Canberra Health Services Procedure

Managing Fatigue

Contents

Purpose

To provide guidance to Canberra Health Services (CHS) management and staff to prevent and minimise fatigue related risks to a level that is as low as 'reasonably practicable' as per section 18 of *Work Health and Safety Act 2011* (*WHS Act*).

Scope

This procedure applies to all CHS staff and agency staff in all workplace settings e.g. hospital, health centres, community and home-based care. This procedure is to be read in conjunction with the following: WorkSafe ACT, Work-related Fatigue: Work-related fatigue - WorkSafe ACT and SafeWork Australia - Guide for managing the risks of fatigue at work.

1. Roles and Responsibilities

1.1 Chief Executive Officer (CEO)

The CEO has overall responsibility for this procedure and implementation in CHS. This includes taking reasonable steps to:

- Acquire and keep up-to-date knowledge of fatigue-related matters
- Promote a positive safety culture where the identification, assessment and management fatigue risks are encouraged and supported
- Ensure that appropriate resources are in place to support the management of fatigue risks as detailed in this procedure

1.2 Executive Directors/Executive Group Managers/Executive Branch Managers

Executive Directors, Executive Group Managers and Executive Branch Managers are responsible for taking reasonable steps to:

- Acquire and keep up-to-date knowledge of fatigue-related matters
- Promote a positive safety culture where the identification, assessment and management fatigue risks are encouraged and supported
- Ensure that appropriate resources are in place to support the management of fatigue risks as detailed in this procedure
- Ensure that safe systems of work are in place to identify, assess and manage fatigue risks to a level that is as low as 'reasonably practicable' as per section 18 of the *WHS Act.*

1.3 Managers / Supervisors

Managers and supervisors are responsible for:

- Communicating this procedure and the requirements of this procedure to staff
- Ensuring that safe systems of work are in place to proactively identify, assess and manage fatigue risks to a level that is low as reasonably practicable.

- Ensuring that staff rosters and shift arrangements are designed to prevent and reduce fatigue risks to a level that is low as reasonably practicable
- Consulting with staff at the earliest opportunity in relation to the design and development rosters, changes, and alterations to shift arrangements, and any other changes in the workplace that may contribute to fatigue
- Assessing and managing fatigue related risks whenever there are proposed changes to shift arrangements or staff are requested to work additional hours e.g. overtime, double shifts, and recall of staff to work to address staff shortages etc.
- Ensuring that staff are appropriately trained and made aware of fatigue risks relevant to the work they undertake
- Ensuring that staff adhere to their Enterprise Agreement or contract of employment conditions for requirements relating to fatigue management e.g. taking scheduling breaks, using leave entitlements, accessing flex time and time-in-lieu entitlements
- Taking appropriate action to respond to employee reports of fatigue related incidents, errors, or behaviours, with a goal to prevent recurrence of these incidents
- Advise senior management, and if necessary, the Executive Director, on barriers preventing fatigue-related risks being managed to a level that is as low a level as reasonably practicable, and request appropriate resources and support as required
- Ensure that staff report all incidents related to fatigue as a staff incident on the *Riskman* reporting system

1.4 Staff

All CHS staff are responsible for:

- Ensuring that they are fit for duty by taking responsibility for personal lifestyle factors that may impact on fatigue in the workplace and the ability to conduct work duties in a safe and efficient manner
- Advising their manager as soon as possible:
  - If they are not fit for duty due to fatigue prior to a planned shift or on a shift
  - Concerns regarding their own fatigue or that of other staff on shift
- Reporting to their manager any external work undertaken outside of rostered hours including voluntary and external work that is likely to increase fatigue related risks
- Reporting all incidents related to fatigue as a staff incident on the *Riskman* system.

2. What is fatigue?

As defined by Safe Work Australia:

Fatigue is mental and/or physical exhaustion that reduces a person's ability to perform work safely and effectively

3. General causes of fatigue

Detailed below are the general causes of fatigue.

Table 1 – General, work related and non-work-related causes of fatigue

General causes	Work related causes	Non-work related causes
Lack of sleep / lack of quality restorative sleep - e.g. less than 6 hours sleep in last 24 hours	Poor or sub-optimal roster design e.g. roster arrangements that do not allow or limit: - adequate sleep opportunities for staff between shifts - consistent patterns of quality sleep and recovery of staff from fatigue and high activity	External impacts that compromise sleep and alertness at work such as: - Social life commitments - Substance abuse involving alcohol, illicit drugs, and prescribed medications
Long periods of being awake - e.g. more than 17 hours of continuous work activities and/or non-work activities *and/or* **Sustained physical and/or mental effort** - e.g. short or long term periods of high intensity physical or mental activity *and/or* **Disruption to internal biological clock** - e.g. start of night shift roster arrangements	Short or long term work impacts that reduce sleep opportunity and/or are physically or mentally draining, examples include: - Consecutive night shifts or early starts and late finishes, on-call requirements, frequent overtime, and extended shifts - High workload, high work pressure, exposure to trauma / occupational violence, work related study commitments - Inadequate rest breaks –no or low opportunity to take standard breaks or generally for breaks between tasks	Short or long term external impacts that reduce sleep opportunity and/or are physically or mentally draining, such as: - Family responsibilities and associated sleep disruptions e.g. babies, carer responsibilities - Social, community, sporting, external study and second job commitments - Relationship issues, financial issues, and increased need for income (e.g. excessive overtime, second job),
Physical and mental health - e.g. medical conditions and factors including those work related and & non-work related	- Job demands – including workload, physical, mental, and emotional demands - Psychosocial risk exposures - including fatigue, burnout, work overload, exposure to trauma and occupational violence	Physical – e.g. age and slower physical recovery, sleeping disorders such as insomnia, sleep apnoea Mental – e.g. depression, anxiety, and dissociative disorders

4. Potential impacts of fatigue

Fatigue can negatively impact and increase risks relating to patient safety, the safety of staff generally, and the safety of fatigued staff members while at work, when commuting to and from work, and outside of work due to the flow on effects of fatigue

