## 2020 Radiography Student Policy and Procedure Manual Table of Contents

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Halifax Health Radiography Program
303 North Clyde Morris Boulevard
Daytona Beach, Florida  32114
FAX:386-425-4231
Emails:
Deeann.Vanlandingham@halifax.org
Brittany.Taylor@halifax.org
Carrie.Regoli@halifax.org

Program Phone: 386-425-4075
Dee Ann Vanlandingham – option 3 (extension 13909)
When calling in to report absence or tardy from clinical, select option 3 and leave message
on Dee Ann’s voice mail.
Brittany Taylor 386-425-4075 option 5 (extension 13908)
Carrie Regoli 386-425-4075 option 4 (extension 13907)

FOR NATURAL DISASTER EMERGENCIES SUCH AS HURRICANES, A MESSAGE
WILL BE LEFT ON OPTION 3

Contacting Department:

HHMC Main 386-425-4000
Department 19007 or 19008
       ED 19001 or 19002
       CT  19003
Invasive 386-425-4219
       MR 386-425-4217
       NM 386-425-4043
Reception 386-425-4071
Ultrasound 386-425-4218
Cardiac Cath 386-425-4158

Halifax Health Port Orange 386-322-4700 x 66134
Halifax Medical Center Emergency Department of Deltona 386-425-6100
Twin Lakes Imaging (TLI) 386-274-7213 (Diagnostic) Extension 1220 and 1221
       Extension 3121 (Specialized Area)
Port Orange Imaging 386-763-5300 Extension 1321
       Town Center Imaging 386-445-4400
       Ormond Urgent Care 386-425-4480
WELCOME TO THE RADIOGRAPHY STUDENTS

Halifax Health Medical Center – Daytona Beach, Port Orange, Deltona Campuses and the outpatient clinical affiliates extend a warm welcome. Each student radiographer plays a vital role in our commitment to the health care needs of our community. You will be instructed on all aspects of quality patient care, skills required to produce diagnostic images and quality improvement methodology. You will be guided in the professional sphere of this discipline by working directly with health care professionals and patients.

This policy manual is developed to acquaint you with the Halifax Health Medical Center policies, the Radiography Program and Professional Curriculum, not to answer all your questions or cover every possible situation. Please read through this document prior to the orientation classes. The faculty will review information in this manual during the orientation period, answer questions and refer to this manual for policy and/or procedure issues.

The Radiography Program under applicable rules of the Administrative Procedures Act may change any of the announcements, information, policies, rules, regulations and/or procedures set forth in this manual. The manual is published annually and cannot always reflect new and/or modified policies/procedures. Statements in this manual may be regarded in the nature of binding obligations on the institution and student. All revisions will be provided to the students.

Student radiographers will be accountable for the requirements, policies and procedures defined in this manual and any revisions provided throughout the 24-month program. Additional information or clarification of any policy or procedure may be obtained from program faculty.

Note: Student radiographers attending courses at Daytona State College should contact Student Disability Services if they require course adaptations or accommodations at DSC because of a disability. If the student has emergency medical information or requires special arrangements in case the building at DSC must be evacuated, please make an appointment with Student Disability Services.
HISTORY OF HALIFAX MEDICAL CENTER’S RADIOLOGIC TECHNOLOGY PROGRAM

In the early 1960s, the faculty of Daytona State College (DSC) and the Halifax Health Medical Center Radiology Department expressed an interest in developing a Radiologic Technology Program because of the recognition of the ever-increasing needs and opportunities in this allied health profession. The existing certificate programs, number and quality of entrants into the profession had been a disappointment, and there was a desire for combining an advanced educational opportunity to allow for upward mobility and continued education toward a degree in Radiologic Technology or a related discipline.

It was felt that the combined academic and clinical education would upgrade the level of the radiographer as well as supply an ever growing and continuing need for Registered Technologists in Radiography. A quality hospital-based educational program including general education courses at the college level would seem to provide an ideal educational opportunity to better prepare individuals for this health profession. This became the objective of the Program.

After thorough investigation, a proposal for a hospital-based program in Radiologic Technology including general education courses was submitted. This proposal was submitted to the Committee on Technologist Training of the American College of Radiology and the American Medical Association’s Council on Hospitals and Education. This program was so impressive that it has remained a prototype model for hospital-based programs requiring general education courses taken at community colleges. This program was approved on August 19, 1965, for a total of 30 students divided over a 3-year period.

In June 1990, an official affiliation agreement was signed with Daytona State College allowing our graduates the opportunity to receive an Associate in Science Degree in Radiography. This degree assists our graduates to continue their education toward a Bachelor’s Degree. The Program has articulation agreements with the College of St. Francis to allow graduates the opportunity to continue their education toward a BS degree. Program graduates are also eligible for application to DSC’s Bachelor’s Degree programs and Valencia College’s BS Degree in Radiologic Technology program upon program completion.

The program became a 24 month hospital based program with the class that started in January 2016.
Program Mission Statement:

To provide a multi-skilled, comprehensive education for students in the Radiologic sciences. The Program will promote standards to meet stated outcomes for service oriented professionals that are entry level into the profession, and promote multi-competency and lifelong learning.

Program Goals:

To provide the health care community with graduates who possess:

♦ ability to assume their role as an entry-level radiographer in providing quality patient care
♦ critical thinking and problem solving skills to practice as competent radiographers
♦ professional values and attributes to maintain a high standard of ethical conduct with patients, peers, employers and other members of the health care team
♦ motivation to continue their professional growth and development

Assessment Goals to support the achievement of overall program mission and goals:

Goal 1: Students will be clinically competent to perform diagnostic exams under the proper supervision.
   Student Learning Outcomes
   1. Students will apply positioning skills.
   2. Students will possess knowledge of routine procedures
   3. Student will evaluate and adjust technical factors based on exposure indicator values
   4. Students will practice radiation protection.

Goal 2: Students will communicate effectively and demonstrate oral and written communication skills.
   Student Learning Outcomes
   1. Students will use effective oral communication skills.
   2. Students will practice written communication skills.

Goal 3: Students will use critical thinking and problem solving skills.
   Student Learning Outcomes
   1. Students will adapt procedures for non-routine examinations.
   2. Students will critique images to determine optimal image quality for individual patients.

Goal 4: Students will model professionalism.
   1. Students will demonstrate professional ethics to include initiative, dependability, and appearance.
   2. Students will be exposed to professional organizations to promote lifelong learning and professional development.

Goal 5: The program will graduate entry-level technologists. (Program Effectiveness)
   1. Five year average credentialing examination pass rate of not less than 80% at first attempt within six months of graduation
   2. Average section summary score ≥ 8.0 for each area on ARRT exam
3. Five year average job placement rate of not less than 75% within twelve months of graduation of those actively seeking employment.
4. Students will complete the program within 24 months.
5. Graduates will be satisfied with their education.
6. Employers will be satisfied with the graduate’s performance.

**Sponsor Mission Statement**

To be the community healthcare leader through exceptional talent and superior patient centered service delivered in a financially sustainable manner.

**Sponsor Vision Statement**

To develop talented teams dedicated to providing competent, accountable patient centered healthcare in a financially sustainable manner.

**Sponsor Values Statement**

Halifax Health will cultivate a positive workplace in which each team member is valued, respected and has an opportunity for personal and professional growth. We will develop patient centered systems of care.

**Sponsor Service Philosophy**

Halifax Health will ensure that those we serve are treated with courtesy and respect in a safe, compassionate and professional environment. Halifax Health will provide exemplary medical, emotional, and spiritual care for each of our patients and their families.
Halifax Health Medical Center Radiography Program
Program Effectiveness Data

Five-year average credentialing exam (American Registry of Radiologic Technologists Radiography Examination) pass rate not less than 80% at first attempt within six months of program graduation.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Passing on 1st attempt</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100%</td>
<td>8 of 8 students passed on 1st attempt</td>
</tr>
<tr>
<td>2015</td>
<td>89%</td>
<td>8 of 9 students passed on 1st attempt</td>
</tr>
<tr>
<td>2016</td>
<td>100%</td>
<td>8 of 8 students passed on 1st attempt</td>
</tr>
<tr>
<td>2017</td>
<td>94%</td>
<td>17 of 18 students passed on 1st attempt</td>
</tr>
<tr>
<td>2018</td>
<td>100%</td>
<td>8 of 8 students passed on 1st attempt</td>
</tr>
<tr>
<td></td>
<td><strong>5 Year Average</strong></td>
<td><strong>96%</strong></td>
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Five-year average job placement rate of not less than 75 percent within twelve months of graduation of those actively seeking employment. Documentation obtained from Graduate Follow-up Surveys and contact with graduates.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent job placement of graduates actively seeking</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>100%</td>
<td>8 of 8</td>
</tr>
<tr>
<td>2015</td>
<td>100%</td>
<td>8 of 8</td>
</tr>
<tr>
<td>2016</td>
<td>100%</td>
<td>8 of 8</td>
</tr>
<tr>
<td>2017</td>
<td>100%</td>
<td>18 of 18</td>
</tr>
<tr>
<td>2018</td>
<td>100%</td>
<td>8 of 8</td>
</tr>
<tr>
<td></td>
<td><strong>100%</strong></td>
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Program completion rate
Program completion rate is defined as the number of students who complete the clinical phase of the program within 150% of the state program length. The program length for the clinical phase of the program is 24 months (beginning with 2016 class) and the program completion rate is defined as those students graduating within 36 months of beginning the clinical phase of the program.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Completion at 30 Months 24 Months starting with January 2016 class</th>
<th>Number of students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>89%</td>
<td>9 began, 8 graduated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 withdrawal due to family illness</td>
</tr>
<tr>
<td>2015</td>
<td>90%</td>
<td>10 began, 9 graduated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 dismissed due to grades</td>
</tr>
<tr>
<td>2016</td>
<td>90%</td>
<td>9 began, 8 graduated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 voluntary withdrawal</td>
</tr>
<tr>
<td>2017</td>
<td>90</td>
<td>20 began, 18 graduated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 2 voluntary withdrawal</td>
</tr>
<tr>
<td>2018</td>
<td>89%</td>
<td>9 began, 8 graduated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 1 dismissed</td>
</tr>
<tr>
<td><strong>5 Year Average</strong></td>
<td><strong>89%</strong></td>
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For additional information on program effectiveness data, visit [https://portal.jrcertaccreditation.org/summary/programannualreportlist.aspx](https://portal.jrcertaccreditation.org/summary/programannualreportlist.aspx)
HHMC AND HHPO
ORGANIZATIONAL CHART

Organizational Chart

https://www.halifaxhealth.org/about-us/leadership
RADIOLOGY DEPARTMENT
MISSION

The mission of the Radiology Department is to meet and exceed the health service needs and expectations of the community. The Department will be proactive and focused on quality diagnostic/interventional/therapeutic services, cost containment and promote responsible, diverse imaging services.

RADIOLOGY DEPARTMENT GOALS

1. Continue to participate in the development of programs to meet our commitments to the community.
2. Develop and implement a collaborative plan to improve market share of radiologic and health care services.
3. Meet and exceed budget objectives and cost containment plans.
4. Promote the radiologic sciences through community education to enhance the image of the department.
5. Analyze outcomes of QC/PI program to address and improve quality customer service.
6. Meet and exceed standards in the education and skill level of our multi-skilled, multi-competent employees.
7. Continue to provide educational programs for students and staff that meet and exceed national standards and outcomes.
RADIOLOGY DEPARTMENT ORGANIZATIONAL CHART
ADMISSION COMMITTEE POLICY

EQUAL OPPORTUNITY

The Radiologic Technology Program follows the Halifax Health Medical Center’s Affirmative Action statement as follows:
It is our policy to grant equal opportunities to all qualified persons without regard to race, color, creed, age, sex marital status, national origin, ancestry, religion, or disability and any other protected class. This policy includes but is not limited to recruitment, employment, compensation, benefits, training, promotion, demotion, and termination and is to be followed by all concerned.

