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NSQHS STANDARD	Standard 1
SUMMARY	To provide a framework for identifying and managing fatigue across all areas of ISLHD.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to ISLHD-CorporateGovernance@health.nsw.gov.au

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1. POLICY STATEMENT

The Illawarra Shoalhaven Local Health District (ISLHD) has a legal obligation to comply with the WHS Act and the WHS Regulations 2017 to exercise due diligence to ensure (where practicable), risk management practices are undertaken to eliminate or mitigate risks to workers' health, safety and well-being.

ISLHD will, as far as is reasonably practicable, ensure the health and safety of all employees who may be affected by fatigue.

2. BACKGROUND

The Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2017 places a legal obligation on employers to provide a safe environment for all staff, contractors, volunteers, students and visitors by identifying, assessing, eliminating or controlling foreseeable workplace risks.

Working environments that provide services around the clock have a greater potential for work related fatigue to become a WHS issue. In particular, staff working in environments that require shift work, extended hours or high levels of overtime may be at increased risk of suffering work related fatigue.

Some of the risks associated with fatigue include:
- Decreased vigilance, concentration and attention
- Judgement is altered and quality of decisions affected
- Reaction time slows
- Memory affected
- Sleepiness and periods of micro sleeps (lasting 4 to 6 seconds)

3. RESPONSIBILITIES

3.1 Employees must:

- Comply with fatigue management and intervention procedures and any measures implemented by their line manager to identify and manage signs of their own fatigue and that of other employees they work with.

3.2 Line Managers must:

- Implement and comply with fatigue management and intervention procedures ensuring that consultation with their staff occurs to allow for the identification and management of fatigue in their work area.

3.3 General Managers/ Service Directors must:

- Ensure compliance with all aspects of the fatigue management and intervention procedure, and support all work areas under their management to be able to comply with this procedure.

3.4 Chief Executive must:

- Ensure the implementation of the fatigue management and intervention procedure for managers within ISLHD that is consistent with the objectives of NSW Health and is compliant with WHS legislation.

4. PROCEDURE

The following sources of information may assist employers identify whether work related fatigue has the potential to, or has already become a WHS issue

4.1 Observation

If concerns are noted regarding an employee, attempts should be made to identify what the concerns are. To assist this, the following issues need to be considered:

- Has there been a significant and observable change in the employee's behaviour?
- In what area has there been a change?

Are there physical symptoms such as:

- Eyes bloodshot.
- Slower movements.
- Poor coordination.
- Slower than normal response time (e.g. response to contact).

Are there cognitive functioning symptoms such as:

- Distracted from task.
- Poor concentration / lapses in concentration.
- Does not complete tasks.
- Nodding off momentarily.
- Fixed gaze and/ or reports blurred vision.

Are there emotional or motivational symptoms such as:

- Appears depressed.
- Irritable.

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- Lack of care about what they are doing.
- Easily frustrated with tasks.
- Increased or noticeable level of unexplained or unusual absenteeism.

4.2 Determine the level of risk

Based on what has been observed and identified from consideration of the above issues, determine the degree of risk and if the level of risk is acceptable.

Consider the following:

- Has a fatigue-related incident occurred?
- Has the employee been identified as at 'fatigue risk"?
- Is there a risk to self, patients, or others associated with the employee's functioning and or behaviour?
- Is the level of risk high, moderate or low?

4.3 Conversation

Engage the employee in conversation about their symptoms: state what has been observed and the level of risk that has been determined.

Has the employee an explanation for what you have observed?

An explanation does not discount what has been observed but may offer a reason for what has been observed.

The explanation may offer some answers to the next set of welfare check questions, the purpose of which is to encourage the employee to take responsibility for their functioning, to think about the reasons behind their fatigue-related risk and to emphasize that the employee has a role to play in preventing fatigue risks.

- Personal insight
  - What is the employee's understanding and how do they explain what has been observed?
- Sleep
  - How many hours since they last slept?
  - How long did they sleep?
  - Have they experienced a recent change in their sleeping habits?
  - Do they have a reason/s for not enough sleep or poor sleep?
- Work duties
  - What tasks have they been working on this roster?
  - Are the tasks repetitive in nature?

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- o Do the tasks require operating hazardous equipment?
- o Are the tasks considered high risk?
- o If so, how long have they been working on that task?
- Breaks
    - o When did they last have a break in shift?
    - o What was the duration of that break?
    - o When did they last drink some water or eat something?
    - o What do they usually do to prevent fatigue?

