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DECEMBER 2013/JANUARY 2014 • VOL 46 NO 2

Tess Conroy, R.T.(R)(M)(MR)(QM),
proves beauty is more
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10 Ways to Promote & Safety Work Safely

By keeping yourself and your colleagues safe at work, you help protect your patients. Workforce safety and patient safety “are inextricably linked and grounded in the same safety science,” according to the National Patient Safety Foundation. In a 2012 survey of health care disciplines conducted by the American Society of Professionals in Patient Safety, 99 percent of respondents agreed there’s a link between workforce safety and patient safety. Only 16.5 percent, however, believed that workforce safety was a focus in their organization’s quality and safety initiatives.

Don’t wait until small problems become big problems. Here, *ASRT Scanner* shares 10 ways you can help promote a culture of safety.



PHOTO: MICHAEL WOODRUFF

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Dress for Safety, Not Just Success

BY CRISTINA OLDS, CONTRIBUTING WRITER

J eans with sneakers or a skirt with 3-inch heels? A dress jacket and tie or a polo shirt? As a health care professional, what you wear to work probably isn't up to you. Dress codes are commonplace in health care settings, not only to maintain professionalism but also to protect you and your patients from injuries and infection. As part of the dress code, your employer might even dictate choices about jewelry, shoes and hair styles.

"I lovingly nicknamed myself the uniform Nazi," said Kelli Haynes, M.S.R.S., R.T.(R), program director for the radiologic science program at Northwestern State University in Shreveport, La. "It's important to me that students look professional when in the clinical setting and representing Northwestern."

Students are taught about the value of dressing appropriately for work while they learn the skills of the trade. "We have a pretty strict dress code policy," Kelli said. "[Students] wear the same color scrubs, the same brand of scrubs, white socks and white tennis shoes."

In response to an ASRT Facebook post that asked R.T.s what they wear to work, scrubs were No. 1, hands down. Few technologists reported wearing street clothes on the job.

Most hospitals discourage technologists and therapists from wearing their scrubs and lab coats outside the hospital setting to reduce the spread of harmful bacteria, although some dress codes don't explicitly state it. "We tell our students to change their clothes if they're going out into the community after a shift," Kelli said. "When you leave, you don't know what you may have on you from the clinical site."

"For safety and infection control, scrubs should only be worn once and then washed," agreed Charles Drago, D.H.Ed., R.T.(R)(CT), program director at City University of New York, who tells students to put on a fresh pair of scrubs.

In 2011, researchers at a university hospital in Israel collected samples from the uniform sleeves, waists and pockets of 135 health care employees. They found contamination

was worse the longer a uniform was worn. The rate of contamination was 8 percent for uniforms that were changed every day, vs. 29 percent for uniforms changed every two days. The researchers suggested that pathogenic bacteria could be transmitted to patients via health care attire.

Another concern is wearing scrubs that fit properly. "I've seen students stumble over their pants," Kelli said. "We teach them they have to be hemmed, not dragging on the floor." Students learn early on that they need to be able to run when necessary, and proper shoes are imperative. "We don't even allow Crocs or slip-on shoes," Kelli said. "Our nursing faculty have seen accidents with those shoes and feel strongly that a closed toe is necessary." Charles added that he encourages his students to wear closed-toe shoes to protect themselves from falling objects or blood spills.

Clothes aren't the only problem. "In addition to being an infection control issue, long hair is a safety concern," Charles said. "Long hair and men's ties can get caught in machines." While technologists are transporting their pediatric or elderly patients, the patients might grab at them, so necklaces and hoop earrings are discouraged to protect the caregivers. Fingernails should be kept short and clean, noted Charles, and rings kept to a minimum for those working with machinery. "If you're putting a plate into a tray, you don't want to be closing a drawer with a 3-carat diamond on your finger."

By emphasizing the safety aspects of dress code in the health care environment, instructors add clout to their argument for a professional appearance in the workplace. Many of today's students have tattoos and facial piercings, but they respond positively to dress codes, Charles said. "They're happy to learn a career, and with that comes proper dress."

Kelli agreed that lessons in dress code go beyond safety guidelines. "I do a uniform check before [the first-year students] go to clinicals," Kelli said. "They're surprised that we're so serious about it, but when they see others dressed professionally in clinicals, they feel like a part of the team. They get that there's a bigger picture around how they're dressed."

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Stay Alert On Call

BY CRISTINA OLDS, CONTRIBUTING WRITER

PHOTO: MICHAEL MCDERMOTT

You're returning home from a long shift at work. You stood for hours wearing a lead apron, dealing with stressed patients and performing your duties with intense mental and emotional focus. As you pull into your driveway, your phone rings. Your supervisor needs your help at work – you're on call. Exhausted, you turn your car around and head back to your job.

"I hate to call it horrible, but working on call kind of is," said Bart Pierce, B.S., R.T.(R)(MR), FASRT, "especially after pulling full shifts during the week."

The current health care system has created more call time to expedite the duration of patients' care in the medical system, explained Bart, a lead MR technologist at Good Samaritan Regional Medical Center in Corvallis, Ore. As a result, R.T.s are frequently being asked to assist in nonemergency situations. "We might do an MR at midnight to get a diagnosis and move the patient in and out quickly to free a bed for the next patient."

Fred Apodaca, R.T.(R)(CV), has worked in cardiology and inter-

ventional labs for 29 years and is now a lead technologist in the cardiac catheterization lab at Albuquerque's Heart Hospital in New Mexico. "Technologists have a choice in the position for which they apply," Fred said. "A few positions don't require call, and those positions might not be as fatiguing." He encourages R.T.s to keep themselves in good physical and emotional shape for the often exhausting call work.

"Performing the needed tasks in an emergent call situation while sleep-deprived requires the same precision as if the technologist was fully rested," Fred noted.

Often, hospitals and private practices need to adjust on-call shifts to minimize overworking their technologists. Depending on the modality, call might be required during 50 percent of the employee's work period, or 8 to 12 days each month.

Timothy Dye, R.T.(R), a surgery technologist at Marietta Memorial Hospital in Ohio, said his managers realized the demanding call schedule was creating tension among staff. So, the managers made changes.

"We went from a whole week of call to one day per week [each month]," said Timothy. "It got rid of overtime, and it works better for the R.T.s, too. Because I know ahead of time that I'm on call on Wednesday, for example, I don't plan anything else."

When technologists are on call, typically they should be no farther than 30 minutes away. Driving when tired and rushing can put them at risk before they even step into the hospital. "You don't do any good if you don't get there," Timothy said. "I recommend you find the quickest route and take your time to get there safely." On-call staff might want to sleep at the hospital when they're on call to avoid driving, added Bart.

Depending on how much extra time they log, on-call R.T.s might have elevated radiation exposures, so their exposure levels are checked more frequently than technologists who work standard shifts. "We get checked more because we're in surgery," Timothy noted. "If our levels are higher, we can change our schedule, and they'll take us out to the floor away from x-ray."

Working on call can be a hardship for R.T.s, affecting their free time, their families, their health and their job performance. Monetary compensation for the added stress is appreciated, but many say they wouldn't work call if they didn't have to.

"If I want to work where I work, I have to take call," Bart summed up. "It affects your lifestyle dramatically, and as I get older, I don't bounce back as quickly as I used to." But, you learn to deal with it the best you can, he said. "It's part of the job."

Learn More

Check out the "Optimize" column on Page 15 for tips on fighting fatigue at work with nutritious foods.

