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AAGBI Core Topics Newcastle 2020



### A national survey of the effects of fatigue on trainees in anaesthesia 2016

- After night shift:
  - 84.2% too tired to drive home
  - 57% experienced an accident or near miss when driving home

Anaesthesia 2017, 72, 1069-1077 doi:10.1111/anae.13965

A national survey of the effects of fatigue on trainees in anaesthesia in the UK\*

L. McClelland, <sup>1</sup>J. Holland, <sup>1</sup>J.-P. Lomas, <sup>2</sup>N. Redfern<sup>3</sup> and E. Plunkett<sup>4</sup>



## The Faculty of Intensive Care Medicine

### Joint initiative set up in 2017

### Dr Liam Brennan, President of RCoA:

"Unless we act, the increasingly difficult working conditions for doctors, particularly those in training, will impact on our ability to deliver consistently safe, high quality patient care. We urge all relevant bodies to work with the RCoA, AAGBI and FICM to seek longterm solutions to the problem of fatigue affecting NHS staff and call for the necessary investment to support over-stretched front line services.'

### Dr Paul Clyburn, Ex President of AAGBI:

"Fatigue self-assessment and risk management are not familiar steps in routine daily practice. This pack provides some simple resources to help educate clinical staff and their managers about fatigue. We hope that by collectively taking responsibility for making changes to working practice, we can improve working conditions for staff, for the benefit of patients."





#### Medical backers:

- Health Education England
- The Medical Women's Fede
- Dr Mike Farquhar, Consulta
- "RCSEd are delig campaign 7

#### "I am plea Hospital

- which is v
- morale, re #FightFatigue campaign backers

Labour Party

Dr Dai Lloyd AM

- Professoi We see it as our collective duty to raise awareness and offer practical solutions to Surgeons help improve the perceptions of fatigue self-assessment and fatigue risk management within the NHS.
  - As the impact of fatigue is not limited to anaesthesia and intensive care medicine, we're encouraging the support of other healthcare professions, presenting an opportunity for multiple NHS specialties to work together to tackle fatigue in the
- Association of An Association of Par workplace.
- The British Medic
- The College of Anaesthesio
- College of Operating Depar
- The College of Paramedics
- Dr David Eadington, Acting
- Emergency Medicine Train
- The Faculty of Physicians A
- Royal College of Paediatric: Rhoda Grant, MSP for Highlands and Islands
- Royal College of Pathologis
- Royal College of Physicians
- Royal College of Physicians
- Royal College of Physicians
- Royal College of Surgeons of Edinburgh (RCSEd)

- The Faculty of Public Healt Political bac John Mason, MSP for Glasgow Shettleston
  - Mark McDonald, MSP for Aberdeen Donside
  - Anne Marie Morris, MP for Newton Abbot
  - Scottish Conservative Party
  - Scottish Green Party

Alex Cunningham, MP for Stockton North

Monica Lennon, MSP for Central Scotland

John Mason, MSP for Glasgow Shettleston

Highlands and Islands

ier MP for Stockton Sol

#### ers

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Hospitals NHS Foundat

	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	Green	Adequate number of immediately available rooms	Green	Adequate number of immediately available rooms within appropriate walking distance	
no facilities]	Amber	Adequate number of rooms available within 15 mins of request	Amber	Notice required, limited number of rooms or remote location	
	Red	Restricted access <sup>*</sup> or limited availability	Red	Pre-shift notice required	
including Ratings	for rest Positive ir	appropriate for speed of required clinic <b>culture</b> nstitutional attitude towards rest; fa	al response	e reness and introduction to rest facilities	
Green	included at induction.				
Green	included a	it maacton.			
Amber	Fatigue av	vareness and introduction to rest fa	cilities inc	luded at induction	
Amber Red	Fatigue av Threateni	wareness and introduction to rest fa ng culture towards rest or poor awa	acilities ind areness of	luded at induction facilities	
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Amber Red Indiv Knowled	Fatigue av Threateni Vidua At wo ge • Un fa • Ba	wareness and introduction to rest far ng culture towards rest or poor awar al responsibilit prk nderstand national guidelines on tigue <sup>1</sup> a ware of the location of rest facility dhow to access them	acilities ind areness of ies At	luded at induction facilities home Understand good sleep hygiene <sup>1,2</sup> Understand how to manage shift working <sup>3</sup>	





## #FightFatigue



Link to #FightFatigue resource pack

# What's up with shiftwork?

- Job must be done
- 2 hrs less sleep in 24 hrs than day shift
- Cognitive decline = legal alcohol limit > 17hrs awake
- Poor self assessment, difficulty reading facial expression, decreased psychomotor vigilance, poor divergent thinking, accidents
- Cost to individual and society



## Minutes of sleep lost per day

Financial concerns	10.0
Unrealistic time pressures and stress	8.0
Mental 1 hour por dov	17.2
Commu I HOUI PEI Uay	9.2 /16.5
Raised BMI	2.5-7.0
Children under 18	4.2

Why sleep matters – the economic costs of insufficient sleep -A cross-country comparative analysis Hafner, 2016 RAND Europe







## Self assessment and sleep deprivation



The Cumulative Cost of Additional Wakefulness-Van Dongen et al 2003







## Sleep fuel and napping

https://www.youtube.com/watch?v=Fd-Zqzd\_mlg

https://www.youtube.com/watch?v=BSi66mcHkUM



<sup>1996</sup> J A Horne, professor<sup>a</sup>, L A Reyner, research associal













## Normal sleep, wake and alertness

## Circadian rhythm of alertness





## IARC Working Group 2019



Source: J.L. Jameson, A.S. Fauci, D.L. Kasper, S.L. Hauser, D.L. Longo, J. Loscalzo: Harrison's Principles of Internal Medicine, 20th Edition Copyright © McGraw-Hill Education. All rights reserved.











### FATIGUE RISK MANAGEMENT SYSTEM

Adapted from *Reason* (1997), Dawson and McCulloch (2003) and Moore-Ede *et al* (2009)

# NAPS





The two-process model of sleep. Panel A (Top) represents the homeostatic and circadian processes in a day working nurse. Panel B (Middle) shows these same processes for a night shift nurse without a nap who retires upon arriving home at 8 AM, goes to sleep at 8:30 AM and wakes at 1 PM. Panel C (Bottom) shows these same processes with a 30 minute nap taken at 3:30 AM.



# LIGHT

# FOOD



# SUPPORT



128725H [RF] © www.visualphotos.com

Adequate sleep opportunity on days off

Think about sleep disorders

Eat a full meal *before* night shift

Nap before your night shift starts

Take 10-20 minute undisturbed naps during your shift

A NAP CAN SAVE A LIFE

Expose yourself to bright light to stay more alert on night shift

Night risk for errors is highest at 2am-5am

Embrace individual differences

Strategic departmental planning to avoid danger

Speak up about sleepiness