Table 2 – Potential impacts of fatigue

Potential impacts at work
Potential impacts that can occur immediately or in the short term include those involving the fatigued staff member, clients, and other staff as per below. • Impacts to the fatigued staff member – e.g. staff with reduced, alertness, concentration, and motor skills may be involved in incidents that lead to injury e.g. work involving machinery or mobile equipment that leads to collisions and injuries • Impacts to clients/patients – e.g. clinical errors, miscalculations, and poor decision making from fatigued staff which may lead to adverse clinical outcomes • Impacts to other staff – e.g. lack of attention and alertness from the fatigue staff member causing incidents and injuries to others when using machinery or equipment.
Potential impacts outside of work and commute to and from work
Fatigue can also negatively impact staff outside of the workplace, examples include: • Driver safety risks during the commute to and from work, particularly those involving long commute times and during typical sleep times • Flow on effects of fatigue in the home and outside work including: - Pressure on family and relationships e.g. poor work life balance reducing ability to share time or quality time without being fatigued with family - Contributing to substance abuse e.g. excessive alcohol, use of illicit drugs and prescribed medications (which can also further increase fatigue risks)
Potential long term impacts
Fatigue can also have long-term impacts, including contributing to physical and mental health conditions including but not limited to: • High blood pressure and heart disease • Diabetes • Gastrointestinal disorders • Lower fertility • Psychosocial injuries and illness e.g. anxiety and depression

5. Common signs, indicators and symptoms of fatigue

The common signs, indicators and symptoms of fatigue are detailed in the table below.

Table 3 – Common signs, indicators and symptoms of fatigue

Common signs, indicators and symptoms of fatigue
Some common signs, indicators and symptoms of fatigue are often visible to others and occur at varying levels including: • Frequent yawning, micro-naps or falling asleep at work • Short-term memory problems, lapses in attention and difficulty concentrating • Difficulty joining in and difficulty following conversations • Lapses in judgement including poor and suboptimal decision making • Reduced hand-eye coordination or slow reflexes • Irritation and moodiness • Changes in behaviour, for example, repeatedly arriving late for work and an increase in unplanned absences There are also warning signs and symptoms of fatigue that a fatigued person may experience but that are not always obvious to others including: • Feeling drowsy • Headaches • Dizziness • Difficulty concentrating • Blurred vision • A need for extended sleep during days off work The above information is sourced from Guide for Managing the Risk of Fatigue at Work, from Safe Work Australia.

6. Consideration of fatigue risk factors i.e. when determining fatigue risks

There are a variety of fatigue risk factors that need to be considered when assessing the risks relating to fatigue that may impact upon CHS staff. The following table details some of these risk factors.

Table 4 – Consideration of fatigue risk factors – i.e. when determining fatigue risks

Fatigue Risk Factor	Description of Fatigue Risk Factor
Inadequate Sleep	Unsurprisingly the amount and quality of sleep is the biggest factor in determining the level of fatigue for an individual. The factors below detail the potential impact on fatigue levels:

e.g. sleep opportunity, quantity, and quality of sleeps	• Sleep opportunity is the available time left to sleep after other activities, both work and non-work are undertaken. • Sleep opportunity can be impacted by both work requirements and personal requirements and activities. • The most beneficial sleep is deep undisturbed sleep taken in a single continuous period. • The optimum amount of sleep varies for each person; however, an adult generally requires 7-8 hours of sleep daily. • When individuals get less sleep than they need in a day, they build up a sleep debt that contributes to fatigue, the debt accumulates until enough sleep occurs to overcome the debt.
Rotational 24-hour shift arrangements involving night shifts *e.g. shifts that occur during usual sleep times and that are consistent with the body clock/circadian rhythm*	• Working at night when the body is biologically programmed to sleep can interrupt a person's body clock. The body clock is the body's natural rhythm repeated every 24 hours.' • It regulates functions including sleeping patterns, body temperature, hormone levels and digestion. • Levels of alertness vary depending on the time of the day and the person to which it relates to • As it is programmed for different levels of wakefulness, when a person's body clock is out of step, it can potentially reduce alertness and increase fatigue. This increases the risk of errors causing incidents and injuries, either at work or outside of work, including during the commute to and from work.
Ongoing shift arrangements with higher fatigue risk potential e.g. 12 hour shift arrangements	• Certain types of ongoing shift arrangements can impact on fatigue risks. Usually this occurs over time in a cumulative way e.g. through negative effects on sleep patterns and increased slept debt • Shifts greater than 10 hours and less than 13 hours are considered to have higher fatigue risks due to the longer duration of the shift • 12 hour shift arrangements are becoming increasingly common and popular across industries. - 12 hour shifts are popular because they can have the benefits of freeing up previously unavailable blocks of time to be better used for work/life balance purposes, sleep opportunity, work satisfaction and wellbeing. - However, if 12- hour shift arrangements are not carefully risk managed they can increase the potential for fatigue risks due to the long duration of shifts and potential impacts on staff and patient safety risks.
Rostering and work scheduling arrangements	Poor or sub-optimal roster design can significantly increase fatigue often by reducing sleep opportunity and disturbing sleep patterns. Examples include:

