

COVID-19 SLEEP CHECKLIST

LEADERS AND SUPERVISORS

Leaders and supervisors can take care of their staff and support team performance by prioritizing sleep for everyone.

Use the SLEEP acronym...

- **S**et the conditions
- **L**ead by example
- **E**ncourage sleep
- **E**ducate about sleep
- **P**lan and prioritize

SET THE CONDITIONS

- Ensure light boxes and black out curtains are available for staff*
- Designate appropriate, comfortable spaces for staff napping*

Ask yourself: “Have I created a culture that supports sleep?”

LEAD BY EXAMPLE

- Watch your own sleep habits and make sure you are getting enough sleep*
- Model appropriate caffeine use and sleep health*
- Acknowledge the reality of sleep debt and fatigue during COVID-19*
- Avoid sending texts or emails to staff during non-duty hours*

Ask yourself: “Am I walking the walk?”

ENCOURAGE

- Ask your staff about their sleep*
- Emphasize the importance of sleep*
- Allow and encourage staff to take naps when appropriate*
- Talk about the importance of sleep at all levels of leadership*

Ask yourself: “Am I checking in with my team about their sleep?”

EDUCATE

- Reinforce points about self-awareness, caffeine, and light*
- Ensure team members know the basics of sleep health (e.g., 7-9 hrs per night)*
- Encourage staff to get sleep problems checked out medically as needed*
- Remember that decision-making and moral reasoning are impacted by lack of sleep*
- Remind your team that good sleep helps to protect health and fend off infection*

Ask yourself: “What information am I sharing about sleep?”



NIGHT SHIFT TIP: LEVERAGE ANCHOR SLEEP

- Providers who cover night shifts may want to adjust their sleep to nighttime sleeping on their days off, but this change may cause havoc with their restorative sleep
- Instead, maintain “anchor sleep”: On their days off, make sure that at least 4 hours of sleep are anchored—or match—to their typical nightshift sleeping schedule
- However, it is best to keep providers on the same schedule as long as possible, as it is difficult for them to switch from day shifts to night shifts frequently

PLAN AND PRIORITIZE: SCHEDULING SHIFTS

- Limit staff shifts to 12 hours when possible
- Plan forward shift rotations that move with the clock
 - Shifting from day to evening, and evening to night, makes for an easier transition
- When possible, schedule shifts according to people’s chronotype
 - Put your “early birds” on the morning shift and your “night owls” on the night shift
- Don’t extend schedules for night shift workers
 - Have staff attend meetings and complete administrative tasks during their shifts
- Give team members more time to sleep after a long shift
 - The need for sleep goes up after longer periods of wakefulness

Ask yourself: “Am I scheduling my team members’ shifts effectively?”

PLAN AND PRIORITIZE: MANAGING SHIFT TRANSITIONS

- Stagger shifts by changing out some team members every 4 hours
 - This enables new team members to refresh the remaining team
- Ensure a team member who is shifting their schedule isn’t alone on the floor
 - Make sure others are around to keep them alert
- Prevent staff errors toward the end of a night shift
 - Establish additional safety protocols given the documented elevated risk in errors
- Allot time off for individuals who are significantly shifting their schedule
 - Allow a minimum of 32 hours off for those with an 8 hour change in shift time
- Check in with team members to see how their shift schedules are working for them

Ask yourself: “Are my team members handling shift changes safely?”

THIS IS A MARATHON, NOT A SPRINT.

BY PRACTICING SLEEP LEADERSHIP, YOU AND YOUR TEAM CAN ADVANCE THE MISSION TO COMBAT COVID-19.

Selected references: Barger et al. (2018). Effect of fatigue training on safety, fatigue, and sleep in emergency medical services personnel and other shift workers: a systematic review and meta-analysis. *Prehospital Emergency Care*, 22(sup1), 58-68. | Burgess et al. (2007). Optimal shift duration and sequence: recommended approach for short-term emergency response activations for public health and emergency management. *American Journal of Public Health*, 97(Supplement_1), S88-S92. | Harrison et al. (2019). Circadian Profile of an Emergency Medicine Department: Scheduling Practices and Their Effects on Sleep and Performance. *The Journal of emergency medicine*. | Patterson et al. (2018). Evidence-based guidelines for fatigue risk management in emergency medical services. *Prehospital emergency care*, 22(sup1), 89-101.