



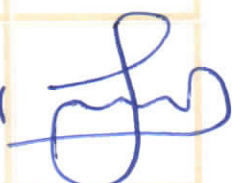



## Guidelines for Staff Nurses On-call duties

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### Approval Process

	Name	Title	Institution	Date	Signature
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### Acronyms:

DGNA	Directorate General of Nursing Affairs
MoH	Ministry of Health
HON Superintendent	Head of Nursing in each healthcare institution
DON	Director of Nursing in each Governorate
HCI	Health Care Institution: Include all MOH hospitals and Primary and Secondary Healthcare Centers
HC	Health Center



### Guidelines for Staff Nurses On-call duties

#### 1. Introduction

These guidelines address all nurses working in health care institutions (HCI) not providing 24-hour on site services, and are therefore required to provide on-call services for emergencies.

On-call duties incorporates long working hours, as well as night duties. The risk factors associated with long working hours do not only create stress for the on-call staff, but also put both patient and staff safety at risk.

The guidelines are intended to ensure the protection of staff against stress and fatigue by regulating appropriate periods of rest between on-call and normal shifts. Implementing these guidelines may enhance patient care and safety by having enough back up staff available at all times. Moreover, the guidelines ensures that all staff are compensated fairly.

#### 2. Purpose

The purpose of this document is to:

- 2.1 Manage on-call processes in a standardized and structured way to ensure fairness.
- 2.2 Ensure that emergency healthcare services are provided to patients, families and the broader community as per their health needs.
- 2.3 Provide directions on the roles and responsibilities of all involved in the delivery of on-call duties within the Ministry of Health institutions.

#### 3. Definitions

- 3.1 Shift supervisor: Senior nurse in charge of nursing activities in the hospital during afternoon and night shifts, weekends and public holidays.
- 3.2 Unit nurse: Senior nurse in charge of nursing activities in specific sections of the hospital (nursing units), e.g. all medical wards.
- 3.3 In-charge nurse: Staff nurse in charge of a hospital ward or health center/extended health center.
- 3.4 On-call duty: The mandatory provision of an emergency service outside of normal working hours at a health center or hospital when the need arises.





- 3.5 Emergency call: When a nursing staff is called to report to work in an emergency when he/she is not scheduled on an on-call roster, e.g. for a major incident or accident.
- 3.6 Normal working hours are those specified in the normal daily working schedule.
- 3.7 Overtime work: Work undertaken upon the institution's request, which exceeds regular working hours.
- 3.8 On-site staff: Staff that resides in the vicinity of the healthcare institution.

#### 4. Guidelines

- 4.1 The on call guidelines cover both on-site staff (staff staying in HCI campus) and staff staying outside of the HCI while on-call.
- 4.2 Junior staff with less than two years of nursing experience are not considered to perform on-call duties.
- 4.3 Routine or non-emergency services are not considered as on-call healthcare services, e.g. dispensing of medication, except for intravenous antibiotics or other intravenous treatments that should not be interrupted.
- 4.4 The duration of an on-call shift should not exceed 24 hours.
- 4.5 The In-charge nurse for each healthcare section or health center should releases the on-call list along with the monthly duty roster. Each staff will be aware when she/he is on call during the month/week, depending on the nature of the HCI.
- 4.6 Contact details of staff nurses on call should be kept in an easily accessible place at the HCI.
- 4.7 In case the need arises for a second person (or more) to be called out, the staff nurse on-call should seek the permission of the In-charge nurse or shift supervisor.
- 4.8 In case of any unforeseen circumstances where a staff member cannot continue with an on-call duty, the In-charge nurse needs to be informed as soon as possible.
- 4.9 The on-call staff will be compensated for being on-call (and not called out) at 10% of on-call hours as time off, thus 10 hours on-call will lead to one hour off.
- 4.10 Hours worked when called out will be subtracted from the on-call hours not being called out, e.g. when staff were on call for 7 hours and was called out for 2 hours during this time, they still need to be compensated with half an hour off for the 5 hours they were



on call according to 4.9. They will further be compensated with two hours off for the two hours they worked after hours.

