

Fatigue risk management

Human Resources Policy I1 (QH-POL-171)

Purpose

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

Application

This policy applies to all accountability areas within Queensland Health, meaning the Department of Health (the department) and hospital and health services (HHSs) and all workers in each accountability area.

Delegation

The delegate is as listed in the relevant human resource (HR) delegations manual, as amended from time to time.

Policy

1 Policy statement

This policy details the principles that apply in Queensland Health for the management of fatigue and related risks. It demonstrates a commitment to ensuring fatigue is prevented and managed through a Fatigue Risk Management System (FRMS) in an integrated and proactive manner as outlined in the principles below to provide safe systems of work and a safe environment for workers, patients, and the public.

This policy is to be read in conjunction with and aligned to the HR Policy W1 Health, safety and wellbeing policy (QH-POL-401) and the associated Health safety and wellbeing management system standards, using the Fatigue risk management system Implementation guideline (FRMSIG) QH-GDL-401-3-3 as the recommended guideline for preventing and managing fatigue risk.

1.1 Fatigue in the workplace

Fatigue is a state of impaired physical and or mental performance and lowered alertness arising as a result, or combination of physical and mental work, health and psychosocial factors, including cultural load experienced by First Nations workforce, or inadequate rest and recovery or restorative sleep. It is a decreased capacity for physical and/or mental activity resulting from imbalances of the resources required to perform the activity.

Fatigue may be acute and transient (i.e. short-term), or cumulative and/or ongoing (i.e. chronic or long-term) with both short-and long-term consequences. Fatigue can have long term health effects which may include heart disease, diabetes, anxiety and depression.

Fatigue is a risk to the health and safety of workers experiencing fatigue and to others, including co-workers and patients, as a result of workers working while fatigued.

1.2 Principles for preventing and managing fatigue

Preventing and managing fatigue-related risk must be a shared approach between all duty holders, Queensland Health and HHS Executive leaders and all workers including clinical and non-clinical employees and contractors, with each party discharging their duty to address matters that fall within their responsibility as outlined in Tables 1 and 2.

Consultation in relation to fatigue risk management shall align with the Health, safety and wellbeing consultation standard (QH-IMP-401-2).

Fatigue risk management shall be based on a sound risk management approach that takes into account the broad range of factors that influence fatigue risk. The Health, safety and wellbeing risk management standard and the FRMSIG along with the *Managing the risk of psychosocial hazards at work Code of Practice 2022* provide guidance for addressing fatigue risks.

The Fatigue Risk Management System (FRMS) (see definitions) implemented shall recognise the complexity of services provided and acknowledge there are circumstances where fatigue may be unavoidable. In circumstances where it is not reasonably practicable to eliminate fatigue risks, controls must be in place to minimise those risks. The FRMSIG outlines how to apply a systematic approach to support decision making in relation to the management of fatigue risk in these circumstances.

The FRMS shall also acknowledge the additional risk of fatigue arising from cultural load and support a holistic approach to the management of fatigue for First Nations workforce.

The FRMS must incorporate regular monitoring, evaluation, audits and reporting to ensure the FRMS is effectively mitigating the risk of fatigue and to identify and address any emerging or uncontrolled fatigue risks.

A systematic approach to the prevention and management of fatigue and fatigue related risk must:

- be incorporated into the Hospital and Health Services and Department of Health core business operations commensurate with the level of fatigue-related risk that needs to be managed. For example, high acuity patient care areas, administration and maintenance areas during extreme weather or public health events, or rural or remote areas will require different levels of fatigue risk management.
- be a consultative approach based on fundamental risk management principles.
- must include hazard identification, risk assessments, implementation of controls, incident investigations, hazard and incident reporting channels, including risk registers and risk escalation strategies, and the review and as required, the revision of control measures.

- include monitoring and reporting fatigue related risks in accordance with the Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4), the associated Work health and safety data set 2023-2026 (QH-IMP-401-4-Att1) and Due Diligence and exception reporting.