Halifax Health does not discriminate against qualified, disabilities individuals in the admission process or access to employment in of its programs or activities. Halifax Health Medical Center follows de process in its application process.

PROGRAM ACCREDITATION

Accreditation

The Radiography Program at Halifax Health is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 N. Wicker Dr., Suite 2850, Chicago, IL 60606-3182. phone: 312.704.5300 Fax: 312.704.5304 and Website: Joint Review Committee, mail@jrcert.org and www.jrcert.org

During the educational process, student radiographers are exempt from Florida Licensure Statute-Chapter 468.

The Program has been in compliance with the JRCERT (Essentials) Standards since 1965. Periodic review of the program by Program Self-Evaluation and Site Visit is required for continued accreditation.

Allegations of noncompliance with JRCERT Standards are reviewed and investigated by the Education Coordinator and Clinical Faculty. A report is presented to the Advisory Committee along with any recommended actions. The Education Coordinator responds to the JRCERT inquiry within the requested time frame.

The JRCERT Education Program Standards are available to the students and public through the Program Office and will be reviewed in the course entitled: “Fundamentals of Radiologic Technology.”
INTERNATIONAL STUDENTS

You are classified as an international student if required forms must be submitted to the US Department of Justice. However, if you have immigrated to the US and have a resident alien number, you will not be classified as an international students. All DSC criteria for international students must be followed prior to admission. Refer to the DSC Catalog.

In addition, certified official academic transcripts are required from secondary schools, colleges, universities, technical and other post-secondary schools attended. Transcripts in languages other than English must include official certified English translations, authentic verifying statements and signatures.

Further information concerning this process may be obtained by contacting the Immigration and Naturalization Services (INS) at 1-800-375-5283 or webpage http://www.uscis.gov/graphics/index.htm.

ADVANCED PLACEMENT

The structure of the Radiography Program does not allow for advanced placement. The program will only accept college credit taken at DSC or transferred to DSC and appearing on the official transcript. It is the applicant’s responsibility to contact DSC regarding the transfer process. You are required to provide the DSC Transfer Evaluation Report to our Office. The Program does not accept transfer RTE courses.

EARLY RELEASE

The structure of the Radiography Program does not allow for early release. Didactic courses continue throughout the entire 24-month period. Clinical Education continues throughout the entire 24 months duration for continued competency and continuity.

ACADEMIC INTEGRITY

The HHMC Radiologic Technology Program is committed to providing you with quality instruction, guidance and opportunities for academic and career success by fostering academic excellence in a supportive and personalized learning environment. Maintaining high standards of academic honesty and integrity in higher education is a shared responsibility and an excellent foundation for assisting you in making honorable and ethical contributions to the profession. In order to preserve academic excellence and integrity, the Program expects you to know, understand, and comply with the Academic Integrity Code, which prohibits academic/clinical dishonesty in any form, including, but not limited to, cheating and plagiarism. Grades conferred by faculty are intended to be, and must be, accurate and true reflections of the course/clinical work produced and submitted by you.
All cases of suspected violations are reported to the Education Coordinator for resolution.

FORMS OF ACADEMIC DISHONESTY

Cheating

Cheating is defined as receiving or giving unauthorized assistance on a quiz, test, competency evaluation, exam, paper or project, or unauthorized use of materials to complete such; collaborating with another person(s) without authorization on a quiz, test, competency evaluation or exam for someone else or allowing someone else to do the same for you.

Plagiarism

Plagiarism is defined as submitting work in which words, facts, or ideas from another source are used without acknowledging that the material is borrowed whether from a published or unpublished source. For specific information on how to document information from other sources, students should check with their instructors, DSC academic department, or a recognized writing manual, such as the MLA or APA.

Fabrication

Fabrication is defined as listing sources in a bibliography that one did not actually use in a written assignment; presenting false, invented, or fictitious data/evidence in a written assignment.

Other Academic Misconduct

Other Academic Misconduct may include but is not limited to:

♦ In a test situation, conduct, such as, looking at a classmate’s test, talking to a classmate, or leaving the classroom without the instructor’s or proctor’s permission
♦ Obtaining by theft/purchase OR selling/giving part of or all of a test
♦ Entering an office for the purpose of changing a grade on a test, assignment, or in a grade book or for the purpose of obtaining a test
♦ Altering or attempting to alter academic records of the Medical Center or DSC which relate to grades; being an accessory to same
DISCIPLINARY PROCESS

Due Process – Notification, Hearing, Explanation

In the event a student is accused of academic dishonesty, the student will be afforded due process; i.e., the student will be notified in person or by certified mail that an incident has been reported; the student will be advised to make an appointment with the Education Coordinator and Clinical Faculty to discuss the matter and to review available options for resolution if the student denies the alleged violation. The student must schedule the appointment with the faculty within 5 working days of the incident. The available options would be a hearing before the HHMC Human Resources or the DSC Judicial Affairs Office. Both types of hearings provide the student with an opportunity to present their side of the story. This hearing will be set up within 5 working days of the meeting with the faculty. After the hearing, the student will be given a written explanation of the results of the hearing and any sanctions imposed within 30 working days.

Student’s Grade

Until adjudication occurs, the student will NOT receive a grade for the test, competency or project in question; the test/competency/project will be graded if the student is determined innocent. If the incident has not been adjudicated by the end of the semester in which it occurred, the student will be given a grade of “Incomplete” until the matter has been resolved.

If it is determined that the student is guilty of academic dishonesty, a grade of “F” could be given for their test/competency/project in question. Additional sanctions may also be administered taking into account the existence of prior conduct violations and other factors and could include probation, suspension, counseling and/or termination.

APPEAL MECHANISM
(GRADES)

The intent of this mechanism is to provide a procedure whereby student disputes are processed promptly and resolved fairly. Students who feel that an unsatisfactory grade received is the result of deviation from established and announced grading policies may file a written complaint with the Education Coordinator within 5 working days after the grade has been posted. If the complaint is not resolved to the student’s satisfaction within 10 working days of the complaint, the student may request an interview with the Education Coordinator and Medical Advisor (or other designated member of the Advisory Committee). This must be done within 5 working days after the initial resolution. Outside assistance used includes Human Resources, the Medical Center Attorney or the DSC Judicial Affairs Office as needed per for circumstances. These (HHMC HR, HHMC Attorney or DSC Judicial Affairs) individuals will discuss the complaint with the student and will make every effort to resolve the matter within a reasonable time frame of the complaint made to Human Resources, Medical Center Attorney or DSC Judicial Affairs Office.
GRIEVANCE PROCEDURE

The Radiography Program understands that student radiographers give their best effort to perform at a high level of competence in the didactic, clinical and affective domains while obtaining clinical experience in a congenial atmosphere, but in an organization as large as ours, misunderstandings may occur in the interpretation, application or compliance with policies, procedures, rules and regulations of the educational program, department and/or medical center.

Therefore, if you have, or believe you have, a grievance resulting from such a misunderstanding, the faculty encourages you to present the matter to the education coordinator, assistant education coordinator and clinical instructor within 15 working days of the incident for conclusion. The grievance must be in writing. The faculty has the responsibility to listen, evaluate, investigate and return to you with a complete and equitable written solution within 15 working days of the initial complaint. It is our intent for grievances to be handled promptly and fairly.

If you are not satisfied with the decision, or with the results of the discussions, you should arrange a meeting with the HHMC Human Resources Department within 5 working days of the faculty decision. The grievance should be resolved within a reasonable time frame of the notification made to Human Resources. Both the grievance and the resolution will be in writing.

The purpose of the grievance procedure is to seek prompt and equitable solutions to grievances and to alleviate feelings of dissatisfaction. You should, therefore, feel free to use this procedure. The faculty is advised that this is a right of all student radiographers and that exercise of this right shall never be cause for criticism, penalty or recrimination.

JRCERT

To maintain accreditation, the Program makes every effort to be in compliance with JRCERT Standards. Any student who has a complaint of non-compliance should notify the Education Coordinator in writing within 5 workings days of the event. The Education Coordinator will investigate the allegation and respond within 10 working days of the complaint. If the non-compliance allegation is not corrected by the Education Coordinator, the Grievance Procedure and timeframes listed above is to be followed. If the final resolution is not satisfactory, the student may contact the JRCERT within 5 working days of the final resolution.

WITHDRAWAL PROCEDURES

A student who decides to withdraw from the Program must submit a letter of withdrawal to the Education Coordinator immediately. Failure to do so will result in a termination of enrollment for reason of non-compliance with Program policies. This will seriously jeopardize a terminated student’s eligibility to re-enroll in the Program for a future class. Any student who is dismissed or has withdrawn from the Program and desires to be re-interviewed for the following year’s class or a future class, must re-activate their file by a written request, which must be received prior to August 1. Re-entrance to the Program will be based upon the same criteria as all other applicants and past performance documentation on file.
DISMISSAL

Program authorities may dismiss students for those indicated violations listed under Rules of Conduct or any serious or continuous non-compliance with policies. Students may also be dismissed for failure to maintain a minimum 85% scholastic average in the Program. The Program authorities may, also, dismiss a student whose personality is inconsistent with proper and acceptable patient, technologist, physician or fellow student relationships.

PERFORMANCE STANDARDS

Radiography involves providing direct patient care, which requires the application of knowledge in the performance of specific tasks. Performance standards represent the abilities needed to succeed in satisfying the objectives and competencies required to perform these tasks.

Those abilities include:

Physical Capabilities
Students must be able to make and report visual observations, differentiate between shades of black, white and gray, work in subdued lighting and read and carry out verbal and written orders. (Eyesight must be 20/40 or be corrected to that level.)

Students must be able to hear blood pressures; breath sounds, verbal orders and during emergencies, hear alarms or distress calls from patients. (Hearing must be corrected to no more than a 50% loss.)

Students must be able to palpate patients for positioning, taking pulses and determining body temperature.

Students must possess physical ability and stamina enabling them to withstand an 8-hour period of standing and/or to move quickly and, at times continuously. It is often necessary to lift, move or support patients and/or equipment of greater size and weight than self. Therefore, strength of back, legs and arms, and the ability to use proper body mechanics are necessary for the safety of both patients and students.

Mental/Emotional Capacity
Students must be able to think clearly, critically and logically, to make valid and ethical judgments and act effectively in stressful situations. An ability to perceive events realistically, think rationally and function independently in routine or emergency situations. When, in the judgment of clinical or didactic faculty, it is necessary, a certified psychologist or psychiatrist will determine this ability.

Communication Ability
Students must be able to communicate observations to others in a clear, concise manner in both oral and written forms. In the judgment of the clinical instructors, the student must be able to speak and interact effectively with patients and members of the health care team.

Students admitted to this program receive a copy of these standards with a request for acknowledgement and return. Students may request accommodation to one or more performance standards based on a disability. Such accommodation will be provided in accordance with the HHMC rules, state and federal statutes.
RULE OF CONDUCT

The rules of conduct for students are basically the same as those for employees of Halifax Health, as indicated in the Employee Handbook.

