

Variable work schedules: fatigue and psychosocial risk

In early March 2020, NOPSEMA sought information from facility operators to establish what steps were being taken to provide and maintain a physical environment that is safe and without risk to health in response to the novel coronavirus COVID-19 (C19). Information was collected via a survey, with better practices later shared across industry to facilitate continuous improvement and better practice. Feedback from industry, members of the workforce and their representatives indicated that this was a positive contribution to improving worker health risk management.

It now appears that a rapid recovery to pre-C19 conditions is unlikely. It is more likely that the impacts of C19 will continue for an indefinite period of time, both within Australia and globally. As such, psychosocial and fatigue risks associated with variable work schedules and ongoing uncertainty should be reconsidered in light of the current C19 outlook within Australia. Operators should now have plans in place for a range of possible C19 scenarios, including measures to reduce risks associated with fatigue and psychosocial hazards to members of the workforce.

NOPSEMA sought information from industry to establish what arrangements are in place or being developed to manage the risks to the workforce over a sustained period. In the interests of sharing reasonably practicable measures, and to provide some interim guidance to industry, the survey is provided below, with examples of the better practices reported by industry. NOPSEMA is sharing this information as a means of encouraging better practice across the industry to reduce the risks associated with C19.

Facility operators are encouraged to review the below information and identify opportunities to improve their current systems and practices.

Members of the offshore workforce are encouraged to use the below information as a prompt to review current practice on their facilities and to engage in consultation with facility management to adopt better practice where possible.

Note: Better practice responses are provided for those questions where responses can reasonably be implemented across operators. Responses that are specific to particular operator contexts have not been provided.

Prompt	Specifics	Better practice responses (where appropriate)
<p>What are your current work schedule arrangements and how are they different from your pre-C19 work schedule arrangements (e.g. swing patterns, rosters, non-routine work, campaign work, project work, vendor services, etc.)?</p> <p>Please include the entire offshore workforce, including contractor personnel, in your responses to all questions.</p>	1. Provide an overview of what has changed in response to C19.	
	2. What were your pre-C19 work schedule arrangements?	
	3. What are your current work schedule arrangements, including pre-mobilisation isolation requirements (if any)?	
	4. How are you managing non-routine work such as campaigns, projects, and vendor work?	
	5. How and where is pre-mobilisation isolation undertaken?	
	6. What is the impact of pre-mobilisation isolation on work schedule arrangements?	
	7. Under what conditions will the requirement for pre-mobilisation isolation be removed?	
	8. Have these conditions been communicated to the workforce? Please describe the communications.	<p>Communicated to the workforce via Supervisor led discussions, Operational Memos and management 'town hall' meetings both via videoconference and on the facility, through HR to personal and work emails, weekly email updates and regular phone calls from management, relayed in the communications when all unions agreed to modified swings, discussed with personnel directly. Formally communicated via document-controlled letters which have been emailed to all employees.</p> <p>Individuals who are directly impacted by interstate restrictions are consulted on a case by case basis by the Offshore Installation Manager and onshore management as required.</p> <p>As [operator] progresses / regresses through each stage of the C19 De-escalation Phased Plan, a communication session is held with the offshore workgroup and a communication piece is emailed to all other personnel and contractors detailing any changes and allowing an opportunity to provide comment prior to Phase transition.</p>
Does your current work schedule rely on interstate travel?	9. What measures have you put in place to manage interstate travel requirements?	

