

## WELCOME!

Welcome to the first issue of a new-look APEX MRT Newsletter.



This newsletter aims to bring together relevant information and news for our MRT members. We'll push this communication out once a quarter (approximately), although with some flexibility according to the issues at particular times.

If you have ideas for content, or would like to comment, please get in touch with us at [mrt@apex.org.nz](mailto:mrt@apex.org.nz).

## MRT BARGAINING

Negotiating for the Bay Radiology SECA will commence shortly. These members are considering their claims at present and a meeting is planned prior to the negotiating commencing.

## DHB MECA

The MECA expires February 2019. It's never too early to start thinking about what you would like to see included, deleted or altered. Please talk to your delegate.

Visit the  
**APEX**   
MEDICAL RADIATION  
TECHNOLOGISTS' PAGE

## MRI SAFETY: IN THE NEWS

There has been much media coverage of an [incident in India](#) in which a man lost his life due to an oxygen cylinder being taken into the MRI scan room.

There have been many reports of such injuries from all over the world of, and the near misses that occur in MRI practices could not possibly be quantified.

Most MRI departments in New Zealand follow minimum standards for safety, as outlined by the RANZCR MRI Safety Guidelines. They are put in place to ensure that staff, patients and the public are protected, not only from projectile incidents but also other hazards associated with MRI.

Site design, including provision for the 4 zone system, ensures that only screened individuals can move from zone 2 to zone 3. Having restricted access such as keypad or swipe access will ensure that unscreened people and those carrying potential magnetic items cannot enter unaccompanied.

Signage is compulsory between all zones with strong magnetic field, to alert people to potential dangers. The 5 gauss line should also be clearly demarcated.

The incident in India highlights the need to ensure that two members of staff, preferably MRI technologists, are always present. RANZCR suggests continuous supervision in zone 3 by a senior MRI technologist.



MRI technologists in New Zealand need a postgraduate qualification to practice. This includes MRI safety training, which ensures patients and public are protected from incidents such as these. It is imperative that this standard is upheld in the future and that all MRI technologists have the highest standard of training so that patient safety is a priority.

## RADIOGRAPHER BOB STONE RETIRES

APEX member Bob Stone is retiring after nearly 50 years as a radiographer.

Bob began at Taumarunui Hospital 32 years ago. Speaking about his years in the profession, Bob says he feels privileged to have been able to serve the Taumarunui community, and reflected on how pleased he was that his career as a radiographer was able to provide him with a real sense of meaning and purpose.

Bob was keen to emphasise the contributions of the radiographers, radiologists, and other hospital staff he's interacted with over his many years of service. Bob: you will be sadly missed by all your colleagues, and APEX thanks you for your outstanding contribution to your field. All the best for your retirement.



# MRTs & FATIGUE

## WHAT IS FATIGUE?

We all know what it feels like to be tired, burnt out, or exhausted. But how is fatigue defined by the experts?

**F**atigue is a reduction in physical or mental ability as the result of physical, mental or emotional exertion that may impair nearly all physical abilities including strength, speed, response time, coordination, decision making and balance.

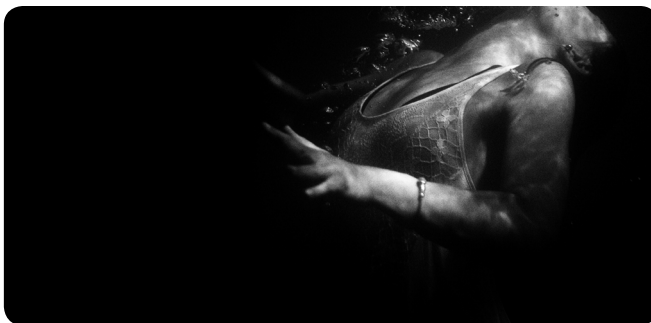
We know that you all go above and beyond in your work to look after your patients. However, many of you are now suffering from fatigue and stress.

This is becoming more and more evident in more and more departments due to chronic understaffing. Even at this point, early in the year, MRTs in many departments are really struggling. It is very important that you look after yourselves, and each other, and do not agree to work unsafely. That is, don't agree to fill gaps and work many extra

hours without adequate time off. You may feel that you are helping your colleagues out (an admirable endeavour), but by filling these gaps you are concealing a problem and allowing your DHB to avoid addressing it. Do not transport patients – this is not the role of an MRT: your role is to provide imaging.

So, MRTs, this driving yourselves to exhaustion has to stop. What to do:

1. Please make sure that **taxi chits** are available in every department when required. If you have difficulty arranging this, please let us know.
2. If you are feeling fatigued, please **state that you are fatigued!** If this happens out of hours and you are the sole MRT, **inform the duty manager** of the hospital and give them the phone number of the Radiology Manager. At that point, **you are unavailable for work**, and should get a taxi home. If it is during ordinary hours, then advise the Radiology Manager of the situation and that you need immediate assistance.
3. Please **Advise APEX** when you feel the demands on staff and the amount of call-backs/on call/workload is becoming (or has become) unmanageable. Provide APEX with some examples of the situation so we can communicate with management.
4. Be aware of the **Best Practice rostering guidelines** (page 88 of your MECA book). The DHB has agreed to these as part of our partnership arrangement (MRTAC).



## MRTAC

In October 2017, MRTAC requested from all DHB Radiology managers data relating to FTE, services, and examination numbers, by site, in an effort to identify safe rostering and understaffing. The data response has been rather disappointing. However, the data clearly demonstrates that staffing levels are not being increased to match the increase in demand, and that there is still a heavy reliance on on-call arrangements to deliver services.

## KNOW YOUR MECA

The better you know your rights and entitlements under the MECA, the better prepared you will be to deal with issues of fatigue and workload. A few key clauses to know about:

"The employer is committed to safe staffing levels and appropriate skill mix." (Preamble)

"Where a weekend on call is worked and the cumulative number of hours worked over that weekend is greater than 14, the employee shall be entitled to the subsequent Monday as a paid day off." (3.7)

"Night rosters shall provide for a sleep day (that being the 24 hour period following the cessation of the night duty and not being a rostered day off) and as a minimum one further day off after any period of consecutive night duties." (3.9)

"[Except for emergencies] no employee shall be required to work for more than five hours continuously without being allowed a meal break of not less than half an hour." (4.1)

Employees who are on call will accrue additional leave at a rate of 1 day leave for every 230 qualifying hours on call, up to a maximum of 5 days leave (1150 qualifying hours on call) per annum. (9.2)

"Where an employee is called by the employer when not rostered on call or duty but having left the place of employment, the employer shall incur a penalty of \$250." (9.5)

Questions? Email [mrt@apex.org.nz](mailto:mrt@apex.org.nz)