



POLICIES AND PROCEDURES

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DATE EFFECTIVE: 1 May 2010

CROSS REFERENCE: A. Feb 09 BoDs Mtg
B. Oct 08 BoDs Mtg
C. Phase 1 CT/MRI Expert Panel Report
D. Phase 2 CT/MRI Expert Panel Report

ISSUED BY: Board of Directors

CATEGORY: Administration

SUBJECT: STAFFING STANDARDS - DIAGNOSTIC IMAGING FACILITIES - CT

POSITION STATEMENT:

It is the Position of the Association that for safe operation of CT scanners in Radiation Therapy Departments, in the best interests of the patient, Medical Radiation Technologists and other health-care providers directly involved with CT imaging that the following staffing is required.

- For one (1) CT System: 16 hours/day, 7 days/week requires 5.7 FTEs.
- For two (2) CT Systems: 16 hours/day, 7 days/week requires 8.2 FTEs.

RATIONALE:

CT has become a significant radiation therapy planning tool. It attracts a high demand for its use and must be operated effectively and efficiently in a cost conscious health-care system. Further, CT has become extremely sophisticated in terms of its technology. This, combined with the potential for harm from ionizing radiation, sufficient staff are required to ensure safe and quality patient care.

IMPORTANT CONSIDERATIONS:

The following are important considerations:

- A minimum of two (2) full time CT operators are required for an eight (8) hour shift to ensure there is effective communications and coordination to minimize the potential for an adverse event
- A minimum of two (2) CT operators for evenings and night shifts for the same reasons as the daytime eight (8) hour shift and to ensure operator and patient safety especially to avoid situations where a patient may be left alone
- CT is protocol driven and a double-check system is a necessary risk management strategy

- A minimum of 1 CT operator in a Radiation Therapy Department shall be competent in IV therapy in an 8 hr. shift and the operator must be competent in conducting and managing injections including adverse reactions
- CT operators must be competent in CT physics and CT cross-sectional anatomy
- Staffing should be based on the demands for the examinations which are being driven by the Wait Time government initiative. This initiative lays out the principles in terms of how long the patient should wait based on their classification of need. This is placing great pressure on facilities and particularly CT operators which impacts on the quality of care produced
- CT operators must be responsible and accountable for their practice in the specialty area of CT by only practising with the harmonized requisite knowledge, skills and judgement to assure safe and high quality patient care. We recommend that a recognized program be taken by all CT operators in Ontario. Presently the National Association's Certificate Program is the OAMRT's recognized program