

# Fatigue resources

## Introduction

Following the traumatic death of an anaesthetic trainee who was returning home after a night shift, the Fatigue Group supported by the Association of Anaesthetists and RCoA have surveyed UK trainees about shift working and fatigue. With a 60% response rate, the survey highlights a wide variation in access to rest facilities, commuting distances and concerning effects of fatigue on trainees.

Fatigue self-assessment and fatigue risk management are not familiar steps in routine daily practice. This is due in part to a lack of awareness about the causes and effects of fatigue and limited education opportunities. It is also due to working culture where openness about fatigue and tiredness is not encouraged and collective responsibility for staff wellbeing is poorly developed.

Using the results from the survey, the Fatigue Group have developed resources designed to enhance individuals' knowledge and understanding and to support the culture change required within departments and organisations.

To reduce variation in practice and to better manage expectations, **standards** have been defined for rest facilities and rest culture at work and individual responsibilities both within and outside of the workplace. These provide a platform to support local audit and quality improvement activity.

Work continues with on-line education materials available on the Association of Anaesthetists fatigue webpage [www.aagbi.org/professionals/wellbeing/fatigue](http://www.aagbi.org/professionals/wellbeing/fatigue) and the FICM website [www.ficm.ac.uk/fatigue](http://www.ficm.ac.uk/fatigue), which also contains links to articles of interest on the subject.

Please find a copy of the standards and accompanying explanatory notes enclosed.

If you have any questions please contact [fatigue@aagbi.org](mailto:fatigue@aagbi.org) if you are in anaesthesia or [contact@ficm.ac.uk](mailto:contact@ficm.ac.uk) if you are in critical care.

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



**Association  
of Anaesthetists**

The Faculty of  
**Intensive Care Medicine**

**RCoA**  
Royal College of Anaesthetists

Association of Anaesthetists is the brand name used to refer to both the Association of Anaesthetists of Great Britain & Ireland and its related charity, AAGBI Foundation (England & Wales no. 293575 and in Scotland no. SC040697).

[www.anaesthetists.org/fatigue](http://www.anaesthetists.org/fatigue)

# Fatigue resources

## A) Explanatory notes for the Standards

### Responsibilities

The responsibilities can be divided into those for organisations and those for individuals. It is important that all parties are aware of the full content, so each knows what to expect of the other and can work together to achieve them.

The organisational (departmental) responsibilities include standards for rest facilities and a rating scale for rest culture. For each of these:

**GREEN** represents the gold standard or best practice

**AMBER** represents the minimum acceptable standard

**RED** is unacceptable

Departments are encouraged to conduct audits and quality improvement projects using these standards and it is hoped that they will be incorporated into other national departmental standards.

Changing culture will require efforts from both individuals and departments and the individual responsibilities are for all staff, both clinical and non-clinical. These set out the knowledge, behaviours and attitudes that, when present, will lead to improved awareness of fatigue, its associated risks and how to mitigate them.

### Rest facilities

The wording of the standards has been chosen to allow some flexibility of application, in recognition of the fact that space will vary in different organisations. However, we believe that every organisation is capable of delivering the minimum acceptable standards with the majority being able to achieve best practice. The following points are intended to add clarity to the standards.

“During a shift”:

- Any delay in access reduces the benefit of the rooms. It was felt that any delay longer than 15 minutes would significantly reduce the use of the facilities.
- Restricted access refers to any process which leads to a delay in access, such as having to sign out a key from a distant part of the hospital.
- Limited availability could be due to insufficient numbers of rooms or rooms available for a limited time only.
- Communal areas that are simultaneously used for any purpose other than uninterrupted rest (dining, work) are unsuitable and attract a red rating. It is accepted that appropriately furnished communal facilities are better than none and if they enable bleep-free, undisturbed rest, they may attract an amber rating.

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



**Association  
of Anaesthetists**

The Faculty of  
**Intensive Care Medicine**

**RCOA**  
Royal College of Anaesthetists

Association of Anaesthetists is the brand name used to refer to both the Association of Anaesthetists of Great Britain & Ireland and its related charity, AAGBI Foundation (England & Wales no. 293575 and in Scotland no. SC040697).