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	10. What percentage of your pre-C19 workforce requires interstate travel in order to access the facility? What overall number does this represent?	
	11. What percentage of your current workforce requires interstate travel in order to access the facility? What overall number does this represent?	
	12. What percentage of your pre-C19 interstate workforce has relocated to eliminate interstate travel requirements? What overall number does this represent?	
	13. What percentage of relocated workers have relocated without their immediate household (i.e. their family remains in their home state)? What overall number does this represent?	
	14. What support is being provided for relocated members of the workforce and their families – both those whose households have and have not relocated?	<ul style="list-style-type: none"> • Assistance with accommodation, relocation costs, relocation services, work placement support for family members and mental wellbeing support. • Different leave options and flexible working options to those who have not been able to relocate or make specific swings. • Sending care packages home to families. • Accommodation per diem for each day relocated, plus living cost per diem for each day not rostered on. • Continue to provide company mobile phones so individuals can stay connected with their families and friends. This includes payment of bills. • Access to Employee Assistance Program for employees and their families. • Reach outs from Perth based individuals to assist with employees to settle in Perth. • Access to multiple accommodation choices based on individuals and family preferences. • Pet friendly accommodation. • Providing a hardship allowance. • Access to laundry, accommodation and meals while in Perth. • Access to Better Sleep Programs • Ongoing welfare checks at our substantive accommodation for relocated employees and families including access to medical personnel. • Access to return home for compassionate grounds and in emergency situations. • Leadership visits to temporary accommodation to remain connected with employees. • Paid flights for family members to relocate to Perth. • Access to Bulk billed GP Service. • Regular C19 PCR testing. • Exercise area approved by WA Police when employees are quarantining at [location]. • Welcome packs provided to employees who are temporary relocating to [location].
	15. Under what conditions will these members of the workforce be able to return to their home states, should they wish to do so?	<p>For those that have temporarily relocated we are seeking to provide opportunities for personnel to return home on approx. 3 month basis, or based on individual and family needs.</p> <p>Currently these workforce members have been able to return home during their R&R. Guidance from WAPOL is that moving forward this will not be allowed. Drafted a “Return for Compassionate Reasons” exemption, which would limit return home to specific scenarios.</p> <p>Relocating has been a personal choice for all core crew living interstate - election to return interstate is theirs to make at any time.</p> <p>Members of the workforce have the option to select to return to their home location at any time by informing [operator] they wish to do so. [Operator] has provided a number of different leave options and flexible working options to those who have not been able to relocate or make specific swings. The</p>

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		temporary relocation policy ensures that those who elect to relocate will be provided certainty in relation benefits until at least the end of 2020 or with 3 months' notice to return home. However, they can still choose to relocate back at any time.
	16. Have these conditions been communicated to the workforce? Please describe the communications.	<p>These conditions have been formally communicated via document-controlled letters which have been emailed to all employees. Individuals who are directly impacted by interstate restrictions are also consulted on a case by case basis by the Offshore Installation Manager and onshore management.</p> <p>All relocations have been opt-in for the personnel involved, and the conditions and support made clear through leadership communications, as well as in writing.</p>
	17. Have you considered developing a pool of local (intrastate) contracted workforce as a means of mitigating uncertainty relating to state borders?	
	18. What potential future C19 scenarios have you considered?	<p>Medical planning includes 7 levels of pandemic response with description of medical activities to be undertaken, this is amended as necessary dependent upon government restrictions or advice.</p> <p>Risk Matrix and Control Framework to identify different phases of C19 numbers and community transmission. Within the Risk Matrix scenarios from no community transmission with closed borders to significant community transmission has been considered.</p> <p>A Business Continuity Plan covers escalation (via staged barrier implementation) and de-escalation scenarios (staged barrier de-escalation). This plan allows for re-escalation of barriers if required due to second/third waves of C19 etc. In addition, [operator] has developed a strategy to manage the C19 pandemic for the next 12 months. The strategy has seven different business themes:</p> <ol style="list-style-type: none"> 1. Care for people 2. People resourcing 3. People movement 4. Cargo movement 5. Marine offtake 6. Non-technical risk and stakeholder management 7. Governance & assurance
	19. What are the work schedule implications for each scenario?	<p>Work schedule will remain unchanged and continue to source local work force while borders remain closed.</p> <p>With no community transmission and closed borders there is no impact on work schedules. Currently there is no intent to change work schedules unless [operator] is unable to secure enough WA based workforce to manage the 40% panel roster which is currently in place. We have a 50% roster option as back-up should it be required.</p> <p>A de-manning risk assessment has been conducted to understand what the risks are and mitigations when moving between levels of pandemic response. A Phased Escalation Plan describes the minimum manning in each phase of the Pandemic response.</p> <p>Current temporary rosters and work programs have been implemented via a consultative process that mitigate against both current and future scenarios as much as practicable.</p>
	20. What conditions indicate the start and end points of each scenario?	Progression and regression criteria have been established for each De-escalation Phase. This criteria focuses around the WA Roadmap, the prevalence of C19 with the state, the country and transmission within the community. Other factors include available resources and border controls.
	21. Has the workforce been engaged in scenario planning, particularly in relation to work schedules for various scenarios? Please describe the engagement activities conducted.	<p>The workforce has been involved in the de-escalation phase planning.</p> <p>Discussions were held with stakeholders both onshore and offshore at all levels. Offshore workers were encouraged to meet and discuss scenarios and provide feedback to the management. During</p>

