Clinical Bleep Policy
Version 4.0

Policy Statement:

This Policy defines the required standards for Trust Staff in their use of the Trust's Bleep system to ensure patient safety and wellbeing is maximised.

Key Points:

- This Policy relates to contacting clinical staff only: Doctors, Nursing Staff, and Allied Health Professionals.
- It incorporates the Hospital at Night Bleep Policy.

Key Changes:

Paper Copies of This Document

- If you are reading a printed copy of this document you should check the Trust's Policy website (**http://sharepoint/policies**) to ensure that you are using the most current version.

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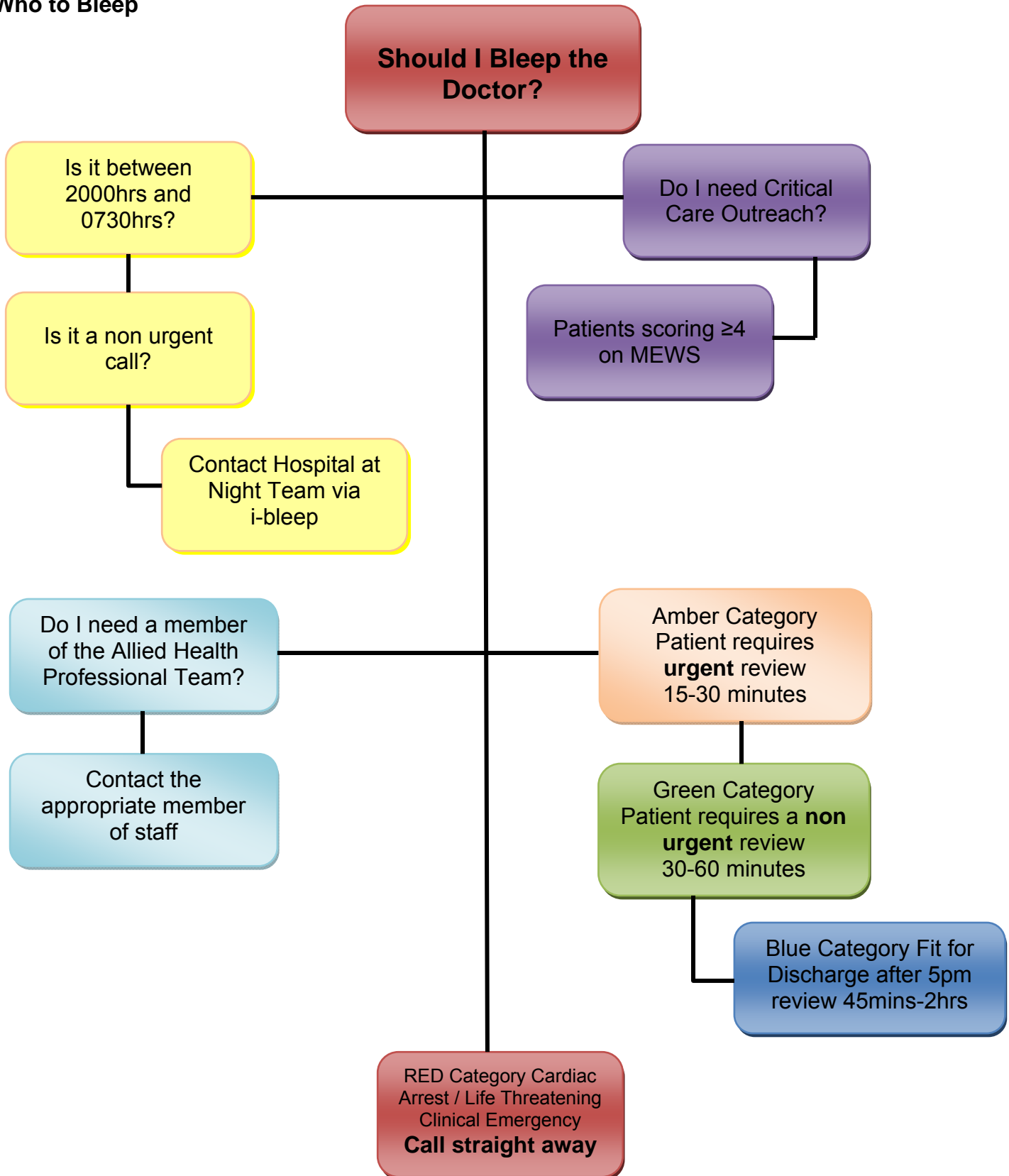|	
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Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
1.1	Draft	08/07/08	Phil Dyer Fay Baillie		
2.0	Approved	23/08/08	Nursing Midwifery and AHP Committee		
3.0	Retired	24/11/11			
3.1	Draft	24/11/11	Hospital at Night Team, Matrons, Deputy Chief Nurse, Head Nurses, Patient Safety Advisors, Corporate Nursing, Dr Ellen Jones – Consultant in Emergency Medicine and Head of Academy HEFT Clinical Teaching Academy for Medical Students, Dr Philip Bright – Consultant Physician, Clinical Tutor, and Associate Dean, Dr Philip Dyer – Consultant in Diabetes (author of previous policy)	To incorporate amendments made to Bleep Policy v3.0. To change title from Bleep Policy to reflect clinical teams. Section 6.4 to be amended to reflect the Hospital at Night Team and use of the i-bleep system.	Add section in to reflect change in practice. Policy title changed to Clinical Bleep Policy. Section 6.4 amended.
3.2	Draft	06/01/12	Senior Sisters / Clinical Site Practitioners	No comments received	

