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ATTACHMENT ONE Fatigue Risk Management Systems Protocol Template

ATTACHMENT TWO Methods for Occupational Health and Workplace Safety
to monitor implementation and compliance

1 PURPOSE

To establish a framework for the development and implementation of a Fatigue Risk Management System (FRMS) as part of Queensland Health's Integrated Safety Management System (ISMS) to reduce errors and incidents in which fatigue is a contributory factor.

2 APPLICATION

This policy applies throughout Queensland Health. The intent is specific to medical practitioners, however, in alignment with Queensland Health's Occupational Health and Safety (OHS) vision 'Safety for All' and legislative requirements, the risks of fatigue to all employees across Queensland Health are recognised.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

More detailed information and guidance is contained in:

- FRMS Resource Pack
- Approved Risk Assessment or Decision Support Tool/s
- Local Fatigue Working Group Resource Kit
- Related Training Modules
- Integrated Risk Management Policy
- Clinical Incident Management Implementation Standard
- Occupational Health and Safety Management System Implementation Standard.

4 DELEGATION

The "delegate" is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- *Workplace Health and Safety Act 1995*
- Clause 7.4 "Fatigue Policy Statement" Medical Officers (Queensland Health) Certified Agreement No.1 (2005)

6 SUPERSEDES

- Interim Queensland Health Continuous/Cumulative Hours Procedure – Medical Officers

7 POLICY

7.1 General

Risk management of fatigue and fatigue-related risks must be incorporated into Queensland Health's core business operations. In order to facilitate this, Queensland

Health has endorsed a systematic approach to managing the risks associated with fatigue. A systematic approach to fatigue risk management will improve safety, efficiency, productivity, operational flexibility and Queensland Health's duty of care to its staff and the public.

Fatigue can be defined as a decreased capacity to perform mental or physical work, or the subjective state in which one can no longer perform a task. Fatigue manifests in physiological performance decrements and cognitive impairment. Fatigue primarily arises as a result of inadequate restorative sleep, but is also influenced by time of day and how long an individual has been awake. As fatigue increases accuracy and timing degrades, lower standards of performance are unconsciously accepted, the ability to integrate information into a meaningful overall pattern is degraded and a narrowing of attention occurs that leads to forgetting or ignoring important aspects of tasks. Problem solving and reasoning are slower than normal, psychomotor skills are degraded and the rate of false responding is increased. All these aspects of performance are integral to the effective functioning of individuals performing complex tasks within a healthcare environment.

Due to the scope and complexity of services pertaining to high-reliability safety-critical industries such as healthcare, increased fatigue levels are unavoidable due to the need to safely govern the availability of health care services. However, Queensland Health is committed to ensuring safe systems of work, providing a safe and healthy workplace for staff and the public, and reducing fatigue risks to as low as reasonably practicable.

7.2 Fatigue Risk Management System (FRMS)

Queensland Health mandates the use of FRMS in all Queensland Health facilities and/or work areas. FRMS provides multiple layers of defence against fatigue-related risk and is based on a Defences in Depth model.

7.2.1 Defences in Depth model

Figure 1 illustrates the Defences in Depth model and shows examples of the types of control strategies which may be appropriate (depending upon the clinical setting) at the different levels within the model. Use of this model forms the major practical or day-to-day aspect of the FRMS and will include tools, strategies and control measures for monitoring and managing fatigue-related risk.

The logic behind the Defences in Depth model follows the trajectory of a fatigue-related incident. For a fatigue-related incident to happen, a fatigue-related error must be made. In turn, if an error is committed, the individual would have been exhibiting some signs or symptoms of fatigue, or fatigue-related behaviours. To be exhibiting signs of fatigue an individual will have had insufficient sleep leading up to that point (which may be associated with inadequate sleep prior to starting a shift or extended time awake, both of which can be exacerbated by circadian factors). And finally, if an individual has been awake too long or has obtained insufficient sleep then the sleep opportunity may not have been adequate.

