GUIDELINE TITLE: FATIGUE MANAGEMENT – Direct Patient Caregivers

PURPOSE: To provide a strategy that recognizes and manages the potential negative consequences of sleep deprivation and sustained work hours on patient outcomes and staff well being.

GUIDELINE: The direct patient caregiver is responsible and accountable for individual practice and understanding the consequences of fatigue in preserving integrity and safety. Guidelines for length of hours worked, and number of hours worked in a patient care assignment during a period of seven days will be followed.

DEFINITIONS:

On-call: A designated period of time, outside of the designated hours assigned, or of the designated hours of operation, when direct patient caregivers are available to respond to patient care needs for unplanned circumstances or urgent or emergent conditions.

Call hours worked: Actual time the on call personnel are called into the hospital to work.

Extended work period/sustained work hours: Work periods of more than 12.5 hours with limited opportunities to rest or sleep.

Extended hours worked per week: Any hours in excess of 60 hours per week.

Fatigue: A response to predefined conditions that has physiological and performance consequences. It is identified as deterioration in human performance arising as a consequence of changes in the physiological condition. Contributing factors include, but are not limited to: time on task, time and duty period duration, and time since awake when beginning the duty period, acute or chronic sleep debt, circadian disruption, multiple time zones, and shift work.

Circadian rhythms: Twenty-four-hour cycles of behavior and physiology generated by an internal biological clock located in the hypothalamus. It regulates the daily cyclical patterns of sleep and wakefulness. It compels the body to fall asleep and wake up and regulates hour to hour waking behavior reflected in fatigue, alertness, and cognitive ability.

Off Duty: A period of uninterrupted time during which an individual is free from work-related duties.
GUIDELINES:

1. Except in emergency situations, direct patient caregivers should not work in direct patient care assignments more than 12.5 consecutive hours in a 24-hour period, not more than 60 hours in a seven-day period, and not scheduled more than three consecutive 12-hour shifts. Working outside of these parameters requires Manager and/or Director approval.

2. Off-duty periods should be inclusive of an uninterrupted sleep cycle, a break from continuous professional responsibilities, and a period of time of not less than eight (8) hours to perform activities of daily living.

3. Arrangements will be made in relation to the hours worked, to provide additional time off for direct patient caregivers working a longer shift, an extra shift, or hours worked on call to accommodate an adequate off-duty recuperation period.

4. The number of shifts, or on-call shifts assigned during a seven day period should reflect the above guidelines as to number of sustained work hours and adequate recuperation periods.

5. An individual’s ability to meet an increased work demand should be taken into account.

6. All direct patient caregivers should uphold their ethical responsibility to patients and to themselves to arrive at work adequately rested and prepared for duty.

7. In extreme conditions, i.e. surge management or a disaster, staff may be asked to work additional hours, following the above guidelines for fatigue management.

8. Leaders have a responsibility to monitor staff fatigue, provide breaks and release staff as soon as possible.

REFERENCES:


