

Human Resources Policy

Fatigue risk management

Policy Number: I1 (QH-POL-171)

Publication date: February 2021

Purpose: To ensure workplace fatigue is managed to minimise its effects and related risks on the workplace, employees, patients and others through the application of a best practice risk management framework as a core business function.

Application: This policy applies to employees working for Queensland Health.

Delegation: The 'delegate' is as listed in the relevant Department of Health Human Resource (HR) Delegations Manual, or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

Legislative or other authority:

- *Work Health and Safety Act 2011*
- [How to manage work health and safety risks Code of Practice 2011](#)
- Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 1) 2019
- Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 3) 2019
- Medical Officers' (Queensland Health) Certified Agreement (No. 5) 2018
- Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB10) 2018
- Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 7) 2019
- Queensland Public Health Sector Certified Agreement (No. 10) 2019

Related policy or documents:

- Patient Safety Health Service Directive (QH-HSD-032:2014)
- Risk Management Policy (QH-POL-070:2015)
- Health, safety and wellbeing policy (QH-POL-401)
- Health, safety and wellbeing planning standard (QH-POL-401-1)
- Health, safety and wellbeing consultation standard (QH-IMP-401-2)
- Health, safety and wellbeing risk management standard (QH-IMP-401-3)
- Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4)
- Health, safety and wellbeing incident response standard (QH-IMP-401-7)
- Fatigue Risk Management e-learning program
(link: <https://ilearn.health.qld.gov.au/d2l/home/12698>)
- Fatigue risk management System (FRMS) resource pack
(link: https://gheps.health.qld.gov.au/_data/assets/pdf_file/0031/2263396/frms-resource-pack.pdf)

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1 Policy statement

This policy details the principles that apply in Queensland Health for the management of fatigue and related risks, and demonstrates a commitment to ensuring fatigue is managed in an integrated and proactive manner to provide safe systems of work and a safe environment for employees, patients and the public.

This policy is to be read in conjunction with the overarching Health, Safety and Wellbeing Policy and the associated Safety Management System standards, using the Fatigue risk management system (FRMS) resource pack as the recommended guideline.

1.1 Principles for managing fatigue

The following principles apply:

- Fatigue-related risk shall be managed by a shared approach between the employer and employees, with each party discharging their duty to address matters that fall within their responsibility and accountability (refer to Attachment One).
- Fatigue risk management shall be based on a sound risk management approach using the 'Defences in Depth Model' (refer to Attachment Two), where risks are identified, assessed, controlled and reviewed on a regular basis. The FRMS implemented shall recognise the complexity of services provided and acknowledge that there are circumstances where fatigue may be unavoidable but should be further assessed to improve mitigation of risk.
- A systematic approach to management of fatigue and fatigue related risk shall be incorporated into the Hospital and Health Services and Department of Health core business operations and shall incorporate fundamental risk management principles.
- The FRMS shall incorporate training, education or instruction that:
 - enhances employees' ability to recognise signs of fatigue in themselves and others, and actions that can be taken to manage their own fatigue
 - outlines the obligations of all parties to manage workplace fatigue
 - provides an awareness of this policy and the resources available to help meet the policy's purpose.
- The FRMS shall be integrated with existing work health and safety management systems (WHSMS) to achieve consistency and to demonstrate compliance with legislated work health and safety requirements.

Definitions:

Fatigue	A state of impaired physical and/or mental performance and lowered alertness arising as a result of inadequate restorative sleep. It is a decreased capacity to perform mental or physical work, or the subjective state in which one can no longer perform a task safely. A state of reduced efficiency due to prolonged or excessive exertion.
Fatigue risk management system (FRMS)	An integrated set of management practices, beliefs and procedures for monitoring and managing the risks posed to health and safety by fatigue. It is based in safety management system theory with an emphasis on risk management.

