and well-being at work
- 1.2      Outline the benefits of maintaining and promoting the health of the working population
- 1.3      Outline the role and benefits of effective management in workplace health.

#### **Content**

##### **1.1      Scope and nature of health, work and well-being at work**

- The extent of formally reported and self-reported work related ill-health and disability in the UK
- The meaning and where appropriate distinction between the following terms:
  - health (with reference to definition used by the World Health Organisation)
  - occupational health (with reference to definition used by the International Labour Organisation)
  - well-being (for example that used by the Economic and Social Research Council (ESRC)).

**Delivery advice:** It should be stressed that any definitions of health are very subjective and are often subject to individual feelings and experiences. Health in particular is not merely an absence of disease. Well-being is a particularly poorly defined term and is often linked to feelings of happiness, fulfilment and life satisfaction. On occasions the meanings of health and well-being can clash in that a person can do something which makes them happy but is intrinsically unhealthy, eg, smoking.

##### **1.2      Benefits of maintaining and promoting the health of the working population**

- The benefits of building the business case for maintaining and promoting the health of the working population with specific reference to Dame Carol Black's Review of the Health of Britain's working age population "Working for a Healthier Tomorrow"
- Current issues which are increasing the significance of health and well-being at work such as: corporate social responsibility; the "ageing workforce"; increasing numbers of migrant workers; increasing economic significance of service industries; recognition by individuals and the media of the importance of health and work-life balance
- Reducing the costs to business of work-related and non-work related ill-health; insured and uninsured costs; employers' liability insurance

- Reduced absenteeism; reduction in staff turnover, leading to increased skill retention, a reduction in recruitment and training costs; sustained staff morale leading to greater workplace engagement, which in turn drives increased productivity; seen as a caring employer
- The consequences of and reasons for the lack of early interventions in the management of an individual off sick from work, eg, lack of access to occupational health support in primary care
- Implications to the wider community including to individuals, the government and society from work related ill-health, disability and worklessness including reducing the moral, social and economic cost of sickness absence, incapacity and worklessness and the link between worklessness and other societal problems, eg, child poverty
- Meeting legal obligations under health and safety and disability discrimination law
- The role of health and well-being at work in systems which promote business improvement: eg, Investors in People.

### **1.3 Role and benefits of effective management in workplace health**

- The role and benefits of planning and organising the management of health and well-being within a formal management system, and integrating it within the organisation's general management arrangements.

***Recommended tuition time not less than 2 hours***

## **Element 2: Effects of health on work**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 2.1 Describe the effects of health on work
- 2.2 Outline the role of pre-employment screening and fitness to work standards
- 2.3 Outline the requirements of the Equality Act 2010 in relation to fitness for work
- 2.4 Outline the potential impact of substance misuse in the workplace.

### **Content**

#### **2.1 The effects of health on work**

- The possible effects of ill-health on a person's ability and performance at work
- The UK prevalence and possible effects on work performance of long term health conditions in the working population, eg, diabetes, epilepsy, coronary heart disease, cancer, mental ill-health, etc
- Gender specific health issues, eg, pregnancy.

#### **2.2 Pre-employment screening and fitness to work standards**

- The meaning of fitness to work standards
- Role and benefit of relevant pre-placement assessment (pre-employment screening) in setting and judging fitness to work standards
- Understanding by employers that normally most jobs do not require an employee to be "100% fit"
- Occupations requiring specific fitness standards and why these are necessary, eg, professional drivers
- Setting fitness to work standards that are non-discriminatory linking to element 2.3.

#### **2.3 Equality Act and fitness for work**

- The meaning of disability and its relationship to capability, impairment and capacity for work with reference to the Equality Act
- What may constitute a reasonable adjustment
- Relationship between health and safety and disability legislation including the need to protect the health and safety of others
- Risk assessment, taking account of disability.

## **2.4 The potential impact of substance misuse in the workplace**

- Legal requirements on employers, particularly the Misuse of Drugs Act, 1971, Section 8
- The role and benefits of a substance misuse policy and disciplinary procedures
- The main substances likely to be misused and the effects on the individual, to include alcohol, prescribed medication and illegal drugs
- The effects on other members of the workforce and the possible reluctance to report misuse
- Looking for signs of substance misuse which might include changes to individual behaviour and evidence of drug paraphernalia in the workplace.
- Requirement for risk assessment to include substance misuse
- The role of drug and alcohol testing in the workplace and managing the results of tests
- Facilitating the care, treatment and support of workers with substance misuse problems.

