Fatigue prevention

The Australian Nursing and Midwifery Federation (ANMF) recognises that many nurses, midwives and assistants in nursing (however titled) in health and other industries experience fatigue, affecting their health and safety.

The ANMF objective is to support prevention of work-related fatigue amongst nurses, midwives and assistants in nursing.

Safe Work Australia defines fatigue as:

‘a state of mental and/or physical exhaustion which reduces a person’s ability to perform work safely and effectively.’

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Nurses, midwives and assistants in nursing have a right to a safe and healthy workplace environment and to perform their work without health and safety risks from fatigue.

2. Work-related fatigue factors to be addressed include:
   - Roster patterns
   - Impact of rotating shifts and night shifts on quality and length of sleep
   - Length of shifts
   - Job demands
   - Workload including staffing levels and skills mix
   - Work scheduling and planning
   - Length of time worked including double shifts
   - Meal and rest breaks
   - Timing of shifts
   - Recovery time between shifts
   - Long periods of time awake
   - Mentally and/or physically demanding work
   - Environmental conditions
   - Work-related travel including patient escorts
   - On-call and recall requirements and arrangements
   - Lack of management and staff awareness of the need to assess and manage fatigue issues

3. Factors outside of work time include:
   - Sleep quality and length of sleep
   - Sleep loss
   - Disruption of the internal body clock
   - Social life
   - Worker’s lifestyle
   - Family needs
   - Other employment
   - Travel time between work and home
   - Health conditions and medication
4. The factors outlined in 2 and 3 above may be interrelated.

5. The ANMF will support the prevention of fatigue through the Federation’s work health and safety (WHS) and industrial activities, including through provisions in Agreements on work hours, breaks, overtime, on-call, staffing levels, workload and skill mix.

6. The ANMF supports a risk management approach including management responsibility for fatigue which involves:
   a) Identifying workplace factors that contribute to fatigue including:
      • Mental and physical demands of work, such as job demands, concentrating on tasks for extended periods of time, excessive workload, inappropriate skills mix
      • Work scheduling and planning, such as long work hours, inadequate time to recover from work between shifts or erratic roster patterns, and inability to take breaks
      • Working at night, when individuals are biologically programmed to sleep
      • Working in uncomfortable environmental conditions
      • Interaction with other hazards, such as the cumulative effects of muscle fatigue, strains and sprains
      • Work-related travel
      • Factors outside of work, such as caring responsibilities
      • Workplace bullying.
   b) Assessing fatigue risks and prioritizing the hazard factors in consultation with employees and Health and Safety Representatives (HSRs).
   c) Implementing risk control measures which eliminate or minimise fatigue risks.
      Risk control measures should address risks associated with:
      • Work scheduling and planning, such as ensuring adequate nursing and midwifery staffing and roster patterns
      • Working time, such as allowing for adequate recovery time between shifts
      • Mental and physical demands of work, such as eliminating excessive mental and physical demands
      • Environmental conditions, such as ensuring that the workplace and surroundings are well lit, safe and secure, and of comfortable temperature
      • Ongoing information and training in fatigue assessment, procedures for reporting fatigue, and control strategies
      • Factors outside of work, such as providing training and information on recognising and avoiding fatigue.

7. The ANMF considers that prevention of fatigue must involve consultation between employers and HSRs and affected employees.
   Consultation must occur when:
   • identifying where fatigue is a workplace hazard
   • assessing fatigue risks
   • deciding how fatigue is to be controlled
   • changes are proposed to work schedules and working procedures
   • developing each step of the risk management approach
   • an incident occurs, where fatigue may be a contributing factor
   • changes are proposed to rostering, staffing and/or skill mix
8. The ANMF expects that employers of nurses, midwives and assistants in nursing meet their obligations under WHS legislation to, so far as is reasonably practicable, provide and maintain a working environment that is safe and without risks to health from fatigue, by providing the following:
   a) Systems of work that are, so far as is reasonably practicable, safe and without risks to health from fatigue
   b) Information, instruction, training and supervision to enable nurses, midwives and assistants in nursing to perform their work in a way that is safe and without risks to health from fatigue
   c) A safe and comfortable work environment, for example, thermal conditions.

9. The ANMF expects that employers will prevent fatigue through:
   a) Development and implementation of a management policy to prevent fatigue
   b) Implementation of risk management strategies to identify, assess and control fatigue hazards and risks
   c) Integration of fatigue prevention into all aspects of the workplace and systems, including workplace planning, WHS representation, consultation and issue resolution
   d) Communication to raise awareness, and active involvement in fatigue prevention
   e) Action plans which outline management responsibilities, timelines and resource allocation for fatigue prevention at workplace and organisation levels
   f) Provision of knowledge and skills in fatigue prevention for managers and supervisors
   g) Provision of flexibility within working arrangements to ensure the retention of the ageing workforce, as well as to provide for the return to work of lactating mothers and injured workers
   h) Considering fatigue when investigating incidents and work-related journey incidents including travel home after work.

10. The ANMF supports involvement of HSRs in prevention of fatigue through:
    a) Representation of workers with employers
    b) Health and Safety Committee (HSC) formulation, review and dissemination of plans for prevention of fatigue
    c) WHS issue resolution
    d) Issue of a Provisional Improvement Notice (PIN) or a request for Inspectors to attend the workplace if employers have not acted to resolve fatigue issues after consultation with HSRs.

11. The ANMF will encourage WHS Regulator action on the prevention of fatigue through:
    a) Development and distribution of guidance across health and aged care
    b) Providing skills and guidance in fatigue prevention for inspectors
    c) Inspector visits to targeted workplaces
    d) Reviews of the impact of shift work on cancer and cardiovascular disease
    e) Inclusion of prevention of fatigue in Business Plans for health and aged care
    f) Development and implementation of codes and guidance on fatigue prevention under the National WHS system
    g) Enforcement of WHS legislation, including strategic prosecutions.
12. The ANMF will address the causes of fatigue where possible in industrial agreements.

13. The ANMF will encourage workplace delegates to work with HSRs on the prevention of fatigue.

14. The ANMF supports involvement of members in the prevention of fatigue through:
   a) Reporting fatigue issues to HSRs and management,
   b) Involvement in the conduct of risk assessment relating to fatigue management issues and
   c) Consultation with employees and their representatives on fatigue control measures.

15. The ANMF will include fatigue prevention in Federation information, education and training for HSRs, workplace delegates and other members.

16. The ANMF commits to:
   a) Supporting the prevention of fatigue amongst nurses, midwives and assistants in nursing.
   b) Increasing the capability of the Federation – especially of Organisers, WHS Officers, Health and Safety Representatives and workplace delegates – to assist with the prevention and management of fatigue.

References:

1. This policy should be read in conjunction with the following ANMF Policies relating to WHS and working hours:
   - Occupational Health and Safety Policy
   - Rostering Policy

Reference should also be made to the relevant WHS Acts and Regulations.

The following Guidance is relevant:

   - Health and Safety Guidelines for Shift Work and Extended Working Hours, Australian Council of Trade Unions (ACTU), 2000

2. This is a generic term to describe such classifications as assistants in nursing, personal care assistants and personal care workers.

3. Safe Work Australia, Guide for managing the risk of fatigue at work, November 2013