	• Greater than 4 sequential night shifts • Regularly changing or ad hoc rostering of night and days shifts that do not allow a staff member to get into a sleep pattern.
Emergent & ad hoc changed shift arrangements	Examples of emergent/ad hoc shift arrangements likely to impact fatigue are detailed below: • Early shifts start times or late finishes • Short durations limiting sleep opportunity between shifts • Shifts lengthened by overtime or double shifts and not enough non-sleep rest breaks during a shift • Recall to duty due to staff shortages on shift
Job demands – physical and mental	• Some types of work, for example those that are highly physically and mentally demanding can increase fatigue related risks and the poor outcomes that come with such risks. • For example, in healthcare settings there is often high physical demands, and mental demands requiring concentration for extended periods of time together with the critical needs of sound clinical judgements and decisions
Environmental & work conditions & stressors	• Working in harsh and uncomfortable conditions can contribute to fatigue • Examples include exposure to heat, cold, vibration or noisy workplaces and exposure to trauma and occupational violence, all of which can make staff tire quicker and impair performance
Non-work related factors	Factors occurring outside of work including: • Social life impacting on sleep and sleep opportunity • Inappropriate use of illicit drugs alcohol, and medication • Family responsibilities, relationship issues and commitments • Physical & mental health e.g. age and slower physical recovery, insomnia, sleep apnoea, certain medications, sleep apnoea, depression, anxiety, and dissociative disorders • Additional work and non-work commitments - e.g. second jobs including voluntary work, participation in sport

7. Fatigue Risk Management Process

The four steps in the risk management process are detailed below. These steps can be applied to a single fatigue risk or a number of fatigue risks collectively as appropriate.

1. **Identify** the risk
2. **Assess** the risk
3. **Manage** the risk
4. **Monitor and review** the risk control measures

These steps in this risk management process are detailed in the table below.

Table 5 - Steps in the identification, assessment, and management of risks

STEP 1 **Identify the risks**	It is important to identify all reasonably foreseeable risks that could increase the risk of fatigue. To assist in the risk identification process the following should be considered: • *What can happen ? i.e. p*otential fatigue impacts and incidents • *How and why it can happen?* e.g. potential fatigue causes and factors
STEP 2 **Assess the risks**	Assessing the risk involves estimating the chances of a risk event occurring and the severity of the risk event should it eventuate e.g. a physical injuries, adverse clinical outcomes, or psychosocial injuries. The assessment is based on set criteria for the relevant likelihood and consequences: ***LIKELIHOOD*** *= Estimated frequency of a risk event occurring* ***&*** ***CONSEQUENCES*** *= Estimated severity of a risk event should it occur* For criteria relating to 'consequences' the key consequence categories of 'PEOPLE' and 'CLINICAL' from the CHS Risk Management Framework. ***Note*** *- It is important that the calculated risk level is based on the most likely combination of both likelihood and consequence i.e. what would typically be expected to occur and not based on the worst-case scenario.*
STEP 3 **Manage the risk/s**	The goal of managing the risk/s should be to reduce the level of risk to as low as is reasonably practicable which is detailed below and in Section 7 of this procedure.
STEP 4 **Monitor and review**	The effectiveness of the control measures needs to be monitored and reviewed regularly. This is best achieved by monitoring and review conducted by the manager through consultation with and feedback from the impacted staff. This should occur at appropriate intervals after the implementation of the control measures. Any further action required, if any, should be determined as per below: • If the control measures are determined to not be effective - it is recommended that the risk/s be reassessed by returning to STEP 1 to STEP 3 in the risk assessment and management process. • If the control measures are determined to be effective - no further action is required

8. What is reasonably practicable to manage fatigue risks ?

Section 18 of the WHS Act details what is 'reasonably practicable' to manage risks.

Table 6 - Section 18 – WHS Act – What is reasonably practicable to manage risk

Section 18 - *Work Health and Safety Act 2011*
18 - Reasonably practicable - *in relation to a duty to ensure health and safety, means that which is, or was at a particular time, reasonably able to be done in relation to ensuring health and safety, taking into account and weighing up all relevant matters including—* *(a) the likelihood of the hazard or the risk concerned occurring; and* *(b) the degree of harm that might result from the hazard or the risk; and* *(c) what the person concerned knows, or ought reasonably to know, about—* *(i) the hazard or the risk; and* *(ii) ways of eliminating or minimising the risk; and* *(d) the availability and suitability of ways to eliminate or minimise the risk; and* *(e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk—the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.*

The application of section 18 of the WHS Act to determine what is reasonably practicable to manage fatigue risks is to occur by:

- Consideration of all relevant factors relating to the degree of harm and likelihood of fatigue risk events occurring e.g. staff safety and patient safety fatigue related risks.
- **Ensuring at all times that staff safety risks and patient safety risks are treated as being of equal importance** when managing fatigue risks.

Fatigue risk management is most effective when Executive, managers and staff work collaboratively to identify and manage fatigue risks. What is reasonably practicable to manage the risk of fatigue will vary depending on, amongst other things:

- The general work hours and shift arrangements – e.g. shifts and hours during usual sleep times that impact the body clock such as rotational 24 shift arrangements
- The total number of hours worked per week – including substantial role work hours and additional work hours internally in separate CHS work units e.g. work to support another ward, and externally e.g. second jobs including voluntary work
- Ad hoc requests for staff to work additional shifts or hours e.g. to meet operational demands or to address staff shortages, including:
  - Requests during rostered shifts - e.g. extension of hours, double shifts, overtime
  - Requests outside of rostered - requests to come in to work to fill shifts

- The type of work and associated job demands including:
  - Physical demands – e.g. high physical activity and effort
  - Mental and emotional demands - e.g. psychosocial risk exposures including exposure to trauma, occupational violence, compassion fatigue etc.
- General work arrangements – e.g. the ability to take rest breaks and to take time away in quiet zones during work.
- Individual factors – an individual's physical and mental vulnerabilities in terms of fatigue according to their age, physical and mental characteristics, and the relevant aspects of their specific role in relation to fatigue.

Detailed below are the key actions that require prioritisation in respect of the management of fatigue risks in the healthcare and hospital setting.

