

SMS Best Practice/Good Practice Submission			
State whether this is a Best or Good Practice:		Best Practice	
ANSP	ENAIRE	Date of submission	14 July 2025
Contact Details			
SoE Study Area		SA 7 - Fatigue and Stress Risk Management	
BP/GP title		SUPPORT NETWORK	
In use since		2023	
ANSPs using this practice (for BP specifically)		ENAIRE	
Key Words		Fatigue, prevention, weak signals, stress.	

Fatigue and stress reports are safety-oriented, meaning that they have the objective to provide information ultimately used to minimize the adverse effects of fatigue and stress on the safety of operations. However, the information provided in the reports frequently contains information related to psycho-social threats for workers and information that could be related to ATCO health. Issues such as ATS units with a higher exposure to night shifts (e.g. with double nights) or even individuals medical conditions can be identified and assessed if they report. Fatigue reports contain data about sleeping habits of ATCOs, sleeping time and quality, chronotype, and wakefulness time before night shifts. They may also contain information regarding symptoms that could be associated to a medical condition (headaches, digestive problems, musculoskeletal aches and other conditions).

Sometimes the report includes psychological distress, so if the problem can be managed via psychological or coaching attention, the ATCO is offered a range of possible interventions: a stress management session, a debriefing on the specific issue that may be influencing the psychological state or simply a phone call to have an interview with a mental health professional. The objective is to perform a preliminary assessment to identify whether the ATCO should look for an external specialized MHP.

The main difference of our approach lies in the fact that the medical attention or medical examination are oriented towards the detection of conditions that prevent an ATCO license from being exerted. Our activities do not seek to find conditions or verify whether the medical requirements are met in an ATCO, **but to work preventively before physiological or psychological states derive into a situation that may endanger an individual's health** and his/her abilities to exert the privileges of the ATCO license.

This is illustrated by the EASA MESAFE project, which is oriented towards increasing the medical examiner's competence in the psychological field so that they are better prepared to detect candidates for psychological issues and then derived to a MHP that will determine whether the condition meets the regulatory criteria to maintain an aeronautical license. MESAFE's main objective is increasing the efficiency of the 'unfit for work' detection, but not on the prevention of that to happen.

Notwithstanding the mentioned need to detect problematic cases where performing operational work may pose a threat both for third parties and the individual, **our approach has a strictly preventive nature**. Our objective is detecting weak signals, precursors of what may evolve into a more serious condition, and act before the situation may endanger the ATCO's health or this may pose an operational threat. This is also another way of implementing just culture, considering that as long as an individual reports a problem that may potentially endangers safety, a protection network must be put in place to prevent disciplinary actions or adverse consequences for the ATCO.

However, limits are implemented within this support, and these are related to possible gross negligence or use of psychoactive substances, where any programme would be obliged to act.

The key idea is to provide as much orientation and support as possible to the ATCOs reporting to the system. The objective is to act preventively to avoid negative impact on their operational behavior before reaching the point that their license is at risk.

Current regulation in the field of mental health is oriented towards licensing (meaning detection of unfit workers) and only stress management under CISM in Reg. 373/2017. However, there is a wide range of situations where psychological and medical support may be needed which may not pose a threat to the 'fit for work' principle, or simply they are not related to a 'critical incident'. This basically reflects the reality of everyday where someone is not at 100% physically or psychologically, but not fully unfit for work. These cases may evolve towards situations where the

worker may call off sick, impacting the service provision, and which is more important, his/her health.

The data gathered by the FSRMS started receiving information related these health weak signals just from the very beginning, and the data has proved to be useful for the occupational health unit in order to intensify preventive measures at specific units, and to offer an adequate help to workers. With current FSRMS data, simply speaking, even though CISM interventions are relatively active, non critical-incident related psychological distress is more frequently reported. Sometimes, psychological distress is the main source of other mild to intermediate medical issues for reporters.

The number of reports to FSRMS (about 550 every year) reflect the level of trust (or hope) in the system, given the fact of personal details sometimes provided by ATCOs, which contrasts with the lack of information provided to Occupational's Health units.

Since September 2023 the FSRMS started sharing this information in a de-identified way with the Occupational Risk Prevention and Work Medicine Units, and eventually our cooperation was formalized in a signed coordination procedure. This procedure includes, amongst others, the following activities:

- FSRMS fatigue and stress risk data is shared with them in order for them to cross check with their own occupational risk assessments. This also complements their information regarding previous undetected risks and helps in gaining organizational momentum, both for occupational safety and operational safety, to act as change enablers. Our FSRMS dashboard has been adapted to prevent identification of ATCOs and all data is de-identified.
- Occupational risk assessments performed by Occupational Health Unit are now shared and reviewed by the Systemic Analysis and Human Factors department, and actions stemming from their assessment are coordinated. Examples are the stress management workshops and the recurrent MBSR promotion initiatives at ENAIRE.
- When specific problems are detected in an ATCO reporting fatigue or stress that matches certain keywords, themes or specific criteria, it is considered as a candidate for medical derivation offering. The medical department is informed, in a de-identified way, that a problem may arise at a specific region, and the medical doctors are warned to provide as much support as possible. In parallel, the ATCO is offered a series of possible ways to be attended: company doctor, his or her reference doctor, etc. in order to promote receiving an adequate medical attention.
- FSRMS is now a permanent member of the Occupational's Health Board. This gives the opportunity to increase transparency by providing further information to social actors, and also to provide information about **actions taken with the objective of increasing safety, but also having a positive impact on the worker's health**. The latter is not a direct objective or a competence of safety units, but should be something always sought and it is recognized that healthy workers have also a direct impact on the safety of operations.
- The cooperation protocol also guarantees regular meetings and information exchange. The cooperation also covers the joint promotion of information/training actions on fatigue and stress management, lifestyle, general and mental health.

A potential use of this data is to complement the Occupational's Health Unit own data regarding sick leaves so as to assess whether the data are consistent, and if there is anything else that should be reinforced on health prevention.

This activity **enlarges the current existing support network for workers**. The FSRMS has detected the need to strengthen the preventive actions to increase the physiological and physical health of our ATCOs, and our plan for S2 2024 is to launch a coordinated full support programme. The activities have been performed since 2022, following an on-demand scheme, but ENAIRE's plan is to develop an enlarged support programme which is not limited to CISM.

This programme is based on the Safety Issue 3012 “Staff Support Programmes” where ENAIRE participated in its development for all aviation domains. It will comprise dissemination, training, psychological and medical support activities, and mentoring or coaching where necessary. It will also put the focus on new ATCOs, to start creating a positive safety and health culture from the very beginning. The idea is to create a network of professionals providing support, starting from the FSRMS staff, MHPs belonging to ENAIRE acting as support professionals in cases outside critical incidents, the CISM team, and with the **presented activity the network is enlarged with medical doctors and support-offering procedures.**

Regarding group support activities, ENAIRE has promoted:

- Group stress management workshops for ATCOs, focused on relaxation techniques and tools to allow participants to better cope with stressors and reduce the negative effects of stress, and the continuous application of management techniques are fostered. The main difference with the activities presented last year, is that now the workshops are being requested by the units, and TRM facilitators were trained last year for one ATS unit campaign in specifics of stress management.
- Mindfulness-based stress reduction programmes. ENAIRE has signed an agreement with an MBSR training company providing MBSR programmes for ATCOs. As a result of FSRMS activities, after assessing the cases, the ATCOs may be offered the possibility to do one of these full MBSR programmes (8 weeks training).

Examples of particular actions that reached to the point of intervention. All of them were offered medical attention at will.

- ATCO acting as a supervisor living the worst overload ever in the professional life. Resigned from the supervisor position, went back to normal operations at the frequency. Had recurrent stress episodes and was offered help. The stress management workshop was beneficial due to lack of knowledge about stress. Increased the awareness and asked for references of MHP to be treated with therapy before the mild problem went wild. After some months informal chats showed that he was much better.
- ATCO recently joined the company and had a nasty incident. During the investigation the underlying problem was stress due to lack of coping strategies and personal issues. Help was offered and no further stress or fatigue report has been received.
- ATCO with 3-4 years experience reported stress due to having a non-voluntary role as instructor. Apart from stress management techniques, the ATCO was offered a 2-days coaching session with an ENAIRE MHP, the head of the HF dept and a relevant instructor in a collateral ATS unit. It happened that this instructor was a highly experienced one, close to safety activities and the TRM and CISM programmes. Tips were given to help self manage workload and reduce a somehow self-induced stress due to a high sense of responsibility. Feedback was good from ATCO.

Between 2024 and the first half of 2025, activities aimed at preventing and supporting the ATCO in fatigue and stress management continued.

In the fatigue or stress reports in which the ATCO mentions situations in which they have had to manage a high workload (overloads), lack of rest and other aspects that may affect their health, the FSRMS contact them to offer a call with the team's health psychologist. In certain cases, it is offered also an online MBSR program. Although most of the ATCOs declined to have a call with the psychologist, they appreciated the email from the FSRMS. A small percentage of them agreed to have a call with the psychologist.

Regarding coordination with the Occupational Risk Prevention Unit, we are continuing to follow up on cases with potential medical implications. These de-identified data are shared with both them and the Fatigue and Stress Action Group.

Stress management workshops continue to be carried out individually or in groups, in coordination with ATS managers in the Regions. In this respect, the FSRMS data obtained from the fatigue and stress reports is essential to prioritize the organization of workshops or similar activities in TWRs or ACCs.

By submitting this document, your organisation is willing for the proposed Best or Good Practice to be shared with other ANSPs.

For Best Practices, this document should be sent together with the SoE in SMS questionnaire, to: soe_2025@eurocontrol.int **by 15th July, 2025 at the latest.**

Submissions for consideration as Good Practices may be sent by the above date. They may also be identified during the survey interview sessions with the assessment team, following which a Good Practice submission document will be requested.