

Fatigue risk management

Policy Number: I1 (QH-POL-171)

Publication date: December 2014

Purpose: To ensure workplace fatigue is managed so as 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 core business function.

Application: This policy applies to employees working for the Department of Health and non-prescribed Hospital and Health Services

Delegation: The 'delegate' is as listed in the Department of Health Human Resource (HR) Delegations Manual and the Hospital and Health Services Human Resource (HR) Delegations Manual – HRM Functions of the Director-General, as amended from time to time.

Legislative or other authority:

- *Work Health and Safety Act 2011*

Related policy or documents:

- Medical Officers' (Queensland Health) Certified Agreement (No.3) 2012 (MOCA3)
- Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011
- Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012
- Risk Management Policy (QH-POL-070:2013)
- Work Health and Safety Policy (QH-POL-401:2014)
- Work Health and Safety Management System
- Patient Safety Health Service Directive (QH-HSD-032:2013)
- Fatigue Risk Management e-learning program (link: <http://qheps.health.qld.gov.au/safety/elearning.htm>)
- Fatigue Risk Management Resource Pack (link: <http://qheps.health.qld.gov.au/safety/sms/docs/frms-pack.pdf>)

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1 Policy statement

This policy aims to establish a proactive approach to the management of fatigue and related risks and demonstrates a commitment to ensuring safe systems of work and providing an environment that is safe for employees, patients and the public by reducing fatigue to as low as reasonably practicable.

Additional information on management fatigue is available in the Fatigue risk management resource pack.

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 Schedule One).
- Fatigue risk management shall be based on a sound risk management approach using the 'Defences in Depth Model' (refer to Schedule Two), where risks are identified, assessed, controlled and reviewed on a regular basis. The fatigue risk management system (FRMS) implemented shall recognise the complexity of services provided and acknowledge that increased fatigue levels may be unavoidable.
- A systematic approach to management of fatigue and fatigue related risk shall be incorporated into HHSs'/divisions'/agencies' core business operations and shall incorporate fundamental risk management principles.
- The FRMS shall incorporate training 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:

Term	Definition
Fatigue	Fatigue is 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.
Fatigue risk management system (FRMS)	An integrated set of beliefs, management practices, and procedures for monitoring and managing the risks posed to health and safety by fatigue.

History:

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

Fatigue risk management - Schedule One Responsibilities

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. ▪ Encourage a just safety culture to manage fatigue-related risk. ▪ Fatigue risk management is considered in strategic planning and executive decision making. ▪ Support prioritising allocation of available resources to reduce very high and high risk fatigue to as low as reasonably practicable. (Delegated to Deputy Director-General, System Support Services Division). ▪ Support the inclusion of fatigue risk management in performance monitoring criteria. ▪ Advise government of barriers preventing the reduction of very high or high risks to an acceptable level. <p>The Director-General is supported by the roles and positions below to ensure that fatigue related risk is managed through the implementation of a fatigue risk management system.</p>	<ul style="list-style-type: none"> ▪ Regularly review the FRMS.
<p>Health Service Chief Executives/ Divisional heads (or delegate)</p>	<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 to manage fatigue related risk effectively. ▪ Ensure high level risks are noted on the risk register in accordance with the overarching Risk Management Policy (QH-POL-070:2013). ▪ Maintain ownership of fatigue related risks and associated management strategies within their portfolio of responsibility. ▪ Ensure the principles outlined in the Fatigue Risk Management HR Policy are implemented within their portfolio of responsibility for: 	<ul style="list-style-type: none"> ▪ Fatigue risk factors are considered across all work areas ▪ Control measures for very high and high risk situations are regularly monitored and reviewed to determine effectiveness ▪ Fatigue related risk register is current ▪ Fatigue risk mitigation strategies are effectively communicated. ▪ Very high and high risks are identified in

