



MKA Risk Mitigation are launching their new website. It will contain a wealth of information, discussion papers, newsletters, useful links and media releases. This website is intended to be a resource for human resources professionals, industrial relations specialists and occupational health and safety experts.



It will be updated with new items each month

as we revisit workplace culture, occupational fatigue, occupational stress, workplace bullying, performance management and team building as topics.

In the next month we will be publishing a case study on an MKA Risk mitigation fatigue management program which has been extremely successful in reducing absenteeism

A new literature review comparing research on eight shifts versus twelve hour shifts is a particular highlight on the new website. The new website may be viewed at www.mkarisk.com.au.

Please enjoy.

Fatigue Revisited

Campbell versus Hitchcock: a Conclusion

Occupational Fatigue continues to be a topical area for discussion. Previous newsletters referred to the case of Campbell versus Hitchcock 2003 which was being heard in the commission. A decision has recently been handed down on this case. The decision indicates that the road is now regarded as a workplace. This has substantial ramifications for all employers in providing fatigue management training, and drugs and alcohol abuse prevention education. The Campbell case is a logical extension of previous cases which have encouraged employers to take a more active stance in fatigue management.

Gregory Hoey v Martins Stock Haulage (Scone) Pty Ltd [2003] ACTSC 41 (23rd May 2003)

The above case was based on the principal that an employer provides a safe workplace, and has an obligation to establish, maintain and enforce such a system. In this particular matter the employer left the decision as to whether the driver was tired to the driver. It was left up to the driver to assess how many kilometres he had done. The court regarded this as inadequate. Self assessment is problematic from both a legal and physiological perspective. Research by Thomas et al (2003) ¹ shows very clearly that sleep deprived individuals lose their capacity to accurately assess their own fatigue levels and

performance after 16- 24 hours sleep deprivation. Indeed when a human being has been sleep deprived for 22 hours or more, they are functioning as though they have a blood alcohol level of 0.1.

The court also referred to NSW MAA regulations indicating that the employer was required to manage driver's working, driving and resting times so that the driver can comply with span of working hours restrictions. The court noted that in any given 24 hour period, the driver must not drive or work for more than a total of 14 hours with a maximum of 12 hours driving, and must have continuous rest of not less than 10 hours.

The court referred to NSW regulations implying that an employer could not permit someone to drive if they knew that person was likely to commit a "core hours" driving offence. The court indicated that driving excessive hours could be regarded as a "core hours" driving offence.

¹ Maria Thomas, Helen Sing, Gregory Belenky, Henry H. Holcomb, Helen S. Mayberg, Robert F. Dannels, Henry N. Wagner, David R. Thorne, Kathryn A. Popp, Laura M. Rowland, Amy B. Welsh, Sharon M. Balwinski, David Redmond. (2003). Neural basis of alertness and cognitive performance impairments during sleepiness II. Effects of 48 and 72 hours sleep deprivation on waking human regional brain activity. *Thalamus and Related Systems* (2), 2003, pp 199 - 299.

Fatigue to Energy

The Need for Objective Physiological Measures

This case provides a critical illustration of the need for physiological measures of fatigue rather than questionnaire based measures. In this matter, there were two competing experts. Doctor Berger on behalf of the AWU and Bradley Stranger (psychologist) on behalf of Mount Isa Mines.

Dr Berger said that on the basis of the more critical survey results, he was of the belief that the AWU was justified in maintaining its opposition to the introduction of the proposed roster at the George Fisher and Hilton Mine operations. He also questioned the use of a number of tools including the Epworth Sleepiness Scale and the Cronbach Alpha in the circumstances of this case. Doctor Berger felt that there was "wobbly" data and a broad survey. Dr Berger said that use of these measurement tools constituted over-analysis of the survey results. He also expressed the view that the Epworth Sleepiness Scale was principally used to screen people who may have obstructive sleep apnoea.

The high proportion of persons who were assessed according to that scale as suffering from moderate to clinical sleep problems could lead to a conclusion that the screening was loose or that the test was not appropriate within the particular population in this case.

Under cross-examination Mr Stranger said that there was some evidence that people could adjust to sleeping less than seven or eight hours per

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0.05.

day. Across industry generally, people achieved an average of six hours sleep per night following working night shift. Mr Stranger also maintained that the cut off point for optimal sleep seemed to be between five and six hours per night although he agreed that the optimal sleep level for night shift workers was seven hours. With less than 5 to 6 hours sleep per night, there were physical and cognitive effects; an obvious decline in performance was observed and there was more vulnerability to accidents. Mr Stranger agreed that a significant component of the workforce had reported achieving less than seven hours sleep per day while on night shift.

Mr Stranger agreed that people who were awake for 15 hours or more would effectively be impaired to the level of a person registering a blood alcohol content of 0.05. Similarly, people who were awake for 14 hours had the equivalent impairment of a person with a blood alcohol content of 0.05 in terms of cognitive functioning such as decision-making and complex reasoning. However, Mr Stranger

said that this data was based on experimental work, and there was some discussion about whether the equivalent of 0.05 impairment was reached after 15 or 17 hours of wakefulness.

If you are interested in learning more about how to improve fatigue management for your work force, call MKA Risk Mitigation for a free half hour initial consultation.

Future Topics

- **Creating positive, performing, professional workplace cultures**
- **Inspired Performance Management**
- **A Drug Free Workplace**
- **Adventurous workplaces without risk**
- **Positive Mental Health at Work**
- **Goodbye Chronic Pain**
- **Mediation that Works**
- **Safety Culture Plus**
- **Real Team Building**



MKA: Risk Mitigation

MKA Risk Mitigation

Specialist intervention in Risk Mitigation.

Level 17 BNP Paribas Centre

60 Castlereagh Street, Sydney, NSW, 2000.

Ph +61 2 9264 9954 / Fax +61 2 9231 7575