

BLEEP POLICY AND PROCEDURE FOR DOCTORS IN TRAINING

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1. Introduction

- 1.1 The purpose of this policy / procedure is to assist Directorates, wards and departments in making effective use of the bleep to communicate with medical staff. This policy / procedure allows doctors in training to make good use of their available working time for patient care and enables them to have the minimum rest periods, as required by the New Deal.
- 1.2 NHS Lothian recognises that use of the bleep is an essential tool to facilitate swift communications with doctors when required for patient care. Misuse of the bleep can be counter-productive, leading to an inefficient use of time. NHS Lothian acknowledges the need to allow doctors on on-call rotas or partial shifts to have the minimum rest periods under the terms of the New Deal, and the Health & Safety Regulations of the [European Working Time Directive \(EWTD\)](#). NHS Lothian also acknowledges the necessity of doctors attending education programmes during working time. Use of the bleep must take cognisance of the demands of the service, training and education, the New Deal and EWTD.

2. Aim of the policy

- 2.1 Directorates must develop their own protocol for the practical use of bleeps, using this policy / procedure as guidance. This must be drawn up with the full involvement and agreement of the staff involved, particularly medical and nursing staff.

3. Key objectives

- 3.1 To ensure that the doctor's time can be utilised as effectively as possible, facilitating improved patient care through minimising delays for treatment.

4. Policy / procedure scope

- 4.1 This policy / procedure document covers all doctors in training within NHS Lothian hospitals. Doctors on call may carry radio-pagers, if so; the same principles should also be applied when contacting them. The policy / procedure document should be understood by all nursing and midwifery staff who are working in wards and departments where there may be a requirement to call a doctor during the working day. This will be inclusive of the hospital at night teams (HAN).

5. Process / Access

- 5.1 It is recognised that there is a difference in the way that bleeps are used during the day and during the evening/night. During the day, a wider range of people may wish to contact the doctor who should be able to respond appropriately.

- 5.2 During the evening/night, calls should only be made from the ward or department by a named nurse/nurse practitioner.
- 5.3 Wards and department staff should therefore initially refer all requests to this identified nurse/nurse practitioner.
- 5.4 Nursing staff should consult the named nurse practitioner who will decide if the doctor should be bleeped.
- 5.5 Emergencies such as cardiac arrest should be dealt with via use of the 2222 call to the switchboard (or other local system).
- 5.6 Other duties which must be attended to by the doctor, but are non-urgent, should be entered in to the ward book and / or on to a whiteboard (or any other chosen system in place). The doctor must deal with these duties when he/she is on the ward. Visits to the ward by the doctor should as far as possible be planned for certain times. The doctor should report to the named nurse/nurse practitioner on arrival and departure to ensure that all tasks requiring his/her attention are completed.
- 5.7 Good communication is essential, therefore if a doctor leaves the ward, he/she should state clearly where he/she is going and for how long.
- 5.8 The times of doctors starting and finishing their shifts and meal and rest breaks should be clearly displayed in the ward, beside the telephone/central base, so that these are known and respected, to ensure that a doctor leaves the ward by his/her finishing time and is able to take full rest and meal breaks.
- 5.9 To provide cover overnight in the three acute adult sites NHS Lothian has developed "Hospital at Night" (HaN).
- 5.10 In the support hospitals (Liberton and Astley Ainslie) there remains one doctor on each site overnight.
- 5.11 Roodlands is covered by the HaN team at the Royal Infirmary of Edinburgh. If a patient needs reviewed the Charge Nurse will contact the HaN team directly and a member of the team will come to Roodlands or the patient will be transferred to Accident and Emergency at RIE.
- 5.12 In those hospitals where HaN is in place all calls should be directed through the HaN co-ordinator using the SBAR Format.**
- 5.13 At RHSC calls should be directed through the Clinical Coordinator.
- 5.14 The doctors on these sites also carry a hand held radio communication device to facilitate emergency.

- 5.15 On the support hospital sites the ward staff should use the bleep system as described above.
- 5.16 Any member of the ward staff can put out an emergency call using 2222 / or local system via switchboard if urgent help is required.
- 5.17 The ward or department must recognise the different requirements, particularly with regard to minimum rest periods, for rotas and shifts. These are set out on the attached (Appendix 1), which is an extract from Circular NHS HDL (2000)17. It is essential, particularly for shift working, that there is a good handover from one doctor to another.
- 5.18 Each Directorate should draw up a protocol for allowing doctors to attend educational programmes without interruption. Bleeps should be held by a colleague, or there should be an agreement that during this time they are not called for anything except emergencies via the 2222 call. Attendance at educational programmes should also be monitored as these are an essential part of their postgraduate training.
- 5.19 Directorates should seek regular reports from the switchboard on the use of bleeps and these should be used in conjunction with the monitoring of junior doctors' hours as part of the audit to determine whether the requirements of the New Deal are continuing to be met. This is particularly important if new rota or shift arrangements are being considered. Individual problems should be discussed and resolved as they arise.

PART C: GUIDANCE ON HOURS OF WORK AND REST REQUIREMENTS

New Deal hours limits and rest requirements as set out (for the NHS in England) in MEL (1999) 40 amended in respect of weekend rest requirements.

Maximum number of contracted hours for each working pattern

On-call rotas	72 hours per week
Partial shifts and 24 hour partial shifts	64 hours per week
Full shifts	56 hours per week

Hybrids: Hours' calculation is based on a combination of each working pattern involved (as defined in MEL (1999) 40)

Maximum number of actual hours

Irrespective of the number of contracted hours, the number of hours on duty and the working pattern, no junior doctor should be expected to undertake more than 56 hours of actual work a week.

Controls on duty periods

Working pattern	Maximum continuous duty	Minimum period off duty between duty periods	Minimum continuous period off duty
1.1 Full shift	14 hours	8 hours	48 hours + 62 hours in 28 days
Partial shift	16 hours (except 24 hour partial shifts)	8 hours	48 hours + 62 hours in 28 days
On-call rota	32 hours (56 hours at weekend)	12 hours	48 hours + 62 hours in 21 days

Notes:

- Maximum number of continuous duty days for all working patterns is 13 days, followed by a minimum of 48 hours off duty
- Duty hours: all hours working or on-call (including rest while on duty)
- Actual hours: all hours on duty carrying our tasks for the employer, including periods of formal study leave or teaching

Rest requirements

Working pattern	Natural breaks	Minimum rest during the whole of each duty period	Minimum continuous rest guide	Timing of continuous rest
Full shift	Yes	Natural breaks	At least a 30 minute continuous break after approximately 4 hours continuous duty	At least a 30 minute continuous break after approximately 4 hours continuous duty
Partial shift	Yes	Natural breaks if no out of hours duty. Otherwise one quarter of the out of hours duty period *	Frequent short periods of rest are not acceptable	At any time during the duty period
24 hour partial shift	Yes	6 hours	4 hours	Between 10pm and 8am
On-call rotas	Yes	Mon-Fri: one half of the out of hours duty period **. Weekends: see revision note below	Minimum 5 hours	Between 10pm and 8am

Notes:

Reasonable expectation of rest: in each of the working patterns, rest targets must be met during at least 75% of all rostered duty periods.

* e.g. 5pm to 9am Mon to Fri = 4 hours; 8am to midnight Sat or Sun = 4 hours

** e.g. 5pm to 9am Monday to Friday = 8 hours