The FRMS shall incorporate training, education or instruction to:

- enhance every worker’s understanding of the:
 - systemic, physical, psychosocial and individual factors that cause or contribute to fatigue
 - controls in place to manage these contributory or causal factors that may result in workers experiencing fatigue
 - health, safety and performance aspects of working fatigued and the strategies in place to mitigate the risks associated with working fatigued.
- enhance every worker’s ability to recognise the signs of fatigue in themselves and others, and confidence to take action to mitigate the risk of fatigue and to report fatigue related hazards and incidents, raise awareness of the requirements and mechanisms for reporting fatigue related hazards and incidents.
- outline the obligations of all duty holders, e.g. the accountability area, executive leaders, management, and other workers to manage workplace fatigue, including training requirements.
- provide 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 to achieve consistency and to demonstrate compliance with work health and safety legislation.

2 Accountability areas and role responsibilities

Under work health and safety legislation, accountability areas have obligations in relation to ensuring the health and safety of workers and others, so far as is reasonably practicable. The primary duty holders (otherwise known as the person conducting a business or undertaking (PCBU)) are set out in Table 1. See the Health, safety and wellbeing governance standard (QH-IMP-401-6) for further information on requirements for work health and safety (WHS) governance to enable each accountability area.

Table 1: PCBUs in Queensland Health

Accountability area	PCBU (primary duty of care)
Divisions of Department of Health	Department of Health
Hospital and health services (HHSs)	HHS’s and the Department of Health

Table 2 outlines the different roles, responsibilities relevant to those roles, and the audit criteria applicable to ensure an effective fatigue risk management system.

Table 2: Role responsibilities and audit criteria relevant to the FRMS

Position	Responsibility	Audit criteria
<p>Director-General</p>	<ul style="list-style-type: none"> - Provide leadership and stewardship for fatigue risk management in Queensland Health. - Ensure they comply with their officer duties which includes ensuring the business complies with its work health and safety obligations. - Ensure all shared duty holders under Queensland Health organisational structure comply with their work health and safety obligations. - 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 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 in line with the requirements of the Queensland Health Health, safety and wellbeing management system, inclusive of external third party audits or other reviews in the Work health and safety data set FY 2023 – 2026 - Attachment to Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4-Att1).
<p>Health Service Chief Executives/Divisional heads (or delegate)</p>	<ul style="list-style-type: none"> - Actively support the implementation of a FRMS in their accountability area. - Executive leaders who meet the definition of ‘officer’ under the WHS legislation must ensure they comply with their officer duties, including ensuring the business complies with its work health and safety obligations. - 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 and recurring incidents indicating inadequately managed risks are also 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"> - Fatigue risk factors are considered and risks controlled so far as is reasonably practicable across all work areas. - Executive leader/s are assigned responsibility to ensure fatigue is managed - Due diligence arrangements consider fatigue risks and hazards. - Fatigue control measures are regularly monitored and reviewed to determine effectiveness. - Fatigue related risk is recorded on the risk register, recommendations for reducing risk are actioned and recorded, and risk escalation protocols are documented and communicated as part of health and safety governance. - Consultation and communication of fatigue

Position	Responsibility	Audit criteria
	<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 established health, safety and wellbeing monitoring reporting frameworks or other relevant reporting mechanisms. 	<p>risk mitigation strategies takes place and is documented.</p> <ul style="list-style-type: none"> - High fatigue risks and fatigue risks that are regularly recurring, at an unacceptable risk level or unable to be resolved locally are identified in local reports and where appropriate escalated to the Department of Health via the WHS Performance Exception Reporting mechanisms.
Executive leaders and Board members and HHS Boards	<ul style="list-style-type: none"> - Queensland Health expects that all persons who hold Executive or Board level positions will seek to comply with the duty of officers to exercise due diligence under section 27 of the WHS Act, even if they do not fall within the definition of an officer. In the context of a FRMS an officer must ensure the the business complies with its work health and safety duties in relation to fatigue risk management. 	<ul style="list-style-type: none"> - Due diligence arrangements consider fatigue risks and hazards.
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 workers are aware of fatigue risk management principles and measures. - Ensure adequate consideration is given to mitigating/managing fatigue implications when rostering workers. - 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. 	<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/escalated as soon as they are identified, and treatment actions prioritised. - Fatigue related incidents are reported and recorded in the approved incident management system. - Regularly recurring fatigue related incidents are investigated and reported/escalated to ensure fatigue risk is controlled so far as is reasonably practicable.