[www.anaesthetists.org/fatigue](http://www.anaesthetists.org/fatigue)

# Fatigue resources

“After a shift”:

- Limited duration could be for any reason, for example due to access for cleaning.
- Poor quality could mean too noisy or light or without bathroom facilities.
- Appropriate walking distance is phrased in this way to allow organisations to determine what is appropriate for the clinical response time required. Rooms need to be easy to access to ensure it is an easy decision to take to use them. (Very tired people are more prone to ‘get home-itis’ – an overwhelming (and understandable) desire to get home. Being severely sleep deprived makes it harder for them to recognise and objectively appraise the risks of driving home tired and the true potential for harm).

Many departments will have different facilities for different on-call tiers of doctors. Each tier will need to be rated separately.

## Rest culture

Having appropriate facilities available is one aspect of improving rest culture. However, this must be accompanied by supportive behaviours from departments.

Examples of a “positive institutional attitude towards rest” include:

- Staff working night shifts being encouraged and enabled to nap during a break from clinical work, for example using bleep filtering systems and/or teamwork to create a supportive environment and facilitate breaks.
- Educational presentations about fatigue and its risks during departmental meetings.
- Fatigue posters on display and / or available in departmental documents.
- The SLEPT-NOD tool used during clinical handover, with those starting a shift checking that those leaving are okay to get home and encouraging them to take a nap if necessary.

‘Fatigue awareness and introduction to rest facilities included at induction’ could be covered by a presentation delivered during the induction programme or an e-learning module. It is felt that this is only one part of a positive institutional attitude, which would be evident on a daily basis and not just during times of staff changeover.

## Individual responsibilities

The responsibilities set out are based around existing guidance on fatigue and shift working. These are thought to be reasonable and achievable, encouraging optimal rest behaviour among all individuals. Demonstration of a “positive personal attitude towards rest” can be done by applying the knowledge and behaviours to daily practice. Demonstrable examples of this could include using a sleep tracking app or keeping a sleep diary.

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



**Association  
of Anaesthetists**

The Faculty of  
**Intensive Care Medicine**

**RCOA**  
Royal College of Anaesthetists

Association of Anaesthetists is the brand name used to refer to both the Association of Anaesthetists of Great Britain & Ireland and its related charity, AAGBI Foundation (England & Wales no. 293575 and in Scotland no. SC040697).

[www.anaesthetists.org/fatigue](http://www.anaesthetists.org/fatigue)

# Fatigue resources

## Organisational responsibilities

### Standards for rest facilities

	During a shift		After a shift	
What is available	Green	Quiet, dark, private room with bed	Green	Quiet, dark, private room with bed and bathroom facilities available for full duration of time between shifts
	Amber	Private area with reclining chair, pull-out mattress or sofa	Amber	Available for limited duration, poor quality facilities
	Red	No or communal facilities	Red	No facilities
Ease of access [N/A if no facilities]	Green	Adequate number of immediately available rooms	Green	Adequate number of immediately available rooms within appropriate walking distance
	Amber	Adequate number of rooms available within 15 mins of request	Amber	Notice required, limited number of rooms or remote location
	Red	Restricted access* or limited availability	Red	Pre-shift notice required

\* including location inappropriate for speed of required clinical response

### Ratings for rest culture

Green	Positive institutional attitude towards rest; fatigue awareness and introduction to rest facilities included at induction.
Amber	Fatigue awareness and introduction to rest facilities included at induction
Red	Threatening culture towards rest or poor awareness of facilities

## Individual responsibilities

	At work	At home
Knowledge	<ul style="list-style-type: none"> <li>Understand national guidelines on fatigue<sup>1</sup></li> <li>Be aware of the location of rest facilities and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>Understand good sleep hygiene<sup>1, 2</sup></li> <li>Understand how to manage shift working<sup>3</sup></li> </ul>
Behaviours	<ul style="list-style-type: none"> <li>Where possible, use breaks on night shifts to nap</li> <li>Consider colleagues' fatigue during the handover process</li> <li>Encourage and enable colleagues to do the same</li> </ul>	<ul style="list-style-type: none"> <li>Practice good sleep hygiene</li> <li>Use time off before a night shift or on call duty responsibly to prepare for work</li> <li>Use time off after a night shift or on call duty responsibly to rest and recover</li> </ul>
Attitudes	<ul style="list-style-type: none"> <li>Demonstrate a positive personal attitude towards rest</li> <li>Act as a role model by supporting colleagues to rest at work</li> <li>Attend and engage with education sessions on fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate a positive personal attitude towards rest</li> <li>Be mindful of fatigue if taking on additional locum work</li> </ul>