DISCIPLINE

Following are the various forms of disciplinary action arraigned by degree of severity:

1. Verbal reprimand
2. Written warning
3. Disciplinary probation or suspension
4. Dismissal

There are certain types of misconduct, which may also be so serious as to warrant disciplinary action up to, and including suspension or recommendation for dismissal without notice.

The following are examples of such misconduct: If a student has had previous disciplinary actions, the dismissal option will be selected.

1. Any false statement made on the program application, medical history, background check, or omission of information that might unfavorably affect the application
2. Negligent or unauthorized acts which contribute to a serious hazard for, or injury to, any patient or other persons on hospital premises
3. Unauthorized disclosure of confidential information about patients or the medical center that is a breach of confidentiality, patient rights or non-compliance with HIPAA standards, or unauthorized use of medical center computer system to investigate patient medical records
4. Falsifying medical center records, including false recording of attendance
5. Violation of medical center’s solicitation and distribution policy
6. Unauthorized use, possession, or removal of property belonging to the Medical Center, patients, visitors, personnel, or others associated with the facility
7. Proven theft, pilfering, fraud, or any other form of dishonesty in connection with the medical center
8. Unauthorized possession of firearms or other dangerous weapons on medical center premises
9. Unauthorized use, possession of, or being under the influence of intoxicants, narcotics, or other drugs on the Medical Centers premises
10. Assaulting, threatening or intimidating anyone associated with the Medical Center
11. Malicious gossip or derogatory attacks concerning anyone associated with the Medical Center
12. Insubordination, including refusal to obey a reasonable order or act that challenges the authority of supervisory personnel to issue a valid order
13. Gross negligence of duty or leaving clinical assignment during scheduled hours without proper authorization
14. Discrimination against employees, patients, visitors, or any other persons associated with the Medical Center because of race, color, creed, age, gender, national origin, ancestry, religion, or disability
15. Any form of grossly improper conduct detrimental to the Medical Center’s operation of patient care
16. Violation of Halifax Health smoking policy
17. Failure to call the Program Office and Department to report absence or tardy
18. Unprofessional or inappropriate postings concerning the medical center, Radiography Program, staff, students or patients on social network sites.

While the list above and on the previous page is comprehensive, it is not intended to cover every possible action, which may warrant disciplinary action. It is intended to help students become aware of the need of proper conduct and to illustrate factors that detract from efficient Medical Center operations and patient care.

RADIOGRAPHY PROGRAM DISCONTINUANCE POLICY

If in the future, the sponsor chooses to close the radiography program, the medical center agrees that the classes that have begun their radiologic science education will not be affected by the notice of termination. To the degree permitted by law, the medical center responsibilities will continue until the last approved class has graduated.

Confidentiality of Student Radiographer Records

Purpose:

To protect the student radiographer’s privacy and secure clinical and class records; and, to protect patient privacy.

Procedure:

To submit clinical or class records/forms to faculty:

1. Submit directly to faculty member.
2. Place under locked faculty office door if individual is out of office.
3. Fax competency forms, etc. to faculty at 425-4231 and bring original to faculty as soon as possible.
The program of study is designed to provide education on radiology science topics for high school or GED graduates with pre-requisites and co-requisites in General Studies. The curriculum is specifically designed to build upon a foundation of knowledge. To validate this assumption, tests and review sessions are provided in the curriculum. Didactic and clinical hours are required for the completion of the program. Any revisions to either schedule are discussed with the students then distributed in written form.

Completion of the program requires 24 months beginning with Jan 2016 class. A suggested program of study is outlined in the applicant packet and DSC webpage. Students are permitted assigned vacation from classes and clinical each year.

Each course plan identifies objectives that the student must achieve. The individual faculty members maintain lesson plans and evaluation instruments for courses. The lesson plans and evaluation instruments are developed from required textbooks, as well as reference material available to the student in the library or on the web.

Students must maintain an overall average of 85% to remain in the program. Evaluation methods are based upon specified student performance objectives. Specified criteria are applied equitably to all students.

Curriculum validation is accomplished by review of student performance on a continuing basis. Deficiencies noted are rectified either by individual counseling or additional instruction for the entire class.

Curriculum validation is also accomplished by graduate performance study. Employers of program graduates are contacted and asked to determine the level of performance demonstrated by graduates. In addition, the employer is asked to rate the level of preparation demonstrated. The results of this study and graduate evaluation of courses are evaluated by the faculty and presented to the Advisory Committee for discussion and recommendations. Recommendations are used for curriculum modification.

The faculty on a continuing basis accomplishes internal validation of curriculum contact.

**Grading Policy**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
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<tr>
<td>94</td>
<td>B+</td>
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<td>90-93</td>
<td>B</td>
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<tr>
<td>89</td>
<td>C+</td>
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<tr>
<td>85-88</td>
<td>C</td>
</tr>
<tr>
<td>Below 85</td>
<td>F</td>
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</table>
GRADUATION COMPETENCY ACHIEVEMENT/OUTCOMES

By the completion of the Program the student must have passed the minimum number of exams per category and must perform a Terminal/Final Competency Evaluation for each of the major categories with a minimum of 85%. The competency requirements are based on current ARRT standards. In addition to the radiographic procedures, following graduation requirements must be met:

1. Must maintain a minimum 85% average per course and complete all required courses in the Program.
2. Must maintain a 2.0 GPA in each required course at DSC and complete all coursework during the 24 months of the Program. The student is not permitted to attend the graduation ceremony if the courses are not completed.
3. Must pass the six-month and one year test with an 85% or above. Failure of either test will result in dismissal.
4. Must make up all missed clinical time and classroom assignments.
5. Must return all books to the Medical Library and Program Library.
6. Must successfully pass comprehensive final exam with an 80% or above.
7. Must successfully pass review exams with a 75% or above average score.
8. Must complete and return graduation application to DSC by deadline.
9. Must turn in radiation monitoring device, ID access badge to Program Office.
10. Must complete and return Exit Interview Survey.
11. Must hold AS degree or higher to be eligible to sit for the ARRT exam.

FAILURE TO MEET THE REQUIREMENTS WILL RESULT IN DELAY IN COMPLETION OR NON-COMPLETION OF THE PROGRAM.
DIDACTIC CLASS SCHEDULE YEAR ONE

Spring Semester – January – May

January - May
Clinical M, T, TH, F 9a-2:30p
Class W 9:00a - 2:30p

*Note – times may vary during initial orientation period

RTE 1000 Fundamentals of Radiologic Technology
RTE 1418 Radiographic Exposures and Processing I
RTE 1503 Radiographic Procedures I
RTE 1503LRadiographic Procedures I lab
RTE 1804 Radiographic Clinical Education I

Summer Semester – May – July

May- August
Clinical Tues., Thur., & Fri 9a-2:30p
Class Mon. & Wed. 9a-2:30p

RTE 1001 Medical Terminology for Radiographers
RTE 1457 Radiographic Exposures II
RTE 1513 Radiographic Procedures II
RTE 1513 L Radiographic Procedures II lab
RTE 1814 Radiographic Clinical Education II

Fall Semester – August –December

August – December
Clinical
7a-3p (3 days per week) or
3p-11p (3 evenings per week)
Class Tuesdays 8a-12p

RTE 1523 Radiographic Procedures III
RTE 1824 Radiographic Clinical Education III

Refer to Suggested Program of Study for required DSC courses

Recognized Holidays:

Martin Luther King Day
President’s Day
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day

Vacations:
Summer break of one week in late July or early August
Two weeks in December
*Actual dates announced in advance
<table>
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<th>Contact Hours</th>
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<tr>
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<td>2</td>
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<td>RTE 2782</td>
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<td>General Ed</td>
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General Ed
Freshman English I
College Algebra
General Psychology
Human Anatomy & Physiology I
Microcomputer Applications
Cultural & Aesthetic Elective
Starts with Jan 2016 class
Semester Hours Registered (RTE Courses) Per Semester

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<thead>
<tr>
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<th>Semester Hours RTE Courses</th>
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<td><strong>Semester</strong></td>
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<td><strong>First Year</strong></td>
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<td>Spring</td>
<td>10</td>
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<td>Summer (12 Week)</td>
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<td>Fall</td>
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<td><strong>Second Year</strong></td>
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<td>Spring</td>
<td>11</td>
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<tr>
<td>Summer</td>
<td>10</td>
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<tr>
<td>Fall</td>
<td>9</td>
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</tbody>
</table>

*Starts with Jan 2016 class*
**COGNITIVE EVALUATION**

Measure of radiography student’s ability to recall and process knowledge using critical thinking skills.

<table>
<thead>
<tr>
<th>STUDENT</th>
<th>INSTRUCTOR(S)</th>
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</thead>
<tbody>
<tr>
<td>SEMESTER</td>
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<table>
<thead>
<tr>
<th>Standard Measured</th>
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<th>Does Not Meet Standards</th>
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<tbody>
<tr>
<td>Comprehension of course material</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to oral and written questions utilizing critical thinking and problem solving skills</td>
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<td></td>
<td></td>
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<tr>
<td>Timely completion of assignments</td>
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<tr>
<td>Class Attendance</td>
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<tr>
<td>Absence</td>
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<tr>
<td>Tardy</td>
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</table>

Grade

Comments

Student Signature_________________________________________Date________________________
FEES AND REFUND POLICIES

Halifax Health Radiography Students are responsible for paying Daytona State College tuition for all RTE and non-RTE courses enrolled in plus the additional Halifax Health fees for each course as listed below. When the student registers for a class, the tuition and Halifax Health lab fee will be combined into the one amount paid for the course. Students provide their own living quarters, scrubs, health insurance and meals. Total cost for 24 month program is approximately $10,200.00 (This does not include non RTE pre-requisite/ co-requisite courses or required text books. There is a $1000.00 Resource and Book Fee paid to Halifax Medical Center before the first day of class). There are a total of 58 RTE credit hours that are taught within the 24 month program. There is a total of 77 credit hours required for program completion (19 credit hours are non RTE pre-requisite and co-requisite courses).

Daytona State College Refund Policy:
https://www.daytonastate.edu/studentaccounts/refunds.html

### Radiography Program Lab Fees

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Fee</th>
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<tbody>
<tr>
<td>RTE 1000</td>
<td>Fundamentals of Radiologic Technology</td>
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<tr>
<td>RTE 1001</td>
<td>Medical Terminology for Radiographers</td>
<td>$189.00*</td>
</tr>
<tr>
<td>RTE 1418</td>
<td>Radiographic Exposures and Processing</td>
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<tr>
<td>RTE 1457</td>
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<td>Radiographic Procedures I</td>
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<td>RTE 2385</td>
<td>Radiation Biology and Protection</td>
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<td>Radiographic Clinical Education VI</td>
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*Effective for Spring 2018 Class.*
PERFORMANCE IMPROVEMENT/QUALITY CONTROL

The department QA/PI Reports are reviewed with the students to keep them abreast of activities related to PI.

In addition, the radiography program has an instructional library, self-paced study library and student radiographers have access to the Medical Center’s library as well as DSCs Resource Center.

INSTRUCTIONAL FACILITIES

Classroom 1 is designed for the Radiography Program with tables and chairs to accommodate a class of 10 students.

Classroom 2 is designed for the Radiography Program with tables and chairs to accommodate a class size of 12 students. PACS workstation.

