Managing Workplace Fatigue- Performing Risk Assessments & Developing Fatigue Management Plans

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To prepare the accompanying video presentation and this summary a literature search was performed to identify resources which occupational therapists could use for risk assessment and fatigue management plans. While there was limited research pertaining specifically to occupational therapists, information could be extrapolated from research in the healthcare field and other work-safe programs.

Fatigue management, hours spent at work and hours spent sleeping were the areas most clearly discussed in the literature (2,3). As well, descriptions of fatigue risk management (FRM) programs indicated that these tended to be more reactive than proactive and preventative (2). However, the causes of fatigue are multifactorial and so a comprehensive and effective management plan would need to address other factors than work hours alone.

Within a fatigue management plan the responsibilities are shared between the organization, mangers and the employee. The organization provides systematic support; including implementing policies to promote well-being; procedures to manage and monitor fatigue; data gathering and analysis; training and education to employees (2). The manager or supervisor ensures compliance to the plan and acts appropriately to fatigue-related incidents, errors or behaviours (3). The employee has the responsibility to be fit for duty and report cases of fatigue so they can be avoided in the future (2).

Fatigue management plans can be described as a set of policies, beliefs and procedures for monitoring and managing the risks posed to health and safety by fatigue (3). In general, the main components of a fatigue management plan are: identify factors that can contribute to fatigue, assess the risks created by these factors, implement and maintain risk control measures, and review or audit the effectiveness of the control measures (4).

A fatigue-related risk assessment aims to assist in prevention and health promotion efforts by exploring the possibility and degree of fatigue-related harm (1). A risk assessment should be done at both the individual and the organizational level. It can also be simple or complex, depending on the situation, information and resources available (1). For example, it can be as easy as having a discussion with a manager or a manager using a specific tool (2, Tables 5 & 6) or algorithm to calculate the team's risk. Important questions are: (3,4)
- Where is the fatigue-related risk highest?
- When does it occur? Who does it impact?
- Are the existing control measures effective?
- What action needs to happen to control the risk?
- What is the urgency?

In the collective agreement between **Alberta Health Services and the Health Sciences Association of Alberta** (see box) specific terms for addressing occupational health and safety and the establishment of Workplace Health and Safety Committees are outlined and this would be the appropriate vehicle for objectively investigating and addressing workplace fatigue risk management. The Canadian Union of Public Employees (CUPE) document ***Enough Workplace Stress: Organizing for Change*** (available in the Resource section of this website or a summary at http://cupe.ca/stress) provides a useful review of the roles and responsibilities of all stakeholders. Although the topic of that document is 'stress', the discussion of responsibilities is also relevant to the issue of workplace fatigue.

ARTICLE 42: OCCUPATIONAL HEALTH AND SAFETY
(http://www.hsaa.ca/member-resources/collective-bargaining-agreements/ahs-provincial-collective-agreement-2011-2014# December 2014)

42.01 The Parties to this Collective Agreement will cooperate to the fullest extent in the matter of occupational health, safety and accident prevention. Required safety equipment and devices will be provided where necessary by the Employer. The **Employer and employees will take reasonable steps to eliminate reduce or minimize all workplace safety hazards**.

42.02 The **Employer shall establish a Health and Safety Committee**(s) which shall be composed of representatives of the Employer and at least one (1) employee representative of the Association and may include representatives of other employee groups. This Committee shall meet at least once a month.

42.03 The number of Employer representatives on the Committee shall not exceed the number of representatives from the Association and other employee groups. The Committee will, on an annual basis, discuss and determine the most effective means of chairing meetings.

42.04 The basic rate of pay shall be paid to an employee representative for time spent in attendance at a meeting of this Committee.

42.05 The Employer shall not unreasonably deny employee representatives of the Health and Safety Committee(s) access to the workplace to conduct safety inspections.

42.06 The Committee shall **consider such matters as occupational health and safety including responsibility for communication and education** as required. The Association may make recommendations to the Employer in that regard.

42.07 The Health and Safety Committee shall also consider measures necessary to **protect the security of each employee on the Employer's premises** and may make recommendations to the Employer in that regard.

42.08 (a) If an issue arises regarding occupational health or safety, the employee or Association shall first seek to resolve the issue through discussion with the applicable immediate supervisor in an excluded management position. If the issue is not resolved satisfactorily, it may then be forwarded, in writing, to the committee.