7.1 Rostering and work scheduling

The following rostering and work scheduling arrangements are identified as being potentially higher risk in terms of increasing fatigue, and requiring action from managers to **prevent and reduce these risks to as low as reasonably practicable**:

- **General principles for rostering** – General principles for rostering include ensuring:
  - There is a predictable pattern of shifts generally, and one that allows the body clock of staff to adapt to the shifts that they are rostered e.g. minimal major changes surrounding regular patterns of morning, day, and night shifts etc.
  - There are two days in a 7-day period where a staff member is not rostered to work to allow a catch up on sleep i.e. to reduce accumulated sleep debt if required
  - The total hours worked by a staff member does not in excess of 55 hours per week and that each staff member's hours total is monitored to ensure compliance to these maximum hours
  - There are appropriate breaks between finishing periods of overtime and the commencement of the employee's next shift (this includes as detailed in requirements of Enterprise Agreements)
- **Allocation of night shifts** – should be rostered to ensure risks are as low as is reasonably practicable, including to avoid as best as possible rosters that result in:
  - Sequential night shifts that exceed 4 nights in a row
  - Sequential night shifts of 12 hours that do not exceed 3 nights in a row
  - Overtime exceeding 6 additional hours for 8-hour shifts and 4 hours for 10-hour shifts i.e. to reduce risks **to as low as reasonably practicable as specified above and in Attachment 2**
- **Changes to rostered arrangements** – Ideally there will be minimal changes to rostered arrangements to reduce impacts on a staff member's sleep patterns, body

clock and circadian rhythm e.g. minimise ad hoc requests for staff member to do shifts between rostered shifts that activate risks detailed above

7.2 Ad hoc or emergent requests for additional work hours or shifts

Appropriate assessment is to occur by the Manager in respect of emergent requests for staff to attend work and participate in additional shifts or hours. Examples include:

- Requests during rostered shifts for extended shift hours, overtime or working a double shift
- Requests outside of rostered hours to come in to work to fill vacant shifts or work additional hours e.g. due to staff shortages

Particular attention is to be given by managers to ensure fatigue risks are appropriately assessed and managed in respect of requests that involve:

- Night shifts or additional hours at night generally
- Double shifts or additional hours involving 17 or more hours continuous work
- Shifts or additional hours not long after a staff member has completed a previous shift -e.g. 10-12 hours after completion of the previous shift
- Shifts or additional hours that will or are likely to conclude not long before a future shift involving the staff member e.g. a shift within the next 10-12 hours of completing the requested shift or additional hours

7.3 Contacting staff outside of work to request additional work hours or shifts

Contacting staff outside of work to request additional work hours or shifts can cause unwanted and unnecessary interruptions to a staff members home life and recreation time and impact on work/life balance and wellbeing.

This can include contact by a manager from contact lists maintained that results in:

- Phone calls to personal mobile numbers
- Texts to personal mobile numbers
- Emails or chat messages to personal emails or chat platforms

It can also involve repeated contact for the same request e.g. where the manager has been unsuccessful filling a shift but contacts a staff member again after they have refused a previous request.

It should be realised that such contact with staff, particularly if regular:

- May make the staff member feel guilty that they are not supporting the team and/or contributing to the necessary care of patients or meeting the requirements of clients.
- Is often pointless as the staff member is either rarely going to agree to a shift e.g. due to family arrangements or their personal preferences, or on other occasions where they are not in a position to accept the request e.g. recreation or personal leave

Often staff will not alert the manager or the person from work contacting them to ask that the contact cease, even if they would like the contact to cease, for a variety of reasons. And conversely often the manager, if they knew would not contact the staff member.

For the reasons stated above, managers are to ensure that :

- Staff are given the option to 'opt in and opt out' of contact registers or place conditions on contact with them relating to the contact registers e.g. not to be contacted after 9pm for additional shift requests
- Staff are not contacted multiple times about the same request to attend to a shift where the manager has not had success filling the shift unless the staff member gives permission to do so e.g. agrees to the manager contacting them again if they are unsuccessful in filling the shift to consider if they can fill the shift
- Contact lists are regularly reviewed to ensure that staff are not being unnecessarily contacted – e.g. have moved to another work unit, are on recreational or personal leave etc.

7.4 12 hour shift patterns

Where staff enter into 12-hour shift patterns and arrangements, in addition to the above, there should be particular attention given to ensuring that:

- Rostering arrangements for these staff are reviewed and assessed at 3 monthly intervals as a minimum up until 1 year in collaboration with the relevant managers, health safety representatives (HSRs), and union representatives.
- Night shifts in particular do not exceed 3 consecutive night shifts as this is a higher risk that is encountered for regular shifts
- There is a predictable pattern of shifts that allows staff to and their body clock to adapt to the shifts that they are rostered for e.g. minimal major changes to from morning, day and night shifts etc.

9. Identifying, assessing and managing fatigue during work

8.1 Actions when there are concerns regarding a staff member's level of fatigue

Where there are concerns regarding the fatigue of a staff member on shift (e.g. self-reported by a staff member or observed by manager or other staff), the Manager is to have a discussion with the staff member to assess the level of potential fatigue and associated risks.

Refer to Attachment 4 to assist in assessing the level of fatigue in a staff member and determining appropriate action.

The discussion with the staff member is to be conducted in a supportive manner with the following considerations:

- The discussion should be conducted in a private area, where interruption is less likely and where other staff are not in earshot.

- Assess their fatigue with sensitivity, noting that there may be personal or external reasons for the fatigue and that they may be reluctant to discuss their personal circumstances relating to the fatigue for a variety of reasons - e.g. start the conversation use a statement like 'I am worried about you because I have noticed…'.
- Offer a support person to be present for the discussion to make the staff member more comfortable if appropriate.
- If the staff member discloses personal circumstances or information, listen without judgement, and if necessary, provide contacts for the Employee Assistance Program or local counselling services e.g. Lifeline, Beyond Blue etc.