Table of Contents

NHS | **HEART of ENGLAND** NHS Foundation Trust

Who to Bleep

Should I Bleep the Doctor?

Is it between 2000hrs and 0730hrs?

Is it a non urgent call?

Contact Hospital at Night Team via i-bleep

Do I need Critical Care Outreach?

Patients scoring ≥4 on MEWS

Do I need a member of the Allied Health Professional Team?

Contact the appropriate member of staff

Amber Category Patient requires **urgent** review 15-30 minutes

Green Category Patient requires a **non urgent** review 30-60 minutes

Blue Category Fit for Discharge after 5pm review 45mins-2hrs

RED Category Cardiac Arrest / Life Threatening Clinical Emergency **Call straight away**

Clinical Bleep Policy
Version 4.0

1. Circulation

This Policy is applicable to all healthcare professionals and administrators who carry or use the hospital bleep system, whether employed on a permanent, temporary, or honorary contract at Heart of England NHS Foundation Trust (HEFT).

2. Scope

2.1 Includes

- **All Medical Staff**. Doctors who work either in direct patient care or within a clinical service role, e.g., pathology, radiology.

- **Nurses and Midwives**. Night Sisters, Clinical Nurse Specialists, Nurses and Midwives working in an on-call capacity.

- **Clinical Site Practitioners (CSPs)** across all three in-patient sites.

- **Allied Health Professionals (AHPs)**. This includes all AHPs, pharmacists and pharmacist technicians who carry a bleep for normal working activity or in an on-call capacity.

2.2 Excludes

Paediatric and Neonatal services. These areas are covered by a separate policy.

3. Definitions

Bleep   is a locally used term for radio paging. A bleep holder is a member of nursing, midwifery, medical, or allied health professional staff who hold a bleep for communication purposes.

Non-Urgent Bleep   refers to communicating with any member of the healthcare team in relation to patient care.

i-Bleep System   is a Personal Digital Assistant (PDA) system for communication between wards and hospital based doctors.

Urgent Bleep   includes Cardiac Arrest Medical / Clinical Emergency via operator 2222.

4. Reason for development

HEFT has a statutory obligation to ensure all personnel involved in the bleep system have a clear understanding of the agreed standards.

5. Aims and Objectives

- To ensure a clear and robust communication process is in place to support the delivery of safe and timely care to patients.
- To provide clarity on what constitutes non-urgent and urgent bleep.

- To ensure all clinical areas that utilise the i-Bleep system can demonstrate correct usage.

6   Standards

6.1   Key Principles for Clinical Bleep

- The clinical bleep system is designed to contact key personnel to communicate information in relation to a patient's condition that cannot wait until the next scheduled visit to the clinical area.

- All communication via the bleep system must be conducted using the SBAR format (Situation, Background, Assessment, Recommendations).

- All emergency bleep holders must respond to the emergency / life threatening situation with an attendance time of 0-15 minutes.

- All bleep holders are required to respond to the switchboard test call on a daily basis.

- The clinical bleep system is designed to communicate clinical information and should not be used for personal communication.

- All bleep holders are responsible to ensure their bleep is in good working order and report any faults immediately to switchboard.

- Any bleep holder who changes job role, or is no longer required to carry a bleep, must inform switchboard and return the bleep to, either their line manager, or directly to switchboard.

6.2   Red Category (Cardiac Arrest / Life Threatening / Medical / Clinical Emergency)

- All events which are defined as a red category require an immediate response from medical teams and other key personnel who carry an emergency response bleep.

- All clinical staff must know how to summon help in an emergency situation (2222) via switchboard.