***Recommended tuition time not less than 5 hours***

## **Element 3: Effects of work on health**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 3.1 Identify the scope and nature of possible detrimental effects of work on health
- 3.2 Identify emerging workplace health risks which may have an increasing significance in the future
- 3.3 Outline the positive benefits of work on health
- 3.4 Outline how patterns of work can affect health and what control measures can be adopted
- 3.5 Outline the role and function of health surveillance
- 3.6 Outline the procedure for formal reporting of diagnosed occupational diseases
- 3.7 Identify the role and benefits of exposure monitoring to hazardous agents
- 3.8 Outline what may constitute a healthy working environment.

### **Content**

#### **3.1 Scope and nature of possible detrimental effects of work on health**

- The causes and effects on health and performance and the management of:
  - occupational hearing loss
  - hand-arm and whole body vibration syndrome
  - occupational skin disease ie irritant contact and allergic dermatitis
  - occupational lung disease ie asbestos related disease, legionellosis, work-related chronic obstructive pulmonary disease and occupational asthma
  - occupational cancer
  - blood borne viruses ie HIV, hepatitis.

Delivery advice – This list was chosen to represent the most prevalent work-related ill-health issues. Need to mention that mental ill-health and musculoskeletal disorders (MSDs) are the biggest causes of sickness absence but that these are dealt with in separate elements.

#### **3.2 Emerging workplace health risks**

- The benefits of being aware of and planning for potentially significant emerging health issues such as norovirus, pandemic flu, TB.

#### **3.3 Positive benefits of work on health**

- Benefits to an individual's health through work:
  - to the individual both physically and psycho-socially
  - aid to rehabilitation
  - negative effects of unemployment
- Characteristics of what constitutes "good work".

### **3.4 Patterns of work**

- Potential effects on physical and mental health from shift work, night working, extended hours of work, part-time and remote working
- Scope and application of the main implications of the Working Time Regulations 1998, in particular the need for rest breaks, daily rest, weekly rest and the inclusion of special requirements for at risk groups, eg, night workers.

### **3.5 The role and function of health surveillance**

- Role and benefits of health surveillance including biological monitoring
- Common types of health surveillance and links to specific legislative requirement, eg, workers potentially exposed to high levels of noise
- Difference between health surveillance and non-statutory health screening, eg, lifestyle questionnaires
- Role of policies and procedures in the management of health surveillance
- How organisations deal with adverse effects identified during health surveillance and its relationship to fitness for work including the need for managers to work with and be informed by occupational health to improve the situation.

### **3.6 Reporting of diagnosed occupational diseases**

- The procedure for formal reporting of diagnosed occupational diseases whether conducted by organisational management or by occupational health support.

### **3.7 The role and benefits of monitoring exposure to hazardous agents**

- The role of and the benefits to organisations of environmental monitoring, eg, hazardous substances, noise, etc.

### **3.8 Healthy working environment**

- The factors which might constitute a “healthy working environment”, such as:
  - access to drinking water
  - ventilation
  - rest facilities
  - cleanliness and housekeeping
  - temperature
  - lighting
  - furniture, layout, decoration
- The benefits of designing working environments with health in mind.

***Recommended tuition time not less than 6 hours***

## **Element 4: Management of attendance**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 4.1 Identity the main causes and types of sickness absence within organisations
- 4.2 Outline the role and responsibilities of the health professionals, line-manager, human resources and the employee in the management of absence
- 4.3 Outline effective techniques for the management of short and long term sickness absence and return to work
- 4.4 Outline the principles and benefits of vocational rehabilitation including the role of outside support agencies.

### **Content**

#### **4.1 Main causes and types of sickness absence within organisations**

- Characteristics of absence:
  - unauthorised absence or persistent lateness
  - authorised absences
  - short term frequent absence
  - long term absence
- Main causes of sickness absence for manual and non-manual workers
- Classification of absence into planned and unplanned
- The effects on employees health of long term absence from work
- Cost implications of absence to the organisation and employees
- Effect on employees who may have to cover for other employee's absence.