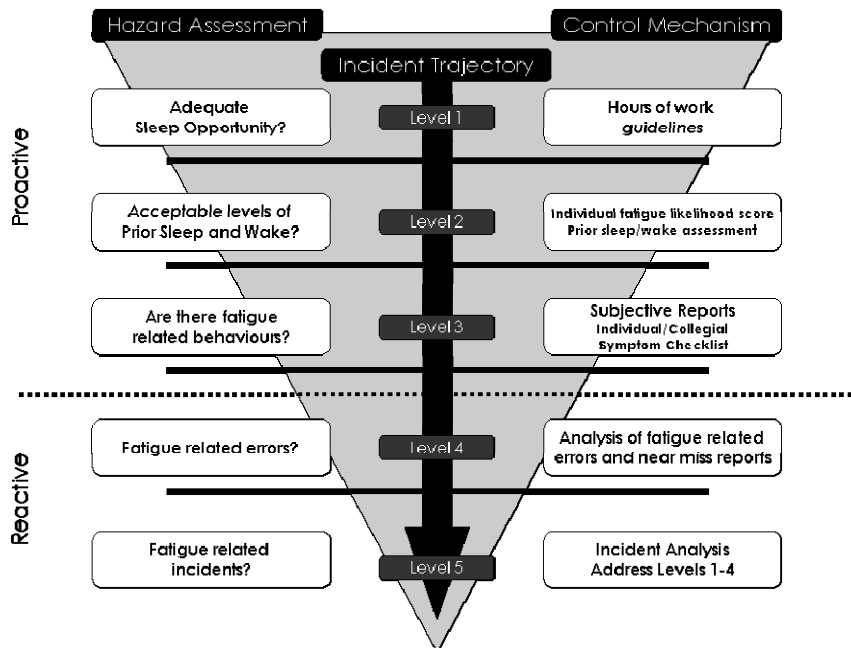


Figure 1: Defences in Depth model

At each level of the model there are opportunities to put in place control strategies to manage fatigue-related risk. The FRMS resource pack (refer section 3 Guidelines) details the types of controls that could be considered in developing FRMS at a facility or in a work area. It is recognised that in the healthcare environment issues which involve life and limb threatening situations and high risk situations requiring continuity of care preclude the use of overly prescriptive controls at each level. Decision makers will need to assess whether the risk of withdrawing a medical-related service could exceed the risk of a fatigue-related error occurring. They will also need to match the level of hazard control to the potential consequences of a fatigue related error. What is critical is the recognition of the risk at each level, and the development of appropriate measures and control strategies at each of the levels of the model.

7.2.2 Documentation

Each district will have a district-wide FRMS protocol supported by a more detailed FRMS protocol for extreme and major level risk work areas identified by district executive. The FRMS protocol defines and details the way that fatigue-related risk is dealt with in the organisation and is essentially the written version of the FRMS. The FRMS protocol directs responses to specifically identified risks at each of the Defences in Depth levels, and its development will be based on the specific needs of the local environment. Each stage of the fatigue risk control and when it is to be used must be documented. The risk management process enables accountable persons to demonstrate that relevant factors have been considered and the steps needed to control OHS risks have been undertaken.

The FRMS is required to detail the following information in accordance with Attachment One:

- Preface
- Senior management commitment
- Purpose of the FRMS
- Strategy for communication and consultation
- Terms of reference for the local fatigue working group
- Defences in Depth risk mitigation processes
- Outline of training program
- Audit and review processes.

7.2.3 Communication and consultation

Communication and consultation are essential in the risk management process. The communication and consultation process must be defined and implemented throughout the risk management process to ensure staff potentially impacted by fatigue-related risks, are aware of the potential for things to go wrong, and the required and planned control mechanisms to inform safe behaviours.

7.2.4 Local fatigue working group

Local fatigue working groups are required to be developed and implemented. The local fatigue working group is required to design and implement the local FRMS in accordance with this implementation standard. A local fatigue working group resource kit has been provided to assist in the establishment of a local working group (refer section 3 Guidelines).