8.2 Actions required when it is determined that it is unsafe for staff to continue work

Where a manager determines that a staff member has a level of fatigue that makes it unsafe to continue their shift e.g. extreme risk rating, in consultation with the staff member **one of the following options** is to actioned/occur as appropriate:

Table 6 - Actions required when it is determined that it is unsafe for staff to continue work

Where a manager determines that a staff member has a level of fatigue that makes it unsafe to continue their shift e.g. extreme risk rating, in consultation with the staff member **one of the following options** is to actioned/occur as appropriate: 1. The staff member is to take an extended break for a reasonable period of rest/sleep at the workplace, if a suitable place is available to accommodate this (Note: this option needs to be agreed to by the staff member) ; OR 2. If the manager to arranging transport home for the staff member if they are unable to safely travel home with their own transport, OR 3. The manager to arranging accommodation if staff member is unable to safely travel home or transport is unavailable, OR 4. The staff member may leave work for home if it is safe to do so, if that is their wish i.e. after considering the above options as appropriate

10. Consultation and Communication

Consulting staff at each step of the risk management process and on fatigue related matters generally encourages managers and staff to work together to identify fatigue risk factors and implement effective control measures.

Consultation also helps to raise awareness about the risks of fatigue. Managers must, in consultation with staff, ensure that they have an appropriate and efficient system for communicating the need for additional shifts where short notice vacancies arrive in a way that allows managers and staff to manage potential fatigue impacts of working those additional hours.

Managers have a key role in relation to reducing fatigue as identified in the roles and responsibilities section, as do staff members as detailed below:

- Self-management is important for managing fatigue
- If a staff member becomes fatigued, they can talk confidentially to their supervisor/manager.
- There are steps they can take to manage fatigue, such as having a break, taking refreshments (food/drink), doing some physical activity (stretching/walking) or working on other duties or equipment.
- If they believe safety may be compromised due to being fatigued, they stop what they are doing and notify their supervisor.

11. Training and Awareness

Managers are to ensure that staff are appropriately trained and made aware of fatigue risks relevant to the work they are involved in. This can include toolbox talks or in-services where the following information and other resources can be provided to staff and discussed:

- Attachment 1 of this procedure
- Fatigue Management – A Worker's Guide (Safe Work Australia)

Back to Table of Contents

12. Evaluation

Outcome

Fatigue risks are appropriately identified, assessed, and managed to a level of risk that is reasonably practicable.

Measure

The appropriate identification, assessment, and management of fatigue related risks to ensure a level of risk that is reasonably practicable is confirmed under Tier 1 and Tier 2 WHS Self Insurance audits conducted by CMTEDD and Comcare.

Back to Table of Contents

Related Policies, Procedures, Guidelines and Legislation

Policies

CHS Work Safety Policy
WHS Risk Management Policy, ACT Government
ACTPS WHS Implementation Policy
ACT Public Sector Work Health Safety and Wellbeing Policy
ACTPS Work Health Safety Risk Management Policy

Procedure

CHS Risk Management Procedure
CHS Work Health Safety Management System (WHSMS)
CHS Second Job

Frameworks

CHS Risk Management Framework

Legislation

Work Health and Safety Act 2011
Public Service Management Act 1994

Other

- Australian Charter of Healthcare Rights

Back to Table of Contents

References

1. WorkSafe ACT, Work-related Fatigue: Work-related fatigue - WorkSafe ACT
2. SafeWork Australia - Guide for managing the risks of fatigue at work
3. SafeWork Australia - Fatigue Management – A Worker's Guide

Back to Table of Contents

Definition of Terms

Fatigue	*Fatigue is mental and/or physical exhaustion that reduces a person's ability to perform work safely and effectively (*Definition as provided *by Safe Work Australia)*
Reasonably practicable	The definition is detailed in section 18 of the *Work Health and Safety Act 2011* (this section is provided in section 7, page 8 of this procedure)

Search Terms

Fatigue, tired, tiredness, sleep, fatigue risk, fatigue risk management,

Back to Table of Contents

Policy Team ONLY to complete the following:

Date Amended	*Section Amended*	*Divisional Approval*	*Final Approval*

This document supersedes the following:

Document Number	*Document Name*

Attachment 1 – General Fatigue Causes, Potential Impacts and Fatigue Risk Causes

Table 1 – General, work related and non-work-related causes of fatigue

General causes	Work related causes	Non-work related causes
Lack of sleep / lack of quality restorative sleep - e.g. less than 6 hours sleep in last 24 hours	Poor or sub-optimal roster design e.g. roster arrangements that do not allow or limit: - adequate sleep opportunities for staff between shifts - consistent patterns of quality sleep and recovery of staff from fatigue and high activity	External impacts that compromise sleep and alertness at work such as: - Social life commitments - Substance abuse involving alcohol, illicit drugs, and prescribed medications
Long periods of being awake - e.g. more than 17 hours of continuous work activities and/or non-work activities *and/or* **Sustained physical and/or mental effort** - e.g. short or long term periods of high intensity physical or mental activity *and/or* **Disruption to internal biological clock** - e.g. start of night shift roster arrangements	Short or long term work impacts that reduce sleep opportunity and/or are physically or mentally draining, examples include: - Consecutive night shifts or early starts and late finishes, on-call requirements, frequent overtime, and extended shifts - High workload, high work pressure, exposure to trauma / occupational violence, work related study commitments - Inadequate rest breaks –no or low opportunity to take standard breaks or generally for breaks between tasks	Short or long term external impacts that reduce sleep opportunity and/or are physically or mentally draining, such as: - Family responsibilities and associated sleep disruptions e.g. babies, carer responsibilities - Social, community, sporting, external study and second job commitments - Relationship issues, financial issues, and increased need for income (e.g. excessive overtime, second job),
Physical and mental health - e.g. medical conditions and factors including those work related and & non-work related	- Job demands – including workload, physical, mental, and emotional demands - Psychosocial risk exposures - including fatigue, burnout, work overload, exposure to trauma and occupational violence	Physical – e.g. age and slower physical recovery, sleeping disorders such as insomnia, sleep apnoea Mental – e.g. depression, anxiety, and dissociative disorders