#### **4.2 Role and responsibilities of the health professionals, line-managers, human resources, and the employee in the management of absence**

- Role of the General Practitioners (GPs) and the benefits to the employer and employee of close liaison with the GP
- Role and status of the "Fit Note" and how they can be used and if necessary questioned by employers
- The information that should be provided to and can be requested from the GP (with consent). Examples include:
  - explanation that the employer would like to help the employee get back to work as soon as possible
  - summarising the employee's duties
  - paying attention to things such as job demands, the work environment
  - working time

- travel, and whether the employee is a lone worker
- asking the GP questions about the employee's fitness to do their current job
- what the employee can and can't do and, if appropriate, how long their disability or medical condition might last; suggest a range of rehabilitation measures.
- Role of occupational health and other practitioners in case management which is sensitive to individual cases and circumstances; assessing fitness for work; reports to management and dealing with medico-legal issues
- Role of human resources in the co-ordination of the sickness absence management process, recording, analysing of absence and liaison with health professionals, managers and employees
- The role of and importance of both co-operation and participation by line manager and employee and operation of the agreed system by all parties
- The need to train employees particularly line managers on the agreed absence management system and in soft skills such as interviewing technique for return to work interviews
- The importance of consultation, communication and assessing the effectiveness of the arrangements
- The importance of involving and consulting with employee representatives
- The role and function of investigating cases of work-related ill-health
- The meaning and scope of "health records", the importance of confidentiality
- Action to take if employee does not give consent.

#### **4.3 The management of short and long term sickness absence and return to work**

- Effective management of absence with specific reference to the ACAS/HSE/CIPD Absence Management Tool (<http://www.cipd.co.uk/hr-resources/practical-tools/absence-management.aspx>)
- Sickness absence recording and monitoring: benefits of recording and monitoring sickness absence, use of absence measurement techniques:
  - lost time rate
  - frequency rate
  - Bradford factor.
- Absence policies: the role and benefits of clear policies and procedures for the management of ill-health and absence. the general contents of an absence management policy; namely:
  - providing details of contractual sick pay terms (if any) and its relationship to statutory sick pay
  - the process employees must follow if taking time off sick – including notification arrangements
  - after how many days employees need a self-certification form
  - when they require a Fit-Note from the General Practitioner (GP)
  - mentioning that the organisation reserves the right to require employees to attend a medical examination and with consent to request a medical report from the employee's doctor
  - provisions for return-to-work interviews.

- Managing short term absence. Effective interventions may include:
  - a proactive application of the policy
  - return to work interviews to establish real reasons for absence
  - clear procedures to deal with unacceptable absence levels and/or breach of the policy
  - use of trigger mechanisms, eg, Bradford Factor to review attendance
  - early intervention and involvement of occupational health professionals.
- Managing long term absence:
  - overlaps with managing short term absences on a proactive application of the policy
  - return to work interviews and the involvement of occupational health professionals
  - identify someone who is suitably trained and impartial to undertake initial enquiries (ideally between 2-6 weeks) with an employee who is experiencing long-term sickness absence or recurring short or long term sickness absence
  - keeping in contact with the individual which is normally undertaken by the manager unless there is conflict/ struggle to remain impartial or the employee requests to liaise with someone else
  - flexibility and where necessary restricting sick pay
  - if necessary, arrange for a more detailed assessment by relevant specialist/s. This could be coordinated by a suitably trained case worker/s
  - coordinate and support any health, occupational or rehabilitation interventions
  - change to work patterns or environment whether temporary or permanent (reasonable adjustment).

#### **4.4 The principles and benefits of vocational rehabilitation**

- Meaning of vocational rehabilitation
- Benefits of vocational rehabilitation within the context of the employee and the employer
- The basic principles of the bio-psychosocial model and how it relates to the health of individuals
- The role that overcoming any barriers to ensure that rehabilitation of the individual is effective
- Role of agencies that can support the employers and employees, eg, primary care (condition management), JobCentre Plus, Access to Work, etc, either with free or charged for services.

***Recommended tuition time not less than 7 hours***

## **Element 5: Mental health at work**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 5.1 Outline the common types of mental health disorders
- 5.2 Outline the principles of managing and supporting individuals with mental health problems
- 5.3 Explain the effects on employees of stress in the workplace
- 5.4 Outline the role and likely content of a stress management policy
- 5.5 Explain the application and use of the HSE Stress Management Standards in the management and control of stress at work
- 5.6 Outline the role of line management competence in preventing and reducing stress.

### **Content**

#### **5.1 Common types of mental health disorders**

- The stigmatisation of individuals with mental health problems
- Recognition that most people with mental health problems can continue to work effectively
- Categorisation of the effects of mental ill-health into “mild to moderate” and “severe and long term”
- The effects on mental health of prolonged absence from work with reference to 4.1
- The incidence of common types of mental ill-health and their effects on the individual’s health and behaviour – anxiety and depression which accounts for the vast majority of mental ill-health, other mental health disorders, eg, bi-polar, schizophrenia
- Potential side effects and the impact that medication may have on work, eg, drowsiness if working with machinery.