The local fatigue working group will report directly to the district CEO or their nominated delegate and liaise with relevant local OHS and patient safety committees within the area of representation to ensure consistency between other relevant safety policies, procedures and practices.

The local fatigue working group is responsible for ensuring that appropriate training in fatigue risk management is available to all relevant staff. Monitoring, review and improvement of the fatigue risk management practices must be undertaken by the local fatigue working group at periodic intervals defined in the FRMS or based on changes in legislation, operational activities or health and safety performance.

7.2.5 Reporting

At each level of the Defences in Depth model, thresholds for action (or control) will be defined. As part of these control strategies, a reporting structure must be established that advises when thresholds are reached. This feedback and reporting loop will allow the system to be continuously monitored and improved upon. The FRMS must also specify how level 4 and 5 incidents are reported and captured to inform improvements to the FRMS.

8 APPLYING THE POLICY

8.1 Roles, responsibilities and performance criteria

Position	Role	Responsibility	Key Performance Indicator (KPI)
<p>Director-General</p>	<ul style="list-style-type: none"> ▪ Support the implementation and maintenance of FRMS in Queensland Health ▪ Ensure objectives of the Queensland Health Medical Fatigue Risk Management HR Policy I1 are met ▪ Encourage a just safety culture to manage the fatigue-related risk effectively. 	<ul style="list-style-type: none"> ▪ Ensure observance of the Queensland Health Medical Fatigue Risk Management HR Policy I1 ▪ Advise Government of barriers preventing extreme and major level risks being managed to as low as reasonably practicable ▪ Prioritise allocation of available resources to reduce extreme and major risk fatigue to as low as reasonably practicable (delegated to Deputy Director-General Policy, Planning and Resourcing). 	<ul style="list-style-type: none"> ▪ KPIs embedded in performance agreements for Chief Executive Officers of health service districts and Clinical and Statewide Services (delegated to Deputy Director-General Performance and Accountability); and ▪ Implementation support funding allocated across health service districts prior to commencement of the 2008/09 and 2009/10 financial years (delegated to Deputy Director-General Policy, Planning and Resourcing).
<p>Chief Executive Officers of health service districts and Clinical and Statewide Services (CaSS) (or delegate who is a member of district/CaSS executive)</p>	<ul style="list-style-type: none"> ▪ Ensure observance of the Queensland Health Medical Fatigue Risk Management HR Policy I1 ▪ Encourage a just safety culture to manage the fatigue-related risk effectively. 	<ul style="list-style-type: none"> ▪ Monitor district compliance with the Queensland Health Medical Fatigue Risk Management HR Policy I1 ▪ Ensure risk control measures are appropriate for ongoing extreme and major fatigue risk situations identified in accordance with the Queensland Health Integrated Risk Management policy ▪ Prioritise allocation/reallocation of available resources to reduce extreme and major risk fatigue to as low as reasonably practicable ▪ Advise Director-General of barriers to preventing extreme and major level risks being managed to as low 	<p>KPIs embedded in district service agreements that require:</p> <ul style="list-style-type: none"> ▪ District Executive Member Sponsor identified by 1 September 2008 ▪ Dedicated Fatigue Risk Management Officer (FRMO) reporting to the district executive Member Sponsor established by 1 September 2008 ▪ FRMO provided with initial training by 1 January 2009 and supported to maintain skills and knowledge on an ongoing basis ▪ FRMS awareness campaign rolled out across district by 1 January 2010 with doctors and relevant