6.3   Amber Category (Urgent Review)

- The bleep system should be used to contact the appropriate healthcare professional required to undertake the urgent review of the patient.

- Urgent review can include MEWS score ≥ 4, change in patient's condition which requires the patient to be reviewed prior to the next scheduled visit to the clinical area.

- Review of new / emergency admissions.

- Relatives needing to meet with the medical team due to unexpected deterioration in the patient's condition.

- To communicate the results of urgently requested diagnostic tests.

- Clarification of medication that administration cannot be delayed until next scheduled visit.

- Clarification or facilitation of discharge.

6.4   Blue Category (Fit for Discharge)

- The bleep system should be used to inform medical and non medical prescribers of any concerns identified with patients' TTO.

6.5   Hospital at Night (i-Bleep)

- All non urgent calls between the hours of 20:00hrs and 07:30hrs should go via the i-Bleep to the Hospital at Night Team (H@N).

- All information delivered via the i-Bleep should adopt the SBAR format for communication.

- In the event of i-Bleep failure, all clinical areas will be informed and the manual bleep system utilised.

- On receipt of an i-Bleep call from a ward, the H@N Nurse Co-ordinator will make a decision about who the call should be passed to based on clinical need, the nature of the call, and workload of all team members. The call will then be allocated via the i-Bleep system to the most appropriate member of the team.

- The clinical areas raising the call will be able to track the response to the call via the i-Bleep system.

- The H@N Nurse Co-ordinator will track all calls and chase non-response to i-Bleep calls from team members and escalate as appropriate.

- If Doctors receive calls directly on their bleeps, they should advise the ward to log a call on the i-Bleep system.

- Non urgent jobs should not be completed prior to a call being raised over the i-Bleep system. Urgent jobs should be completed and a job logged over the i-Bleep system in retrospect.

6.6   Bleep Holders who Fail to Respond

- If the bleep holder fails to respond after five minutes the person making the request will repeat the call and document within the patients records the time of a second bleep and indicate that it is a second bleep.

- If no response after five minutes from the second bleep request, the person making the request should clarify via switchboard the person being bleeped is not attending a medical emergency / cardiac arrest. This should be recorded in the patient's medical records.

- A lack of response to a second bleep must be recorded in the patient's medical records and a clinical incident form completed (IR1).

- If the failure to respond is from a member medical staff, the next senior person should be contacted e.g. if FY1 fails to respond then FY2 should be contacted. The Consultant must be informed if the most senior doctor on duty fails to respond to the bleep.

- A failure to respond with medical staff may indicate the individual is very busy or the bleep is faulty. The more senior doctor is responsible for deciding on what action should be taken in relation to the immediate clinical need and contacting the bleep holder when lack of response has been reported.

- All lack of response to all second bleep calls require an IR1 to be completed and switchboard will be required to provide evidence of all calls logged.

6.7 Bleep Holders Who Are Unable to Attend Within the Given Time Category

- If the bleep holder answers their bleep but, due to conflicting clinical priorities, cannot attend within the given timescale this should be escalated to the next senior person on the rota on the situation explained.

6.8 Inappropriate Use of Clinical Bleep

- When it is considered the bleep holder is being contacted inappropriately, e.g. for non urgent work, or the correct process is not being adhered to, the bleep holder should explain the process to the caller. If the practice continues then this should be escalated to the individual's line manager.

6.9 Protected Teaching / Attendance at Meetings for Bleep Holders

- The Trust recognises that there are instances when bleep holders will be accepted to attend meetings or protected teaching during their working day. Wherever possible bleep holders should find a suitably qualified colleague who can hold the bleep, particularly for protected teaching, thus enabling the individual to attend the teaching session and for the provision of clinical service to be maintained.

- For attendance at meetings, wherever possible, bleep holders should could consider alternative arrangements, which may include:

  - handing the bleep over to a colleague for the duration of meeting;
  - requesting staff not to bleep unless it is an emergency situation;
  - for some staff to have the bleep disabled for the duration of the meeting. In these instances the bleep holder must have agreed this with their line manager, informed the area most likely to be affected and inform switchboard. **They are responsible for re-enabling their bleep as soon as the meeting has finished and informing all the relevant departments of this.**

7. Responsibilities

7.1 Individual Responsibilities

7.1.1 Chief Executive

The Chief Executive has overall accountability for ensuring the Trust meets all its responsibilities with regard to the standards outlined in this Policy. The responsibility for implementation, monitoring and renewal of this Policy is delegated to the Chief Nurse.