#### **5.2 Managing and supporting individuals with mental health problems**

- Principles of the good management of an individual with mental ill-health in the workplace
- Sources of external support available, eg, occupational health, MIND, SHIFT, Shaw Trust, etc.

#### **5.3 The effects on employees of stress in the workplace**

- Meaning of “stress” and its effects on physical and mental health and work performance both short and long term
- Incidence of stress-related sickness absence in the working population
- Causes of stress and the relationship between work and other factors.

#### **5.4 Role and likely content of a stress management policy**

- The role and likely content of a stress management policy:
  - a commitment to protecting the health, safety and welfare of employees, recognising that workplace stress is a health and safety issue
  - the policy will apply to everyone in the company and will detail each employee's responsibilities including that managers are responsible for implementation and the organisation is responsible for providing the necessary resources
  - detail the role of any external support such as occupational health
  - the organisation will identify all workplace stressors and conduct risk assessments to eliminate stress or control the risks from stress. These risk assessment findings must be actioned and should be regularly monitored and reviewed
  - consultation with Trade Union Safety Representatives on all proposed action relating to the prevention of workplace stress
  - provision of training for all managers and supervisory staff in good management practices
  - provision of necessary support programmes such as confidential counselling for staff affected by stress caused by either work or external factors
  - adequate resources to enable managers to implement the company's agreed stress management strategy.

#### **5.5 Application and use of the HSE Stress Management Standards in the management and control of stress at work**

- Requirement to include stress in the risk assessment process
- Primary prevention, ie, identifying and addressing the sources of stress, using the HSE Stress Management Standards, identifying demands, control, support, relationship, role and change factors
- Secondary prevention, ie, increasing the individual's ability to cope with demands and stress, through raising awareness and education
- Tertiary provision of support, ie, counselling, Cognitive Behaviour Therapy (CBT) Employee Assistance Programmes
- The use of techniques to identify stress related issues such as surveys, audits and focus groups; managing the results obtained, implementing improvements and communicating the results.

#### **5.6 Management competence**

- The importance of management competences identified as effective for preventing and reducing stress at work with specific reference to the HSE Line Manager Competency Indicator Tool

***Recommended Tuition time not less than 5 hours***

## **Element 6: Management of people with musculoskeletal disorders**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 6.1 Outline the main types of musculoskeletal disorders and their effective management and treatment
- 6.2 Identify the principles for the assessment and control of risk of musculoskeletal injury in the workplace.

### **Content**

#### **6.1 Types of musculoskeletal disorders (MSDs)**

- Main types of (work-related) musculoskeletal disorders, their causes and prevalence in the working population:
  - back pain
  - neck and shoulder pain
  - upper limb disorders (tenosynovitis, carpal tunnel syndrome)
  - lower limb disorders
- Effect that non-work related activities may have on MSDs, eg, DIY, sport, hobbies
- The employers role in the effective management and treatment of MSD with specific reference to the benefits of early intervention
- Action that the individual can take to prevent or minimise re-occurrence of MSD, eg, increasing general physical activity.

#### **6.2 Assessment and control of risk of musculoskeletal injury in the workplace**

- The factors which affect the risk of musculoskeletal injury – task, load, individual environment, avoiding hazardous manual handling operations and repetitive actions
- Requirement to include MSDs in risk assessments

***Recommended tuition time not less than 3 hours***

## **Element 7: Workplace health promotion**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 7.1 Outline the scope and nature of workplace health promotion
- 7.2 Outline the main factors influencing the health and performance of working age people
- 7.3 Outline the benefits of health promotion in the workplace
- 7.4 Outline the organisational approaches to support the health of the workforce.

### **Content**

#### **7.1 The scope and nature of workplace health promotion**

- Meaning of the term “health promotion” with specific reference to the Ottawa Charter for Health Promotion. WHO, Geneva, 1986
- Specific factors which characterise the workplace as a positive setting for health promotion, eg, a “healthy” environment; “health” can be delivered during the working day, a high proportion of working age people, peer support from colleagues, etc.

#### **7.2 The main factors influencing the health and performance of working age people**

- Lifestyle factors, eg, diet, exercise, smoking, alcohol, drugs
- Individual factors, eg, pregnancy, age
- Domestic factors, eg, debt, abuse, caring issues
- Behavioural factors, eg, attitudes to work and health
- Why individuals may wish to make a positive change in their health.

