


<b>Name of Policy:</b> On-Call Chaplain Responsibilities		 <b>Effective date:</b> 2/13/2025 <b>Original effective date:</b> 4/1989	
<b>Policy Number:</b> 3364-103-PC-05			
<b>Approving Officer:</b> Chief Executive Officer			
<b>Responsible Agent:</b> Spiritual Support Manager			
<b>Scope:</b> University of Toledo Medical Center			
Key words: On-Call, Chaplain, Pastoral Care, Emotional Support, Spiritual Support			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Pastoral Care support is available for patients, families, staff, and students. A Chaplain may be reached by calling the hospital operator at 419.383.4000.

(B) Purpose of policy

To ensure the availability of spiritual and emotional support for patients, families, staff, and students by a chaplain upon request and as needed.

(C) Procedure

1. The manager of Pastoral Care Department will designate chaplains to service:
  - a. In-house hours of 8 am to 8 pm, Monday through Friday.
  - b. On-call hours of 8 pm- 8 am, Monday through Friday and all weekend.
2. The Manager of the Pastoral Care Department will make available to the switchboard operator a monthly “on-call” schedule.
  - a. When the operator receives a call requesting a chaplain during on-call hours, the script should be: *“I will transfer you to the Pastoral Care office to leave a message...okay?”*
  - b. If the caller needs more immediate response, the script would be: *“Please hold, I will transfer you to the House Supervisor.”* Put caller on hold and call H.S. to explain transfer.
3. On-call chaplains will come in for urgent situations as requested by the House Supervisor or the ER Charge RN.
  - a. The House Supervisor (for general hospital calls) or ER Charge RN (for ER calls) will be the contact persons for Chaplain call-ins during on-call hours. The operators will have the current chaplain schedule and they should make the calls (send out the pages), but only as directed by the H.S. or ER Charge RN.
  - b. On-Call Chaplains are to respond to hospital pages within five minutes of page.

- c. During ON-CALL HOURS when a chaplain is requested the H.S. is to approve calling in the on-call person. If no one is on-call the manager is to be contacted by phone with urgent needs.
  - d. Types of urgent calls:
    - a. Death Calls
      - i. It is the chaplain's responsibility to provide support services to the family and staff.
      - ii. If the family is not local or will not arrive for some time, the chaplain should use discretion of arrival time based on the nursing need.
      - iii. The chaplain will coordinate with the medical staff to notify the family of the patient's death.
    - b. Emergency Department Calls (Any trauma, arrest, code, or death)
      - i. After responding to a page from the Hospital Operator, the chaplain is to call the Emergency Department and giving an approximate time of arrival.
    - c. Code Blue
      - i. It is the chaplain's responsibility to provide support to the family and staff. They are to respond immediately for all Code Blue calls by calling the unit and giving an approximate time of arrival.
      - ii. The chaplain will provide family with emotional and spiritual support, information as needed, and encourage medical personnel to speak with the family as soon as time allows.
      - iii. The chaplain is to assist the family with contacting other family members as needed.
    - d. Trauma Alerts
      - i. If the chaplain is in-house, he or she is to proceed to the Emergency Department immediately.
      - ii. If the chaplain is not in-house, he or she will call the Emergency Department immediately and give an approximate time of arrival.
      - iii. The chaplain's responsibilities include, but are not limited to: contacting patient's family, providing emotional and spiritual support to both patient and family, providing information as it becomes available, and offering advocacy to ensure patient's rights.
      - iv. The chaplain will support the family until the patient is in a patient care unit. Continued presence is based upon the needs of the patient and family, the condition of the patient, the arrival of his/her own clergy, and the needs in the hospital staff.
      - v. All visits made to patients by chaplains shall be documented in EPIC flowsheets & Notes section of the patient's electronic chart.
      - vi. In situations where the media is involved, Chaplains are not to reveal patient/family information to anyone.
4. Priests and Rabbis are on a call list to be contacted in the event a patient of either faith has need of their services. This listing of other spiritual resources is available and maintained in the Pastoral Care Office.

<p>Approved by:</p>  <p>/s/</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <p>2/13/2025</p> <hr/> <p>Date</p>  <p>/s/</p> <hr/> <p>Dan Deeter Spiritual Support Manager</p> <p>1/31/2025</p> <hr/> <p>Date</p>  <p><i>Review/Revision Completed by: Spiritual Support Manager</i></p>	<p><b>Policies Superseded by This Policy:</b></p>  <p>Initial effective date: 4/1989</p> <p>All Review/Revision Dates: 4/1990 1/2005 10/2006 8/15/2008 10/29/2012 05/10/2013 10/23/2015 08/17/2018 07/26/2023 2/13/2025</p> <p>Next review date: 2/13/2028</p>
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