The classrooms house 10 anatomical models that can be used in either class:

- 5th cervical vertebra w/ spinal cord
- lungs w/hear, diaphragm and larynx
- human male pelvis
- human heart, mediastinum and diaphragm
- human female breast
- endocrine system
- female reproductive organs
- larynx
- urinary organs
- skeletons (2)

Nursing equipment:

- BP cuffs
- stethoscopes
- otoscope
- ophthalmoscope

Office Assignments

1 Education Coordinator (private)
1 Clinical Coordinator (private)
1 Clinical Instructor (private)
1 Program Office (private) PACS workstation

All student and applicant files are maintained in locked cabinets or room. To maintain confidentiality of records student clinical forms must be submitted directly to faculty member.

The Radiography Program has voice mail, computers for staff (students also may utilize upon request), copy machine and fax machine.

The clinical facility is adequate in size, staff and equipment to accommodate the radiography students.

The classroom facilities no longer have an energized lab. An R/F room is scheduled to achieve lab objectives under the direction of the clinical faculty.
COLLEGE COURSE(S) TRANSFER/DEGREE POLICY

The radiography program will only accept college credit taken at DSC or transferred to DSC and appearing on the official transcript. We do not accept RTE course transfers. These courses are then transferable other state universities/colleges.

There are no exceptions to this policy.

Students who have a documented AA, BS and or graduate degree upon entering the Program may be exempt from required college course(s) taken at DSC, which are transferred to the community college. The final decision is based upon a review of all transcripts.

PHONE CALLS

There are to be no non-emergency calls for students to the Medical Center or Program Office. Students wishing to make phone calls outside the Medical Center may do so only during breaks and must use personal phone.

PERSONAL CELL PHONES, PAGERS AND ELECTRONIC DEVICES

Personal cell phones and electronic devices are not allowed to be used during class, lab or clinical hours for non-educational purposes. Cell phones are permitted to communicate with program faculty and for educational purposes when approved by clinical staff. Tape recorders are permitted during class but not when instructor and class are going over tests. Students wishing to make phone calls, check messages or use personal electronic devices for any reason may do so only during scheduled breaks.
STUDENT RECORDS POLICY

Upon written request by the student, the educational program will supply duplicate copy of student’s records within 45 days, or as requested. Student records are protected by the Family Educational Rights and Privacy Act (FERPA). This act affords the student the following rights with respect to their educational records:

- The right to inspect and review their educational record within 45 days of the day HHMC receives a written request for access. Students should submit the request to the Program Education Coordinator that identifies records they wish to inspect. The student will be notified of the time and place where the records may be inspected.

- The right to request the amendment of their education records that they believe are inaccurate or misleading. This request should be made in writing to the Program Education Coordinator clearly identifying the part(s) of the record they want amended and specifying why it is inaccurate or misleading. If the Radiography Program decides not to amend the record as requested, the Program will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

- The right to consent to disclosures of personally identifiable information contained in the student education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by HHMC in administrative, supervisory, academic or support staff position; a person or company with whom HHMC has contracted (such as an attorney, auditor, or collection agent); or a person serving on the Board of Trustees. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill their professional responsibility.

- The right to file a complaint with the US Department of Education concerning alleged failures by HHMC to comply with the requirements of FERPA.

- The right to withhold directory information. A student may submit a request to the Program Education Coordinator to withhold this information.
STUDENT POLICIES

Student Services

All students in the Radiologic Technology Program are entitled to the following:

A. Cafeteria discount on meals. The student must be wearing their picture ID badge to be eligible.

B. Free parking in the Employee Garage and Employee defined parking areas of the clinical sites. The students are issued an ID badge with parking garage access.

C. Students are responsible for having their own medical insurance.

D. Pharmacy purchases at employee rate. All prescription and over the counter medications must be paid for at the time of purchase. Students must provide name, address, DOB and known allergies to the Pharmacy.

E. Use of Medical Library, Radiology Department materials and DSC Learning Resource Center.

G. Hepatitis B vaccination series

H. Yearly PPD, TB mast fitting and flu vaccination.

I. Xerox copying free of charge.

J. Radiation monitoring free of charge.

K. Malpractice/Liability insurance is carried on each student with no charge. This only covers care following initial injury incurred while performing clinical responsibilities. All follow-up care will be covered by student’s individual insurance.

L. Qualified students may receive financial assistance through DSC.

M. Lockers, as available.
Student Health Service

All students are eligible to use the Employee Health Services. The service covers:

A. Screening for new students.

B. Screening and treatment of injuries occurring during clinical or class, and palliative treatment for illness or injury occurring during clinical or class.

C. Control of infectious diseases among staff and students. (The student must contact the education coordinator whenever there is a suspected contact i.e. chickenpox, TB, HIV, hepatitis, etc.)

D. Annual TB Mask Fitting

E. Initial PPD with follow-ups in case of exposure

F. Initial incident costs are covered but student is responsible for all follow-up care.

Services not covered by Employee Heath:

A. Chronic illness

B. Non-medical center related injuries/illness

C. Diagnostic testing for private physician

D. Dental or GYN

E. Eye examinations

F. Follow-up care following injury.

*Health Service costs are borne by the medical center and are provided when illness and/or injury are within the scope of the health service program.

Vacation Policy

Students are assigned 1 week each July or August and 2 weeks’ vacation in December.
Radiation Protection (ALARA) Policy:

To provide an accurate estimate of the exposure received from patient’s scattered radiation and leakage radiation, all students are required to wear a whole body radiation-monitoring device at the collar level at all times when in the clinical setting. The badges are not to be taken from the premises unless taken to off-site center, not be worn at non-clinical work sites or not to be worn during medical/dental procedures the student is having performed. Students will be directed to safe locations throughout the clinical site to store the monitors. The badges must be turned in within 1 week (7 days) of the receipt of the new badge. If a monitor is washed, lost, damaged, left in an imaging room or left at home (in car), the student must notify the Diagnostic Radiology Coordinator immediately. The Diagnostic Radiology Coordinator will assign a new badge and notify the Radiation Safety Officer and put this documentation in the student file. In cases of accidental exposure the student must inform the Diagnostic Radiology Coordinator immediately, the Radiation Safety Officer will be notified and consult with the Diagnostic Radiology Coordinator and student involved, the badge will be uploaded to Mirion Technologies for immediate reading and until such time as the reading is received, the student will be re-scheduled in a low radiation area. The Radiation Safety Officer may recommend further follow-up if the estimated dose received from an accident is above the allowable equivalent/effective dose limits. The Radiation Safety Officer will counsel the students in cases where the allowable dosage has been received. The Radiation Safety Officer reviews and signs each monthly report. State investigational levels (page 50) are utilized by the Radiation Safety Officer. The Education Coordinator will counsel any student in cases where monthly reading is high and investigate possible reason(s) for higher exposure with notification to the RSO. When wearing a lead apron, the monitoring device must be worn at the collar level outside of the protective apron. Declared pregnant individuals will be issued a fetal monitor that must been worn at the level of the abdomen and under lead protective aprons. You are required to wear the fetal monitor at abdomen level and personal badge at collar level to prevent inaccurate readings.

The Program uses Mirion Technologies direct ion storage (DIS)/radiation monitoring. You will be required to complete a radiation history form for your radiation safety office records. This information concerning previous badging will be provided to the Radiation Safety Officer who will make the necessary contacts to have an accumulated dose available.

Badges are uploaded at least weekly and radiation-monitoring reports are displayed in the classroom and maintained on file. The Diagnostic Radiology Coordinator and Radiation Safety Officer review the monthly and annual readings. This information is available for all students and any concerns are reviewed with the individual student involved. Annual Exposure records are provided to and reviewed with students and maintained in their file.
Basic Radiation Protection Guidelines

Three General Rules:

1. Keep the time of exposure as short as possible.
2. Maintain the longest distance between the source and exposed individual.
3. Utilize shields to protect specific areas from exposure.

Always adhere to the ALARA principles to keep the exposure to radiation As Low As Reasonably Achievable.

Dose Equivalent Limits:

- Occupational Exposure 5 rem/year or 50 mSv/year
- Non-occupational Exposure .1 rem/year or 1 mSv/year (continuous exposure)
- Embryo-Fetal .5 rem (5 msV)/9 mos. .05 rem (.5 mSv)/mo.

Reduction of Patient Dose:

1. Restrict beam to anatomy of interest.
2. Insert proper amount of Al filtration to reduce skin entrance exposure.
3. Reduce leakage radiation to less than 100 mR/hour at 1 meter from source.
4. Provide appropriate specific area shielding.
5. Set proper technical factors, utilize image system correctly and carefully position part.
6. Provide PI/QC program.
7. Utilize intermittent fluoroscopy with stationary tubes fixed at least 15" from skin entrance and mobile fixed at least 12" from skin entrance.
8. Fluoroscopy exposure rate must remain below 10 R/minute with ABC.
9. Chart pregnancy or denied pregnancy on all females in childbearing potential as well as shielding.
10. Students should not hold patients or image receptors during any radiographic procedure.

Reduction of Personnel Dose:

1. Wear .5 mm Pb aprons, stand behind protective shielding and minimize time of exposure.
2. Occupationally exposed workers should not hold patients but utilize appropriate mechanical supports or have a non-occupationally exposed person hold patient.
3. Monitor exposure monthly with optically stimulated luminescent dosimeter badge.
4. Apply ALARA and basic radiation protection rules.
5. Experimental exposure is prohibited.
6. Pregnant females have the option of declaration or non-declaration of pregnancy. (Refer to NRC Guideline 8.13, which will be reviewed during orientation)
7. Wear DIS badge at level of collar outside lead apron.
8. Stand away from the direct line of exposure.
STATEMENT OF PURPOSE:

To establish basic guidelines for protecting staff, student, and patient from radiation.

POLICY:

Staff/students of the Department of Radiology will follow the general radiation safety guidelines. All staff will review them annually as part of the evaluation process.

PROCEDURE:

I. The general radiation safety guidelines are as follows:

A. The three (3) basic methods of protection from radiation are shielding, distance, and time of exposure.

B. Do not allow others in the radiographic room with the patient unless it is absolutely necessary.

a. If absolutely necessary, family members may be asked to hold the patient during a procedure if immobilization devices are not practical. The following precautions must be taken:
   i. The family member must be greater than 18 years of age
   ii. If female, the family member must be questioned regarding the possibility of being pregnant. Pregnant family members will not be permitted in the room under any circumstances while the x-ray tube is energized
   iii. The family member will be advised that they will be exposed to scattered radiation that could result in radiation exposure comparable to that from other diagnostic x-ray exams.
   iv. The family member must wear a protective apron while holding the patient.
C. Never hold a patient during the x-ray exposure unless all other methods of immobilization have failed.
   a. If you must hold a patient, wear lead gloves and apron, and stay as far away from the primary beam as possible.

D. Never put your hand or any part of your body in the primary beam.

E. Close the door to the x-ray room when an exposure is being made.

F. Stay behind the lead shielding when making an exposure.

G. When a portable procedure is requested; the technologist is responsible for seeing that all exposures are safe and that all personnel are removed from the area except those necessary to help with the examination. The technologist must also use proper collimation of the x-ray beam to reduce radiation scattered.

II. Protective Equipment

A. Protective barriers are there for your protection. They contain at least 1.5 mm PB or its equivalent and are at least seven feet high. The control panel, exposure switch and protective barrier are arranged so that it is inconvenient to make the exposure without standing behind the barrier.

B. Lead aprons in the department contain the equivalent of 0.5 mm PB or more. They should be worn at all times in fluoroscopy and anytime you are in the room when an exposure is being made. They must be checked for cracks periodically by imaging them with fluoroscopy.