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		<p>recent safety case revision for a facility, a HAZID was completed which included review of the new Pandemic Management MAE Bowtie.</p> <p>We have been working closely with the team to understand individual needs/requirements to tailor work schedules to the team member and their family needs.</p>
	<p>22. Have the various scenarios, their associated work schedules, and start- and end-points been communicated to the workforce? Please describe the communications.</p>	<p>A number of C19 communication meetings have been conducted detailing the scenarios, the de-escalation phase planning, roster changes and general C19 information. A specialist physician has been engaged to assist with these communications.</p>
<p>How are you managing fatigue risk associated with C19 work schedules?</p>	<p>23. What fatigue hazards are introduced and/or increased through the various work schedule scenarios?</p>	<ul style="list-style-type: none"> Increased working hours over a longer swing period may result in increasing fatigue levels such as increased workload and stress Lack of adequate rest Extended Nightshift Operations Additional quarantine means reduced recreation time. Due to the heightened hygiene and sanitation requirements, the tasks that the Catering crew normally conduct have increased.
	<p>24. How do you plan to mitigate those hazards?</p>	<ul style="list-style-type: none"> EAP sleep management program available to all workforce personnel impacted by roster changes Fatigue Risk Management Procedure incorporates several mitigation measures in planning work processes. Increased the manning level for Catering in order to ensure that there has been minimal impact on the existing crew's workload. On arrival to the facility, graduated swing into 12 hour shifts for personnel that are shift workers. Engagement with production teams to empower them to organise shifts within the work group. Taking longer breaks during the day as required. Regular communication to the work crew that there is no pressure or rush, take the time to complete jobs safely Giving crew extra time to complete detailed handovers for the oncoming crew Regular C19 quarantine engagement call ins twice a week when personnel are in quarantine Swing length was increased to better manage work/rest, for interstate and international crews. RDO and reduced hour days on 4 week roster 6hr half shift every weekend for personnel on 4 week roster Shift change after two weeks with 48 hr RDO on 4 week roster Workforce engagement on the health risk assessment on change in risk associated with fatigue and health and wellbeing. Promoting fatigue awareness, toolbox talks, assessing warning signs, and additional controls to mitigate the change in risk. Fatigue is monitored daily by line supervisors Daily discussions to monitor fatigue impact and control effectiveness with the workplace supervisor and management team.
	<p>25. Have you considered cumulative fatigue associated with successive extended swings? How is this being managed?</p>	<ul style="list-style-type: none"> Fatigue assessments have been introduced for any personnel working over-cycle. Personnel who are periodically extending their swing length must complete a regular swing cycle on the immediate next rotation. Ensuring high risk work is avoided for the last week of the swing. Minimising vendors/contractors arriving to decrease extra workloads. Personnel working extended swing duration have a six-week break prior to recommencing work on Platform.
	<p>26. Describe how your mitigations include fatigue prevention, reduction, and response strategies to protect the health of individuals and reduce opportunities for fatigue-induced error.</p>	<ul style="list-style-type: none"> Better sleep program, made available to all Employees and Contractors, offers one on one support through a psychologist and is intended to give an individual a clear picture of their sleep profile as well as provide resources and information on sleep hygiene. Sleep Pod located on the Platform, available to all the workforce to have a 20 minute nap. Education via online monthly presentations through EAP, online modules, medic.

