**Policy Statement**

All technologists shall assume on-call duty on a rotational schedule as determined in advance by the members of the EEG Department and approved by the Medical Director and Director. The on-call technologist shall respond to any calls for Emergency EEG testing when notified by a physician on the staff of the Neurology or Neurosurgery Departments.

**Purpose of Policy**

To provide the department with a contingency for providing emergency testing when deemed appropriate by the neurologist who will also interpret the test results.

**Procedure**

1. **SCHEDULING:** Rotational scheduling for on-call duty will be posted no less than six months in advance to give the staff ample opportunity to adjust personal schedules to allow for prompt response to any calls. Technologists may agree among themselves to alter the posted schedule with trades or substitutions as approved by the Director. Problems recognized with the posted on-call schedule must be promptly reported to the Director and will be dealt with, as needed, according to the most recent Union Contract.

2. **AUTHORIZATION:** Only physicians on the staff of the Department of Neurology or Neurosurgery may authorize call-ins after consultation with the EEG Attending. All emergency EEG's ordered by non-neurology services require a neurology consultation approval of the EEG order. This is to guarantee that the call-in is truly an emergency, and that any test done as an emergency also receives an emergency interpretation. If the person paging the on-call technician claims to be calling upon the instructions of a staff neurologist, the on-call technologist shall verify the instructions by calling the staff neurologist before reporting to the Hospital. The EEG Tech must contact the EEG attending prior to obtaining the study and also inform the attending when the study has been completed.

3. **NOTIFICATION OF HOSPITAL OPERATORS:** When each technologist starts or re-starts on-call duty (even if for one shift), the Hospital operator must be notified. Provide the operator with your name, pager number, home telephone number and any other telephone number (as needed) which might be needed to help locate you if the pager fails. If a technologist must serve as a substitute for the technologist carrying the pager, the operator must be given the telephone number(s) to call.

4. **ILLNESS:** If the technologist scheduled to be on-call can not respond to calls due to illness, it is the responsibility of that technologist to contact a substitute to cover for him/her. If the technologist is unable to contact a substitute then the electroencephalographer on-call must be notified.

5. **MAXIMUM AND MINIMUM TIME ACTUALLY WORKED:** The on-call technologist is paid for three hours per call-in whether actually worked or not. However, once punched in on the time card as a result of the first page the on-call technologist is obligated to remain at the Hospital without punching out and then...
back in to respond to a second call. If a second call-in occurs in one hour after punch out from the first, the technologist will not be paid additional 3 hours of on-call pay. These provisions can change with each new Union Contract.

6. ADMINISTRATIVE LEAVE: Administrative leave shall be awarded according to the provision of the most recent Union Contract.

7. BACK-UP COVERAGE: The medical Director or Chief EEG Technologist shall call back to work any staff technologist if for some reason the technologist on-call cannot be reached. Failure of the on-call technologist to respond to calls on the pager may result in disciplinary action.

8. RESPONSE TIME: The EEG technologist on-call is expected to punch in for work within one hour from the time he/she is notified of the authorization for emergency testing unless granted discretionary arrival time from the neurologist. Excessive tardiness in response to calls may result in disciplinary action. Documentation in the medical record shall be used to determine intervals.

9. ON CALL PAY: Unless payroll directs otherwise, on-call pay shall begin from the time the employee punches out carrying the pager until the time the employee punches in for the next regularly scheduled shift. The hourly on-call pay, when the employee is not at work, is determined by the most recent Union Contract.

10. LONG TERM MONITORING FOR EPILEPSY: The on-call technologist may be called in to set-up emergency LTME procedures, which must be approved by the attending EEG reader. The technologist is responsible for maintaining the integrity of the LTME system, either by trouble-shooting problems over the phone with the 5CD nursing staff, when possible, or by coming in on-call to correct the problems. The 5CD nursing staff is instructed to call the on-call EEG technologist and report any problems with the LTME that affects the integrity of the study.

11. EMERGENCY INTERMITTENT BEDSIDE EEG MONITORING: The on-call EEG Technologist may be called in to set this study up in any room in the hospital. This study must be approved by the attending EEG reader. The technologist is responsible for maintaining the integrity of the intermittent monitoring study. The attending R.N. should be instructed as to problems to watch for and to call the on-call technologist to report any problems that affect the integrity of the study. The technologist must try to trouble-shoot the problem over the phone, if that is not possible, the tech must come in and correct the problem.

12. DETERMINATION OF DEATH BY BRAIN CRITERIA: Consult the policy for Death by Brain Death Criteria.