DUTY HOURS REGULATIONS

Duty hours do NOT include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to **80 hours per week**, averaged over a **four-week period**, inclusive of all in-house call activities.

2. Residents must be provided with **one day in seven free** from all educational, clinical and call (including home call) responsibilities averaged over a four-week period.

3. Adequate time for rest and personal activities must be provided. This should consist of a **10-hour time period provided between all daily duty periods and after in-house call**.

4. **In-house call must occur no more frequently than every third night**, averaged over a four-week period.

5. **Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours**. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

6. **NO new patients may be accepted after 24-hours of continuous duty**.

Residents & Fellows are required to properly record duty hours and report any violations. Duty hours violations can be reported anonymously on the Duty Hours Hotline at (708) 327-DUTY. Internally at Ext. 7-DUTY (3889).

FATIGUE PREVENTION, IDENTIFICATION, & MANAGEMENT

- Most people don’t realize they’re sleepy/fatigued until extremely fatigued.

- One of the first skills lost is the ability to do something quickly. If you slow down at a task, you may be able to compensate. But if the task requires a quick response, errors are more likely. **Time pressure + fatigue is a major risk.**

- Residents report decay of professionalism, empathy and attentiveness to patient well being when tired.

- Fatigue can contribute to patient errors, needle sticks, sharps injuries and motor vehicle collisions.
• Pay particular care with hand offs; “a standardized process” works best.

• Strategic Napping and caffeine can help mitigate fatigue. Consider the use of prophylactic caffeine.

• Protect sleep time on your days off; engage your family/housemates in your need for protected sleep time.

• Brief (1 – 2 hours) napping prior to prolonged period of sleep loss, such as 24-hours on call, can enhance alertness. Naps work best the “earlier” they are in a period of sleep deprivation.

• Sleep inertia (grogginess when awakened from nap, on call sleep) is “real” phenomenon and can be managed to some extent. Anticipate it, get out of bed, stand up, turn on the lights, etc.

• It is your contractual responsibility to report duty hours violations to your program or the Central Office of Graduate Medical Education.

• If you are too tired, let someone know. Protect yourself. Protect your patients.

Resources related to fatigue prevention; identification and management are available through the Central Office of Graduate Medical Education, (708) 327-4GME or on the GME web site at stritch.luc.edu/gme/content/welcome.

TOO TIRED TO DRIVE POST-CALL? THERE IS ONE WAY-TO-GO.

When you’re too tired to drive home safely, use WAY TO GO!

To order service:

• Log on to the information portal. Not at LUMC? From any internet browser go to LoyolaMedicine.org, select Employee Self-Serve Portal. Log on.

• Click on the WAY TO GO! Taxi Voucher link

• To order your taxi, call American Taxi at: (847) 255-9614

• Print out the voucher and present it to taxi driver at pick up

American Taxi picks you up and LUHS picks up the tab!