Table 2 – Potential impacts of fatigue

Potential impacts at work
Potential impacts that can occur immediately or in the short term include those involving the fatigued staff member, clients, and other staff as per below. • Impacts to the fatigued staff member – e.g. staff with reduced, alertness, concentration, and motor skills may be involved in incidents that lead to injury e.g. work involving machinery or mobile equipment that leads to collisions and injuries • Impacts to clients/patients – e.g. clinical errors, miscalculations, and poor decision making from fatigued staff which may lead to adverse clinical outcomes • Impacts to other staff – e.g. lack of attention and alertness from the fatigue staff member causing incidents and injuries to others when using machinery or equipment.
Potential impacts outside of work and commute to and from work
Fatigue can also negatively impact staff outside of the workplace, examples include: • Driver safety risks during the commute to and from work, particularly those involving long commute times and during typical sleep times • Flow on effects of fatigue in the home and outside work including: - Pressure on family and relationships e.g. poor work life balance reducing ability to share time or quality time without being fatigued with family - Contributing to substance abuse e.g. excessive alcohol, use of illicit drugs and prescribed medications (which can also further increase fatigue risks)
Potential long term impacts
Fatigue can also have long-term impacts, including contributing to physical and mental health conditions including but not limited to: • High blood pressure and heart disease • Diabetes • Gastrointestinal disorders • Lower fertility • Psychosocial injuries and illness e.g. anxiety and depression

Table 3 – Common signs, indicators and symptoms of fatigue

Common signs, indicators and symptoms of fatigue
Some common signs, indicators and symptoms of fatigue are often visible to others and occur at varying levels including: • Frequent yawning, micro-naps or falling asleep at work • Short-term memory problems, lapses in attention and difficulty concentrating • Difficulty joining in and difficulty following conversations • Lapses in judgement including poor and suboptimal decision making • Reduced hand-eye coordination or slow reflexes • Irritation and moodiness • Changes in behaviour, for example, repeatedly arriving late for work and an increase in unplanned absences There are also warning signs and symptoms of fatigue that a fatigued person may experience but that are not always obvious to others including: • Feeling drowsy • Headaches • Dizziness • Difficulty concentrating • Blurred vision • A need for extended sleep during days off work The above information is sourced from Guide for Managing the Risk of Fatigue at Work, from Safe Work Australia.

Table 4 – Consideration of fatigue risk factors – i.e. when determining fatigue risks

Fatigue Risk Factor	Description of Fatigue Risk Factor
Inadequate Sleep *e.g. sleep opportunity, quantity, and quality of sleeps*	Unsurprisingly the amount and quality of sleep is the biggest factor in determining the level of fatigue for an individual. The factors below detail the potential impact on fatigue levels: • Sleep opportunity is the available time left to sleep after other activities, both work and non-work are undertaken. • Sleep opportunity can be impacted by both work requirements and personal requirements and activities. • The most beneficial sleep is deep undisturbed sleep taken in a single continuous period. • The optimum amount of sleep varies for each person, however, an adult generally requires 7-8 hours of sleep daily.

	• When individuals get less sleep than they need in a day, they build up a sleep debt that contributes to fatigue, the debt accumulates until enough sleep occurs to overcome the debt.
Rotational 24-hour shift arrangements involving night shifts *e.g. shifts that occur during usual sleep times and that are consistent with the body clock/circadian rhythm*	• Working at night when the body is biologically programmed to sleep can interrupt a person's body clock. The body clock is the body's natural rhythm repeated every 24 hours.' • It regulates functions including sleeping patterns, body temperature, hormone levels and digestion. • Levels of alertness vary depending on the time of the day and the person to which it relates to • As it is programmed for different levels of wakefulness, When a person's body clock is out of step, it can potentially reduce alertness and increase fatigue. This increases the risk of errors causing incidents and injuries, either at work or outside of work, including during the commute to and from work.
Ongoing shift arrangements with higher fatigue risk potential e.g. 12 hour shift arrangements	• Certain types of ongoing shift arrangements can impact on fatigue risks. Usually this occurs over time in a cumulative way e.g. through negative effects on sleep patterns and increased slept debt • Shifts greater than 10 hours and less than 13 hours are considered to have higher fatigue risks due to the longer duration of the shift • 12 hour shift arrangements are becoming increasingly common and popular across industries. - 12 hour shifts are popular because they can have the benefits of freeing up previously unavailable blocks of time to be better used for work/life balance purposes, sleep opportunity, work satisfaction and wellbeing. - However, if 12- hour shift arrangements are not carefully risk managed they can increase the potential for fatigue risks due to the long duration of shifts and potential impacts on staff and patient safety risks.
Rostering and work scheduling arrangements	Poor or sub-optimal roster design can significantly increase fatigue often by reducing sleep opportunity and disturbing sleep patterns. Examples include: • Greater than 4 sequential night shifts • Regularly changing or ad hoc rostering of night and days shifts that do not allow a staff member to get into a sleep pattern.
Emergent & ad hoc changed shift arrangements	Examples of emergent/ad hoc shift arrangements likely to impact fatigue are detailed below: • Early shifts start times or late finishes • Short durations limiting sleep opportunity between shifts

	• Shifts lengthened by overtime or double shifts and not enough non-sleep rest breaks during a shift • Recall to duty due to staff shortages on shift
Job demands – physical and mental	• Some types of work, for example those that are highly physically and mentally demanding can increase fatigue related risks and the poor outcomes that come with such risks. • For example, in healthcare settings there is often high physical demands, and mental demands requiring concentration for extended periods of time together with the critical needs of sound clinical judgements and decisions
Environmental & work conditions & stressors	• Working in harsh and uncomfortable conditions can contribute to fatigue • Examples include exposure to heat, cold, vibration or noisy workplaces and exposure to trauma and occupational violence, all of which can make staff tire quicker and impair performance
Non-work related factors	Factors occurring outside of work including: • Social life impacting on sleep and sleep opportunity • Inappropriate use of illicit drugs alcohol, and medication • Family responsibilities, relationship issues and commitments • Physical & mental health e.g. age and slower physical recovery, insomnia, sleep apnoea, certain medications, sleep apnoea, depression, anxiety, and dissociative disorders • Additional work and non-work commitments - e.g. second jobs including voluntary work, participation in sport