#### **7.3 Benefits of health promotion in the workplace**

- Reduced work-related ill-health, sickness absence and benefit costs
- Reduced absenteeism
- Reduced staff turnover
- Increased productivity
- Viewed as a caring employer
- Improvements in morale.

#### **7.4 Organisational approaches to support the health of the workforce**

- Creating an organisational culture to support health:
  - influencing senior management and decision makers including the production of a well-being strategy
  - the identification and role of a “health champion”
  - the prioritisation of health interventions based on health needs assessment with reference to 8.1
  - the role of organisational policies to include health, eg, tobacco, alcohol and drugs, healthy eating, physical activity, breastfeeding, mental health and well-being, etc
- Techniques which promote empowerment of individuals to make change, eg, information campaigns and seminars
- Activities and events, eg, well persons’ clinics, immunisation programmes, smoking cessation clinics, etc
- Support for employees, eg, subsidised gym membership, provision of healthy food and drink, shower facilities, opportunities for exercise, debt management, etc.

***Recommended tuition time not less than 3 hours***

## **Element 8: Workplace health support**

### **Learning outcomes**

On completion of this element, students should be able to demonstrate an understanding of the content through the application of knowledge to familiar and unfamiliar situations. In particular they should be able to:

- 8.1 Explain the main principles in carrying out an occupational health needs assessment
- 8.2 Outline the types of workplace health services which are available to support organisations
- 8.3 Outline the role of the different professionals involved with occupational health provision.

### **Content**

#### **8.1 Main principles in carrying out an occupational health needs assessment**

- Job roles, work processes and their associated potential hazards, links to risk assessment
- Distinction between hazard and risk
- Demands of the job – physical and psychological
- Assessing how an individual's health affect the job
- Assessing how work might affect health – potential adverse effects on an existing health condition
- Identifying when specific fitness standards are required and why
- Special cases – age, pregnancy, disability.

#### **8.2 Workplace health services available to support organisations**

- Applying the findings of the workplace health needs review to determine level and types of services needed (link to 8.1)
- Types of generalist occupational health services; in-house, external, public, private
- Specialist support services, eg, access to work
- The potential role of primary care, particularly in providing health promotion support.
- Resources needed, ie, budgeting for service provision and the business benefit of providing services in excess of the statutory minimum.

#### **8.3 The role of the different professionals involved with occupational health provision**

- The potentially conflicting role of health professionals who work with both the employee and the organisation

*The Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)*

- The likely makeup of the workplace health service delivery team (medical, nursing, allied health professional, ancillary) professional registration where appropriate, qualifications and training
- Importance of identifying and proving competence when selecting workplace health services
- Role of the occupational hygienist, health and safety advisor, and ergonomist.

***Recommended tuition time not less than 3 hours***

## **Unit NHC1: Tutor References**

### **Statutory instruments**

<b>Legislation</b>	<b>Country</b>	<b>Element/s</b>
Access to Medical Reports Act 1988	UK / Great Britain	1
Control of Asbestos Regulations 2012	UK / Great Britain	3
Control of Noise at Work Regulations	UK / Great Britain	3
Control of Substances Hazardous to Health Regulations 2002	UK / Great Britain	1, 3
Control of Vibration at Work Regulations 2005	UK / Great Britain	3
Data Protection Act 1998	UK / Great Britain	1
Employment Rights Act 1996	UK / Great Britain	4
Employment Rights (Dispute Resolution) Act 1998	UK / Great Britain	4
Equality Act 2010	UK / Great Britain	1, 2
Health and Safety at Work Act 1974	UK / Great Britain	1, 2, 5, 8
Management of Health and Safety at Work Regulations 1999	UK / Great Britain	1, 2, 3, 5, 8
Manual Handling Operations Regulations 1992	UK / Great Britain	6
Misuse of Drugs Act 1971	UK / Great Britain	2
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013	UK / Great Britain	1, 3
Working Time Regulations 1998	UK / Great Britain	3
Workplace (Health, Safety and Welfare) Regulations 1992	UK / Great Britain	3
<hr/>		
Control of Asbestos Regulations (Northern Ireland) 2012	Northern Ireland	3
Control of Noise at Work Regulations (Northern Ireland) 2006	Northern Ireland	3
Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003	Northern Ireland	1, 3
Control of Vibration at Work Regulations (Northern Ireland) 2005	Northern Ireland	3
Management of Health and Safety at Work Regulations (Northern Ireland) 2000	Northern Ireland	1, 2, 3, 5, 8
Report of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997	Northern Ireland	1, 3
Working Time Regulations (Northern Ireland) 1998	Northern Ireland	3
Workplace (Health, Safety and Welfare) Regulations (Northern Ireland) 1993	Northern Ireland	3