C. Lead gloves in the department contain the equivalent of at least 0.25 mm PB. They are to be worn anytime your hands are in or near the primary x-ray beam. Lead gloves should be checked for cracks annually in the same manner as lead aprons.

D. Radiation dosimeters are worn to monitor the amount of exposure you receive. They should be worn at all times that you are at work, and should be left at the medical center when you leave.

E. All of the immobilization devices are to protect the patient in order to obtain the necessary exam. Immobilization devices will only be used when other measures have failed (i.e. sedation) and the procedure is of benefit to the patient. Immobilization device will be used first before using a family member or individual to hold patients to minimize radiation exposure.
III. Equivalent/Effective Limits

A. The National Council on Radiation Protection and Measurements and the International Commission on Radiological Protection have recommended the following values for the dose equivalent limits of radiation for occupational exposure. The primary objective of these recommendations is to keep the exposure of the radiation worker well below the level at which adverse effects are likely to be observed during his/her lifetime.

B. The radiation exposure limits which are established by the State of Florida and implemented here at Halifax Health are as follows:

1. The lesser of a total effective dose of 5 rems (50 mSv) or the sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue, other than the lens of the eye equal to 50 rems (500 mSv).

2. An eye equivalent dose of 15 rems (150 mSv).

3. A shallow equivalent dose of 50 rems (500 mSv) to the skin or to any extremity.

4. The occupational dose limits for minors are ten (10) percent of the limits specified for adults.

5. The dose limit to an embryo/fetus during the entire pregnancy of an occupationally exposed woman is 0.5 rem (5 mSv).

IV. Radiation exposure records

A. Dosimeters are read on a weekly basis and the results are electronically transmitted and posted in each department.

B. If high readings are reported, that person's work habits will be investigated and corrective measures taken.

C. Exposure reports will be kept in the RSO's office and controlled by the Radiation Safety Officer.

V. Cases where dose limits are exceeded:

A. The radiation safety officer and Diagnostic Radiology coordinator review and sign all monthly reports to assure student dose limits are not exceeded. The threshold dose limit trigger is 100 mrem or greater in a one month period. The departmental physicist reviews exposure records quarterly and is consulted immediately in cases of dose limits being exceeded when the cause(s) cannot be identified.
B. The Education Coordinator is consulted immediately when the radiation safety officer notes dose limit for the month is exceeded and the student is removed from the clinical setting as a safety precaution during the investigation of the cause of the dose limit being exceeded. The student is counseled to identify possible cause(s) of exceeding of dose limit to include storage of monitor, leaving monitor on apron in fluoroscopic room, location student stands during fluoroscopic/OR/portable procedures, student rotation scheduling during badge period.

C. If the cause cannot be identified, Mirion Technologies is contacted to re-read the monitor.

D. The radiation safety officer and education coordinator review time, distance and shielding rules of radiation safety and the proper location to store and wear the monitor with the student.

E. The cause will be identified and rectified to avoid student exceeding limits in any future badge periods.
STATEMENT OF PURPOSE:

To educate staff/students involved with radiation any concerns with monitoring devices.

POLICY:

All radiology staff/students will be familiar with dosimeter (DIS)/radiation monitoring.

PROCEDURE:

I. General

A. The dosimeter badge is a device using a nonvolatile analog memory cell surrounded by a gas filled ion chamber to record the occupational exposure to ionizing radiation received by the wearer. The dosimeter badge in no way prevents radiation exposure to the wearer. Occupational exposures received by individuals at Halifax Health are normally very small. In order to comply with regulations, the department is required to supply a radiation monitor to all individuals routinely working with radiation sources and each individual should wear the badge at all times when working around radiation sources.

B. Each individual's occupational exposure to ionizing radiation, as recorded by the dosimeter badge, becomes a permanent part of his or her exposure record. Real-time reports of occupational exposure received at Halifax Health are available for viewing via the Mirion Technologies web portal.

C. Information obtained from dosimeter badge report is reviewed by the Radiation Safety Officer who will investigate and make recommendations to correct the causes of unusual exposure.
II. Specific

A. Dosimeter badges shall be worn on the front surface of the body in the area of the collar. If a lead apron is worn, the badge will be worn at the front collar outside of the apron.

B. A badge is issued to one person and has his or her name on it. Badges must never be worn by more than one person, or exchanged with others or worn when the badged individual is receiving a medical or dental radiation exposure as a patient with x-rays or other diagnostic procedure.

C. Badges must not be abused, tampered with, or opened. If the badge breaks, it should be brought to the Diagnostic Coordinator or Radiation Safety Officer immediately for correct re-assembly.

D. When not being worn, the badge must be kept on the badge rack located within each department. Never store a badge near any radioactive material. If you have another job that involves exposure to ionizing radiation, your employer should be providing you with a personal monitoring device for that job. The badge issued at Halifax Health must only be used to monitor exposure you received at this medical center. Please consult with the Diagnostic Coordinator or Radiation Safety Officer under these circumstances so that arrangements may be made to properly monitor your total radiation exposure.

E. If you lose or damage your badge, report to the Diagnostic Coordinator or Radiation Safety Officer immediately, so a new badge can be issued. You will be asked to provide information that will allow your exposure for the period you wore the lost or damaged badge to be estimated. Never work with or around radioactive materials without a badge, or with one known to be damaged.

F. Your dosimeter badge is only to be used to monitor your personal exposure.

G. If you terminate your employment at Halifax Health, you must check out with the Diagnostic Coordinator or Radiation Safety Officer via the exit interview form. Your badge will be collected and arrangements made to furnish you with important occupational exposure information. Never take a badge issued at Halifax Health to another hospital or employer when you are transferred or terminate employment.

H. The above procedures for badges are very important and are provided for your information. Failure to comply with these procedures could result in disciplinary action.

I. If you have any questions about the badge, do not hesitate to contact the Diagnostic Coordinator (extension 54044) or Radiation Safety Officer (extension 54073).
RADIATION PROTECTION GUIDELINES (FLORIDA ADMINISTRATIVE CODE)

NRC REGULATORY GUIDE 8.13
FLORIDA DEPARTMENT OF HEALTH

NOTICE TO EMPLOYEES

STANDARDS FOR PROTECTION AGAINST RADIATION;
NOTICES, INSTRUCTIONS AND REPORTS TO WORKERS; INSPECTIONS

POSTING REQUIREMENT

THIS NOTICE MUST BE POSTED IN PLACES THAT PERMIT EMPLOYEES IN A RESTRICTED AREA TO SEE A COPY ON THE WAY TO OR FROM THEIR PLACE OF EMPLOYMENT.

The Department of Health has established standards for protection against radiation hazards in Chapter 64E-5, Florida Administrative Code.

YOUR EMPLOYER IS REQUIRED TO:

• Post or provide you a copy of the Department of Health rules and operating procedures that apply to your work and explain them to you.
• Apply the rules to work involving radiation sources.
• Post or provide you any Notice of Violation involving radiological working conditions, proposed civil penalties, and orders.

YOU ARE REQUIRED TO:

• Become familiar with the rules and the operating procedures that apply to your work.
• Observe the requirements to protect yourself and your co-workers.

WHAT IS IN THESE RULES:

• Limits on exposure to radiation and radioactive material in restricted and unrestricted areas
• Actions to take after accidental exposure
• Personnel monitoring, surveys, and equipment
• Caution signs, labels, and safety interlocks
• Exposure records and reports
• Options for workers about Department of Health inspections
• Related matters

REPORTS ON RADIATION EXPOSURE

Your employer must give you a written report if you receive an exposure above the limits in the rules or in the license. The maximum limits for exposure to employees are in Part III of the rules. However, your employer should keep your radiation exposure as low as reasonably achievable.

If you work where personnel monitoring is required:

• Your employer must give you a written annual report of your radiation exposures.
• Your employer must give you a written report of your radiation exposures when you terminate employment.

INSPECTIONS

Representatives of the Department of Health inspect all licensed and registered activities. Any worker or worker representative who believes that there is a violation of Chapter 404, Florida Statutes; Chapter 64E-5, Florida Administrative Code; or the terms of the employer’s license or registration can request an inspection by contacting the Bureau of Radiation Control, Bin C21, 4052 Bald Cypress Way, Tallahassee, FL 32399-1741 (850) 245-4266. The request must state specific reasons for the inspection. During inspections, Department of Health inspectors can confer privately with workers and any worker can bring to the attention of the inspectors any past or present condition that they believe contributed to or caused any violation.

Copies of Chapter 64E-5, F.A.C. can be found on line at:

http://www.doh.state.fl.us/environment/radiation/regs/64E-5-R6-09-28-06.pdf

An online link is provided on HCHS Doc-U-Net in the Radiology Manual under the Radiation Safety Section.

Copies of the license or registration, operating procedures, any notice of violation about working conditions, penalty order issued, and responses can be examined in the Radiation Safety Office.

Notice to Employees – 10/13

Reference: http://www.doh.state.fl.us/environment/radiation/regs/64E-5-R6-09-28-06.pdf
REGULATORY GUIDE 8.13

INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

A. INTRODUCTION

The Code of Federal Regulations in 10 CFR Part 19, “Notices, Instructions and Reports to Workers:
Inspection and Investigations,” in Section 19.12, “Instructions to Workers,” requires instruction in “the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed.” The instructions must be “commensurate with potential radiological health protection problems present in the work place.”

The Nuclear Regulatory Commission’s (NRC’s) regulations on radiation protection are specified in 10 CFR Part 20, “Standards for Protection Against Radiation”; and 10 CFR 20.1208, “Dose to an Embryo/Fetus,” requires licensees to “ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv).” Section 20.1208 also requires licensees to “make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman.” A declared pregnant woman is defined in 10 CFR 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, “Instruction Concerning Risks from Occupational Radiation Exposure” (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation. Other sections of the NRC’s regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, “Conditions Requiring Individual Monitoring of External and Internal Occupational Dose,” licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, “Records of Individual Monitoring Results,” the licensee must maintain 8.13-8.13-2 records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record. The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.
B. DISCUSSION
As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low. The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies “are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult” (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.
In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION
1. Who Should Receive Instruction
Female workers who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

2. Providing Instruction
The occupational worker may be given a copy of this guide with its Appendix, an explanation of the 8.13-8.13-3 contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration. Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.
3. **Licensee's Policy on Declared Pregnant Women**
The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208. The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. **Duration of Lower Dose Limits for the Embryo/Fetus**
The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

5. **Substantial Variations Above a Uniform Monthly Dose Rate**
According to 10 CFR 20.1208(b), “The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section,” that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee. 8.13-8.13-4

D. **IMPLEMENTATION**
The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide. Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

**REFERENCES**
APPENDIX

QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

1. Why am I receiving this information?
The NRC's regulations (in 10 CFR 19.12, “Instructions to Workers”) require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women. The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?
No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?
If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, “Dose to an Embryo/Fetus,” requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy. This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?
A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

8.13-8.13-6

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?
The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, “Instruction Concerning Risks from Occupational Exposure” (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.
6. Are there any risks of genetic defects?
Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?
You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation. The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?
Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status. In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job. If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?
You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.
10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?
NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?
No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?
No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in United Automobile Workers International Union v. Johnson Controls, Inc., 1991) that “Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents” (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job “because of concerns about the next generation.” Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?
No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?
If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?
The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you 8.13-8.13-8 inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?
Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?
The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.
18. Where can I get additional information?
The references to this Appendix contain helpful information, especially Reference 3, NRC’s Regulatory Guide 8.29, “Instruction Concerning Risks from Occupational Radiation Exposure,” for general information on radiation risks. The licensee should be able to give this document to you. For information on legal aspects, see Reference 7, “The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?” which is an article in the journal Radiation Protection Management.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety. You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to <DISTRIBUTION@NRC.GOV>. Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR’s mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343. 8.13-8.13-9

REFERENCES FOR APPENDIX

Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR’s mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.