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		<ul style="list-style-type: none"> • Fitness for Duty Procedure includes specific requirements for conditions such as sleep disorder. • Recognition of the extended swing period by giving personnel extra time off. • Minimising vendors which increases potential workload and supervision requirements for core crew. • Analysing in the 120-day plan whether offshore operations are able to accommodate vendors in accordance with their work scopes. • Reduction of visitors and workload in the last week of rostered swing to reduce effects of cumulative fatigue and fatigue-induced error. • Line managers are required to: <ul style="list-style-type: none"> • Consider the potential risks of fatigue when scheduling work activities. • Risk assess overcycle requests. • Respond to and manage workers who self-report that they have had insufficient sleep or are experiencing high levels of fatigue. • Proactively identify signs of excessive fatigue in workers under their supervision. • Manage workers affected by fatigue fairly and constructively, by implementing outlined fatigue controls. • Workers are required to: <ul style="list-style-type: none"> • Comply with the Fatigue Risk Management Plan. • Recognise symptoms of fatigue that could affect their fitness to work. • Report any concerns about their level of fatigue and/or its impact on their fitness to work to their Line Manager. • Safety critical tasks are not executed at night, nor at the beginning or end of swing. • Fatigue management awareness sessions with all personnel. • Independent verification of safety critical tasks to capture fatigue induced error.
	<p>27. Have you considered developing a pool of local (intrastate) contracted workforce as a means of reducing swing lengths?</p>	<ul style="list-style-type: none"> • With the reduced rig count in Australia there is a pool of 'known employees' available from Western Australia if required for any scenario. • Utilised subcontractors labour pool to source local work force. • We have engaged a contract team on standby if required to supplement core crew. • In some specific disciplines which are heavily reliant on interstate workers, we are developing some local contractor resources to support and provide additional capacity to allow personnel to return home periodically.
	<p>28. Has the workforce been engaged in developing fatigue mitigation strategies for work schedule scenarios? Please describe the engagement activities conducted.</p>	<ul style="list-style-type: none"> • The team have developed solutions collaboratively to tailor roster arrangements to their personal needs. • HSRs have been involved in the both the roster Change HAZID and the risk assessment for the recent transition to the Hybrid Roster. HSRs were provided with the assessment framework and post consult with the broader work group, they participated in the Roster Options Review and Hybrid Roster Risk Assessment. • Risk Assessment conducted with workforce, HSRs, Medics and line leaders to identify the change in risk, health of current controls and identify any additional controls required.
	<p>29. Have fatigue mitigation strategies for work schedule scenarios been communicated to the workforce? Please describe the communications.</p>	<ul style="list-style-type: none"> • Fatigue engagement sessions have been completed by Medics to the workforce during daily pre-start meetings. • The workforce is encouraged to discuss as a leading indicator fatigue daily. • Consultation with the workforce has taken place in all stages of roster changes including specific briefing sessions with the HSRs. • Continue to discuss our existing practices with the Crews during pre-tours. • OIM continues to encourage crew members to take regular breaks and to ensure they are adequately rested. He has encouraged crew to have extended rest periods between shifts if needed. • Communication strategies include engagement with HSR's, site notices, site meetings, as well as a dedicated intranet site for all employees to access.

