SESLHD GUIDELINE COVER SHEET



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	ISO 45001:2018 – 6.1.2 Hazard Identification and assessment of risks and opportunities
	National Safety and Quality Health Service Standards - Standard 1 – Clinical Governance
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EXECUTIVE SPONSOR	Director, People and Culture
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FUNCTIONAL GROUP(S)	Workplace Health and Safety
KEY TERMS	Fatigue, fatigue management plan, safety critical tasks, fatigue risk management, critical risks, fatigue risk management system
SUMMARY	To outline the risk management approach to manage work-related fatigue to ensure it does not contribute to health and safety risks in the workplace.



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1. POLICY STATEMENT

Fatigue in the workplace has the potential to impact on a worker's psychological and physical health, and a worker's ability to perform their role. It can also adversely affect the safety of those around them, including co-workers and patients/clients.

2. BACKGROUND

This procedure outlines a risk management approach for preventing and managing work-related fatigue. This includes identifying areas at increased risk of fatigue, determining whether fatigue already exists in the workplace, and providing strategies to reduce the likelihood an impact of work-related fatigue in the workplace.

The procedure has been written to comply with the requirements of:

- NSW Health Guideline GL2023 012 Fatigue Management in NSW Health Workplaces
- 2013 SafeWork Australia Guide for Managing the Risk of Fatigue at Work.

2.1 Definitions

Key terms referenced from the NSW Health Guideline GL2023_012 - Fatigue Management in NSW Health Workplaces. Refer to Appendix A.

3. RESPONSIBILITIES

3.1 Workers:

- Monitor own level of alertness and concentration while at work. Speak with their manager/supervisor if they foresee or experience their abilities being impaired by fatigue.
- Take steps to manage fatigue, for example take breaks, maintain hydration, stretch, adjust the work environment, and obtain adequate rest and sleep away from work.
- Notify their manager if they believe their ability to safely undertake their duty is impaired due to fatigue.
- Declare secondary employment with their manager and seek approval.
- Report any fatigue-related incidents, including near misses, via ims+.
- Seek medical advice assistance if concerned about a health condition that affects sleep and/or causes fatigue.
- Look out for signs of fatigue in colleagues.

3.2 Managers:

- Use a risk assessment process to identify and manage any risks associated with fatigue within their area of responsibility.
- Consult with workers during the identification and management of risks associated with fatigue.

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- Educate workers on fatigue-related risk and provide relevant information, supervision and training to assist with managing this risk.
- Monitor potential fatigue hazards including the amount and frequency of unscheduled overtime, frequency of call-back duties; leave accrual and incidents with fatigue as an identified contributing factor.
- Encourage and support workers to report fatigue-related hazards and incidents in ims+.
- Monitor employee records to manage excessive leave balances.
- Ensure employees are rostered in accordance with applicable industrial agreements and rostering practice guidance.
- Identify safety-critical tasks performed within their area of work and schedule them outside the low body clock periods where practicable.
- Advise executive management of barriers preventing the reduction of fatigue risks to a level that is reasonably practicable.

3.3 General Managers / Senior Managers:

- Assist managers to implement the fatigue risk management system requirements.
- Ensure a fatigue risk assessment is undertaken for relevant work areas/facilities.
- Use the rostering best practices principles and implement identified fatigue risk controls.
- Monitor potential fatigue hazards including the amount and frequency of unscheduled overtime, frequency of call-back duties; leave accrual and incidents with fatigue as an identified contributing factor.
- Provide managers with information, support and resources to recognise fatigue related indicators, and to take appropriate action.
- Monitor KPIs for effectiveness, and report the results and actions taken for fatiguerelated risks to the Chief Executive/Executive Management.

3.4 Chief Executive and Executives:

- Ensure systems and procedures are in place to identify, prevent and effectively manage fatigue related risks.
- Ensure appropriate resources are available to support effective management of fatigue-related risks.

4. PROCEDURE

4.1 Overview

Fatigue management processes include both proactive management strategies and a process to manage a worker to identify fatigue during a shift. The nature of SESLHD services means that work may be carried out at any time of the day or night, with many

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workers rostered to meet operational and patient/client care requirements using shift work and extended work hour arrangements. These work arrangements can increase the risk of fatigue which can increase the likelihood of human error, incidents and injuries. Fatigue can reduce concentration, impair coordination and compromise judgement.

4.2 Identifying the risk of fatigue

Department fatigue risk assessment

People have varying responses to the causes of fatigue which can make assessing the collective risks of fatigue difficult. However, several factors are similar in most people. In the workplace, fatigue is commonly related to:

- Work scheduling and planning
- Physical and mental demands of the work
- Environmental conditions
- Organisational factors
- Individual or lifestyle factors.