History:

February 2021	<ul style="list-style-type: none"> • Policy amended to update: <ul style="list-style-type: none"> – references and naming conventions – fatigue and fatigue risk management system definitions – Attachment One - position titles, clarify Responsibilities and audit criteria – Attachment Two - Defences in Depth diagram. • Further amendments made as a result of changes outlined in the Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019.
October 2020	<ul style="list-style-type: none"> • Policy: <ul style="list-style-type: none"> – formatted as part of the HR Policy review – amended to update references and naming conventions – application as a result of changes outlined in the Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019.
December 2014	<ul style="list-style-type: none"> • Policy amended to update hyperlinks for training and resource pack
June 2014	<ul style="list-style-type: none"> • Policy formatted as part of the HR Policy Simplification project. • Policy amended to: <ul style="list-style-type: none"> – update references and naming conventions – integrate content of Medical Fatigue Risk Management HR Policy I1 and Health Practitioner Fatigue Risk Management Policy (QH-POL-358)
April 2012	<ul style="list-style-type: none"> • Health Practitioner Fatigue Risk Management Policy v1.0 and Implementation Standard for Health Practitioner Fatigue Risk Management v1.0 released
January 2011	<ul style="list-style-type: none"> • Medical Fatigue Risk Management Policy QH-POL-171:2011 supersedes Medical Fatigue Risk Management Human Resources Policy (I1) and Interim Queensland Health Continuous/ Cumulative Hours Procedure – Medical Officers • Medical Fatigue Risk Management Implementation Standard released
May 2010	<ul style="list-style-type: none"> • Revised to ensure consistency with the terminology used in Queensland Health's Integrated Risk Management Framework.
January 2009	<ul style="list-style-type: none"> • Revised to reflect the Queensland Health structural reform of August 2008.
August 2008	<ul style="list-style-type: none"> • Developed as per clause 7.4 'Fatigue Policy Statement' Medical Officers (Queensland Health) Certified Agreement (No.1) 2005. Endorsed by the Executive Management Team.
Previous	<ul style="list-style-type: none"> • Interim Queensland Health Continuous/Cumulative Hours Procedure – Medical Officers

Attachment One – Responsibilities

Position	Responsibility	Audit criteria
Director-General	<ul style="list-style-type: none"> ▪ Provide leadership and stewardship for fatigue risk management in Queensland Health. ▪ Encourage a just safety culture to manage fatigue related risk. ▪ Fatigue risk management is considered in strategic planning and executive decision making. ▪ Support the priority allocation of resources to enable areas with high fatigue risk in order to reduce the risk to as low as reasonably practicable (Delegated to Deputy Director-General, Corporate Services Division). ▪ Support the inclusion of fatigue risk management in performance monitoring criteria 	<ul style="list-style-type: none"> ▪ Regularly review the FRMS.
Health Service Chief Executives/Divisional heads (or delegate)	<ul style="list-style-type: none"> ▪ Actively support the implementation of a FRMS. ▪ Monitor compliance with the policy and effectiveness of the FRMS. ▪ Encourage a just safety culture and good work design factors to manage fatigue related risk effectively. ▪ Ensure high level risks are noted on the risk register. ▪ Maintain ownership of fatigue related risks and implement management strategies within their portfolio of responsibility. ▪ Ensure the principles outlined in this policy are implemented within their portfolio of responsibility for: <ul style="list-style-type: none"> – management decision making – performance reporting – strategic and operational planning. ▪ Support the collection and monitoring of risk data and information. ▪ Ensure a mechanism exists for review and action of fatigue reports through a local fatigue working group or other nominated committee. ▪ Prioritise allocation/realignment of available resources to reduce high risk fatigue to as low as reasonably practicable. ▪ Advise the Director-General of barriers preventing the reduction of high risk fatigue via 	<ul style="list-style-type: none"> ▪ Fatigue risk factors are considered across all work areas. ▪ Fatigue control measures are regularly monitored and reviewed to determine effectiveness. ▪ Fatigue related risk is recorded on the risk register and recommendations for reducing risk are actioned and recorded. ▪ Consultation and communication of fatigue risk mitigation strategies takes place and is documented. ▪ High fatigue risks are identified in reports.

