

PREPARED FOR APCO INTERNATIONAL

Public Safety Telecommunicator Sleep & Health

A wellness survey of Public Safety Telecommunicators

Findings & implications for leadership

60%

CLINICALLY
FATIGUED

39%

DAYTIME
SLEEPINESS

35%

ASLEEP AT THE
WHEEL

57%

HIGH APNEA RISK

The picture in brief

A national survey of 2,627 public safety telecommunicators across all 50 states and DC shows a workforce carrying a chronic sleep deficit, with effects on alertness, safety, cardiometabolic risk, and mental health. Roughly 1,392 completed the detailed sleep measures.

7.5h

average workday sleep

61%

obese (BMI ≥ 30)

31%

have any sleep policy

HEADLINE FINDINGS

- **Most are fatigued and under-slept.** Three in five (60%) screen for clinical fatigue and 39% for daytime sleepiness; 30% sleep under 7 h on workdays.
- **Drowsy driving is widespread.** 35% report having fallen asleep while driving.
- **Sleep-apnea risk is elevated.** 57% screen high-risk (Berlin); half snore and 61% are obese.
- **Mental health tracks with sleep.** 29% screen positive for anxiety and 21% for depression.
- **A clear policy gap.** Only 31% report any workplace sleep or nap policy.

The bottom line

The conditions driving public safety telecommunicator fatigue are common, screenable, and largely unaddressed at the agency level. Brief screening, sleep and rest policy, fatigue-risk management, and schedule design are all low-cost levers available today.

BACKGROUND

Why this matters, and who responded

Public safety telecommunicators perform safety-critical cognitive work, triage, dispatch, and continuous situational tracking, often across extended, rotating, and overnight shifts. Sleep loss degrades exactly the functions the role depends on vigilance, reaction time, working memory, and emotional regulation. Yet telecommunicators are often excluded from the fatigue-management frameworks that cover field responders. This survey, conducted by NDRI-USA in partnership with APCO International, used validated instruments; SpanTheory Analytics independently prepared, scored, and analyzed the data.

WHO RESPONDED

2,627

respondents

50 + DC

states

76%

female

43

mean age

87%

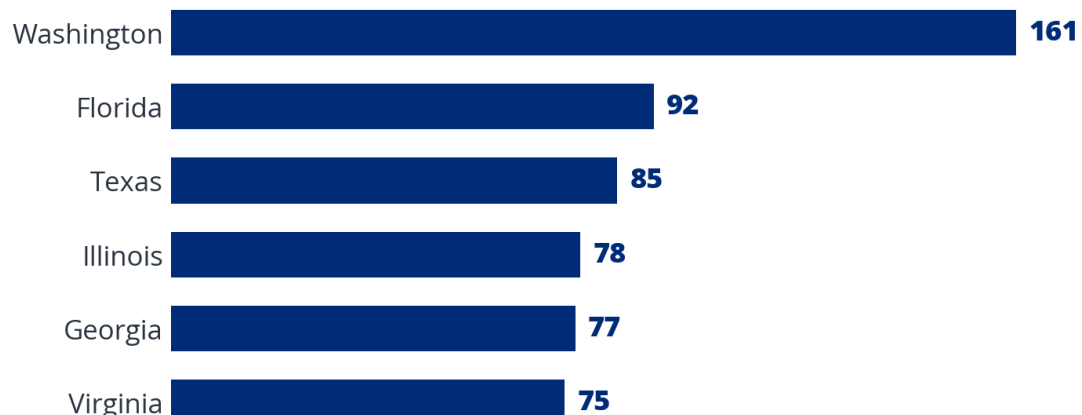
civilian

43%

work 12s

GEOGRAPHY

Top 6 of all 50 states and DC

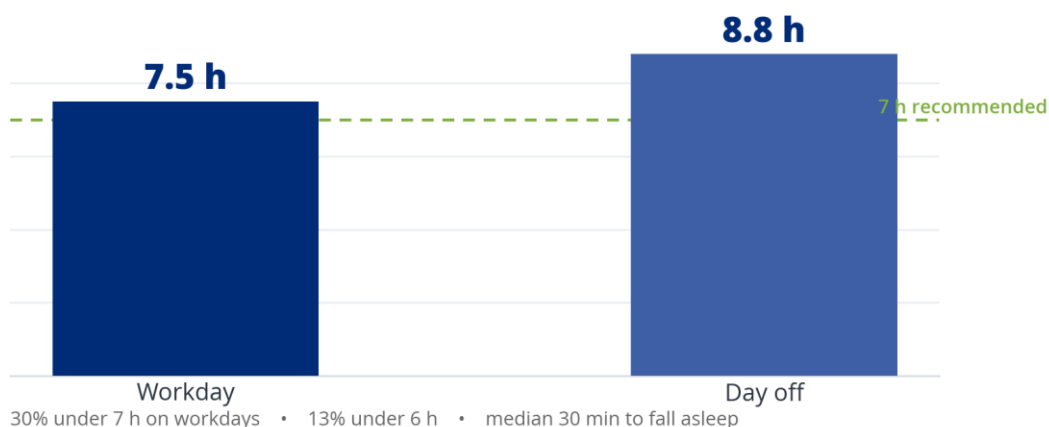


Sleep duration & fatigue

Telecommunicators averaged 7.5 h on workdays vs 8.8 h off, a ~1.3 h rebound signalling accumulated sleep debt. 30% sleep under 7 h; median 30 min to fall asleep.

