

**Medical Bleep Holders**

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| **Divisional and Department:** | **Medical Education, Human Resources and Organisation Development** |
| **Author / Originator and Job Title:** | **Dr Linda Hacking, Director of Medical Education****K Stannard, Medical Education Manager** |
| **Replaces:** | **CORP/POL/114, Version 3, Medical Bleep Holders** |
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| **Approved by:** | **Joint Local Negotiating Committee (JLNC)** |
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| Version Control Sheet |
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| This must be completed and form part of the document appendices each time the document is updated and approved |
| **Datedd/mm/yy** | **Version** | **Author** | **Reason for changes** |
| 18/11/19 | 4 | Dr Linda Hacking, Director of Medical EducationK Stannard, Medical Education Manager | General review |

| Consultation / Acknowledgements with Stakeholders |
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| **Name** | **Designation** | **Date Response Received** |
|  | Joint Local Negotiating Committee attendees | 18/11/2019 |

# Introduction / Purpose

To set down principles of good practice for consideration when contacting Medical Bleep Holders. A bleep should not be used as a routine means of contacting Medical Staff. Effective communication between medical and non-medical staff should reduce the requirement to use the bleep system. Consideration needs to be given to the points laid down within Section 4 of the Policy.

# General Principles / Target Audience

All Medical Staff Bleep Holders within Blackpool Teaching Hospitals NHS Foundation Trust.

# Definitions and Abbreviations

HEENW Health Education England North West

# Policy

## Non Urgent Tasks

Medical staff should not be bleeped to perform routine tasks.

Answering multiple bleep calls is very time consuming, removes the doctor from their appropriate activity, and may distract them from the care of sick patients.

Ironically, it will ultimately delay their arrival on the ward to perform the intended tasks.

During a rostered shift, non-urgent calls should be avoided by effective communication between clinical areas and medical staff.

Examples of good practice in the completion of non-urgent tasks include:

* Medical staff to check with nurse-in-charge on arrival and before leaving a ward to ensure outstanding non urgent, routine tasks are completed, e.g. signing and take home prescriptions.
* Nursing and allied staff should compile a “work list” grouping tasks needing to be completed at the next ward visit.
* Alternatively, Medical and Nursing staff on individual wards may agree another system for ensuring non urgent, routine tasks are clearly identified. For example: a ward diary or mechanism of verbal request.

## Reasons to Bleep

It is reasonable to bleep medical staff when unforeseen circumstances present themselves.

Examples might include:

* A change in the condition of a patient that requires assessment before the next scheduled visit.
* An unexpected request by a patient or relative to speak with a doctor who is not expected on the ward within a reasonable time scale.

The decision as to what is considered urgent will be made on an individual basis.

## Fast Bleeping

The “Fast Bleep” is the personal equivalent of a 2222 call.

Any member of staff being “Fast Bleeped” must respond immediately.

The Doctor being called this way is expecting a medical emergency, and will stop whatever they are doing in order to respond to it.

It should not be abused.

If a doctor has not responded to a routine bleep it is likely that they are busy, and will do so when possible.

## Emergencies

In the event of cardiac arrest, medical emergency or fire, any member of staff should call 2222 stating the nature of the emergency and location. Refer to CORP/PROC/083 Cardiopulmonary Resuscitation (BTHFT - Procedure, 2018).

Within Community Hospitals locally established procedures for cardiac arrest, medical emergency and fire notification will be undertaken.

All members of medical staff should respond to a 2222 bleep immediately.

## Educational Activities

It is a requirement of Health Education England North West (HEENW) and the Joint Royal Colleges of Physicians to maintain bleep free teaching time during planned teaching sessions.

Educational training / teaching should be bleep free as this is protected educational time. Arrangements should be made for the trainees’ bleep to be handed in at reception on arrival at the Education Centre. The only exemption to this would be CRASH bleep holders. In the event that a bleep is activated during this time, a message will be taken by the receptionist who will ask if the call is urgent and clearly identify from the person bleeping what timeframe of response is required. Only in an urgent case would the trainee be brought out of teaching.

Similar arrangements should be made to ensure bleep free time for any teaching that takes place elsewhere within the hospital.

All bleeps should have the trainee’s name on the reverse in order that they will be identifiable.

## Other Considerations

Doctors changing or proposing to change their duty rosters should inform the appropriate Directorate / Divisional Assistant so alterations in duty roster can be notified to relevant clinical areas and Switchboard.

# References and Associated Documents

BTHFT - Procedure, 2018. *Cardiopulmonary Resuscitation (CPR).* [Online]
Available at: http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-083.docx
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Clinton Longenecker, et al, 2013. *The eight imperatives of effective adult learning: Designing, implementing and assessing experiences in the modern workplace.* [Online]
Available at: https://www.emerald.com/insight/content/doi/10.1108/HRMID-10-2013-0090/full/html?journalCode=hrmid
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James Fisher, et al, 2014. *Hands on + hands free: simulated on‐call interaction - The Clinical Teacher, Volume 11, Issue 6, Pages 425-428.* [Online]
Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/tct.12180
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JRCPTB, 2015. *Quality Criteria for core medical training.* [Online]
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[Accessed 29 01 2020].

McGowan, M. McClean, A M. Verma, R. Anandarajan, M. Improving patient safety in paediatric handovers. Archives of Disease in Childhood, October 2014, vol./is. 99 (A571). Available: http://adc.bmj.com/content/99/Suppl\_2/A571.1.full.pdf+html. Last accessed 12/5/2015.

Nath, P. Desai, P. Kelsall, W. A review of paediatric handovers – are they safe and effective? *Archives of Disease in Childhood*, October 2012, vol./is. 97 (A433). Available: http://adc.bmj.com/content/97/Suppl\_2/A443.3.short. Last accessed 12/5/2015.

| Appendix 1: Equality Impact Assessment Form |
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| **Department** | HR | **Service or Policy** | CORP/POL/114 | **Date Completed:** | January 2015 |
| **GROUPS TO BE CONSIDERED**Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders. |
| **EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation. |
| **QUESTION** | **RESPONSE** | **IMPACT** |
| Issue | Action | Positive | Negative |
| What is the service, leaflet or policy development?What are its aims, who are the target audience? | See Purpose |  |  |  |
| Does the service, leaflet or policy/ development impact on community safety* Crime
* Community cohesion
 | No |  |  |  |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | No |  |  |  |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | No |  |  |  |
| How does the service, leaflet or policy/ development promote equality and diversity? | No |  |  |  |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | No |  |  |  |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | No |  |  |  |
| Will the service, leaflet or policy/ development1. Improve economic social conditions in

deprived areas1. Use brown field sites
2. Improve public spaces including creation of green spaces?
 | No |  |  |  |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | No |  |  |  |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | No |  |  |  |
| Does the service, leaflet or policy/ development impact on transport?What are the implications of this? | No |  |  |  |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person’s ability to remain at home? | No |  |  |  |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | No |  |  |  |
| Does the policy/development promote access to services and facilities for any group in particular? | No |  |  |  |
| Does the service, leaflet or policy/development impact on the environment* During development
* At implementation?
 | No |  |  |  |
| **ACTION:** |
| **Please identify if you are now required to carry out a Full Equality Analysis** | **~~Yes~~** | **No** | **(Please delete as appropriate)** |
| **Name of Author:****Signature of Author:** | **Kate Stannard****Post Graduate Medical Education Manager** | **Date Signed:** | **January 2015** |
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| **Name of Lead Person:****Signature of Lead Person:** |  | **Date Signed:** |  |
|  |  |
| **Name of Manager:****Signature of Manager** |  | **Date Signed:** |  |
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