Note: If a fatigue risk or any other risk is present, actions to manage this risk must be considered immediately. These actions should be addressed within the employee's personal fatigue management plan.

4.4 Fatigue Management – Actions to manage fatigue

When information has been obtained from the above questions, identify the level of risk associated with the employee continuing to work without intervention. If the risk of continuing is unacceptable, determine which of the following control measures could be implemented to minimise the immediate risk. Use of the 'Fatigue Management Risk Assessment Tool' will assist in this process.

4.4.1 Task Rotation

- Requires that the employee be rotated out of the job they are currently doing to a task that creates a much lower immediate risk.

4.4.2 Short Break

- Direct the employee onto an unscheduled or rescheduled meal break.
- Request them to conduct a walk around inspection of their work area.
- Discuss the option of a change of environment for a brief period – relevant to the role of the employee.

4.4.3 Assistance to go home

- The employee's Manager may consider that an employee is not fit for work and may advise them to go home.
- Where driving home presents a further fatigue risk, transport arrangements will be made to assist the employee to reach their home safely.
- If it is not possible to provide this assistance, consideration must be given to providing accommodation as close as possible to the work area to allow the employee to be able to sleep prior to travelling home.

- The type of leave to be entered into the relevant roster system is to be discussed with the employee e.g. sick leave, AOE (Absent at Own Expense), Annual Leave, etc.

4.5 Additional Assistance

Where an employee has been identified as exhibiting symptoms of fatigue and has been assisted in managing this in the short-term, their Manager must discuss long term plans for managing fatigue with the employee.

A Fatigue Management Plan is to be developed and documented in consultation with the employee, and is to be reviewed on a regular basis – specific to the individual circumstances.

Reference to the 'Generic Rules for Rostering to Reduce the Risk of Fatigue' (*Appendix 1*) may assist as part of longer term planning.

5.   DOCUMENTATION

ISLHD Fatigue Management Risk Assessment Tool (ISLHD CORP F 32)

6.   AUDIT

Compliance with this procedure will be audited through internal and external review mechanisms at least every two years.

7.   REFERENCES

- Fatigue Risk Management System Resource Pack - Published by the Queensland Government.

8.   REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2015	0	ISLHD Quality / Accreditation Manager Approved by the ISLHD Corporate Services & Safety Management Committee on 12 Approved by Director Clinical Governance

February 2018	1	Senior Manager, Workforce Health and Safety
April 2018		Approved by Executive Director Strategic Improvement Programs

9. APPENDIX 1 -

Generic Rules for Rostering to Reduce the Risk of Fatigue.

APPENDIX 1: Generic Rules for Rostering to Reduce the Risk of Fatigue

Rostering design should consider allowing for good quality sleep and enough recovery time between work days or shifts for travelling, eating etc.

1. A maximum of 108 hours, including overtime, should be worked per fortnight (JMO rostered overtime may be an exception to this rule, however the level of un-rostered overtime must be managed).

2. Eliminate or minimise the need to work three (3) consecutive night shifts where those shifts are 12 hours in duration.

3. Limit shifts to 12 hours including overtime - no overtime should be worked, except in <u>exceptional circumstances</u> # *(see point 1 below)* before or after night shift.

4. Avoid any quick shifts – there needs to be more than 8 hours between the end of one shift and the beginning of another. The manager must factor this in when shifts may be swapped between employees.

5. An overtime shift, under certain circumstances (*see point 2 below)*, will not be offered to staff who have an unacceptable sick leave level / pattern.

6. Managers should be aware that forward planning is integral to rostering practices. This will ensure appropriate use of part-time staff and casual pools to minimise the amount of overtime and employee has to work. Management of casual hours worked is also essential.

7. Consultation with staff should be done whenever changes to shift patterns or rosters is being considered.

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1. **#** *denotes* <u>exceptional circumstances</u> i.e. when all processes for accessing part-time and casual staff have been exhausted.

2. *ISLHD has a duty of care for all employees, and to ensure the wellbeing of all staff an overtime shift may not be offered where it is evident an employee has taken frequent sick leave, or there is a pattern to sick leave which may demonstrate a risk if the employee is asked to work above their base hours.*

Sick leave will be managed by the normal process, however until management is certain there is no risk of an employee's health condition impacting on their ability to safely undertake the inherent duties and demands of their role no overtime will be worked except in exceptional circumstances