8.13-8.13-11
FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

DECLARATION OF PREGNANCY

To:

In accordance with the NRC's regulations at 10 CFR 20.1208, “Dose to an Embryo/Fetus,” I am declaring that I am pregnant. I believe I became pregnant in (only the month and year need be provided). I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

8.13-8.13-12

REGULATORY ANALYSIS

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, “Standards for Protection Against Radiation” (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the “Regulatory Analysis for the Revision of 10 CFR Part 20” (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360).

Policy for Pre-MRI Screening

I. PURPOSE:
   To maintain a safe MRI environment for patients, family members, technologists, radiologists, students, and all healthcare personnel working in and around the MRI Department.

II. SCOPE:
   This policy applies to the Halifax Health Radiology Department and any entity or facility owned by Halifax Health radiology.

III. POLICY:
   Individuals entering Zone IV must be screened. The pre-MRI screening procedure for patients and family members includes the completion of The MRI History and Safety form. This form will be completed and signed by the patient or the person responsible for the patient's care and well-being. Because this screening form is used to assist a trained MRI staff member to identify items that could be contraindicated for MRI such as implants, metallic foreign bodies and mechanical/electronic devices, it is essential that every attempt be made to obtain accurate information from the patient or the person responsible for the patient. In the rare event that it is not possible to obtain this screening information, the patient may be screened using diagnostic films, which will be performed at the discretion of the radiologist. Screening lateral chest x-rays are no longer needed for patients that may have epicardial pacer wires since these have been determined to be safe in the MRI environment. Screening orbit films are only required if the person entering the MRI suite had foreign bodies removed from their orbits, or has sought medical treatment for foreign bodies in their orbits.

   In specific cases regarding aneurysm clips, implanted pacemakers and neuro stimulators, patients will carry a card or device that lists the make and model of their particular device. For these cases, product identification is required in order to identify the device’s MRI compatibility before an MRI scan.

   Health care personnel will be screened using a Health Care Personnel screening form unless otherwise screened by MRI trained staff to assist in the event of an emergency. These will be kept on file in MRI. Each time health care personnel enters Zone IV, it will be documented in PACS that the employee has been screened to enter the magnet room.

   Trained MRI staff members will review the latest MRI safety information from the manufacture or at http://mrisafety.com/ for implants, metallic foreign bodies, mechanical/electronic devices, or any other contraindications.

IV. PROCEDURE:
1. When an MRI is ordered in Meditech, the MRI department will call the responsible patient location and request an MRI history sheet to be completed and faxed to the number on the sheet.
2. Health care personnel entering Zone IV will complete a Health care Personnel screening form. The technologist will document in PACS that is form is on file and up to date for each date they enter Zone IV.
3. Trained MRI staff will review the MRI history sheet while following screening protocols and determine if any further information regarding the patient’s obtained.
4. Once any further information is provided by the patient or person responsible for the patient,
the trained MRI personnel will consult http://mrisafety.com/ or the manufacturer if needed for any possible patient safety concerns.

5. A Radiologist will be consulted if any possible contraindications are indicated and will determine if the patient is safe to be scanned or if screening films are required.

V. KEYWORDS:
   Screening, MRI, zone IV, MRI safety

VI. REFERENCES:
   ACR guidance document on MR safe practices: 2013
   http://mrisafety.com/

Parking

Students are required to park only in authorized areas of the medical center and clinical sites. The designated areas include the 6 story HHMC Parking Garage and blue lots and Employee Lots at off-site clinical centers. You must have your ID badge/parking badge to enter/exit the garage. The following due process will be followed with all parking violations:

1 Ticket = written warning
2 Tickets = suspension
3 Tickets = dismissal

If you are driving a vehicle that is not registered with Security, you must contact Security and notify them of vehicle identification and location.

Students with proper DSC sticker may also utilize the DSC parking lot in the rear of the medical center.
IDENTIFICATION BADGES

The Halifax Health Medical Center photo identification badge and radiation monitor must be worn at all times while on HHMC property and at all off-site clinical sites. The ID badge will not be altered and must be worn above the waist on the upper part of the body.

SMOKING POLICY

All Halifax Health Medical Center campuses and Outpatient Centers are smoke free/tobacco free environments. Absolutely no smoking is permitted on the premises. Progressive discipline will be followed in cases of non-compliance. All DSC campuses are non-smoking.

ATTENDANCE POLICIES

Didactic lectures are scheduled only on weekdays, excluding holidays recognized by the Medical Center. Clinical outcome objectives and schedules include days and evenings. Student's clinical schedules are organized so the student radiographer can obtain a wide variety of educational experiences during the twenty-four month program to meet outcomes for graduation.

Combined classroom and clinical assignments will not exceed 40 hours during a seven-day week.

**Absence**

Three (3) consecutive days of absence requires a physician's excuse prior to returning to the Program.

Attendance is mandatory in ALL didactic classes. You will be permitted a total of 2 absent days per semester from didactic classes. This will include any RTE class each semester, not 2 days per each class. Additional absenteeism beyond the alloted excused absences per semester will result in a loss of three (3) percentage points from the cognitive grade for the first absence and an additional one (1) percentage point per day for each absence following. Five percentage points per day will be taken off any late class assignments.
NATURAL EMERGENCY SITUATIONS

In the event of a natural emergency such as a hurricane (code brown), floods, fires, etc., student radiographers are to call 386-425-4075, option 3 for information on cancellation of clinical schedule and classes. Students will be excused from clinical setting with no make-up time required. If the emergency situation occurs when a student has schedule make-up time or a trade day, this will be re-scheduled at a later date by the student and clinical instructor.

TESTING PROCEDURES

All written and oral examinations must be passed with an 85% or above grade on the first administration of the exam. The student will be permitted to re-take only one (1) exam per semester. If you fail the re-test, the two test scores will be averaged. An 85% average is required for continuance in the program. The re-test will be given at the end of the semester only.

Students must schedule to take exams prior to scheduled absences.
PREGNANCY GUIDELINES

The Nuclear Regulatory Commission rules and regulations give student radiographers the option of declaring or not declaring pregnancy. In accordance with these rules and regulations, the radiography student has the option of declaring or not declaring a pregnancy while enrolled or accepted into the Halifax Health Medical Center Radiography Program.

If the student radiographer declares pregnancy, it must be in writing to the Education Coordinator. The student will be provided with the options listed below, a separate monthly fetal monitor and counseling. If no declaration is made, the student will continue to be subject to the same radiation limits that apply to non-pregnant students even if visibly pregnant and no fetal monitor will be assigned.

If at any time a student who has previously declared pregnancy chooses to remove the declaration of pregnancy from their file, they must submit this request in writing and will to be subject to the same radiation dose limits that apply to non-pregnant students even if visibly pregnant. If a fetal monitor has been ordered, it will be cancelled in such a case.

If a written declaration of pregnancy to the Education Coordinator is made:

**Student Radiographer Wishing to Declare Responsibilities:**

1. Following counseling, select an option and sign the declaration document. If at any time the student radiographer wishes to non-declare pregnancy, they may do so in writing.
2. Wear fetal monitor at level of waist and inside the Pb apron.
3. Complete all requirements for graduation prior to completion of the program.

**Program Responsibilities:**

1. Pregnant student radiographers shall be counseled concerning the following options:
   a. Continuance in program without any modifications to the class, lab or clinical schedule during pregnancy.
   b. Continuance in program with option of remaining in a clinical setting but not performing fluoroscopic, mobile or other procedures, which require the student to be in the radiographic/fluoroscopic room. The student must make-up all missed clinical rotations in fluoroscopic and mobile procedures upon returning from leave.
   c. Withdraw from the clinical portion of the program until past delivery, with the opportunity to continue with course work and lab. The student radiographer must fulfill required clinical competencies and rotations prior to completion of the program.
   d. Pregnant students will be counseled on the risks and potential ramifications of exposure to radiation during pregnancy.

Approved by the Radiation Safety Committee 4/95
Reviewed and Revised as Required Annually
Declaration of Pregnancy
Student Option Document

Name:
Date:

Circle the Option:

Option 1:

Continue in program without any modifications to the class, lab or clinical schedule during pregnancy.

Option 2:

Continue in program with option of remaining in a clinical setting but not performing fluoroscopic, mobile or other procedures, which require the student to be in the radiographic/fluoroscopic room. The student must make-up all missed clinical rotations in fluoroscopic and mobile procedures upon returning from leave.

Option 3:

Withdraw from the clinical portion of the program until past delivery, with the opportunity to continue with course work and lab. The student radiographer must fulfill required clinical competencies and rotations prior to completion of the program.

Declared Pregnant Student Radiographer agrees to:

- Wear the fetal monitor at all times when on medical center premises, at the level of my abdomen and under the lead protective apron.
- Counseling concerning the risks and agrees that the medical center and program are not responsible for any anomalies that may occur to conceptus.
- Complete required class, lab and clinical time required for program graduation.

Signature

Date

Faculty

A written guideline for Leave of Absence will be developed and reviewed with student and faculty.
Leave of Absence Guidelines

To provide a guideline to define an approved leave of absence from the Program.

**PROCEDURE:**

1. Requests will be considered individually.

2. A request must be submitted in writing to the Education Coordinator as far in advance as possible, the exception is in cases of emergency situations.

3. The student is responsible for contacting the Education Coordinator a minimum of two weeks before their scheduled return date or if there will be a change in the return date.

4. The faculty will work with the student to develop a written guideline for class, lab and clinical. The guideline will be signed by the student and faculty.

5. The student must return to the Program on or before the expiration date of the leave. If the student fails to return and does not properly notify the Education Coordinator, the student will be considered as having terminated their position without notice.

6. The student returning to the Program from an approved LOA due to pregnancy, illness, accident, etc. is required to produce a written release from their physician to the Education Coordinator. The release should include that the post delivery, illness or injury is cleared and that the student may return to the Program.
Corrective Action/Counseling

Student Name__________________________Date________________

Purpose of Corrective Action/Counseling:

☐ Academic
☐ Unprofessional Attitude
☐ Unprofessional Appearance
☐ Unauthorized Absence
☐ Excessive Tardiness
☐ Excessive Absenteeism
☐ Clinical Performance
☐ Improper Conduct
☐ Insubordination

The following issue(s) was/were discussed with the student radiographer:

Plan of Action:

Previous Counseling/Corrective Action:

☐ Yes __________________________________
☐ No __________________________________

Corrective Action Taken:

☐ Oral Warning
☐ Written Warning
☐ Probation ______________________________
☐ Suspension_____________________________
☐ Dismissal

Student Radiographer Comments:

Student Radiographer Signature_________________Date________________

*Indicates action was discussed not necessarily that the student radiographer is in agreement with counseling/corrective action.
FIRE SAFETY-CODE RED

1. It is the responsibility of everyone in the Medical Center to become familiar with the fire rules and regulations of the area where they are assigned.

2. Know the location and proper usage of the fire extinguishers in the area.

3. Be certain that the coordinator or in charge RT is notified of any fire, regardless of how small or insignificant it may seem.