## Other relevant references

Reference title	Reference detail eg ISBN number	Element/s
Absence measurement and management factsheet	CIPD <a href="#">Link to absence measurement and management</a>	4
A healthy return, Good practice guide to rehabilitating people at work	IOSH, <a href="#">Link to A healthy return</a>	4
A strategy for workplace health and safety in Great Britain to 2010 and beyond	HSE Books, <a href="#">Link to strategy document</a> <a href="#">Link to strategy information</a>	1
Concepts of rehabilitation for the management of common health problems, Waddell and Burton	The Stationery Office, ISBN: 978-0-1170-3394-4 <a href="#">Link to Concepts of rehabilitation</a>	2, 3, 6
Controlling noise at work, guidance on regulations, L108	HSE Books, ISBN: 978-0-7176-6164-4 <a href="#">Link to L108</a>	3
Control of substances hazardous to health, Approved Code of Practice and guidance, L5	HSE Books, ISBN: 978-0-7176-6582-2 <a href="#">Link to L5</a>	3
Don't mix it, a guide for employers on alcohol at work, INDG240	HSE Books, <a href="#">Link to INDG240</a>	2
Drug Misuse at Work, INDG91	HSE Books, <a href="#">Link to INDG91</a>	2
Employment Law and Occupational Health: a practical handbook - Lewis, J. & Thornbory, G. (2010)	Wiley-Blackwell Publishing, ISBN: 978-1-4051-9783-0	1, 2, 5, 8
Fit for Work, Advice Hub for GPs, Employers and Employees	<a href="#">Link to Fit for Work</a>	2, 4, 5
Fitness for Work, Palmer Brown Hobson, fifth edition	Oxford University Press, ISBN: 978-0-1996-4324-0	2, 6
Foundations for Health Promotion, 3e (Public Health and Health Promotion), Naidoo and Willis (fourth edition due to be published 29 March 2016)	Bailliere, Tindall, Elsevier ISBN: 978-0-7020-2965-3	6
Health, Work and Well-being: A study of the Co-ordinator and challenge fund initiatives (2012)	Department of Work and Pensions <a href="#">Link to Health, Work and Well-being</a>	1
Healthy People=Healthy Profits (2009)	Business in the Community – Business Action on Health, Published by BITC <a href="#">Link to Healthy People Healthy Profits</a>	1
Improved early pain management for musculoskeletal disorders, Research Report 399	HSE Books, <a href="#">Link to Research Report 399</a>	6
Is work good for your health and well-being? Waddell and Burton.	The Stationery Office, ISBN: 978-0-1170-3694-9 <a href="#">Link to Is work good for your health and well-being</a>	2
Managing and working with asbestos, Approved Code of Practice and guidance, L143	HSE Books, ISBN: 978-0-7176-6618-8 <a href="#">Link to L143</a>	3
Managing attendance and employee turnover	ACAS, <a href="#">Link to Managing attendance</a>	4
Managing sickness absence and return to work	HSE Website <a href="#">Link to Managing sickness absence</a>	4
Occupational Health Nursing, Oakley, Katie (2008), Third Edition, John Wiley & Sons Ltd	ISBN: 978-0-4700-3553-5	2, 6, 7, 8
Occupational Health Pocket Consultant, 5th edition, T.C., AW, K. Gardiner, J.M Harrington (2007)	ISBN: 978-1-4051-2221-4	2, 3

*The Guide to the NEBOSH National Certificate in the Management of Health and Well-being at Work (February 2010 specification)*