SLEEP DURATION

Dispatchers lose ~1.3 h on workdays

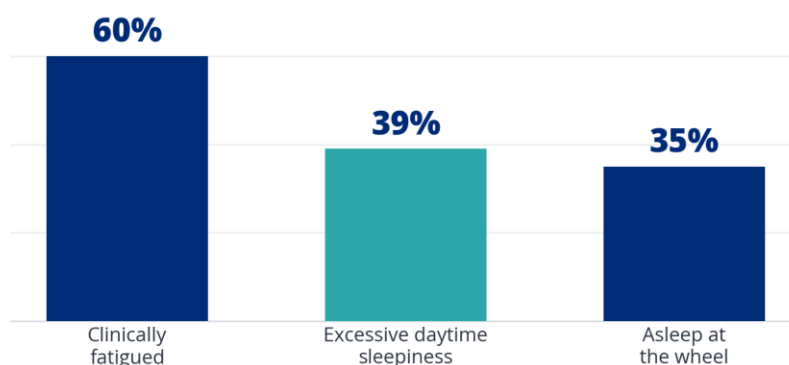


35% have fallen asleep at the wheel

Shift work pushes commuting into circadian low points, turning a workforce sleep problem into a road-safety one, and making post-shift fatigue countermeasures a concrete, ownable intervention.

THE HEADLINE

Three safety-critical signals

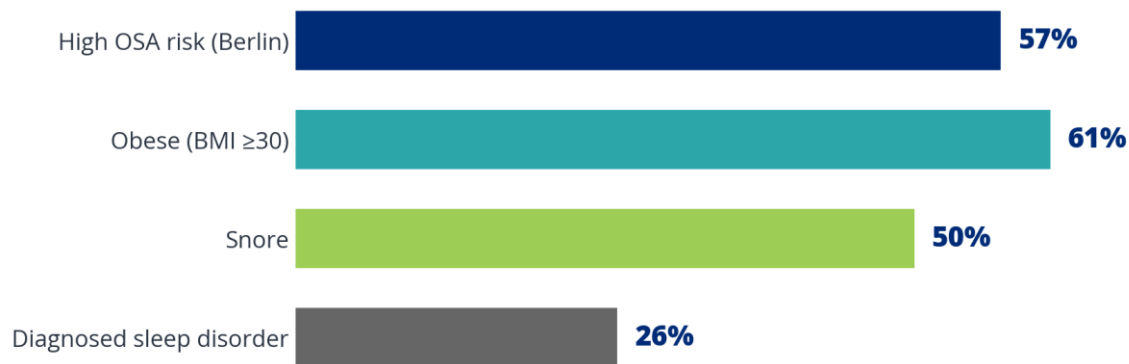


Sleep apnea & mental health

57% screen high-risk for apnea (Berlin); half snore and 61% are obese (mean BMI 33.4). Among the 26% with a diagnosed sleep disorder, 76% had diagnosed apnea.

SLEEP APNEA

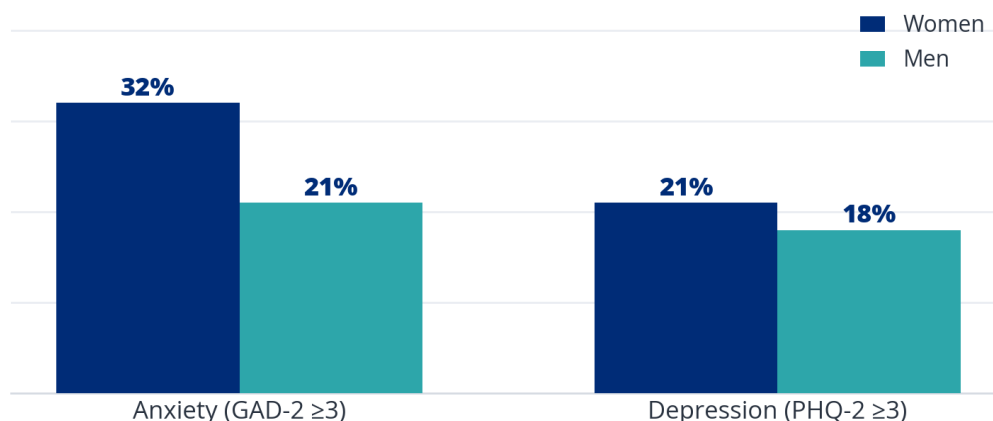
Elevated sleep-apnea risk profile



29% screen positive for anxiety and 21% for depression, with women reporting higher anxiety (32% vs 21%) and fatigue than men.