Position	Role	Responsibility	Key Performance Indicator (KPI)
		as reasonably practicable.	clinical staff targeted initially; <ul style="list-style-type: none"> ▪ Extreme and major risks identified through actual medical hours system reports from SSP and through awareness campaign ▪ District-wide FRMS protocol and specific protocols for identified extreme risks developed by 1 January 2010 ▪ Specific protocols for major risks developed by 1 July 2010.
Line manager/supervisor (EDMS, DMS, MSRPP, Clinical Director, most senior relevant clinician)	<ul style="list-style-type: none"> ▪ Ensure the observance of the Queensland Health Medical Fatigue Risk Management HR Policy I1 ▪ Oversee the management of fatigue-related risk in facilities/ work areas ▪ Encourage a just safety culture to manage fatigue-related risk effectively ▪ Provide oversight, direction and support to local fatigue working group ▪ Provide appropriate resources to implement and maintain FRMS. 	<ul style="list-style-type: none"> ▪ Ensure FRMS meets all requirements of the Queensland Health Medical Fatigue Risk Management HR Policy I1 ▪ Ensure compliance with FRMS by medical staff and relevant clinical staff under their supervision ▪ Respond appropriately to reports of fatigue-related incidents, errors or behaviours ▪ Ensure training for self and direct reports required by FRMS is completed ▪ Where organisational delegations permit, ensure available resources are allocated in a manner that reduces fatigue related risk to as low as reasonably practicable ▪ Advise supervisor of barriers preventing extreme and major level risks being managed to as low as reasonably practicable. 	KPIs embedded in performance plans including: <ul style="list-style-type: none"> ▪ FRMS awareness campaign rolled out to doctors and relevant clinical staff by 1 January 2010 ▪ Extreme and major risks identified through actual medical hours system reports from SSP and through awareness campaign ▪ Specific protocols for identified extreme risks developed by 1 January 2010 ▪ Specific protocols for major risks developed by 1 July 2010.

Position	Role	Responsibility	Key Performance Indicator (KPI)
<p>Medical officer (individual doctor)</p>	<ul style="list-style-type: none"> ▪ Understand and execute responsibilities with respect to the FRMS ▪ Utilise time away from work to obtain sufficient sleep to minimise the risks of fatigue-related errors and incidents. 	<ul style="list-style-type: none"> ▪ Present at work in a fit state to conduct duties safely ▪ Complete all training required by FRMS ▪ Identify, report and respond to actual and potential risks associated with fatigue according to FRMS ▪ Inform the appropriate individual where adequate sleep has not been obtained ▪ Declare any work hours outside of rostered work at primary place of employment where it would elevate the risk of fatigue above that which would otherwise be expected. 	<ul style="list-style-type: none"> ▪ Complete training required under FRMS protocols within required timeframes ▪ Work in accordance with the requirements of the local FRMS protocols.
<p>Patient safety</p>	<ul style="list-style-type: none"> ▪ Ensure lessons learned from clinical incidents and corrective actions taken are fed back to the local fatigue working group. 	<ul style="list-style-type: none"> ▪ Identify and report to relevant member of district executive where fatigue is a contributing factor when investigating clinical incidents and/or conducting a root cause analysis. 	<ul style="list-style-type: none"> ▪ Provide reports to the relevant member of district executive when fatigue is identified as a contributing factor in an incident.
<p>Shared Services Partner (SSP)</p>	<ul style="list-style-type: none"> ▪ Support line managers by providing access to accurate reports on actual hours of work. 	<ul style="list-style-type: none"> ▪ Provided reports as required. 	<ul style="list-style-type: none"> ▪ Reports are user friendly and ease the identification of extreme and major risk work areas and/or individuals.
<p>Occupational Health and Workplace Safety</p>	<ul style="list-style-type: none"> ▪ Monitor FRMS implementation across Queensland Health. 	<ul style="list-style-type: none"> ▪ Establish system audits to monitor implementation and compliance with Queensland Health Medical Fatigue Risk Management HR Policy I1 (refer to Attachment Two). 	<ul style="list-style-type: none"> ▪ Process established to enable FRMS implementation and compliance monitoring by 1 January 2010.