<b>Reference title</b>	<b>Reference detail eg ISBN number</b>	<b>Element/s</b>
Ready for Work: full employment in our generation Chapter 4	DWP (2007) <a href="#">Link to Ready for work</a>	1
Realising ambitions: better employment support for people with a mental health condition – Perkins, Farmer and Litchfield	Published by The Stationery Office <a href="#">Link to Realising ambitions</a>	5
Reporting accidents and incidents at work, a brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, INDG453	HSE Books, <a href="#">Link to INDG453</a>	1, 3
Stress Management Standards	HSE, <a href="#">Link to Stress Management Standards</a>	5
The Back Book, Royal College of General Practitioners, NHS Executive	Published by The Stationery Office, ISBN: 978-0-1170-2949-1	6
The Code for nurses and midwives	Nursing and Midwifery Council <a href="#">Link to The Code</a>	8
The effects of shift work on health, research summary	IOSH, <a href="#">Link to effects of shift work on health</a>	3, 5
The health and safety toolbox, how to control risks at work, HSG268	HSE Books, ISBN: 978-0-7176-6587-7 <a href="#">Link to HSG268</a>	1
The World Health Organisation, Health Promotion Glossary	<a href="#">Link to WHO Health Promotion Glossary</a>	7
Working for a Healthier Tomorrow - Black, C. (2008)	ISBN: 978-0-11-702513-4 <a href="#">Link to Working for a healthier tomorrow</a>	1
Working our way to better mental health: a framework for action	The Stationery Office, ISBN: 978-0-1017-7562-5 <a href="#">Link to Working our way to better mental health</a>	5
Working together to prevent sickness absence becoming job loss	HSE <a href="#">Link to Working together</a>	4

## **4.2 Unit NHC2: Health and Well-being practical application**

### **Learning Outcomes**

- Demonstrate the ability to apply knowledge of the unit NHC1 syllabus, by successful completion of a health and well-being review of a workplace
- Complete a report to management regarding the review with recommendations.

### **Content**

This unit contains no additional syllabus content. However, completion of study for unit NHC1 is recommended in order to undertake the practical application unit NHC2.

#### **4.2.1 Purpose and aim**

The aim of the practical application is to assess a candidate's ability to successfully complete a health and well-being review of a workplace using the NEBOSH health and well-being at work review proforma. The candidate is then required to complete a report to management regarding the review with recommendations, using the NEBOSH review report template.

The proforma and report should clearly identify:

- The nature and if appropriate location of each health and well-being at work issue;
- Review findings with prioritisation and justification;
- Clear links to strengths and weaknesses in the way that health and well-being at work is managed, with relevant prioritisation.

The review and management report should take no longer than one working day to complete.

#### **4.2.2 Marking**

The practical application is marked by appropriately qualified tutors at NEBOSH-accredited course providers and is externally moderated by NEBOSH. Candidates must achieve the pass standard (60%) in unit NHC2 in order to satisfy the criteria for the qualification.

#### **4.2.3 Assessment location**

The practical application must be carried out in the candidate's own workplace. Where the candidate does not have access to a suitable workplace, the course provider should be consulted to help in making arrangements for the candidate to carry out the practical application at suitable premises. Providers seeking to run the practical unit in this way should contact NEBOSH for advice and approval.

Candidates do not require supervision when carrying out the practical application, but the candidate must sign a declaration that the practical application is their own work.

The candidates, employers and internal assessors should be aware that the status of the health and well-being at work review and report undertaken to fulfil the requirements of unit NHC2, which is **for educational purposes only**. It *does not* constitute an assessment for the purposes of any legislation or regulations.

#### **4.2.4 Assessment requirements**

Assessment of the practical unit (NHC2) must normally take place within **10 working days** of (before or after) the date of the NHC1 written paper (the 'date of the examination'). The results sheet completed by the course provider must reach NEBOSH no later than **15 working days** after the date of examination.

Any practical application result not submitted by this deadline will be declared at zero marks. The candidate will then be required to re-register (and pay the registration fee) at the next standard (or local) sitting date.

If a candidate is absent from the written examination because of illness corroborated by a doctor's note, but successfully completes the NHC2 unit within the 10 working day deadline, the result will stand. If a candidate is unable to complete the NHC2 unit under similar circumstances, NEBOSH may allow it to be taken at a later date beyond the normal 10 working day deadline.

#### **4.2.5 Submission of completed work**

The accredited course provider should advise the candidate of the latest date by which the completed practical application documents must be received by the course provider for marking. It is the responsibility of the course provider to ensure that the results of the practical application (unit NHC2) are available to NEBOSH by no later than **15 working days** after the date of the examination for NHC1 (see 4.6).

Candidates planning to post their reports to the course provider are reminded of the need to guard against loss in the post by sending their work by trackable delivery. Candidates are therefore advised to retain copies of both their completed proforma and final management report.

#### **4.2.6 Further information**

Further detailed information regarding the practical application unit including forms and mark schemes can be found in a separate guidance document for candidates and course providers available from the NEBOSH website ([www.nebosh.org.uk](http://www.nebosh.org.uk)).