Attachment 2 – Fatigue Risk Management Process

Table A - Steps in the identification, assessment, and management of risks

STEP 1 **Identify the risks**	It is important to identify all reasonably foreseeable risks that could increase the risk of fatigue. To assist in the risk identification process the following should be considered: • *What can happen ? i.e. p*otential fatigue impacts and incidents • *How and why it can happen?* e.g. potential fatigue causes and factors
STEP 2 **Assess the risks**	Assessing the risk involves estimating the chances of a risk event occurring and the severity of the risk event should it eventuate e.g. a physical injuries, adverse clinical outcomes, or psychosocial injuries. The assessment is based on set criteria for the relevant likelihood and consequences: ***LIKELIHOOD*** *= Estimated frequency of a risk event occurring* ***&*** ***CONSEQUENCES*** *= Estimated severity of a risk event should it occur* For criteria relating to 'consequences' the key consequence categories of 'PEOPLE' and 'CLINICAL' from the CHS Risk Management Framework. ***Note*** *- It is important that the calculated risk level is based on the most likely combination of both likelihood and consequence i.e. what would typically be expected to occur and not based on the worst-case scenario.*
STEP 3 **Manage the risk/s**	The goal of managing the risk/s should be to reduce the level of risk to as low as is reasonably practicable which is detailed below and in Section 7 of this procedure.
STEP 4 **Monitor and review**	The effectiveness of the control measures needs to be monitored and reviewed regularly. This is best achieved by monitoring and review conducted by the manager through consultation with and feedback from the impacted staff. This should occur at appropriate intervals after the implementation of the control measures. Any further action required, if any, should be determined as per below: • If the control measures are determined to not be effective - it is recommended that the risk/s be reassessed by returning to STEP 1 to STEP 3 in the risk assessment and management process. • If the control measures are determined to be effective - no further action is required

CALCULATION OF LIKELIHOOD LEVEL

Table B – Calculation of LIKELIHOOD

Likelihood levels	Indicative Frequency *i.e. expected frequency of risk event occurring*
Almost certain	Is expected to occur in most circumstances
Likely	Will probably occur
Possible	Might occur at some time in the future
Unlikely	Could occur but doubtful
Rare	May occur but only in exceptional circumstances

Table C – Calculation of CONSEQUENCE LEVEL

Note – Calculation of consequence includes consideration of two consequence outcomes:

- *PEOPLE risk consequence levels AND CLINICAL risk consequence levels*

Table C1 – Calculation of PEOPLE risk CONSEQUENCE levels

PEOPLE – Consequence levels				
Insignificant	***Minor***	***Moderate***	***Major***	***Catastrophic***
Injuries or aliments not requiring first aid treatment **and/or** psychological impact not requiring treatment from a health professional	Minor injury or First Aid Treatment required **and/or** psychological impact resulting in reduced ability to perform tasks	Serious injury causing hospitalisation or medium medical treatment cases **and/or** psychological impact resulting in reduced ability to perform tasks requiring significant psychological treatment	Life threatening injury (e.g. loss of limb/s) or multiple serious injuries causing hospitalisation **and/or** psychological injury resulting in reduced ability to perform tasks requiring significant psychological treatment	Death or multiple people have lift threatening injuries and/or permanent disability/ies **and/or** psychological injury resulting in ability to perform tasks requiring ongoing significant psychological treatment

Table C2 – Calculation CLINICAL risk consequence levels

CLINICAL – Consequence levels				
Insignificant	***Minor***	***Moderate***	***Major***	***Catastrophic***
- No injury - No review required - No increased level of care	Minor injury requiring: - Review and evaluation - Additional observations - First aid treatment	Temporary loss of function (sensory, motor, psychological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management	Potential loss of function (sensory, motor, psychological or intellectual) unrelated to the natural course of the underlying illness and differing from the expected outcome of patient management	- Patient death unrelated to the natural course of the underlying illness and differing from the immediate expected outcome of patient management - All national sentinel events

Table D – Calculation of Risk Rating

Likelihood	Consequence: Insignificant	Minor	Moderate	Major	Catastrophic
Almost Certain	Medium	High	High	Extreme	Extreme
Likely	Medium	Medium	High	High	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Medium	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Table E – Recommended actions and risk Controls for assessed Fatigue risks

	Action Required	Potential Risk Control
Low Risk	• Additional risk controls should be considered but may not be required, depending on the relevant work setting and staff and patient safety risks	• Increase peer interaction i.e. buddy system • Manager and worker to monitoring for increase fatigue signs • Ensure appropriate hydration • Allocating time rest periods "down time"
Medium Risk	• Additional risk controls should be considered and implemented as required, depending on the relevant work setting and staff and patient safety risks	
High Risk	• Risk controls must be considered and implemented to reduce the risks to as low as reasonably practicable. For example: • Strong consideration is to be given to stop or restrict work involving relevant fatigued staff, until such time as appropriate risk controls are implemented to reduce the risks to as low as reasonably practicable	• Increase supervision and support i.e buddy system • Alter length of shifts • Task rotation and or task slowing • Arrange for more frequent fatigue breaks e.g. 5-10 minutes hourly • Arrange transport home for affected staff members • Arrange for replacement staff to cover shift, with temporary new workers i.e. agency staff, catering contactors • Where that is not possible, relocate patients to another hospital or facility • Close or restrict, or redistribute services to other providers – either fully or partially • Cease work of staff member or staff members due to concerns for fatigue risks – **REFER to Table F below for necessary actions**
Extreme Risk	• Work involving relevant fatigued staff is to stop or be significantly restricted to reduce the risk. REWORD SIMILAR TO BELOW • Risk controls must be considered and implemented to reduce the risks to as low as reasonably practicable	

Table F – Recommended actions where a staff member must cease work due to fatigue

Where a manager determines that a staff member has a level of fatigue that makes it unsafe to continue their shift e.g. extreme risk rating, in consultation with the staff member **one of the following options** is to actioned/occur as appropriate:

1. The staff member is to take an extended break for a reasonable period of rest/sleep at the workplace, if a suitable place is available to accommodate this (Note: this option needs to be agreed to by the staff member) ; OR
2. If the manager to arranging transport home for the staff member if they are unable to safely travel home with their own transport, OR
3. The manager to arranging accommodation if staff member is unable to safely travel home or transport is unavailable, OR
4. The staff member may leave work for home if it is safe to do so, if that is their wish i.e. after considering the above options as appropriate

Attachment 3 - Assessing fatigue of individual staff members & appropriate actions

Table 1 – Assessing the risk level for fatigue of individual staff members

LOW RISK	MEDIUM-HIGH RISK	HIGH-EXTREME RISK
Fatigue indicators, symptoms and signs align closely to those described below	*Fatigue indicators, symptoms and signs align closely to those described below*	*Fatigue indicators, symptoms and signs align closely to those described below*
Self-reported - Staff member reports: • Some tiredness but no urgent need to sleep, rest or take a break • No headaches, dizziness, or blurred vision • No or very rare micro-naps (nodding off) **Observed by others and/or self-reported** *No or occasional:* • Yawning, feelings of drowsiness • Slower reflexes, and minor impacts to eye hand coordination and motor skills • Minor difficulty concentrating or keeping attention on situation at hand • Minor short term memory issues • Difficulty joining and following conversations • Low level irritability and moodiness • Decisions or errors that have, or may have led to low-medium level risks to patient or staff safety	**Self-reported** - Staff member reports: • High levels tiredness with an increasing need to sleep and/or rest and take a break • No or minor headaches, dizziness, or blurred vision • No or occasional micro-naps (nodding off) **Observed by others and/or self-reported** *Occasional and increasingly frequent:* • Yawning, feelings of drowsiness • Slower reflexes, and minor-moderate impacts to eye hand coordination and motor skills • Minor-moderate difficulty concentrating or keeping attention on situation at hand • Minor to moderate short term memory issues • Difficulty joining and following conversations • Low or moderate level irritability and moodiness • Decisions or errors that have, or may have led to low-medium level risks to patient or staff safety	**Self-reported** - Staff member reports: • High to extreme levels of tiredness/exhaustion and an urgent need to sleep • No or frequent headaches, dizziness, or blurred vision • Frequent micro-naps (nodding off) or falling asleep **Observed by others and/or self-reported** *Frequent or constant:* • Yawning, feelings of drowsiness • Slower reflexes, and moderate-high impacts to eye hand coordination and motor skills • Moderate-high difficulty concentrating or keeping attention on situation at hand • Moderate-high short term memory issues • Difficulty joining and following conversations • Moderate-high level irritability and moodiness • Decisions or errors that have, or may have led to low-medium level risks to patient or staff safety
Overall Assessment – *Fatigue impacts on patient and/or staff safety are assessed as LOW RISK.* • Risk controls should be considered but may not be necessary • Refer to '*Assessed Risk Rating – Recommendations for Risk Controls Table'*	***Overall Assessment -*** *Impacts on patient safety and/or staff safety are assessed as MEDIUM-HIGH RISK.* • Risk controls must be considered and implemented to reduce fatigue risks • Refer to *'Assessed Risk Rating – Recommendations for Risk Controls Table'*	***Overall Assessment -*** *Impacts on patient safety and/or staff safety are assessed as HIGH-EXTREME RISK.* • Risk controls must be considered and implemented to reduce fatigue risks • Refer to *'Assessed Risk Rating – Recommendations for Risk Controls Table'*

ATTACHMENT 3. Continued.

1. The below tables are to be used depending on the level of risk and concerns regarding fatigue by the Manager

Table 2 – Assessing fatigue of individual staff members and appropriate actions

	Action Required	Potential Risk Control
Low Risk	• Additional risk controls should be considered but may not be required, depending on the relevant work setting and staff and patient safety risks	• Increase peer interaction i.e. buddy system • Manager and worker to monitoring for increase fatigue signs • Ensure appropriate hydration • Allocating time rest periods "down time"
Medium Risk	• Additional risk controls should be considered and implemented as required, depending on the relevant work setting and staff and patient safety risks	
High Risk	• Risk controls must be considered and implemented to reduce the risks to as low as reasonably practicable. For example: • Strong consideration is to be given to stop or restrict work involving relevant fatigued staff, until such time as appropriate risk controls are implemented to reduce the risks to as low as reasonably practicable	• Increase supervision and support i.e buddy system • Alter length of shifts • Task rotation and or task slowing • Arrange for more frequent fatigue breaks e.g. 5-10 minutes hourly • Arrange transport home for affected staff members • Arrange for replacement staff to cover shift, with temporary new workers i.e. agency staff, catering contactors • Where that is not possible, relocate patients to another hospital or facility • Close or restrict, or redistribute services to other providers – either fully or partially • Cease work of staff member or staff members due to concerns for fatigue risks – **REFER to Table 3 below necessary actions**
Extreme Risk	• Work involving relevant fatigued staff is to stop or be significantly restricted to reduce the risk. REWORD SIMILAR TO BELOW • Risk controls must be considered and implemented to reduce the risks to as low as reasonably practicable	

Table 3 - Recommended actions where a staff member must cease work due to fatigue

Where a manager determines that a staff member has a level of fatigue that makes it unsafe to continue their shift e.g. extreme risk rating, in consultation with the staff member **one of the following options** is to actioned/occur as appropriate:

1. The staff member is to take an extended break for a reasonable period of rest/sleep at the workplace, if a suitable place is available to accommodate this (Note: this option needs to be agreed to by the staff member) ; OR
2. If the manager to arranging transport home for the staff member if they are unable to safely travel home with their own transport, OR
3. The manager to arranging accommodation if staff member is unable to safely travel home or transport is unavailable, OR
4. The staff member may leave work for home if it is safe to do so, if that is their wish i.e. after considering the above options as appropriate