7.1.2 Executive Directors

The Chief Nurse has overall responsibility for the development, review and monitoring of this Policy. This can be delegated to the Head Nurses for each group. The Head Nurses will oversee the implementation of this Policy and supporting procedure and provide reports, as required, to the Trust Board in this regard.

7.1.3 Line Managers

- Are responsible for ensuring all their staff are aware of the clinical bleep policy and this is shared at all local inductions.

- Junior doctors will have the clinical bleep process discussed at their corporate induction to the Trust.

7.1.4 Clinical Bleep Holders

Are responsible for:

- ensuring that they carry their bleep at all times whilst they are on duty;
- reporting any problems with the bleep to switchboard;
- responding to the bleep calls appropriately;
- ensuring that the bleep is functioning correctly by self-testing at the start of their shift;
- taking appropriate levels of care with the bleep.

7.1.5 Clinical Staff

Are responsible for:

- knowing the Bleep Policy;
- using the correct procedure to make a bleep call;
- having the correct information on hand when they make the bleep call.

7.1.6 Switchboard

Are responsible for:

- ordering new bleeps for new staff, or for replacement of broken bleeps;
- programming bleeps into the switchboard system;
- providing new batteries for the traditional bleeps
- providing spare bleeps if a bleep is reported as broken, if available;
- knowing the bleep policy and responding appropriately to calls made through switchboard.

7.2 Board and Committee Responsibilities

7.2.1 Ratifying Board and Committee Responsibilities

The Nursing and Midwifery Board will be responsible for ratification of this policy.

8. Training Requirements

All staff required to hold a bleep to support clinical service will be provided with guidance and instructions on its use via their line manager or nominated depty.

9. Monitoring and Compliance

9.1 Monitoring

Monitoring of this policy will be via the Trust Incident Reporting process. These will be escalated through the Group's Risk Management Groups. All serious untoward incidents that involve failure to respond to clinical bleep will be escalated via the Governance Safety Committee and, where necessary, escalated to Trust Board.

9.2 Compliance

Any member of staff who fails to adhere to the standards defined within this policy may face investigation which could lead to disciplinary action being taken.

10. Attachments

Attachment 1: Equality and Diversity – Policy Screening Checklist
Attachment 2: Equality Action Plan / Report

Attachment 1: Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Clinical Bleep Policy v4.0	Directorate: Corporate Nursing

Name of person/s auditing/developing/authoring a policy/service: Maria Mackenzie

Aims/Objectives of policy/service: To ensure a clear and robust communication process is in place to support the delivery of safe and timely care to patients.
To provide clarity on what constitutes non-urgent and urgent bleep
To ensure all clinical areas that utilise the i-bleep system can demonstrate correct usage

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?

- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?	X					
1.2 Gender (Male, Female and Transsexual)?		X				
1.3 Disability?		X				
1.4 Race or Ethnicity?		X				
1.5 Religious, Spiritual belief (including other belief)?		X				
1.6 Sexual Orientation?		X				
1.7 Human Rights: Freedom of Information/Data Protection		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		X				
2.2 Gender (Male, Female and Transsexual)?		X				
2.3 Disability?		X				
2.4 Race or Ethnicity?		X				
2.5 Religious, Spiritual belief (including other belief)?		X				
2.6 Sexual Orientation?		X				

2.7	Human Rights: Freedom of Information/Data Protection		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		X				
3.2 Gender (Male, Female and Transsexual)?		X				
3.3 Disability?		X				
3.4 Race or Ethnicity?		X				
3.5 Religious, Spiritual belief (including other belief)?		X				
3.6 Sexual Orientation?		X				
3.7 Human Rights: Freedom of Information/Data Protection		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		X				
4.2 Gender (Male, Female and Transsexual)?		X				
4.3 Disability?		X				
4.4 Race or Ethnicity?		X				
4.5 Religious, Spiritual belief (including other belief)?		X				
4.6 Sexual Orientation?		X				
4.7 Human Rights: Freedom of Information/Data Protection		X				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 1

Signatures of authors / auditors: **Date of signing:**

Attachment 2: Equality Action Plan/Report

Directorate: Corporate Nursing

Service/Policy: Clinical Bleep Policy v4.0

Responsible Manager:

Name of Person Developing the Action Plan:

Consultation Group(s):

Review Date:

The above service/policy has been reviewed and the following actions identified and prioritised.

Equality Impact Assessment has identified that the organisation may discriminate against employees with a hearing disability. Managers must ensure that these members of staff are provided with a bleep that contains a vibrating mechanism – available from switchboard.

All identified actions must be completed by: _____

Action:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews		
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager: _____   Date: _____