Position	Responsibility	Audit criteria
	<ul style="list-style-type: none"> - Encourage a just safety culture to manage fatigue related risk effectively and promote open and honest reporting of secondary employment and fatigue related hazards and/or incidents. - 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 incidents are investigated and actions to prevent recurrence are implemented. - Training records are maintained and training levels monitored.
Workers (including medical officers)	<ul style="list-style-type: none"> - Should assess their fitness for work and not undertake work if fatigue risk cannot be managed appropriately. - Undertake fatigue risk management training where mandated. - identify, report, and respond to actual and potential fatigue risks. - Noting the potential sensitivities when declaring secondary employment that may contribute to fatigue risk, workers should 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"> - External third-party audits or other reviews in the Work health and safety data set FY 2023 – 2026, and training and education materials and records indicate workers: <ul style="list-style-type: none"> o know requirements for and, when identified, report potential fatigue risks. o know the requirements and mechanisms for reporting, fatigue related hazards and incidents. o report incidents and hazards in the relevant register. - Have completed all mandated fatigue risk management training completed.
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 recommendations to the relevant member of the accountability area executive where fatigue has been 	<ul style="list-style-type: none"> - Clinical incident reports consider fatigue as a contributing factor. - Communicates to the work health and safety team information about incidents where fatigue is a contributory factor.

Position	Responsibility	Audit criteria
	<p>found to be a contributory factor to a clinical incident.</p> <ul style="list-style-type: none"> - Advise the relevant accountability area 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"> o have the potential to impact on accountability area or facility operations o have been rated high o require legal advice or guidance o are beyond the control or delegations of their position. 	
<p>Work health and safety practitioners, fatigue working groups or equivalent</p>	<p>Role dependent:</p> <ul style="list-style-type: none"> - Support the implementation of the FRMS. - Assess and report to the local executive or senior management any work practices or other matters that: <ul style="list-style-type: none"> o create fatigue risks that may impact adversely on worker or patient health and safety, or which create other organisational risks. o do not comply with the FRMS or this policy. - Monitor fatigue related incidents and effectiveness of control strategies. - Promote and communicate training requirements and facilitate training programs as required. - Support the implementation and monitoring of FRM training and awareness programs. - 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 and monitored.
<p>Senior Director Health and Safety Queensland Health</p>	<ul style="list-style-type: none"> - Ensure fatigue risk is included in statewide WHS monitoring, evaluation, and performance review programs. - Analyse and report on monitoring program results. 	<ul style="list-style-type: none"> - WHS monitoring program includes assessment of fatigue risk and/or incidents. - Fatigue related risk is recorded and reported.

Position	Responsibility	Audit criteria
	<ul style="list-style-type: none"> - 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. 	
Executive Director Payroll Services (or equivalent)	<ul style="list-style-type: none"> - Provide line managers and executive with information on fatigue leave and hours worked. 	<ul style="list-style-type: none"> - Rosters and fatigue leave records.

Definitions

Term	Definition
Accountability area	Department of Health and each hospital and health service (HHS) are accountability areas within Queensland Health.
Cultural load	<p>In the workplace, cultural load refers to the additional workload often carried by First Nations peoples. This often occurs when they are the only First Nations person, or one of a small number of Aboriginal and/or Torres Strait Islander people in the workplace but it is not limited to just these situations.</p> <p>Additional workplace demands may include:</p> <ul style="list-style-type: none"> • expectations to educate non-First Nations colleagues about First Nations peoples, share personal stories relating to culture and history, or to educate people about racism • expectations to talk on behalf of all First Nations people on matters relating to Aboriginal and/or Torres Strait Islander peoples • being asked to deliver an Acknowledgement of Country, organise cultural events or undertake community engagement, whether or not it is part of their role. <p><i>Note – the additional workload referred to in the definition relates to work outside of the role a person is engaged or employed to do.</i></p>
Department of Health	Department of Health divisions (the department) is the health system manager. The Department of Health’s systematic role involves oversight and monitoring and does not descend to operational matters.