MENTAL HEALTH

Screen-positive rates, by sex

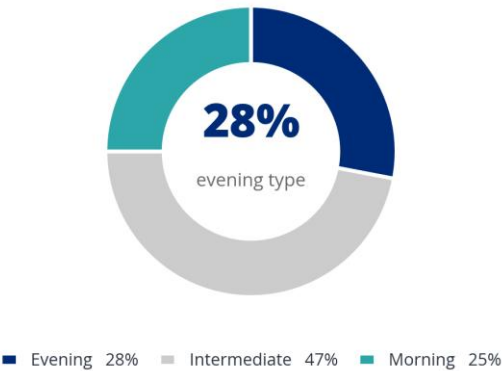


Chronotype, schedules & coping

About a quarter (28%) are evening types, worst-adapted to early and rotating starts. With 12s dominant, chronotype-aware assignment is a no-cost lever.

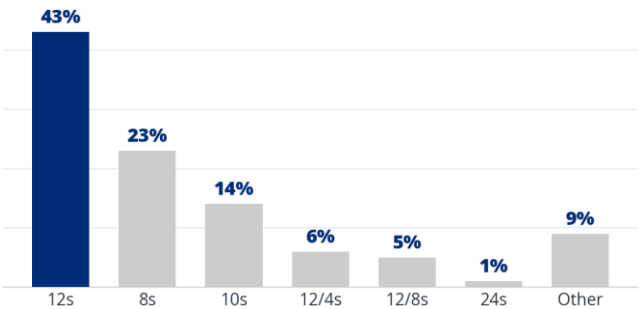
CHRONOTYPE

Circadian preference (rMEQ)



SCHEDULES

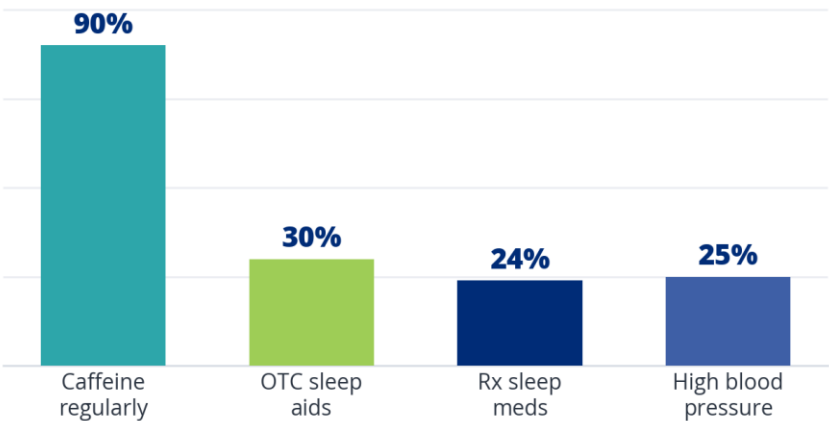
Shift schedules worked



Self-management is prevalent: 90% caffeine, 30% OTC sleep aids, 24% prescription sleep meds; 25% report high blood pressure.

COPING

How dispatchers self-manage



What this means for APCO International & agencies

The problem is serious but tractable: the instruments are brief and validated, the workforce can be screened, and the principal levers are organizational rather than clinical.

- 1 Screen, don't guess.** Brief tools (Epworth, FAS, Berlin, PHQ-4) identify fatigue, sleepiness, apnea risk, and mood at intake and periodically.

- 2 Close the policy gap.** Only 31% report any sleep/nap policy. Rest provisions, consecutive-hour limits, and recovery time are standard practice.

- 3 Design schedules for recovery.** Predictable rotation, inter-shift recovery, and chronotype-aware assignment reduce sleep debt without new headcount.

- 4 Address apnea & cardiometabolic risk.** With 57% at apnea risk and 25% with high BP, referral pathways have high expected yield.

- 5 Treat drowsy driving as a safety issue.** 35% at the wheel warrants post-shift naps, education, and safe-ride options.

How to read these findings

- **Open-link convenience sample.** Distributed as an open link with no fixed denominator, so no response rate is calculable; findings describe the 2,627 who participated.
- **Self-selected, skewed sample.** Women (76%) and some states are over-represented.
- **Cross-sectional and self-reported.** Screens indicate risk, not diagnosis; associations are descriptive, not causal.
- **Item-level missingness.** Completion declined through the survey, so each measure is reported among its own valid responders.
- **Scoring choices.** Berlin used for apnea (no STOP-BANG neck item); PROMIS items as a descriptive index; one FAS item reworded, scored as written (pending final confirmation).

METHODS

Choice-text responses were recoded to numeric values per the survey codebook and scored using published algorithms (rMEQ, Epworth, FAS, PHQ-4, PROMIS sleep-related impairment, abbreviated PCL-C, Berlin). The survey was fielded Feb 18 – Jun 1, 2026 via a conference QR code, APCO's LinkedIn, a committee workgroup, an email blast, and the APCO International webpage; no incentive was offered. Sleep timing was derived from reported bed/wake times; height/weight outliers were guarded before BMI. All percentages are over valid responders.

A serious problem, and a tractable one.

The conditions driving dispatcher fatigue are common, screenable, and largely unaddressed. The levers, screening, rest policy, fatigue-risk management, and schedule design, are available to agencies today.

