

## Background

Fatigue is a significant health and safety concern impacting our workforce, and by extension, patients in our care. We have a legal obligation to manage and minimise fatigue under the Health and Safety and Work Act 2015. Six priority actions have been agreed by Health New Zealand | Te Whatu Ora (Health NZ) to help address fatigue. Priority Four is to **provide supportive systems for napping**.

## Purpose

This guideline outlines the intent and commitment to Health NZ to **ensure staff have access supportive systems for napping, as an evidence-based means to reduce fatigue, for night workers**. It is intended to support Leaders in implementing a solution that is fit for purpose for their location and their people.

## Key Principles

- The ideal time for a nap is **30 minutes** with 10 minutes recovery time. It is intended to delay the peak sleep pressure until there is the opportunity to safely sleep fully.
- A nap is **not a replacement for a good night's sleep**, and it cannot make up for chronic sleep deprivation. However, it can reduce fatigue and increase cognitive function.
- Napping on a night shift reduces the natural sleep pressure caused by the circadian low point that occurs between 0200 and 0600. A nap should occur **between 0230 and 0400**. Any earlier and the peak pressure to sleep will occur at work and any later and the nap may impact on the worker's ability to properly sleep once home.
- The **environment** must be secure, safe, dimly lit, and warm. Couches, reclining chairs, or beds are required to allow the staff member to sleep in a reclining position. There are many rooms in a hospital which are not used overnight such as offices or outpatient departments which may be suitable for napping staff.
- It is important to foster a **culture** where napping is viewed as an important fatigue management action.
- All workers should be able to **access information** on the importance of good sleep hygiene as well as practical support regarding sleep.

## Reporting and Monitoring

- Solutions are to be monitored locally to allow for escalation and additional supports.
- The Group Director Operations (GDO) will provide a summary of uptake via the monthly reporting through to the Regional Directors. <sup>1</sup>

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1. <sup>1</sup> Weir, Kristen. "The Science of Naps." *American Psychological Association*. Vol. 47. 2016.  
2. Brown, Jeanne Geiger, et.al. "Napping on the Night Shift: A Two-Hospital Implementation Project." *American Journal of Nursing*. Vol. 116. 2016.  
3. "Benefits of napping on night shifts." *Nursing Times*. Nov. 4, 2011.  
4. Alger, Sara, et.al. "Challenging the stigma of workplace napping." *Sleep*. Vol. 42. Aug. 2019.

