

On-Call Duty Policy

Date: [Insert Date]

Dear [Staff Name],

We would like to inform you about the on-call duty policy that will be implemented for hospital staff, effective [Effective Date]. This policy aims to ensure that we maintain an adequate level of care and responsiveness to patient needs outside of regular working hours.

Policy Overview

- **Eligibility:** All clinical staff, including but not limited to nurses, physicians, and support staff.
- **On-Call Schedule:** On-call shifts will be scheduled on a rotating basis. Each staff member will receive a copy of the schedule at least [X days/weeks] in advance.
- **Compensation:** Staff will receive [Insert payment details or compensatory time off] for on-call duty.
- **Response Time:** Staff members on call are expected to respond to pagers or calls within [X minutes].
- **Reporting:** Staff must report any issues during their on-call shifts to [insert authority/contact person].

Conclusion

Your cooperation with this policy is essential in providing high-quality care to our patients. If you have any questions regarding the on-call duty policy or your specific schedule, please do not hesitate to reach out to [Contact Person/Department].

Thank you for your dedication to our patients and your commitment to teamwork.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Contact Information]