The key to assessing the risks of fatigue is to remember that fatigue is cumulative. Isolated occurrences of a high-risk factor will usually not create a high risk of fatigue. Managers should use the Fatigue Identification Checklist, in consultation with workers, to help identify fatigue hazards. Methods to identify when worker fatigue may be a hazard include:

- Observing worker behaviour, work practices and systems of work
- Talking with supervisors and workers about the impact of workloads and work schedules. This should include work-related travel and work completed outside of usual hours.
- Examining personnel records and data such as timesheets, leave balances and overtime payments
- Incident data and the findings of incident investigations, also accidents workers have had travelling home or on work-related journeys
- Discussing personal health or family issues with workers when appropriate.

There may not be obvious signs of fatigue in workers. However, this does not mean it is not occurring or that factors which may increase the risk of fatigue are not present. A person who is fatigued may show signs of the following at work:

- Excessive yawning or falling asleep
- Short-term memory problems and an inability to concentrate
- Noticeably reduced hand-eye coordination or slow reflexes
- Other changes in behaviour, for example repeatedly arriving late for work
- Increased rates of unplanned absence.

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They may also experience some of the following less-obvious signs:

- Feeling drowsy
- Headaches
- Dizziness
- Difficulty concentrating
- Blurred vision or impaired visual perception
- A need for extended sleep during days off work.

Any identified fatigue hazards should then be assessed using the Health Safety and Wellbeing Risk Assessment and control measures should be identified then implemented. Refer to the Fatigue Risk Management Chart for help to identify controls. As fatigue hazards and related risk controls are typically generic, the Chart may be used to collectively assess all workers in a department.

Individual fatigue risk assessment

Where an individual worker self-reports a fatigue risk or where a colleague/manager believes a worker is displaying signs of fatigue, the worker should be asked to complete an Individual Fatigue Self-Assessment Tool. The checklist will give guidance on the worker's current level of fatigue as well as suggested controls, based on the level of risk. Once completed, the outcomes must be discussed with the manager and an individual plan agreed upon.

Where a worker has been helped to manage their fatigue in the short-term, the manager must discuss long-term plans for managing fatigue with the worker. If there is an identified or potential medical reason for the worker's fatigue, e.g. sleep apnoea, the manager must follow the steps identified in the SESLHDPR/564 - Non-Work Related Injury or Illness Management procedure. This is also an opportunity for the manager to discuss other related procedure and programs such as Employee Assistance Programs, Wellbeing programs, flexible work practices.

4.3 Controlling the risks

Where fatigue-related risks are identified they must be managed; eliminating the risks so far as is reasonably practicable and where they cannot be eliminated, minimising the risks through appropriate control measures. Effective controls to manage the risks associated with fatigue should always be identified in consultation with workers.

Factors contributing to the risk of fatigue are often inter-related. Incorporating a combination of control measures into general workplace systems, as well as control measures specific to the work, can help to minimise more than one contributor to fatigue, for example:

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- Implement rostering best practice.
- Ensure workers have and take regular breaks to rest, eat and hydrate.
- Provide rest areas for workers to take breaks and remove face mask or other PPE.
- Rotate workers through different tasks to prevent physical or mental fatigue.
- Monitor leave entitlements and overtime and/or call backs.
- Check that workers' secondary employment does not affect their ability to get adequate rest and restorative sleep.
- Provide instruction to workers on the effects of fatigue and the ways in which fatigue can be minimised.

4.4 Information, Instruction and Training

Workers must be provided with information to help them manage and recognise the risks of fatigue in the workplace. This would include:

- The Fatigue Management Worker and Manager Information Sheet
- The My Health Learning online training module *Fatigue: Minimising the impact at work* (course code 285850115). This module is about a worker's role in preventing fatigue-related issues that impact on their performance in the workplace.

4.5 Monitoring and Review

The manager, in consultation with the worker/s, must review the effectiveness of the control measures in preventing and managing fatigue when:

- There is indication that fatigue risks are not being controlled.
- Consultation with workers indicates that a review is necessary.
- New information regarding fatigue management becomes available.
- New tasks (in particular those that are safety-critical), equipment, rosters are introduced.
- There is a fatigue-related incident reported in ims+.

The fatigue risk assessment is to be reviewed at least annually or if changes occur in the workplace, whichever occurs first. It is suggested that an individual fatigue management plan is evaluated as part of the workers annual performance review.

5. DOCUMENTATION

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• Form F424 - Health and Safety and Wellbeing Risk Assessment

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NSW Health Fatigue Management Documentation and Resources

- Fatigue Identification Checklist
- Individual Fatigue Reporting Checklist and Workplace Safety Plan
- Fatigue Management Worker and Manager Information Sheet.
- Fatigue Risk Control Chart

6. AUDIT

Compliance with this procedure will be monitored through the Work Health and Safety Audit every two years in accordance with the established Key Performance Indicators (KPIs) and SafeWork requirements.