8.2 Implementation milestones

- District level FRMS protocol developed and implemented – 1 January 2010.
- Unit level FRMS protocols for extreme level risks identified through district awareness campaign – 1 January 2010.
- Unit level FRMS protocols for major level risks identified through district awareness campaign and ongoing monitoring and reporting – 1 July 2010.

8.3 Review and audit

Health service districts and Clinical and Statewide Services will undertake a review of the implementation of this policy by January 2009. This process will provide feedback on implementation progress to the Executive Management Team pending establishment of compliance monitoring systems by Occupational Health and Workplace Safety.

This policy will be reviewed by July 2010 or in light of changes to legislation, changes to organisational activity or health and safety performance.

9 HISTORY

January 2009	Revised in accordance with Queensland Health structural reform.
August 2008	Endorsed by the Executive Management Team.

Fatigue Risk Management Systems Protocol

[INSERT AREA OF REPRESENTATION]

1.0 Preface

The implementation of a Fatigue Risk Management System (FRMS) is a mandatory requirement for Queensland Health hospitals. The FRMS sits within a systematic risk management approach focussed on multiple levels of control. The management of fatigue-related risk is the responsibility of all medical officers and their employer/workplace involving a joint accountability model.

2.0 Senior Management Commitment

[Senior Management] are committed to managing fatigue-related risk within [area of representation] through a systematic risk management approach integrated into core business activities. In order to successfully define and implement the FRMS, the following responsibilities and performance targets have been established:

Position	Role	Responsibility	Performance Target
[Enter details]			

3.0 Purpose

The purpose of the FRMS is to define an operationally capable process to facilitate implementation of flexible practices to manage fatigue-related risks and minimise fatigue-related errors and incidents to ensure Queensland Health’s duty of care to staff and the public.

In order to achieve this [area of representation] will ensure:

- A safe working environment by minimising fatigue-related risks;
- Assistance through a range of preventative initiatives are developed and available, including training and education;
- Informed decisions are made pertaining to safe work design; and
- A process of continual improvement is implemented including ongoing risk assessment and monitoring and evaluation processes.

4.0 Communication and Consultation

[Information pertaining to the FRMS must be disseminated to relevant stakeholders during development, implementation and at review stages. This section must define the local processes for:

- How information about the FRMS will be communicated to all relevant stakeholders;
- How the FRMS consultation process will be conducted;
- How individual facilities/work areas will be required to communicate information pertaining to fatigue risk management to all medical practitioners; and
- Governance arrangements for the Local Fatigue Working Group.]

5.0 Defences in Depth

The fatigue risk management model, Defences in Depth, follows five steps to identify areas of fatigue-related risk combined with appropriate control measures.

[The Defences in Depth framework for the area of representation must be detailed below]

5.1 Hazard Level 1 – Sleep Opportunity

[Enter details here]

5.2 Hazard Level 2 – Actual Sleep-Wake

[Enter details here]

5.3 Hazard Level 3 – Fatigue Signs and Symptoms

[Enter details here]

5.4 Hazard Level 4 – Fatigue-related Errors

[Enter details here]

5.5 Hazard Level 5 – Fatigue-related Incidents

[Enter details here]

6.0 Training

[The FRMS must include a training program, tailored for the employee population. The training program must provide a number of layers of education targeted at employees (all medical officers), responsible persons (EDMS, Clinical Directors, supervisors) and senior management (Chief Executive Officers, EDMS). The training program shall describe the timing of general, inductee and refresher training.]

7.0 Audit and Review

[Enter details pertaining to the mechanisms for monitoring and reviewing, including auditing to measure the successful implementation and continued relevance of the FRMS here.]

Methods for Occupational Health and Workplace Safety to monitor implementation and compliance

District Occupational Health and Safety (OHS) Officers will monitor implementation and compliance with key performance indicators (KPIs) under the Medical Fatigue Risk Management HR Policy. To avoid potential conflicts of interest, an OHS Officer from an adjacent district will undertake monitoring and compliance activities and provide a written report to the district CEO.

