

FATIGUE MANAGEMENT PROCEDURE

1. PURPOSE

1.1 Schwarz Family Practice ('Schwarz Family Practice') has a duty under the relevant health and safety legislation (the 'Legislation') to prevent and/or to minimise fatigue in the workplace, as far as reasonably practicable. Schwarz Family Practice aims to achieve this through consultation and risk management.

2. COMMENCEMENT OF PROCEDURE

2.1 This Procedure will commence from 01/08/2023. It replaces all other fatigue management procedures of Schwarz Family Practice (whether written or not).

3. APPLICATION OF PROCEDURE

3.1 This Procedure applies to employees, agents and contractors (including temporary contractors) of Schwarz Family Practice, collectively referred to in this Procedure as 'workplace participants'.

3.2 This Procedure does not form part of any employee's contract of employment. Nor does it form part of any other workplace participant's contract for service.

4. WHAT IS FATIGUE?

4.1 Fatigue may be a serious risk to the health and safety of workplace participants. Fatigue is an acute, ongoing state of tiredness that leads to mental or physical exhaustion and prevents people from functioning within normal boundaries. It is more than feeling tired and drowsy, it is a physical condition that can occur when a person's physical or mental limits are reached. Fatigue may include feeling sleepy, physically or mentally tired, weary or drowsy, feeling exhausted or lacking energy.

4.2 Fatigue prevents a person from being able to function normally. It decreases alertness and affects a person's ability to think clearly, thereby increasing the potential for accidents or injury.

5. WHO IS RESPONSIBLE FOR MANAGING FATIGUE?

5.1 Fatigue management is a shared responsibility between Schwarz Family Practice, workplace participants and other persons conducting a business or undertaking ('PCBUs') affecting or connected with Schwarz Family Practice's workplaces, as it involves factors that occur both in and outside of the workplace.

5.2 Workplace participants are reminded that under the Legislation, they are required to take reasonable care for their own health and safety as well as that of others at the Company's workplace.

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6. WHAT FACTORS MAY LEAD TO FATIGUE?

6.1 There are a number of different factors which may contribute to fatigue, lack of sleep being the most common. These factors may arise from the workplace, from a person's lifestyle, or a combination of both.

6.2 Workplace and environmental factors

a) Some key factors related to the workplace which may contribute to fatigue include, but are not limited to:

(i) Workloads

This includes timeframes, deadlines and work completed outside normal hours.

(ii) Shift work

One of the main groups of workplace participants at risk from fatigue are shift workers, in particular night shift workers. Disruption to sleep patterns is the most common cause of fatigue. Sleep periods are shorter after working a night shift or if starting work before 7am. The level of tiredness tends to increase during the second half of the shift, especially between 2am-6am and 2pm-4pm.

(iii) Scheduling and planning

For example: roster patterns, length and time of shifts worked, number of consecutive night shifts. Work should be scheduled to allow time for recovery time and for leisure time.

The time of day (or night) work is performed and the number of hours worked in a shift can impact on the risk of fatigue. Working at times when workers are biologically programmed to sleep and working for long periods of time can contribute to fatigue.

- previous hours and days worked;
- time of day or night worked;
- inadequate work breaks;
- lengthy periods of time without sleep;
- payment incentives that may lead to working longer shifts;
- type of work being performed: physically or mentally demanding; repetitive or monotonous in nature;

- workplace conditions (e.g., light, noise, climate, workstation design);
- a company's culture (e.g., a culture of working long hours; lack of flexible work practices; incentive schemes and lack of training or information);
- Commuting hours to and from work. At times, transportation to workers' homes will be available based on an assessment by the Manager on duty.

b) The Company will consider the above factors in its management of fatigue.

6.3 Lifestyle factors

a) Some lifestyle factors which may contribute to fatigue are:

- social life, family responsibilities
- inadequate sleep due to sleep disorders
- general health (including diet, exercise, illness)

b) Employees are required, as far as reasonably practicable, to ensure that their lifestyle does not increase the risk of fatigue at the workplace.

7. WHAT ARE THE INDICATORS OF FATIGUE?

7.1 A person may exhibit various signs which indicate that they may be fatigued. It is important to identify these signs. Some examples may be:

- a) a lack of alertness;
- b) lack of concentration; daydreaming;
- c) low motivation;
- d) slowed reflexes and responses;
- e) poor judgement or poor memory;
- f) making more mistakes than usual;
- g) drowsiness, or falling asleep, at work (including micro sleeps);
- h) finding it difficult to keep the eyes open;
- i) needing more sleep than usual during days off work;
- j) not feeling refreshed after sleep;
- k) excessive head nodding or yawning;
- l) blurred vision;

- m) mood changes, increased irritability or other changes to the person's mental health;
- n) changes to the person's general health or fitness.

