Radiation Therapists' Newsletter

Autumn 2020

Delivering Radiation Therapy During a Pandemic: What happened around New Zealand

As we move back down the levels, be they national numbers or local DHB colours, it is useful to reflect on what we did do as we went into lockdown, to take the learnings in case..... The following are updates from local RT delegates around NZ for your information and thoughts.

Waikato:

Waikato reacted quickly and efficiently, sending vulnerable workers home whilst a safer working plan was created. We created an AM department and PM department, with a 45 min gap between the 2 shifts to allow for cleaning, exiting and entering without contact. We effectively created machine bubbles where staff and patients stayed within their bubbles. Remote working was organised very quickly by IS which allowed our planners to work from home, as well as our vulnerable workers.

What was really great was the inclusion of the APEX delegate, in the decision making, to ensure members weren't disadvantaged. Also members were being paid in full while working shorter hours. Couples with childcare issues were given special leave with no issues and all staff felt very well looked after. What was not so good was the restriction access to masks. The rest of the PPE was made readily available.

Waikato DHB as a whole continued to charge for carparking throughout!

Christchurch:

In the early days, before impending lockdown it appeared that the CDHB were being proactive, but then it seemed to stall. Two pieces of tape were put on the floor demarcating 'clinical' & 'non-clinical' sides of the department; with that staff were allocated to be one or the other & encouraged to think whether they really needed to cross that line? Staff did get better at not crossing the line but clinical staff had to walk through the non-clinical area to get to & from their area! Some RT's were deemed to be able to work across both areas by popping on a mask when going into the clinical area.

We had a handful of staff working from home due to being 'vulnerable' and proactive, and a few more doing some planning from home as they had already had it set up. Halfway through lockdown permission was granted for 4 more staff to get set up by IS to work from home. Once permission was granted IS were pretty efficient, however I think we all had/have a few issues and as everyone seems to have been set-up slightly differently, IS helpdesk were not particularly helpful at sorting the ensuing issues. Thankfully some of our physics team are a bit IT minded and have been able to resolve most issues. There has been no inclusion of either APEX delegates in any but one discussion and in fact it was made pretty clear quite early on by 'higher up' that this was not going to be a democracy.

Dunedin:

We may have been first to implement reduced hours and staff working either morning or afternoons, initially working 5 hours and then our hours were cut to 4 hours daily with a longer overlap to ensure the morning staff were off site before the pm staff entered. It was always an expectation that if a team went down with Covid then the other team on that linac would cover the full day. This has not been necessary. There is now absolutely no overlap of staff in the middle of the day.

After being slow to implement routine wearing of PPE (although all staff were trained with PPE early on) clinical staff have been wearing masks or visors for quite a while now. One of our rad oncs sourced 3D printed visors for RTs so we can wear this rather than a mask if preferred.

Medically vulnerable staff have been working from home and a number of planning staff are also working from home. Staff are absolutely happy with the arrangements in place. Some staff are working on projects or other tasks outside of these hours but this is not an expectation. Management have been focused on keeping Covid out and are very happy that we have locked down our department to all except essential staff. All patients wait in their cars until sent a text to enter the building. They are screened on entrance. Only one rad onc has been in the department daily. They are working from home. All clinics are phone consults. Staff are required to change into and out of their uniforms at work and social distancing is required in changing rooms and the staff rooms. Signage outlines this. Eg only 4 staff in the tearoom at any one time (only working 4 hours means we don't need a break anyway).

We decided to work all stat holidays during this time to enable patients to get through their treatment course quicker. Staff were happy to volunteer to work stat days so there was no change to staff and patient bubbles on these days.

Dunedin City metered carparks were free in level 4 and during level 3 we can park in a nearby council parking building for free. There was free childcare available if needed but no RTs needed this.

Auckland:

It's strange to think back just a few weeks to the chaos that consumed our department. For the most part our line managers were terrific in their management of a Covid 19 workplace.

Other delegates have described an initial reluctance to provide adequate PPE, we also had to direct our concerns to the Director of Radiation Services to support our request for adequate PPE. We were pleased to get his support and have had it throughout. We will no longer wear masks in level 3 which on the one hand seems odd as we are in level 3 but reduction in societal cases would support we as a nation have done well.