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<p>How are you managing psychosocial risk associated with C19 work schedules?</p>	<p>30. What psychosocial hazards are introduced and/or increased through the various work schedule scenarios?</p>	<ul style="list-style-type: none"> • Living on the job/away from family • Working and living on a live plant • Post-traumatic stress • Fatigue • Shift work • Peer Pressure • Quarantine/isolation and moving into longer swing patterns- decreased frequency at home, increased stressors related to personal life and likewise C19 stressors on families at home such as phase 4 restrictions in VIC. Personnel being restricted when at home too depending on what state they live in. • Potential for increased conflict in the workplace from increased swing lengths • Psychosocial hazards associated with 14-day government required isolation have been assessed and include: social isolation, lack of ability to exercise, boredom, isolation from family • Fatigue and wear down due to work load, change in operation • Stress arising from uncertainty of future • Increased anxiety levels • Potential for bullying increases • Impact on ability to focus on safe operations • Impact on employee's home life • Mental health deterioration • Limited communication with support networks • Ineffective or insufficient support from Leaders • Poor worker morale • Reduced time to manage personal affairs
	<p>31. How do you plan to mitigate those hazards?</p>	<ul style="list-style-type: none"> • EAP runs weekly virtual mental health sessions on a range of topics. Personnel are encouraged to book one-on-one sessions. We intend to send our EAP provider to the offshore facilities next month. • Care and Resilience Maintenance Program is communicated to everyone arriving who are required to self-isolate for the 14 days. Anyone who makes contact are reviewed over the 14 days with the first day going through the following: <ul style="list-style-type: none"> • Psychosocial history taking • Psychoeducation provided • Rationale of assessment explained and instructions on how to complete • Depression, anxiety and stress • Positive & negative affect scale • Sleep quality • C19 checklist • Confidentiality grounds explained • Increased range of accommodation types available for quarantine (i.e. apartments). • Provision of Care packs (food staples, exercise equipment). • Ability to go outdoors to engage in physical activity whilst managing C19 risk. • Individuals entering 14-day mandated Government quarantine are provided with the opportunity to opt-in to receive a check in phone call from an EAP psychologist (noting that EAP is available to all at any time) • Line Managers schedule phone calls with workers during quarantine to check in on wellbeing. • Offshore visits by the EAP Psychologist have been increased to 1 week every month • In pre-travel quarantine, daily face to face wellness checks performed by medical personnel. • Installation of 4g repeaters offshore to increase access to WiFi, so that all personnel can communicate more easily with friends and families. • SMART TV's for each room.

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		<ul style="list-style-type: none"> • Increased communication with personnel via pre-tour and weekly safety meetings. • EAP Services provide employees and their immediate family members free access to a range of specialist support and information. The EAP service provides a mobile App for instant access to resources and to book an appointment. Appointments are available on the phone or via a dedicated video conferencing application that you download to your phone. • Providing the team with favourable accommodation arrangements during quarantine • Optionality to relocate families to WA • Where possible we are building capacity and encouraging team members to return to their home state after a period
	<p>32. Do your mitigations include strategies to identify psychosocial hazards present in the workplace and eliminate them or reduce their impact, along with strategies to respond to psychosocial injury should it occur? Please describe the strategies.</p>	<ul style="list-style-type: none"> • Contact officers in the field and training in mental health first aid. • Offering additional training in mental health first aid. • Made arrangements for psychologists from our EAP to attend site. • Key strategy was to relocate as many personnel and their immediate family members to WA in an attempt to eliminate the psychosocial hazards by ensuring: <ul style="list-style-type: none"> • Job Security and Employment • Ability to return to immediate family members on R&R • Normality in rostering across the workforce • Flexible working arrangements allow for periodic extended swing time when requested. • Recreational facilities are available on the facility. • A wellbeing plan was developed from the Health Risk Assessment workforce engagement session to include additional wellbeing support. • Leaders have had mental health and wellbeing awareness to provide them with the tools to monitor and have “are you ok?” conversations and identify signs and symptoms. • Trained peer supporters on asset for 1-1 discussions, toolbox discussions on mental health, a wellness webpage has been established with resources and guidance on mental wellbeing. • Mental Health Wellbeing plan was developed. Two wellbeing surveys have been completed during C19. • External EAP has provided assistance along with regular engagement with Medic on-board the facility. • Any psychosocial injuries investigated as per our normal investigation process, counselling and mental wellbeing assistance would also be available.
	<p>33. Describe how your mitigations consider the potential for psychosocial issues, including psychological injury/illness, to contribute to increased likelihood of errors being made?</p>	<ul style="list-style-type: none"> • To reduce these errors from occurring, independent verification of Process Isolations, High Risk Tasks and Procedures is undertaken. • Speaking up is encouraged if the person has concerns about completing a work task. • Human error mitigation checklist is used for production critical tasks. • During the Daily Permit Conflict Meetings, agenda items include: conversations on human performance issues, fatigue, stress, competency, ergonomics and correct resource allocation. • Presentation was given to leadership teams on mental wellbeing approach - leaders, employees and peer supporters.
	<p>34. Describe how your mitigations include consideration for individuals who have relocated with and without members of their household.</p>	<ul style="list-style-type: none"> • The [accommodation venue] is utilised to support government mandated quarantine for interstate workers. Families have the option of relocating. Individuals and their families can be located in the hotel rooms / condominiums or villas available at [accommodation venue]. • Families with young children are specifically located in one area which has walled court yards so that the children can safely play outside whilst in quarantine. • There is a dedicated FIFO workers Direction, which enables the staff to exercise outside for 2 x 1 hr sessions a day. • Alternatively for personnel who have relocated and completed the government mandated quarantine there is an alternative accommodation option in city where more recreation activities are readily available.

