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| **Owner / Approval:** | Monica Salisbury, MLT (ASCP), POCS Supervisor. Signature on file. |
| **Administrative Director Approval:** | **Michelle Lee, Administrative Director. Signature on file.** |
| **Medical Director Approval:** | **I have reviewed this procedure and approve it for use.** |
| Cindy L Sturtz M.D. Signature on file. |

# PURPOSE: To provide on-call coverage for weekends. On-call coverage will begin Fridays and end Mondays.

**POLICY GUIDELINES:**

**Phlebotomist’s who have been trained in specimen collection and signed off as competent will be required to sign up for weekend on-call shift (s). The on-call coverage is mandatory for all phlebotomists who work all shifts, *excluding the full-time night shift phlebotomist.***

* Phlebotomists are required to sign up for a full weekend on-call coverage shift.
* A full weekend on-call coverage shift is defined as ONE full weekend OR the covering of (2) SHIFT 1 time periods OR (2) SHIFT 2 time periods (See form for details).
* All phlebotomists who fall within the guidelines to sign up for an on-call shift will be permitted to switch or can cover for someone once all staff have had the opportunity to sign up for mandatory coverage. A “Notice of Intended Switch Agreement” must be filled out and signed by both parties in order for the switch and/or coverage to be considered acceptable. LAB#0177
* **Shift switches are acceptable**. The switch must be submitted using the approved switch request format. If a particular format is not specified, requests for shift switches must be submitted in writing and approved by the Department Supervisor. *Should the person involved in the switch not be able to work as indicated, the originally scheduled person is still responsible for finding coverage as stated on the “switch agreement” form. If the supervisor has to find coverage, the absence will count as an unscheduled absence.*
* Coverage begins on Fridays at 3pm and ends on Mondays at 5am. Staff will not be permitted to be on-call **and** be scheduled to work during that same time frame*. (For example: Evening shift personnel will not be permitted to be on-call for a SHIFT 1 time period if they are already scheduled to work the full evening).*
* On-call personnel may be utilized when there is an unscheduled absence and coverage is indicated (NOTE: the absence will still count as an occurrence and coverage will be required to be made up in full. If the staff member who is calling out, however, finds coverage and does not implement the on-call personnel this will not be considered an occurrence). The on-call personnel may be utilized if the work load *is greatly* increased and additional staff is needed to assist (discretion is advised for this implementation).
* All staff who are signed up for mandatory on-call weekend coverage will be responsible for documenting their on-call hours in the Payroll book.

* Refer to the Pinnacle Health System On-Call Policy (#HR-25) for on-call pay information and policy guidelines.

**Procedure when On-Call staff is implemented**

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| Step | Action |
| 1 | The individual who is “calling off” will be responsible for contacting the lab staff working AND the department supervisor. |
| 2 | *The lab staff working will initiate the policy and contact the on-call person.* A complete phone list is available in the Specimen Processing area. |
| 3 | The on-call staff member will be expected to report to the work location within 30 minutes of being notified to report for duty (#HR-25). |

**Document History**

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| Prepared by: Monica Salisbury, MLT (ASCP), POCS |
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| **Medical Director or Designee Approval:** | **I have reviewed this document and approve it for use**  **\_\_\_** pending approval of Medical Director of record.  **\_\_\_** change in Medical Director of record.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  Signature on file |

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| **Docushare Keywords: On-call, weekend coverage**  **Insert key words in order to facilitate searching Docushare , if desired.** |  |
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