8. MANAGING FATIGUE IN THE WORKPLACE

8.1 To effectively manage fatigue the Company will adopt the following strategies:-

8.2 Identify contributing factors of fatigue

- a) The Company will identify all reasonably foreseeable hazards that could contribute to fatigue.
- b) When undertaking a risk identification process in the workplace, the Company may need to consider the following factors when applying the Company's Risk Management Procedure:
 - (i) Working time
 - (ii) Breaks during working time
 - (iii) Rostering
 - (iv) Shift work
 - (v) Night work
 - (vi) On-call and call back work
 - (vii) Seasonal work
 - (viii) Fly-in, fly-out work (FIFO)
 - (ix) Leave management
 - (x) Absenteeism
 - (xi) Emergencies and unexpected events
- c) The identification process may involve inspecting work rosters; examining records to determine if excessive hours have been worked, or the times at which work has been performed; observing work practices and systems of work, consultation with workplace participants and health and safety representatives; internal reviews; analysis of incident reports and workplace surveys and obtaining information on fatigue from materials and data published by industry associations, regulators, unions and other sources.
- d) The Legislation requires that as a PCBU, Schwarz Family Practice must consult with workplace participants or others carrying out work who are or likely to be affected by the fatigue factor identified as a risk, as far as

reasonably practicable. If there are health and safety representatives, then they must be involved in the consultation.

- e) Consultation must occur in the following instances:
 - (i) When fatigue is identified as a hazard in the workplace;
 - (ii) When the Company is reviewing its management procedures for fatigue;
 - (iii) When the Company introduces new, or alters existing hours of work, work schedules and working procedures;
 - (iv) Where there are indications that fatigue is affecting the health and safety of workplace participants; and
 - (v) If an incident, or near miss, occurs.

8.3 Assess the contributing factors identified

- a) As part of the risk management process, the Company will assess the likelihood of a risk of injury from the fatigue factors it has identified. The Company will consider which workplace participants are at risk, where they are located and how are likely to be affected and the seriousness of the potential harm, if it should occur.
- b) The assessment process may involve consulting with industry associations concerned with similar workplaces; consulting with at risk workplace participants and health and safety representatives regarding workloads and schedules; comparing planned working hours to those actually worked and reviewing workplace incident reports.
- c) The aim of any risk assessment should be to reveal the likelihood of the identified risk occurring and to identify the affected workplace participants. Applying this to a review of incident reports, the following questions could be asked:
 - (i) What is the likelihood that fatigue is contributing to the incidents?
 - (ii) What time of day do the incidents occur?
 - (iii) How long had the workers been working when the incident occurred?

8.4 Decide, agree and implement appropriate risk control measures

- a) Schwarz Family Practice will, as far as reasonably practicable, eliminate the factors that contribute to fatigue. If this is not reasonably practicable then Schwarz Family Practice will adopt the risk control measures based on the hierarchy of hazard control [see the Schwarz Family Practice's Risk Management Procedure].

- b) When deciding on control measures to implement, refer to any relevant codes of practice or guidelines.

8.5 Training Program

- a) Schwarz Family Practice will provide specific training programs on fatigue to both management and employees. The training should include information on:
 - (i) the health and safety responsibilities of everyone in the workplace;
 - (ii) risk factors for fatigue;
 - (iii) symptoms of fatigue;
 - (iv) potential health and safety effects of fatigue;
 - (v) effective control measures for fatigue, for example, scheduling shift work;
 - (vi) procedures for preventing fatigue, for example, incident reporting procedures;
 - (vii) effects of medication, drugs and alcohol on fatigue;
 - (viii) diet and general health issue relating to fatigue;
 - (ix) balancing work-life and personal life.
- b) Training will be arranged so that all employees are able to attend.

9. DRIVING

9.1 Workplace Participants should be aware of the effects of fatigue when driving to and from work or as part of their work activities. Precautions whilst driving include:

- a) taking regular and adequate rest breaks, for example, taking breaks every two hours;
- b) stopping when tired;
- c) planning the journey, taking into consideration pre-journey work duties, the length of the trip and post-journey commitments; and
- d) staying overnight if driving time and non-driving duties exceed 11 hours in one day, unless driving duties can be shared.

10. REVIEW

10.1 This procedure will be reviewed annually during the WHS Audit Program, through consultation with employees and health and safety representatives, and when

legislative requirements change or in the event of a serious occurrence where fatigue is factor.

11. RECORD KEEPING

11.1 Schwarz Family Practice will keep the following documents for a period of five years:

- a) all fatigue management plans (including DFMPs);
- b) all records relating to the fatigue management plans and documents required to prepare fatigue management plans.
- c) all contracts that relate to the transport of long-distance freight.
- d) all trip schedules, delivery timetables and driver rosters;
- e) any risk assessments relating to fatigue of drivers of heavy trucks.

Variations

Schwarz Family Practice reserves the right to vary, replace or terminate this Procedure from time to time.

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