Staff were instructed to work from home where appropriate, we decreased patient numbers in the building at any one time and reduced the total number of people in the building which has always felt like the right thing to do. Staff were decanted to home where projects to improve the department functions have continued, Zoom meetings became the norm or meetings were cancelled, both of which felt like an appropriate response given the heightened sensitivities of us all at level 4. As we look to the future we are already being asked by our line managers what we felt did and did not work, cultures and change we'd like to adopt going forward, so on the whole I think it has felt like a productive and supportive environment. The Apex

delegates FB messenger group was a nice touch, it put our relative misery into context when we saw what our peers we're having to deal with, well done everyone! Come next week a tidal wave of patients will hit as doctors resume 'normal' clinics, you have to feel for the patients who have been diagnosed and delayed at this time but we can certainly see some workplace improvements for staff and patients alike.

Midcentral:

Midcentral DHB reacted promptly and effectively to the changes required of alert level 4 to keep our staff and patients safe; despite being in the middle of replacing a linac. All patients were screened prior to entering department and are sent away if symptomatic to discuss with Healthline or GP. A big thank you to our MRT colleagues from Breast Screen, nursing staff and radiation therapy assistants whom manned the desk from 6.45am to 8pm daily.

Planning staff were reduced by approximately half and those with remote Citrix access were asked to work from home. A rotating roster was created to have at least one planner on site daily to help facilitate RO requests and treatment queries. CT were separated into two distinct groups which alternated being onsite and working from home every 2 weeks to prevent crossover. The treatment team was segregated into unit groups then 2 of our 3 treatment units were further split into early and late pods to facilitate the extended hours that were being worked prior to COVID19 due to the replacement of our linac. Patient appointments aligned with the treatment teams to further create distinct pods. Appointment times were increased and there is a 45minute gap in between these shifts to allow for cleaning and entering/exiting the pod without close contact with others. These changes created neat little bubbles and meant there were enough pods at home to cover if a Covid case required a pod to be stood down. Over level 4 we had two instances where a pod needed to isolate until results were back.

Vulnerable workers have been working from home and support was offered for staff with childcare issues on a case by case basis. We initially had a few teething issues trying to sort out remote Citrix access for some staff which made working from home a little difficult for some at the beginning. Some small issues around staff numbers and shift hours were also smoothed out in the beginning after being highlighted by staff. Communication has evolved during this process based on staff initiatives with department Facebook/WhatsApp groups being setup for moral support and team communication. Our weekly staff meeting is now facilitated by Zoom at a time that enables almost all staff to be able to attend. PPE was available straight away, but the use case was developed over the first week by the Ministry of Health, leading to mask being worn for all close contact with patients, extra PPE (gowns, gloves) is worn in situations of possible exposure to body fluids. Additional moisturizer was also provided for staff as sterigel related hand irritation increased.

Throughout this time the DHB has provided free parking for all staff and patients. Our workload has remained high as we continue to treat all our cancer patient to timeframe. Some patients elected to defer treatment and those that could continue on hormones/chemo for an extended period of time were offered this as an option too. Non-treatment appointments have been conducted remotely where possible and an RT role has been setup to contact patients prior to their first appointment and following their last treatment to see how patients are going. This has been very well received. "Worst-case scenario" planning for wide spread outbreak within our community was clearly laid out and effectively communicated with staff prior to moving into the higher alert levels. Work is now being done surrounding how we will move through the lower alert levels and what changes we would like to keep moving into the future.

Merit Progression Criteria for RTs

As a result of the collective agreement negotiations for radiation therapists in 2019, both the RT national MECA and the RT Auckland SECA will need merit progression criteria developed in working groups involving delegates and management. Merit progression processes typically involve an employee completing 3-4 tasks of a meritorious nature.

Typical areas of merit involve service development, policies and protocols, research, specialist expertise, education and teaching, professional leadership and cultural. For example under the clinical physiology MECA a merit task includes: "Demonstrates ability to apply expert clinical competence to a highly advanced level of complexity in a defined clinical area within recognized scope of practice." Under the psychology MECA a merit task includes: "Has had a major role in the development of one or more significant programmes (eg a new clinical initiative) since last progression."

You can see some examples of merit progression criteria **here.**

If you would like to suggest some merit criteria for RTs, **email your delegate** or **rt@apex.org.nz.**