4. The greatest danger in a medical center fire is panic caused by fire and smoke. You can prevent such panic by remaining calm, reassuring the patients, and by quick and appropriate action.

   RACE
   R = Rescue anyone in immediate danger
   A = Activate alarm
   C = Contain the fire/Closed Doors
   E = Extinguish/Evacuate

   PASS
   P = Pull Pin from Extinguisher
   A = Aim at base of fire
   S = Squeeze trigger
   S = Sweep at base of fire

The medical center uses the Code Red terminology to announce a fire or a drill. Notify medical center operator of any fire by dialing 4911. Give the exact location, nature and extent of any fire.

Do Not Use Elevators unless Necessary!
COMMUNICABLE DISEASE POLICY

If a student contracts a communicable disease or is suspicious of possible contact with an individual with a communicable disease (including childhood diseases such as the Chickenpox) the following procedure is to be followed:

A. Notification of the Education Coordinator and Employee Health Department.
B. If the symptoms are severe enough or there is a significant risk of infection, the RN will consult with a physician.
C. The student may be required to stay home for the incubation and/or infectious period of the disease. This will be considered an excused absence but the time will be made up.
D. Notification sheets are sent to all areas in the medical center where possible contact with the student may have occurred during the incubation period.
E. All personnel exposed are requested to sign the notification sheet and are informed as to the incubation period, symptoms, and immunizations.
F. The Education Coordinator or Employee Health maintains contact with the student and the student must re-examine them before they are allowed to return.
G. Any student exposed to blood or body fluids will report the incident immediately to the in charge RT. The Medical Center Post Exposure Prophylaxis Protocol will be followed.
Medical Advisor Responsibilities

- Provide support for Program and Faculty
- Gain knowledge of program outcomes and goals

Clinical Responsibilities

Clinical Faculty

- Provide appropriate level of supervision (reviewed during orientation)
- Supervise and instruct students in performance of imaging/therapeutic procedures
- Provide instruction and supervision on documentation
- Critique all images taken by student radiographers and initial request
- Directly supervise all repeats and portable exams
- Provide input to faculty on student progress
- Review clinical competency process and policies as appropriate with faculty
- Perform clinical competency exam with student and provide input for documentation on competency form
- Provide current CV and credential documentation to Education Coordinator
- CE is required for certification and licensure renewal
- Attend scheduled meetings

Class Responsibilities

Didactic Faculty

- Instruct students in performance of Emergency Preparedness and CPR
- Provide instruction on documentation
- Provide course objectives and lesson plans for Education Coordinator review
- Provide exam materials for the Education Coordinator review
- Provide input to faculty on student progress
- Review policies as appropriate with faculty
- Provide current CV and credential documentation to Education Coordinator
- CE is required for certification and licensure renewal
- Attend scheduled meetings
Clinical Responsibilities
Registered Technologists (Coordinator, In Charge, Staff, Specialized Areas)

- Provide appropriate level of supervision (reviewed during orientation)
- Supervise and instruct students in performance of imaging/therapeutic procedures
- Provide instruction and supervision on documentation
- Critique all images taken by student radiographers and initial electronic request
- Directly supervise all repeats and portable exams
- Provide input to faculty on student progress
- Review clinical competency process and policies as appropriate with faculty
- Provide current credential documentation to Education Coordinator
  - CE is required for certification and licensure renewal
- Attend Technologist Meetings

Clinical Responsibilities
Registered Nurses

- Provide appropriate level of supervision
- Supervise and instruct students in performance of patient care and assessment procedures
- Provide instruction and supervision on documentation
- Provide input to faculty on student progress
- Review clinical competency process and policies as appropriate with faculty
- Provide current credential documentation to Education Coordinator
  - CE is required for renewal of licensure
- Attend Meetings

Clinical Responsibilities
Business Services Staff

- Supervise and instruct student radiographers in Business Service activities:
  - Phone Communication
  - Patient Registration
  - Requisition Production
  - Patient Transit
  - DICOM images
- Complete Check Sheets during Orientation
- Communicate with faculty concerning student progress
Halifax Health RELATED POLICIES (refer to web page on Pulse)

- PROPER BODY MECHANICS
- ADVERSE OCCURRENCE REPORTING
- SAMPLE OCCURRENCE REPORT
  - SUBSTANCE ABUSE
- DRUG & ALCOHOL TESTING
- SEXUAL HARASSMENT
- RESPONSE TO MEDICAL EMERGENCIES
- VISITOR/INJURY PROCEDURES
  - SMOKING POLICY
- CODE RED EVACUATION MAP (SCHOOL)

ASRT PRACTICE STANDARDS
POSTED IN CLASSROOM
AVAILABLE ON www.asrt.org
Sexual Harassment Policy

As students of the Halifax Health Program, the same sexual harassment policy applies as it is applied to all employees:

Employees/Students should be aware that sexual harassment in the workplace is a violation of federal and state laws. We feel it is appropriate to reaffirm our position that any conduct which may constitute sexual harassment is strictly prohibited.

For the purpose of this notice, sexual harassment includes unwelcome sexual advances and other visual, verbal or physical conduct of a sexual nature when, (1) submission to such conduct is a term or condition of employment/placement or is used as a basis for an employment/placement decision, or (2) such conduct interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Employees/Students are encouraged to report sexual harassment violations to their supervisor or the Human Resources department. Halifax Health System has never condoned such behavior. However, we are unable to correct situations which are unknown to us or not brought to our attention.

Halifax Health System will take immediate action to investigate any and all sexual harassment complaints that are registered. Confidentiality, both for accuser and accused, will be respected to the utmost extent possible. Individuals who are found to have engaged in sexual harassment will be subject to serious corrective action up to and including termination of employment.

Employees/Students are protected in their right to file complaints when they believe sexual harassment has occurred. Halifax Health policy prohibits retaliation against these individuals, even if insufficient evidence is found to support their allegations.

Halifax Health is confident that rigorous enforcement of our policy will ensure a workplace free from sexual harassment for all employees/students.
DRUG FREE WORKPLACE

Halifax Staffing, Inc., acting on behalf of Halifax Health (“HALIFAX HEALTH”) states that its primary mission is to provide the community and the patients we serve with safe and effective health and medical care. We affirm our responsibility as an employer to provide these services in a safe, productive and quality conscious environment. In order to accomplish this, Halifax Health requires its employees, students and independent contractors to perform their duties free from the influence or abuse of drugs or alcohol, hereinafter referred to as “substance abuse.” Halifax Health has established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment. It is the intention of Halifax Health that our efforts in establishing a drug-free workplace program will promote or goal of an organization free from the illicit use, possession, or distribution of any controlled substance or other drug of abuse. This policy recognizes that employee involvement with alcohol and other drugs can be very disruptive and adversely affect the quality of performance of employees, pose serious health risks to users and others, and have a negative impact on productivity and morale. Halifax Health has no intention of interfering with the private lives of its employees unless involvement with alcohol and/or other drugs off the job affects job performance, public safety, or the safety of our patients. Halifax Health encourages employees to voluntarily seek help with substance abuse. Halifax Health recognizes that the appropriate use of legally prescribed drugs and non-prescribed medication is not prohibited. For the safety or our patients and our staff, a team member taking any prescribed drug of medication that requires a warning label concerning the hazards of operating vehicles or equipment must report this medication to the Education Coordinator or manager.

Policy

A. HHMC Radiography Students are prohibited from bringing onto the premises and/or facilities of HHMC, or of partaking or being under the influence of alcohol or any form of narcotic (except as substantiated in writing by a licensed physician for proper treatment of student’s personal illness, disease or injury), or any mind altering substance.

B. Students who evidence task performance behavior dysfunction with suspected or verified substance abuse problems will be referred to designated assistance resources.

Procedure

1. Students whose behavior and/or appearance make them suspect to being under the influence of alcohol, narcotics, or mind altering substances (e.g. marijuana) while on the premises and/or facilities of HHMC will be counseled by the Education Coordinator and a member of the faculty. The Department Manager or appropriate administrator shall then review the case. Human Services will serve as liaison and/or consultant as deemed appropriate.

2. An incident involving suspected unauthorized use of and/or removal of a controlled substance from the medical center shall be reported in a timely manner by the department manager to the designated administrator, and to appropriate state/national regulatory agencies as required by statute.

3. The student involved may be suspended during the investigation; the Education Coordinator shall report their recommended action to the department manager or their delegate. The recommendation may include, but is not limited to:

   - Return the student to the Program
   - Return the student to the Program after an appropriate disciplinary action
   - Student shall be returned to Program and placed on a determined probationary period
   - Place the student on suspension subject to the following conditions:
     - The student is required to seek and continue counseling with a source acceptable to the medical center, e.g. mental health professional (Psychologist, Psychiatrist, Social Worker), HHMC Psychological Services provider or other form of rehabilitative service provider.
     - Upon receipt to the Medical Center of a written recommendation from the counselor, the student may be accepted back into the Program based upon their past performance records.
HALIFAX HEALTH MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY
STUDENT MANUAL

iii. The continued participation in the Program will be depend upon periodic receipt to the
Medical Center of a written statement from the counselor regarding the student’s status in
the treatment program

   Note: These written statements must continue to be submitted until the counselor
determines the student is no longer in need of treatment

iv. The student with substance abuse problems, where feasible, and based on consultation
with the counselor, is placed in tasks with limited access or opportunity for recurrence of
the abuse.

• Termination

   Students who refuse to participate in or undergo this process, and who continue to demonstrate
unacceptable task performance behavior, are subject to termination from the Program.
CLINICAL EDUCATION

Policies on Dress Code

All students in the program must maintain a neat, clean, professional appearance at all times while on the Medical Center and all clinical site premises. In order to insure compliance with this policy, the Program has adopted the following regulations regarding the dress and personal professional appearance of its student radiographers:

STUDENT RADIOGRAPHERS:

1. Professional scrub tops must be solid white and of a length cover the hips.
2. Solid white long sleeved undershirts are permitted but must not hang below scrub top.
3. Solid white long sleeved lab/scrub jacket will be required for clinical setting rotation through Nuclear Medicine but may be worn for comfort.
4. NO sweaters or non- lab jackets will be permitted.
5. Scrub pants must be solid red and must be of a reasonable length to cover top of shoes but not drag on floor.
6. Shoes must be predominately white, black or grey, or a combination of the three. The only accent color permitted is red. -No canvas sneakers, clogs, high tops or opened toe/heel shoes are permitted.
7. No prints or emblems (including schools and sports).
8. No polo, Tee or golf shirts are permitted.
9. Only solid colors are approved.
10. Halifax Health Radiography Student Patch will be openly displayed on right upper sleeve of scrub top and/or lab jacket. HHMC will provide 5 patches per student. Additional patches may be purchased from the Education Coordinator at a cost of 1.00 per patch.
11. When scheduled in OR, Cardiac Cath or Specials, you will be issued green scrubs to help reduce transmission of disease.

PERSONAL APPEARANCE/HYGIENE (INFECTION CONTROL)

1) For sanitary reasons, the female’s hair must be tied back if it hangs on or below the shoulders. Males must have a professional style cut to collar level. Only natural hair color/single color is permitted. Hairstyle and color must maintain professional appearance to the discretion of the faculty.
2) To prevent possible injury to the patient/student, prevent artifacts on the radiographic images and minimize the spread of microorganisms, fingernails are to be kept short (no longer than 1/4” beyond the tip of the finger). Only clear or light natural pastel nail polish is permitted. Pierced nails, artificial nails (to include acrylic, ceramic, gels and fiberglass or silk wraps and nails with jewels) are not permitted.
3) Adornments should be kept to a minimum, i.e., two rings (not large, ornate or with numerous crevices), a watch, one necklace. Bracelets are
not permitted. Females are only allowed one pair of small post earrings (one in each ear). NO earrings are allowed for male students during clinical rotation. All other body piercing must be completely covered or removed. No tongue piercing permitted.