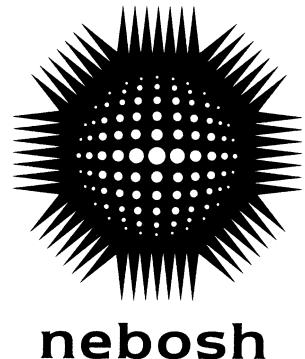
## 5. Sample examination paper

### 5.1 Unit NHC1: Managing Health and Well-being in the Workplace

THE NATIONAL EXAMINATION BOARD IN  
OCCUPATIONAL SAFETY AND HEALTH

NEBOSH NATIONAL CERTIFICATE  
IN THE MANAGEMENT OF HEALTH  
AND WELL-BEING AT WORK

UNIT NHC1: MANAGING HEALTH AND WELL-BEING IN THE  
WORKPLACE



[DATE]  
2 hours, 1400 to 1600

**Answer both Section 1 and Section 2.** Answer **ALL** questions.

The maximum marks for each question, or part of a question, are shown in brackets.

Start each answer on a new page.

Answers may be illustrated by sketches where appropriate.

This question paper must be returned to the invigilator after the examination.

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#### SECTION 1

You are advised to spend about **half an hour** on this section, which contains **ONE** question.

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- 1 A company is planning to introduce a permanent night shift to cope with an increasing demand for their products. A committee of professionals, including safety representatives and human resources personnel, are in a consultation phase relating to the implementation of the night shifts.
  - (a) **Identify FOUR** possible health effects to employees from shift work *other than* fatigue. (4)
  - (b) **Outline** the consequences of fatigue on an employee's work performance. (4)
  - (c) **Outline** the precautions the employer should take to reduce the health effects to the employees who will be working permanent night shifts. (12)

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#### SECTION 2

You are advised to spend about **one and a half hours** on this section, which contains **TEN** questions.

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- 2** A call centre employee has a history of neck and shoulder pain and persistent episodes of short term absence. Recent medical investigations have failed to identify any problems. The organisation has undergone many changes in the last six months and has reduced the number of its call centre employees as well as introducing a bonus system linked to sales and performance.
- (a) **Identify** the psychosocial factors that may be associated with this employee's current health problems. (4)
- (b) **Outline** the measures that should be considered by the employer in order to minimise the risk of work-related upper limb disorders. (4)
- 3** An employer's sickness absence management policy includes reference to the employer keeping in contact with the employee. Occasionally the employee may be reluctant to keep in contact with the employer.
- (a) **Identify** possible reasons why the employee may be reluctant to keep in contact with the employer. (4)
- (b) **Outline** practical approaches that an employer could use to encourage an employee to keep in contact. (4)
- 4** **Outline TWO** factors that may influence the health and performance of working age people within **EACH** of the following headings:
- (a) lifestyle; (2)
- (b) individual; (2)
- (c) domestic; (2)
- (d) behavioural. (2)
- 5** (a) **Outline** the meaning of the term '*vocational rehabilitation*'. (2)
- (b) **Outline** the benefits of vocational rehabilitation to the employer. (4)
- (c) **Identify TWO** external health care providers who may be involved in the vocational rehabilitation of an employee. (2)
- 6** Mental health disorders are experienced by a significant proportion of the working population.

- (a) **Identify FOUR** types of mental health disorders. (4)
  - (b) **Outline FOUR** sources of external support available to employees and employers in relation to mental health. (4)
- 7 You have been invited to a senior management meeting to present a business case for the introduction of a health and well-being strategy.
- (a) **Outline** the business benefits to the organisation for maintaining and promoting the health and well-being of the working population. (4)
  - (b) **Identify FOUR** current issues that increase the significance of health at work. (4)
- 8 **Outline** the role of health assessments for a new employee. (8)
- 9 **Identify** the possible range of specialists involved in occupational health provision within a large manufacturing company **AND outline** their specific role within occupational health. (8)
- 10 Musculoskeletal disorders are responsible for a large number of sickness absences from work each year.
- (a) **Outline** the main types of musculoskeletal disorders. (2)
  - (b) **Identify** factors that may affect the risk from manual handling activities in relation to:
    - (i) the individual; (3)
    - (ii) the task. (3)
- 11 A road worker is operating a hand-operated tool to split concrete, subjecting their hand and arms to high levels of vibration.
- Identify** control measures that could be considered to reduce the risk of developing hand-arm vibration. (8)



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