KPIs:

- Fatigue hazard reports
- · Fatigue incident reports
- Excessive Sick Leave

7. REFERENCES

External References

- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2017
- 2013 SafeWork Australia Guide for Managing the Risk of Fatigue at Work
- NSW Health Guideline GL2023 012 Fatigue Management in NSW Health Workplaces
- NSW Health Policy Directive PD2015 049 Health Code of Conduct
- 2021 Code of Practice: Managing psychosocial hazards at work, SafeWork NSW
- NSW Health Policy Directive PD2023 045 Leave Matters for the NSW Health Service
- NSW Health Policy Directive PD2022 048 Employee Assistance Programs
- NSW Health Guideline GL2023 020 Flexible Work (More than one way to work)

Internal References

- SESLHDPR/435 Flexible Work Arrangements
- SESLHDPD/299 Work Health, Safety and Wellbeing
- F126 Health Safety and Wellbeing Record Keeping requirements

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8. VERSION AND APPROVAL HISTORY

Date	Version No.	Author and approval notes
Nov 2013	0	Developed by Ron Taylor, WHS Consultant in line with WHS Act, Regulations and Code of Practice.
Nov 2013	1	Re-formatted by Scarlette Acevedo, District Policy Officer.
Mar 2014	2	Finalised by Author and approved by Executive Sponsor for submission to DET.
August 2017	3	Desktop Revision and Links Update - John Parkinson, WHS Consultant
August 2018	4	Document Title Changed – Catherine Johnson, WHS Consultant
August 2021	5	Updated contacts, links, document title change, procedure updated – Rosanna Martinelli Head of Health Safety and Wellbeing
2 October 2024	6	Major review and update against MoH Fatigue Procedure. Title changed and links updated by Vee-Lyn Tan, Head of Health Safety Wellbeing. Approved at SESLHD Executive Meeting.

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APPENDIX A - Definitions

Key Term	Definition
Body Clock	The circadian rhythms (the body clock) cause regular variations in body and mental functions, repeated approximately every 24 hours. These rhythms regulate sleeping patterns, body temperature, heart rate, hormone levels, digestion and many other functions and affect the behaviour, alertness, reaction times and mental capacity of people to varying degrees.
	Most people are day-orientated, ie they are most alert and productive in the daytime and sleep at night. This is why some employees may struggle to adjust to shift work, as it can disrupt regular (day-oriented) functioning.
Fatigue	A state of tiredness that leads to physical, mental and/or emotional exhaustion that reduces the ability to perform work safely and effectively It can occur because of prolonged mental or physical activity, sleep loss and/or disruption of the internal body clock.
	Signs of fatigue include:
	tiredness even after sleep
	reduced hand-eye coordination or slow reflexes
	short term memory problems and an inability to concentrate
	blurred vision or impaired visual perception
	a need for extended sleep during days off work.
Forward Shift Rotation	A forward rotation means the direction of shifts is day-to-evening-to- night shift. A forward (clockwise) rotation is preferred rather than a backward shift rotation (day-to-night-to-evening shift). Forward shift rotation is generally considered to suit people better.
Officer	A person who makes decisions, or participates in making decisions that affect the whole, or a substantial part, of a business or undertaking and has the capacity to significantly affect the financial standing of the business or undertaking. Under the WHS Act, officers have a positive duty of due diligence.
Person Conducting a Business or Undertaking (PCBU)	A broad term to describe all forms of modern working arrangements, commonly referred to as businesses, eg NSW Ministry of Health, SESLHD. For further guidance, refer to Section 5 of the Work Health and Safety (WHS) Act.

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Key Term	Definition	
Safety Critical Tasks	Tasks requiring a high level of concentration, alertness and/or coordination and where the consequences of a mistake or error in judgement could cause serious injury or fatality, eg:	
	driving a road vehicle or operating a crane or other high-risk plant	
	administration of drugs or participating in medical or surgical procedures	
	working at heights	
	hazardous work such as: electrical work, working with flammable or explosive substances	
	Patient care that involves making critical decisions where there may be significant consequences if errors occur.	
Shift work	Work outside usual daylight hours, e.g. 7:00am to 6:00pm.	
Sleep Debt	The cumulative effect of not getting enough sleep and can lead to fatigue.	
Sleep Hygiene	Refers to the various habits, environmental factors, and practices that may influence the length and quality of a person's sleep.	
Worker	Anyone who carries out work for a PCBU, such as employees, contractors, including Visiting Practitioners, sub-contractors and employees of sub-contractors, employees of a labour hire company (eg Agency staff), volunteers, apprentices or trainees, students on clinical, work experience or other placements.	

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COMPLIANCE WITH THIS DOCUMENT IS MANDATORY