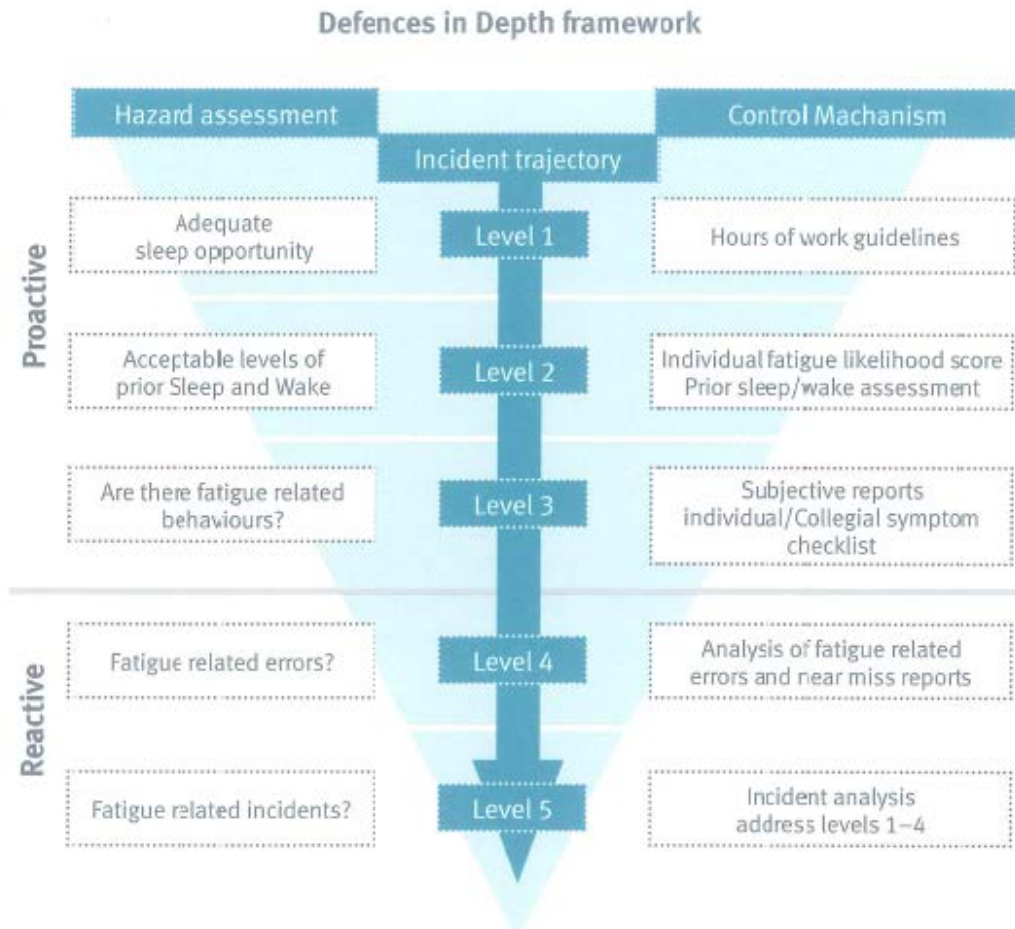
	<ul style="list-style-type: none"> • management decision making • performance reporting • strategic and operational planning. <ul style="list-style-type: none"> ▪ Support the collection and monitoring of risk data and information. ▪ Ensure a mechanism exists for review of, and acting on fatigue reports through a local fatigue working group or other nominated committee. ▪ Prioritise allocation/realignment of available resources to reduce very high risk fatigue to as low as reasonably practicable. ▪ Advise the Director-General of barriers preventing the reduction of very high or high risks to an acceptable level. 	reports.
Line manager / supervisor	<ul style="list-style-type: none"> ▪ Ensure that fatigue related risks within their area of responsibility are managed, monitored, reviewed and communicated within established reporting structures ▪ Ensure that all employees are aware of, and comply with the Fatigue Risk Management HR Policy. ▪ Record fatigue related risks in the work area's work health and safety risk register. ▪ 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 very high or high risks to an acceptable level. ▪ Ensure training requirements are communicated and facilitate workers' access to training. ▪ 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 very high and 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 present at work 'fit for duty'. ▪ Must undertake fatigue risk management training stipulated in the FRMS policies, and associated documents. ▪ Identify, report and respond to actual and potential risks associated with fatigue. ▪ Declare any work undertaken outside of 	<ul style="list-style-type: none"> ▪ Knows requirements for reporting potential fatigue risks. ▪ Mandated fatigue risk management training completed. ▪ Knows how to report

	<p>rostered hours at primary place of employment that is likely to increase risk of fatigue.</p> <ul style="list-style-type: none"> ▪ Report fatigue related incidents including near misses via the appropriate incident reporting system. 	<p>fatigue related incidents.</p>
<p>Executive Director, Patient Safety Unit</p>	<ul style="list-style-type: none"> ▪ Include fatigue as a contributing factor in clinical incident investigation and reviews. ▪ Report and (where necessary) make recommendations to the relevant member of the HHS executive where fatigue has been found to be a contributing 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 very high or high • require legal advice or guidance • are beyond the control or delegations of their position. 	<ul style="list-style-type: none"> ▪ Clinical incident reports consider fatigue as a contributing factor.
<p>Fatigue risk management officer (FRMO) / work health and safety practitioner or equivalent</p>	<ul style="list-style-type: none"> ▪ Ensures 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 create other organisational risks • do not comply with the FRMS or this policy. ▪ Monitor fatigue related incidents and effectiveness of control strategies. ▪ Ensures that training requirements are communicated, and facilitate training programs as required. 	<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>Senior Director, Organisational Health (Department of Health)</p>	<ul style="list-style-type: none"> ▪ Establish a WHS monitoring program that includes compliance with this policy as a criterion. ▪ Analyse and report on monitoring program results. 	<ul style="list-style-type: none"> ▪ WHS performance monitoring program/audits includes assessment of FRMS compliance.

<p>Executive Director, Payroll Services</p>	<ul style="list-style-type: none"> ▪ Provide line managers and executive with information on workers' (including medical officers) fatigue leave and hours worked. 	<ul style="list-style-type: none"> ▪ Rosters
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Fatigue risk management - Schedule 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: Centre for Sleep Research, University of South Australia.

For more detail regarding the Defences in Depth model and approach, refer to the Fatigue Risk Management System - Resource Pack <http://qheps.health.qld.gov.au/safety/sms/docs/frms-pack.pdf>