



As part of the interest based bargaining for the renewal of the NZMLWU and DHBs MECA, the issue of best practice rostering and health and safety was again discussed. It was put to those present that if the preamble to the hours of work clause in the MECA and the best rostering guidelines were in effect, would the ongoing concerns being raised by employees have been addressed. The answer was “yes”.

The challenge posed to us all therefore is to honour the commitments both incorporated in the MECA, and in the partnership work we have undertaken to assist identify and implement best rostering practices. More specifically NLEG was asked to develop active guidelines for the management of fatigue that arises out of the operation of on call arrangements with the intention of ensuring the safety of employees and patients.

To recap, the preamble to the hours of work clause in the MECA states:

*“The employer will take all practical steps to prevent harm occurring to employees from the way work is organised. In particular the employer will monitor on call arrangements and the frequency and duration of call outs and shall take this into account when considering an employee’s continued fitness to work safely during normal hours of work. If possible fatigued employees shall be authorised to not attend duty or finish their normal duty early without loss of pay for any period of authorised absence.”*

The best rostering guidelines included a number of parameters which we have broken down into sections.

### **Timetabling**

Rosterings directly impacts on the health and safety of employees, and through them the productivity and quality of outcomes for patients. The following was a list of principles developed at the best practice workshop that should be applied to all on call rosters.

- Recovery time no less than 24 hours
- Any calls after 2400 require a 9 hour break after the call.
- Frequency of unsocial shifts restricted to 1:5 rotation
- No more than 1:4 consecutive days on-call
- Max 5/7 days worked in a row
- Length of shift should be no longer than 8 hours

The issue of fatigue from a health and safety perspective is one of risk management and mitigation. We have to provide services 24/7 so we do have to be awake when we would

normally sleep. There is risk associated with this so how do we best roster to mitigate that risk. First a few principles:

- 1) On call should be considered as on duty when considering the impact of fatigue.
- 2) The time spent actually sleeping (as opposed to at work) and recuperating is key to managing fatigue. Just thinking about the time they were at work is insufficient.
- 3) What is the frequency of call backs, when does it disrupt sleep and how much sleep debt can accumulate if consecutive days of call are rostered?
- 4) In conjunction with (3), when is the person able to be guaranteed recuperative time.

If 5 days in a row is our standard, then call rosters that add another two days in the weekend and then another five days the following week should be reconsidered. Effectively this rostering pattern sees people working 12 days without a break, potentially with more than 8 hours being worked on the two middle days and quite probably into normal sleep time. If rostered on call in this fashion, when does the employee get recovery time?

A range of scenarios exist. At one end of the spectrum where there is the occasional weekend call, the risk of fatigue is probably small and the ability to recover, adequate assuming time to sleep is provided after a post 2400 call back on both Saturday and Sunday.

If however the person is likely to be at work during the day (whilst often named on call effectively they are on duty as a result of demand) and then goes on call when is a reasonable time to recover provided? If up Saturday night and expected back in the lab Sunday morning, very little time to recover is likely. A 9 hour break after any 2400 call back must be provided so a backup to Sunday demand in this potential window needs to be provided.

Our best practices guidelines confirm at least 24 hours recovery time must be provided i.e. the day following an overnight on call, completely free from work. On rosters where call backs are "normal" over weekend pm and night periods, split weekends and on duty rosters (giving two rostered days off during the week) should be investigated.

A human who has been awake 18 hours, performs at the same level as someone too drunk to drive. And we reiterate this is time awake, not simple at work so if time to get up, get dressed, have breakfast and travel to work is taken into consideration, at what point is the person on call following a normal rostered day, going to hit 18 hours? For most of us this would be between 2400 and 0100 hours. If the call back pattern is such that people are not normally called in the evening and may be able to get to bed and asleep by 2200, fatigue will be mitigated, but if on call is such they are normally called in the evening and over night, consideration needs to be given to splitting the on call requirements or whether on duty in the evening is required.

## **Other Mitigating Strategies**

All laboratories operating overnight rosters should have a quiet place where comfortable facilities to get a nap are provided. The ability to take a nap is a recognised mechanism to reduce the impacts of night work and sleep debt on employees. (as an aside, facilitating a 30-40 minute window for shift workers to have a nap, should be considered.

Coordinating call backs through a single source (e.g. duty coordinator) to accumulate work until a single call can be made.

The laboratory should be brightly lit at night.

Whilst it doesn't mitigate against fatigue using taxi's to get to and from the call back should be considered when the employee has passed 18 hours awake to reduce the risk not only to themselves of driving in a fatigued state but also other members of the public of a potential car smash.