

Fatigue Risk Management - General

Management of Fatigue across MNHHS occurs in accordance with the MNHHS Fatigue Risk Management Procedure and the Department of Health Fatigue Risk Management Policy I1 (QH-POL-171). Below is a summary of information for the general management of fatigue. Please note that specific information relating to fatigue risk management for the Medical and Nursing and Midwifery professional streams can be found on the COVID-19 extranet page.

Rostering

- Line Managers to monitor roster arrangements to proactively manage and minimise fatigue leave whenever possible. Monitoring of rosters should consider:

Shift Length	Breaks
Night Duty	On Call arrangements
WHS and Fatigue Management	Reporting

- Line Managers are able to deem an employee to be 'rostered not required' in situations where an individual's fatigue risk is unable to be mitigated and a decision is made that the employee should not be working. For Medical Officers, this requires Line Manager or EDMS or Medical Superintendent on-call approval. Relevant Industrial provisions provide for fatigue breaks, fatigue pay and fatigue leave and should be utilised in keeping with these instruments.
- Employees may be fatigued for non-work related reasons and if so they should be encouraged to take sick leave to recover, rather than remain at work fatigued.
- Shift Breaks – be mindful when planning of staff with less than 10 hour breaks and rostering succession of late/early shifts

Fatigue Management & Reporting

- All staff are responsible for direct notification of their Line Manager if they are fatigued for any reason, including fatigue due to non-work-related causes. Fatigue hazards should also be reported in RiskMan.
- If you believe that fatigue was a factor in an incident, you should report this to your Line Manager and record the incident in RiskMan.
- Staff who are required to work prolonged hours or with insufficient breaks are encouraged to report to their Line Manager (using local practices for reporting)
- Employees who are very fatigued may be unsafe to drive themselves home. Line Managers should arrange access to either on-site accommodation or taxi vouchers to go home and to return for the next shift if the employee has to leave their car at the hospital.
- Fatigue notification must be addressed immediately and escalated.
- General controlling fatigue risks can be proactively managed by reviewing:

Work Scheduling	Shift Work and Rosters
Job Demands	Environmental Conditions
Non-work related factors	
- For further information refer to [Workplace Health and Safety Queensland – Work-related fatigue](#)

Monitoring

- Proactive monitoring of rosters and breaks via rostering reports.
- Fatigue reporting based on published rosters and shift variances (AVACs) is available on the Data Insights Hub, Roster Management Dashboard – see link below. Please contact MNF.HFDI.PayrollAnalysis@health.qld.gov.au should you require support in accessing or interpreting this information. <https://qheps.health.qld.gov.au/metronorth/data-insights-hub>
- Identified trends in overtime and absenteeism related to overtime are to be rectified by adjusting the roster construct to avoid the occurrence of overtime in future rosters.
- An assessment of fatigue risk may be made based on overtime payment.
- Monitoring of RiskMan reporting.