



Clinical/Medical On-Call Policy





Clinical/Medical On-Call Policy

01

When to use the on-call procedures?

02

Which department to contact?

If there is a life-threatening or an actual suicide attempt (not threat), 911 should be your first point of contact. Then, contact your home staff.





Basics: Part 1

For all other on-call issues, you must first call your on-call home staff. This may be a home manager or other designated staff.

1

You will then be directed to contact on-call Medical or Clinical. These numbers are posted in the medication room.

2

Use the designated number and DO NOT dial the nurse or clinician directly

3

Residents should only speak to on call staff if requested by the on-call staff.

4

If your call goes to voicemail, leave a message and wait 15 minutes before calling back up on call.

5

On-Call sheet should be completed and submitted by home staff.

Revised: 3/30/18



Clinical On Call Sheet

Resident's Name: _____ Staff Calling Name: _____

Date: _____ Time: _____

Manager Contacted: _____

Permission Given to Call Clinical?: Yes No Name of Clinician Reached: _____

Reason for Call: Suicide Threat Self Harm Aggression with CPI Police Contact

Elopement Unable to Successfully Deescalate Resident Deescalate

Permission to Conduct Health and Safety Room Search Other (explain below):

Action Directed/Guidance Given:



When to call Medical On-Call

-  **Serious medical concerns that warrant a 911 call.**
-  **Medication needed to be given outside of timeframe**
-  **Serious injury or illness**
-  **Serious medication error that warrants 911 being contacted**
-  **Changes in vitals or functioning that warrants concern**





When to contact Clinical On-Call



- Resident is or has threatened to engage in self-injurious behaviors.
- Resident is physically out of control and CPI Interventions have been utilized.
- Elopement (AWOL) from the home.
 - Should be contacted after 15 minutes of the resident being out of the home to approve non-emergency 911, unless resident is a danger to themselves or others.
- To conduct an emergency room sweep.
- For additional resources when all interventions from behavior plan or PCP have been utilized.