	<p>established health, safety and wellbeing monitoring reporting frameworks or other relevant reporting mechanisms.</p>	
Line manager/ supervisor	<ul style="list-style-type: none"> ▪ Ensure that fatigue risk within their area of responsibility is assessed and recorded, and where the level of risk is high, that risk is managed, monitored, reviewed and communicated within established reporting structures. ▪ Ensure that all employees are aware of fatigue risk management principles and measures. ▪ Record fatigue related risks in the work area's work health and safety risk register. ▪ Support the self-assessment and reporting of fatigue by workers and ensure fatigue incidents are reported via the relevant incident reporting system. ▪ Encourage a just safety culture to manage fatigue related risk effectively. ▪ Provide appropriate resources to support effective management of fatigue related risks. ▪ Advise executive management of barriers preventing the reduction of high risks to an acceptable level. ▪ Ensure training requirements are communicated and facilitate workers access to training. ▪ Where fatigue training is mandatory, ensure compliance with requirements and maintain and monitor training records. ▪ Provide advice and guidance on the management of fatigue related risks as required. 	<ul style="list-style-type: none"> ▪ Fatigue related risks are recorded on the risk register and treatment actions recommended and progressed. ▪ All high risks are reported as soon as they are identified, and treatment actions prioritised. ▪ Fatigue related incidents are reported and recorded in the approved incident management system. ▪ Fatigue related incidents are investigated and actions to prevent recurrence are implemented. ▪ Training records are maintained.
Workers (including medical officers)	<ul style="list-style-type: none"> ▪ Must assess their fitness for work and not undertake work if fatigue risk cannot be managed appropriately. ▪ Must undertake fatigue risk management training where mandated. ▪ Identify, report and respond to actual and potential fatigue risks. ▪ Declare any work undertaken outside of rostered hours at primary place of employment that is likely to increase risk of fatigue. ▪ Report fatigue related incidents including near misses via the relevant incident reporting system. 	<ul style="list-style-type: none"> ▪ Knows requirements for reporting potential fatigue risks. ▪ Mandated fatigue risk management training completed. ▪ Knows how to report fatigue related incidents.
Executive Director Patient Safety (or equivalent)	<ul style="list-style-type: none"> ▪ Assess fatigue as a possible contributory factor in clinical incident investigation and reviews. ▪ Report and (where necessary) make 	<ul style="list-style-type: none"> ▪ Clinical incident reports consider fatigue as a