1. AAGBI. Fatigue and Anaesthetists. 2014 <https://www.aagbi.org/sites/default/files/Fatigue%20Guideline%20web.pdf>

2. NHS Choices information about Tiredness and Fatigue <http://www.nhs.uk/livewell/tiredness-and-fatigue/Pages/tiredness-and-fatigue.aspx>

3. RCP. Working the night shift: preparation, survival, recovery. 2006. <https://cdn.shopify.com/s/files/1/0924/4392/files/working-the-nightshift-booklet.pdf?1709961806511712341>

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



Association  
of Anaesthetists

The Faculty of  
Intensive Care Medicine

RCOA  
Royal College of Anaesthetists

# Fatigue resources

## Template for feedback of rest facilities:

Hospital:

Trust:

Date of audit:

Please complete one section per rota tier. (Copy and paste further tables as necessary.)

Rota		During a shift			After a shift		
	What is available	Green	Amber	Red	Green	Amber	Red
	Ease of access	Green	Amber	Red	Green	Amber	Red
		N/A if no facilities			N/A if no facilities		

Rota		During a shift			After a shift		
	What is available	Green	Amber	Red	Green	Amber	Red
	Ease of access	Green	Amber	Red	Green	Amber	Red
		N/A if no facilities			N/A if no facilities		

Rota		During a shift			After a shift		
	What is available	Green	Amber	Red	Green	Amber	Red
	Ease of access	Green	Amber	Red	Green	Amber	Red
		N/A if no facilities			N/A if no facilities		

Rota		During a shift			After a shift		
	What is available	Green	Amber	Red	Green	Amber	Red
	Ease of access	Green	Amber	Red	Green	Amber	Red
		N/A if no facilities			N/A if no facilities		

Rota		During a shift			After a shift		
	What is available	Green	Amber	Red	Green	Amber	Red
	Ease of access	Green	Amber	Red	Green	Amber	Red
		N/A if no facilities			N/A if no facilities		

Rest culture (circle):

Green

Amber

Red

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



**Association  
of Anaesthetists**

The Faculty of  
**Intensive Care Medicine**

**RCOA**  
Royal College of Anaesthetists

Association of Anaesthetists is the brand name used to refer to both the Association of Anaesthetists of Great Britain & Ireland and its related charity, AAGBI Foundation (England & Wales no. 293575 and in Scotland no. SC040697).

[www.anaesthetists.org/fatigue](http://www.anaesthetists.org/fatigue)

## B) Factsheets and handover tools

A series of factsheets and tools have been produced to help convey important facts about fatigue and sleep. The purpose of these is to raise awareness of the issues surrounding fatigue which will help individuals to adapt their behaviour appropriately and lead to improvements in safety and wellbeing. The content is referenced for further reading.

Here is a brief description of each of the factsheets and some ideas about how they might be used.

### 1) Fatigue: the facts

This summarises key points from the Association of Anaesthetists Guideline '*Fatigue and Anaesthetists 2014*'. It is envisaged that this will be displayed in staff areas to educate about the risks. The content could also be presented at trainee induction.

### 2) Useful tips to aid sleep

Practising good sleep hygiene regularly is one way to minimise the effects of sleep deprivation. We recognise that some people find it easier to sleep than others and that no solution will be right for everyone. This factsheet has suggestions for how to improve sleep. It could be made available on staff wellbeing pages on intranet sites and included in departmental education.

### 3) Working well at night

When working nights, often the focus is on managing the clinical workload. However, to be fully effective at night it is important to learn how to manage the effects of sleep deprivation. This is a single page summary of the advice in the RCP '*Working the night shift*' and other published guidelines. This could be included in a trainee handbook or induction pack.

### 4) I'M SAFE

This is a checklist adapted from the aviation industry to determine a pilot's fitness to fly. It is intended to promote awareness of factors which contribute to general wellbeing.

### 5) SLEPT-NOD

This tool is intended to be used at staff handover. When severely sleep deprived, it can be very difficult to make logical decisions. The SLEPT questions provide prompts to help individuals identify when they or their colleagues are dangerously fatigued and NOD is a prompt to take appropriate action.

Subject to Creative Commons License CC BY-NC-SA 4.0. You may distribute original version or adapt for yourself and distribute with acknowledgement of source. You may not use for commercial purposes. Visit website for details.



**Association  
of Anaesthetists**

The Faculty of  
**Intensive Care Medicine**

**RCOA**  
Royal College of Anaesthetists