(b) Should an issue not be resolved by the Committee, the issue shall be referred to the **Vice President with accountability for Occupational Health and Wellness**. A resolution meeting between the Association and the Vice President, or designate(s), shall take place within twenty-eight (28) calendar

days of the issue being referred to the Vice President. The Vice President or designate(s) shall reply in writing to the Association within fourteen (14) calendar days.

(c) Should an issue not be resolved by the Vice President, the issue shall be referred to the Chief Executive Officer (or designate). A resolution meeting between the Association and the CEO (or designate) shall take place within twenty-eight (28) calendar days of the issue being referred to the CEO. The CEO (or designate) shall reply in writing to the Association within fourteen (14) calendar days.

(d) Should the issue remain unresolved following the CEO's written response, the Association may request and shall have the right to present its recommendation(s) to the governing Board.

The governing Board shall reply in writing to the Association within twenty-eight (28) calendar days of the presentation by the Association.

42.09 Where an employee is assigned to work alone, the Employer shall have in place a policy and procedure to support a working alone safety plan.

42.10 Employer policies, plans and procedures related to Occupational Health and Safety shall be reviewed annually by the Committee.

42.11 Where the Employer requires that the employee receive specific immunization and titre, as a result of or related to her work, it shall be provided at no cost.

42.12 (a) **OHS education, training and instruction shall be provided to employees**, at the basic rate of pay, to fulfill the requirements for training, instruction or education set out in the Occupational Health and Safety Act, Regulation or Code.

(b) The Employer shall provide training at no cost to all employees on the Committee to assist them in performing their duties on the Committee. Such training shall be provided at the employee's basic rate of pay.

42.13 When introducing a regularly scheduled shift that begins or ends between the hours of twenty-four hundred (2400) and zero six hundred (0600), the Employer will notify the Association.

Control methods or defenses aim to eliminate or minimize the risks that have been identified (3,4). In short, once the factors contributing to risk are identified strategies to reduce the risk can be implemented. Education and training should be available to all staff (4). Education about fatigue aims to create understanding and awareness and is another strategy to decrease risk (4). Incident investigation is a process of collecting adequate information and determining whether the individual was impacted by fatigue (2). Checklists and other measures can be used throughout the fatigue management plan to help quantify need and for data collection.

In summary, a fatigue management plan needs to be an inherent and integrated part of an occupational health and safety plan within healthcare professionals' workplaces.

References

(1) Government of Alberta. Best practices guidelines for occupational health and safety in the healthcare industry. Volume five: Best practices for the assessment and control of psychological hazards. Alberta (Canada): Government of Alberta; 2011. Available from: http://work.alberta.ca/documents/bp013-bestpractices-volume5.pdf

(2) Lerman S, Eskin E, Flower D, George E, Gerson B, Moore-Ede M, et al. Fatigue risk management in the workplace. Journal of Occupational and Environmental Medicine. 2012 Feb; 54(2): 231-258. Available from: http://www.acoem.org/ and search for "fatigue risk" . Tables 5 & 6 contain **assessment checklists**.

(3) Queensland Health. Fatigue risk management system resource pack. Brisbane (Australia): Queensland Government; 2012. Available from: http://enhancingresponsibility.com/wp-content/uploads/2014/01/Queensland-Health-Fatigue-Risk-Management-System-resource-pack-2009.pdf   Section II and Appendices 4 & 7 contain guidance for assessment of workplace fatigue.

(4) Safe Work Australia. Guide for managing the risk of fatigue at work. Australia: Safe Work Australia; 2013. Available from: http://www.safeworkaustralia.gov.au/sites/SWA/about/Publications/Documents/825/Managing-the-risk-of-fatigue.pdf

Other Resources:

Registered Nurses' Association of Ontario. Preventing and mitigating nurse fatigue in health care healthy work environments best practice guideline. Toronto (Canada): Registered Nurses' Association of Ontario; 2011. Available from: http://rnao.ca/sites/rnao-ca/files/Preventing_and_Mitigating_Nurse_Fatigue_in_Health_Care.pdf (copy and paste into your browser). See Appendix D for a copy of the **Occupational Fatigue Exhaustion Recovery** (OFER 15) Scale (Winwood 2005)