- 4.11 Time traveling to and from the healthcare institution when called out after operating hours is to be added to the after hours worked.
- 4.12 The call for after hour duty should be allocated to clinical work only and not to administrative or other duties.
- 4.13 Hours worked by employees in excess to the rostered regular hours or shift hours are to be considered as overtime (Not On-call).
- 4.14 When the staff is called out, she/he will fill and submit a work time sheet indicating the number of hours worked to the immediate supervisor. (Each institution should develop their own time sheet template).
- 4.15 Records of all time off taken by staff nurses for overtime worked (call out hours) is to be maintained.
- 4.16 All patient assessments, procedures and treatments during call-outs are to be clearly documented according to the documentation guideline in the institution.
- 4.17 Time-off owed to staff for after hours worked is to be taken as soon as possible.
- 4.18 Staff who worked after hours will be compensated with time off equal to the hours worked and indicated in the duty roster in each institution as such.
- 4.19 Staff nurses is not expected to work in direct patient care for more than 12 consecutive hours in a 24-hour period and not more than 60 hours in a seven-day work week.



### 5. Responsibilities

#### 5.1 Directorate General of Nursing Affairs, MOH-HQ

- 5.1.1 Ensure the implementation and follow-up of the on-call guidelines when applicable.
- 5.1.2 Follow up on implementation of Ministerial Qarar: Working guideline of Primary Health Care Institutions (31/2013).

#### 5.2 Director or Head of Nursing

- 5.2.1 Oversee and follow up on the implementation of the guidelines within the Institutions/Governorate when applicable.
- 5.2.2 Regularly review the operation of on call schedules against service requirements.
- 5.2.3 Ensure that the on call service is delivered in the safest and most cost effective way.
- 5.2.4 Ensure that the guidelines are implemented and adhered to by all staff where on-call duties are carried out.
- 5.2.5 In areas where on-call duties are carried out, the Nurse Managers are responsible to undertake a monthly audit to ensure ongoing compliance to the guidelines.

#### 5.3 In-charge nurse or Shift supervisor

- 5.3.1 Distribute the guidelines to nursing staff within their area of responsibility at healthcare institutions.
- 5.3.2 Ensure all staff are aware of these guidelines and the guidance offered regarding management of on-call duties.
- 5.3.3 Implement the on-call guidelines within a framework of equity and fairness to all staff.
- 5.3.4 Ensure staff- and patient safety through appropriate on-call scheduling and management of after-hours work.
- 5.3.5 Compile the staff on-call list for 28 days along with the monthly duty roster, and ensure that the staff are aware of it.





- 5.3.6 Review time sheets submitted by staff of call-out hours worked.
- 5.3.7 Create a system to relieve staff who worked during their on-call duty and are scheduled to work following the on-call shift.
- 5.3.8 Determine that staff undertaking on-call duties are competent to take these duties.
- 5.3.9 Orientate staff nurses in terms of the effects of long working hours, e.g. fatigue, on their professional performance and proneness to errors.
- 5.3.10 Keep records of all critical incidents reported during on-call duties.

### 5.4 Staff Nurse

- 5.4.1 Be familiar with the on-call guidelines and comply with the procedures mentioned in this document.
- 5.4.2 Ensure availability at all times of the required on-call period.

**6. Document History and Version Control**

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	DGNA Team	June/ 2022
02			
03			
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Written by		Reviewed by	Approved by
DGNA On-call Guideline task force		DGNA Team	Dr. Majid Rashid Al Maqbali

**7. Related Documents:**

7.1 National Disaster Policy

7.2 Duty Roster Policy

7.3 National Referral Policy

7.4 Working Policy of Primary Health Care Institutions (Qarar 31/2013)

7.5 Layha

**8. References:**

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