Term	Definition
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBUs, officers and workers are all duty holders for work health and safety.</p> <p>A person can have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>
Executive Leader	<p>Is the most senior person of each accountability area and can include persons reporting to that position.</p>
Fatigue risk management system (FRMS)	<p>The FRMS is a framework and set of formal processes designed to systematically identify hazards that may lead to fatigue and areas where fatigue is a risk to health, safety and performance or overall wellbeing, and to effectively manage the risk through appropriate control measures, monitoring and review. It is based in safety management system theory with an emphasis on risk management.</p> <p>The FRMS forms part of Queensland Health’s Health, safety and wellbeing management system (SMS), which comprises of a centralised framework of the Health, safety and wellbeing policy and seven standards, and is supported by additional resources, including guidelines and other documents that set out the requirements to systematically manage work health, safety and wellbeing in Queensland Health.</p>
Hospital and health service (HHS)	<p>A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.</p>
Psychosocial hazard	<p>Definition as per section 55A of the WHS Regulation, that is:</p> <p>A psychosocial hazard is a hazard that—</p> <ul style="list-style-type: none"> (a) arises from, or relates to— <ul style="list-style-type: none"> (i) the design or management of work; or (ii) a work environment; or (iii) plant at a workplace; or (iv) workplace interactions or behaviours; and (b) may cause psychological harm, whether or not the hazard may also cause physical harm

Term	Definition
Queensland Health	<p>Queensland Health includes the department, and all hospital and health services established under the <i>Hospital and Health Boards Act 2011</i>.</p> <p>Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Workers	<p>Definition as per section 7 of the <i>Work Health and Safety Act 2011</i>, that is:</p> <p>A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> (a) an employee; or (b) a contractor or subcontractor; or (c) an employee of a contractor or subcontractor; or (d) an employee of a labour hire company who has been assigned to work in the person's business or undertaking; or (e) an outworker; or (f) an apprentice or trainee; or (g) a student gaining work experience; or (h) a volunteer; or (i) a person of a prescribed class <p>The person conducting the business or undertaking is also a worker if the person is an individual who carries out work in that business or undertaking.</p>
Workplace	<p>Definition adapted from the <i>Work, health and safety consultation, cooperation and coordination code of practice 2021</i>, that is:</p> <p>Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. In a Queensland Health context, this may include hospital and health facilities, offices, warehouses, construction sites, vehicles, aircraft or other mobile structures, staff accommodation.</p>

Legislative or other authority

- *Work Health and Safety Act 2011 (WHS Act)*
- *Work Health and Safety Regulation 2011*
- *How to manage work health and safety risks Code of Practice 2021*
- *Managing the risk of psychosocial hazards at work Code of Practice 2022*
- *Work health and safety consultation, cooperation and coordination Code of Practice 2021*
- *Aboriginal and Torres Strait Islander Health Workforce (Queensland Health) Certified Agreement (No. 2) 2023*
- *Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 4) 2022*

- Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA6)
- Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022
- Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No. 8) 2022
- Queensland Public Health Sector Certified Agreement (No. 11) 2022
- Visiting Medical Officers' Employees (Queensland Health) Certified Agreement (VM01) 2023

Related policy or documents

- Patient Safety Health Service Directive (QH-HSD-032)
- Risk Management Policy (QH-POL-070)
- HR Policy W1 Health, safety and wellbeing policy (QH-POL-401)
- Health, safety and wellbeing governance standard (QH-IMP-401-6)
- Health, safety and wellbeing planning standard (QH-IMP-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 risk management guideline (QH-GDL-401-3-1)
- Health, safety and wellbeing monitoring, evaluation and performance review standard (QH-IMP-401-4)
- Work health and safety 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 Implementation guideline (QH-GDL-401-3)
- Preventing and managing fatigue-related risk in the workplace (Workplace Health and Safety Queensland)

History

Date	Policy change
6 May 2025	<ul style="list-style-type: none"> • Policy amended to: <ul style="list-style-type: none"> - clarify the role of HHSs, the department and Queensland Health in managing fatigue risk, any interdependencies, and where necessary, provide additional clarity regarding the duties of key stakeholders - clarify the audit/review mechanisms to monitor the FRMS performance and compliance - remove defences in depth diagram - align with amendments to the Work Health and Safety Act 2011, the Work Health and Safety Regulation 2011, and the introduction of the Managing the risk of psychosocial hazards at work Code of Practice 2022 - align the FRM Policy with the revised Safety Management System Standards and the FRM guideline.
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

Date	Policy change
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