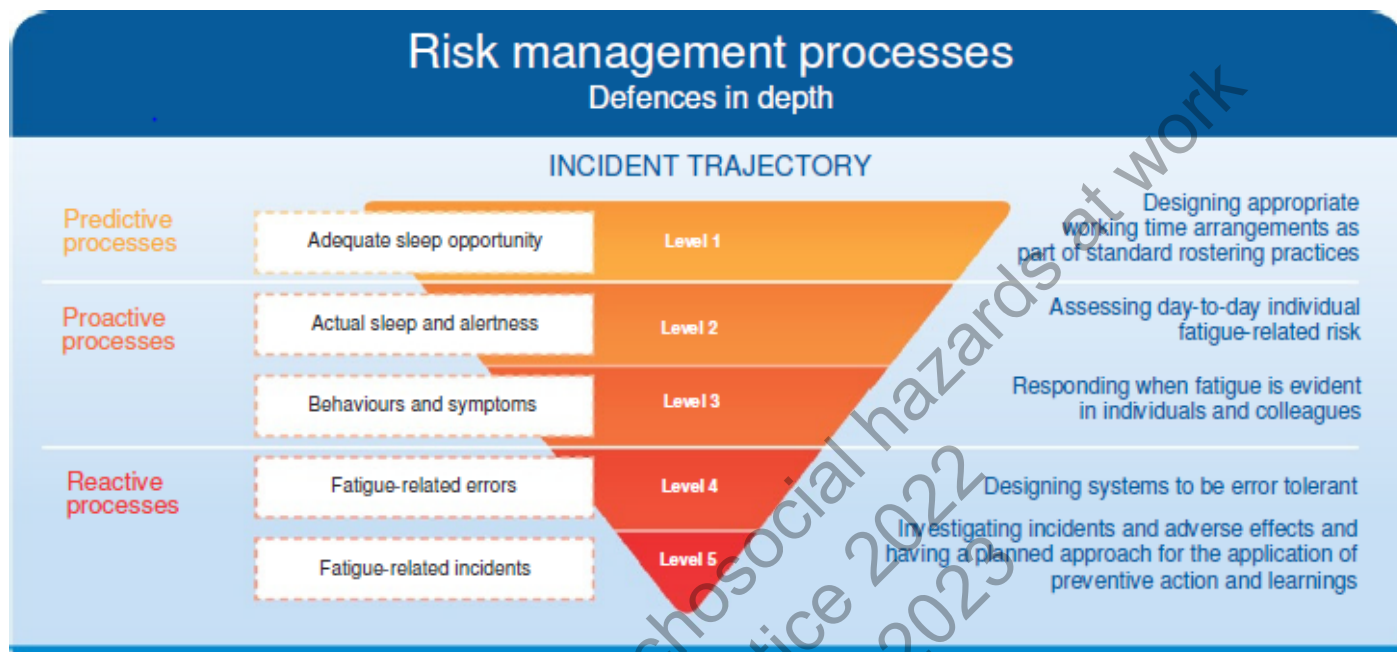
	<p>recommendations to the relevant member of the HHS executive where fatigue has been found to be a contributory factor to a clinical incident.</p> <ul style="list-style-type: none"> ▪ Advise the work health and safety team where it is found that fatigue was a contributory factor to a clinical incident. ▪ Support the collection and monitoring of risk data and information within their area of responsibility. ▪ Report to their local executive or senior management any fatigue related risks and their controls that: <ul style="list-style-type: none"> – have the potential to impact on HHS or facility operations – have been rated high – require legal advice or guidance – are beyond the control or delegations of their position. 	<p>contributing factor.</p> <ul style="list-style-type: none"> ▪ Communicates to the work health and safety team information about incidents where fatigue is a contributory factor.
<p>Work health and safety practitioners, fatigue working groups or equivalent</p>	<ul style="list-style-type: none"> ▪ Ensure the FRMS is being implemented. ▪ Assess and report to the local executive or senior management any work practices or other matters that: <ul style="list-style-type: none"> – create fatigue risks that may impact adversely on worker or patient health and safety, or which create other organisational risks – do not comply with the FRMS or this policy. ▪ Monitor fatigue related incidents and effectiveness of control strategies. ▪ Ensure that training requirements are communicated and facilitate training programs as required. ▪ Help to foster a culture in which fatigue risk management is accepted as an integral element of workplace safety. 	<ul style="list-style-type: none"> ▪ Implementation status of FRMS is monitored and reviewed. ▪ Work practices are assessed for fatigue risks and these are reported to senior management. ▪ Effectiveness of FRM control strategies are monitored and reviewed. ▪ Training records are maintained.
<p>Director Safety and Wellbeing Department of Health</p>	<ul style="list-style-type: none"> ▪ Ensure fatigue risk is included in state-wide WHS monitoring, evaluation and performance review programs. ▪ Analyse and report on monitoring program results. ▪ Record and report fatigue related risk via relevant mechanisms. ▪ Provide fatigue risk management advice and support to stakeholders. ▪ Regular review of FRMS resource pack and associated tools and resources and development of additional materials where necessary. 	<ul style="list-style-type: none"> ▪ WHS monitoring program includes assessment of fatigue risk and/or incidents. ▪ Fatigue related risk is recorded and reported.

Executive Director Payroll Services (or equivalent)	▪ Provide line managers and executive with information on fatigue leave and hours worked.	▪ Rosters.
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Managing the risk of psychosocial hazards at work
Code of Practice 2022
applies 1 April 2023

Attachment Two – Defences in Depth diagram

The following diagram depicts the Defences in Depth model, which provides levels of risk mitigation strategies to manage the risk of a fatigue related risk occurring.



Source: Fatigue risk management resource pack (December 2018 v.3)

For more detail regarding the Defences in Depth model and approach, refer to the Fatigue Risk Management System - Resource Pack

(hyperlink: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0031/2263396/frms-resource-pack.pdf)