The OHS Officer will check that:

1. The district's medical officers and relevant clinical staff have completed the applicable fatigue risk management training modules via Queensland Health's ELMO website by 1 January 2010. All medical officers and relevant clinical staff must complete module two. Line managers/supervisors must complete modules two and three. After 1 January 2010, OHS Officers will check at least annually that all medical officers and relevant clinical staff have completed the applicable fatigue risk management online training modules within six months of commencing with Queensland Health if employed after 1 January 2010 and at least every two years thereafter.
2. The district and its facilities/work areas extreme and major level fatigue-related risks have been identified through reports from the Shared Services Partner on the district's medical officers' actual hours of work by 1 January 2010. These risks will be identified in accordance with the Queensland Health Incident Management Policy Appendix 1: Queensland Health Risk Matrix and Examples of Consequences. The district CEO (or delegate who is a member of district executive) will sign off on the identified extreme and major level fatigue-related risks for their district.
3. The district has developed and documented a district-wide Fatigue Risk Management System (FRMS) protocol by 1 January 2010. The district CEO (or delegate who is a member of district executive) will sign off on the district-wide FRMS protocol. Part 3 Guidelines of this policy include resources that provide guidance for the development of FRMS protocols.
4. Each facility/work area in the district with identified extreme fatigue-related risks has developed and documented specific FRMS protocols to address these risks by 1 January 2010. The district CEO (or delegate who is a member of district executive) will sign off on the unit-specific FRMS protocols. Part 3 Guidelines of this policy include resources that provide guidance for the development of FRMS protocols.
5. Each facility/work area in the district with identified major level fatigue-related risks has developed and documented specific FRMS protocols to address these risks by 1 July 2010. The district CEO (or delegate who is a member of district executive) will sign off on the unit-specific FRMS protocols. Part 3 Guidelines of this policy include resources that provide guidance for the development of FRMS protocols.

6. The district-wide FRMS protocol and unit-specific protocols are reviewed by responsible officers as identified in this policy at least every two years or as needed (eg. with significant changes to service models, service demands, staffing establishment, etc). The district CEO (or delegate who is a member of district executive) will sign off on the revised FRMS protocols.

The district CEO may provide a written response to the OHS officer's report on compliance with KPIs within 14 days of receipt of the report. After 14 days, the OHS officer will provide the report and any response from the district CEO to the Deputy Director-General Corporate Services and the relevant deputy director-general with whom the district has a reporting relationship. The Deputy Director-General Corporate Services will submit the report and response to Queensland Health's Executive Management Team.

Queensland Health's Occupational Health and Workplace Safety (OHWS) unit will monitor implementation and compliance with key performance indicators (KPIs) under the Medical Fatigue Risk Management HR Policy I1 by randomly auditing at least two districts annually to check:

1. The district's training record of medical officers and relevant clinical staff who have completed the applicable fatigue risk management training modules via Queensland Health's ELMO website by 1 January 2010, within six months of commencing with Queensland Health if employed after 1 January 2010 and at least every two years thereafter. The district CEO (or delegate who is a member of district executive) will be responsible for ensuring training is completed.
2. A sample of medical officers' actual hours of work over a four-week period to identify possible extreme and major level risks after 1 July 2010. This will be assessed against the district's record of extreme and major level fatigue-related risks, as signed off by the district CEO (or delegate who is a member of district executive), and the documented FRMS protocols to address these risks.
3. Whether the documented FRMS protocols have been implemented via interviews (or another appropriate tool) with a sample of the district's line managers/supervisors, medical officers and relevant clinical staff.

Queensland Health's OHWS unit will provide a written report on compliance with KPIs to the district CEO. The district CEO may provide a written response to the report with 14 days of receipt of the report. After 14 days, OHWS will provide the report and any response from the district CEO to the Deputy Director-General Corporate Services and the relevant deputy director-general with whom the district has a reporting relationship. The Deputy Director-General Corporate Services will submit the report and response to Queensland Health's Executive Management Team.