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		<ul style="list-style-type: none"> • EAP - 24/7 confidential counselling service providing employees and their immediate family members free access to a range of specialists support and information. • Virtual Workshops - Provided short virtual workshops for employees and their families at [accommodation venue] on various topics in dealing with family separation and working remotely on extended rosters. • Parent Resources and Support Resources • Wellness Activities/ Events that included families i.e. Virtual Comedy Night, drawing competition for children, music and story time sessions to help with social connection • Promotion of MindSpot to the workforce – free online service for Australians experiencing anxiety, depression, stress or low mood (Available to all Australians) • [Operator] has supported personnel flying home to see their family where possible and have encouraged these personnel to relocate their family where possible (with company support). If this is not possible we have offered the option to work in their home state if it is available or to take leave. • [Operator] has contact officers in the field and offers training in mental health first aid. [Operator] is offering additional training in mental health first aid and has made arrangements for psychologists from our EAP to attend site
	<p>35. Does psychological support extend beyond the employees and contractors to cover members of their immediate families? Please describe the support provided.</p>	<ul style="list-style-type: none"> • EAP is available to immediate family members of employees. Additional family support sessions offered to family groups. • EAP has been extended to cover contractors and their families. EAP sessions are available at [accommodation venue] to employees, contractors and their families.
	<p>36. Has the workforce been engaged in developing psychosocial hazard mitigation strategies for work schedule scenarios? Please describe the engagement activities conducted.</p>	<ul style="list-style-type: none"> • The workforce has been closely engaged on the awareness of mental health, and worked collaboratively in the development of rosters and arrangement to best support needs and minimise the associated hazards. • Workforce participation in the risk assessment study. Engagement with on-site medic to determine optimal psychosocial supports and timing of same. Consultation process regarding new rosters. • Workgroup has been involved in the Roster Risk Assessment, the Hybrid Roster Review and been invited to participate in all C19 feedback sessions via teleconference. The workgroup were instrumental in the transition to the Hybrid Roster.
	<p>37. Have psychosocial hazard mitigation strategies for work schedule scenarios been communicated to the workforce? Please describe the communications.</p>	<ul style="list-style-type: none"> • A psychologist trained leaders and supervisors on psychosocial hazard mitigation. The leadership team then called individuals to discuss the new work schedule scenarios. • Peer support training also took place. • C19 Communications sessions were held with the workgroup and C19 controls were discussed, the impact it had on the workgroup and what could be done to reduce the impact of these controls. • EAP awareness via e-mails, leadership communications, toolbox talks. Added services to EAP including site specific counsellors via phone at set times each week. OIMs have undertaken Mental Health First Aid for Leaders training.