4) Mustaches or beards are permitted but must be kept neat and trimmed.

5) All cosmetics must be worn in moderation! No perfumes, colognes, or aftershaves possessing an odor that may be annoying to an ill patient are permitted. Light body lotion may be worn.

6) To protect yourself and family from spread of infectious agents, it is strongly recommended that uniforms and shoes worn in department not be worn after scheduled clinical time.

7) Any tattooing must be covered.

8) Clothing must not be tight, restrictive or form fitting and shall be worn in a fashion that no exposed skin shows between the bottom of the shirt and top of the slacks or scrub bottoms.

9) There will be no gum chewing permitted during clinical/lab classes.

UNIFORMS

All uniforms must be maintained in good condition, ironed and clean. Shoes must be polished at all times.

No deviations from the dress code will be permitted. If you are unsure of acceptability of items purchased, you may wish to retain sales slip and have the uniform or shoes checked with the faculty before wearing to assure consistency and adherence to our policy.
HALIFAX HEALTH MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY
STUDENT MANUAL

CLINICAL COMPETENCY EXPLANATION AND INSTRUCTIONS
After completion of the classroom and laboratory instruction in a radiographic procedure, the student radiographer may begin performing that procedure under the direct supervision of a registered technologist.

When the procedure has been performed frequently without assistance, the student may request a clinical competency evaluation. If the overall score for the evaluation is above 85%, the student will be considered competent to perform that procedure with indirect supervision. Direct supervision is still required on all repeats or if the procedure is a mobile exam. If the student fails to achieve an 85%, they will be assigned a specific number of additional procedures in the area of weakness and the evaluation will be repeated at a later date. Students who fail the 2nd competency exam may be placed on clinical probation.

The highest achievable score on the repeat evaluation is 85% and will be averaged with the 1st score.

Students will be expected to complete the minimum number of competencies per the stated semester deadlines.

By the completion of the program, the student must have passed all mandatory and 21 of the elective procedures, and must perform final (terminal) competency evaluations for each of the major categories and receive a minimal score of 85% per evaluation.

SEQUENCE FOR CLINICAL EDUCATION

1. Classroom instruction in anatomy and procedures
   A. Lecture
   B. Demonstration
   C. Written/Oral Exam

2. Lab practice (peer positioning)
   A. Demonstration
   B. Peer positioning
   C. Oral Review of material
   D. Lab Practicals

3. Clinical Practice
   A. Observe and assist radiographers in the performance of procedures
   B. Perform procedures under direct supervision of a radiographer
      1. Record daily record on clinical experience form
   C. Receive an 85% or above on a clinical competency exam
   D. Continued practice of competency test exams for continued competency.
COMPETENCY EXAMS WITHOUT STUDENT'S LEAD ID MARKERS

It is the policy of the Radiography Program that competency exams cannot be performed in the clinical setting without the use of the student's own markers.

Any student without markers must notify the clinical instructor and request to borrow markers to be used until they have received a new marker set.

FINAL COMPETENCY EVALUATIONS

In order to document continued competency in each major category, during the final semester, the graduate student radiographer is required to complete at least 1 exam from each major category.

If available, final competencies should be performed by a clinical instructor. In their absence, and with their approval, adjunct faculty member may perform competency. Clinical faculty will review all final competencies with student radiographers.

Each final competency must be passed with a score of 85% or better. Any exam scoring less than 85% will be repeated with the highest achievable grade on the repeat being 85%, and both scores will be averaged in the calculation of the grade.

Under NO circumstances will the student be given the option of discontinuing a final competency. The clinical instructors/evaluators may exercise their judgment in discontinuing an exam if the patient's condition warrants.

Failure to complete final (terminal) competencies by the stated deadline will result in delay of vacation and in program completion.
Clinical Competency Evaluation Form

**Supervising Radiographer – please fill out all bolded areas! Thank you!**

<table>
<thead>
<tr>
<th>Student</th>
<th>Evaluator</th>
<th>Date</th>
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<thead>
<tr>
<th>Procedure</th>
<th>Room#/Mobile</th>
<th>Patient name</th>
<th>V#</th>
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<tr>
<th>Trauma</th>
<th>Comp</th>
<th>Final Comp</th>
<th>Repeat Comp</th>
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Point Scale: N/A = Not Applicable  0-2 = unacceptable; does not meet expectations  2.1-6.7 = below standards; progressing but less than adequate  6.7-7.5 = meets standards; satisfactory performance  7.6-8 = exceeds standards; exemplary performance

Performance Evaluation:

1. Efficient Use of Time & Energy  
2. Requisition/Orders Evaluation  
3. Patient Assessment/Hx  
4. Pt. Communication (appropriate for age/status)  
5. Physical Facility Readiness  
6. Patient Care Age Specific:
   - Check Age Range:
     - Neonate (0-<1yo)
     - Pediatric (1-6yo)
     - Adolescent (7-17 yo)
     - Adult (18-64 yo)
     - Older Adult (>65 yo)

7. Demonstrates sensitivity to patient needs

Total:____________________

**Exposure Data**

<table>
<thead>
<tr>
<th>Projections</th>
<th>Technique used:</th>
<th>kVp: mAs:</th>
<th>kVp: mAs:</th>
<th>kVp: mAs:</th>
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<th>kVp: mAs:</th>
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<tr>
<td></td>
<td>S-value, EXI, or DI value</td>
<td>kVp: mAs:</td>
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Image Evaluation: (to be completed by HHMC Clinical Staff)

|-------------|--------------|----------------|--------------|---------------|----------------|-----------------|----------|------------|------------------|-----------|------------|

Total Points Earned______Total Points Possible_______

Subtract 5% for each repeat ______

Final Grade ______%

Comments:___________________________________________________________________________

___________________________________________________________________________________

Student Radiographer Signature______________________________________Date______________________
Performance Outcome Evaluation

The student was able to perform the procedural tasks in an efficient and timely manner demonstrating organizational skills and proper body mechanics in accordance with their level in the program under direct supervision of the clinical evaluator.

The student was able to evaluate the physician's orders, requisition and identify the patient's name, age, mode of transit, exam(s) ordered, verify reason for exam(s), note pathologic conditions, chart history, assure the appropriate informed consent is complete, correct errors prior to performing exam while adhering to patient rights and HIPAA requirements. The student was able to perform exam regardless of patient age, cultural background or condition.

The student maintained their assigned clinical room and assured the room was properly prepared prior to the procedure(s) to include cleanliness, stocking, equipment set-up, tag selection, technique selection prior to procedure, preparation and administration of contrast agent and utilized equipment in a safe manner.

The student properly identified the patient prior to the procedure (with 2 ID checks), reviewed the patient's chart/physician's orders and educated the patient concerning the procedure giving clear instructions at a level appropriate to the patient's age/status and in a professional manner. The patient was moved assuring their safety with the use of proper body mechanics and equipment. The patient's prep was reviewed for appropriateness, problem areas were identified and corrective actions taken, an accurate history was documented including contraindications for the procedure, safe storage for patient valuables was provided following medical center policy, patient safety from electrical or mechanical hazards was provided, patient was not left unattended during exam, communicated with patient throughout procedure, and questioned females in child-bearing years between 12 and 50, if they might be pregnancy using proper discretion and professional communication with documentation follow-up.

The student utilized the appropriate radiation protection for patient and staff following ALARA guidelines, the imaging room door remained closed during exposures and/or persons in the vicinity of the patient were requested to move away from the source prior to exposure, utilized appropriate lead shields, wore monitoring badge at collar level and outside Pb apron, declined pregnant student wore fetal monitor at level of waist and under the Pb apron, provided appropriate beam restriction.

The student performed the tasks efficiently when working as a team member with the radiologist/physician and staff, provided appropriate assistance during the exam, used professional communication, made independent judgments in problem solving, remained in the room as appropriate during the procedure utilizing principles of radiation protection during the procedure, provided assistance to the patients and introduced the radiologist as appropriate.

Image Evaluation

The student properly aligned the part, image receptor and CR using appropriate landmarks and positioning aids, centered the part to the image receptor accurately and assured proper alignment of the patient.

The student accurately positioned the patient according to the requirements of each projection using appropriate landmarks, correctly oriented image, including upright, recumbent or seated positions, used correct patient/source angles per projection, provided beam limitation for radiation protection and image quality, and utilized appropriate SID. Compensated as necessary.

The student determined appropriate technical factors with consideration given condition, age, type of contrast agent; referred to appropriate technique chart; compensated as required for age, condition; adapted exposure factors as required; and, properly used image receptor, grid, compression, receptor holder, etc.

The student selected the proper equipment and accessory devices for exam, used appropriate immobilization as needed, operated equipment in a safe manner, reported malfunctions as needed, pre-set technical factors, maneuvered equipment around the patient in a safe manner, utilized control panel, image acquisition station and PACS workstation with accuracy, adhered to HIPAA guidelines and followed safe guidelines for equipment operation.

The student properly displayed lead markers in light/radiation field without compromising anatomy, used appropriate lead markers with initials, selected correct tag, portable marker, etc. on the image in proper location out of anatomy.

The student provided appropriate amount of beam restriction without compromise to the anatomical structures of interest and provided the appropriate specific area shielding. If an individual was used to hold the patient, proper shielding and instructions were provided according to DOH, NCRP & CFR standards.

The images were of high quality with regards to appropriate density/brightness, contrast and spatial resolution. The anatomical structures of interest as well as pathological conditions were included. Technical and positioning compensations were used to display patient information.

The student identified all anatomy of interest included on the image, appropriately evaluated image for adequate quality including anatomical structures demonstrated, density/brightness, contrast and spatial resolution, artifacts; image identification was contained on the image; and correct measures were taken using critical problem solving skills to improve image quality. **Note:** Required image evaluation per exam is reviewed with students in positioning class and labs prior to performance of exams in clinical setting.
**CLINICAL COMPETENCY EVALUATION FORM**

**Supervising Radiographer – please fill out all bolded areas! Thank you!**

| Student __________________________ | Date __________________________ |
| Procedure ________________________ | Pediatric____Geriatric____Trauma____ |
| Patient Name _____________________ | V# __________________________ |
| Imaging Unit ____________________ | Initial Comp ____Final Comp______ |

Point Scale: N/A = Not Applicable  0-2 = unacceptable; does not meet expectations  2.1-6.7= below standards; progressing but less than adequate  6.7-7.5 = meets standards; satisfactory performance  7.6-8 = exceeds standards; exemplary performance

| 1. Efficient use of time and energy | 6. Equipment operation |
| 2. Requisition/Orders evaluation | 7. Works efficiently with w/MD/RT |
| 4. Patient Care | 9. Use of Standard Precautions |
| 5. Demonstrates sensitivity to patient’s needs | 10. Contrast Prep/Administration |

**Total ________**

<table>
<thead>
<tr>
<th>Projections</th>
<th>kVp: mAs:</th>
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<td>S-value (CR), EXI (DR), or DI value (HPO)</td>
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Image Evaluation: (to be completed by HHMC Clinical Staff)

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<td>Total Perf.</td>
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Total points possible ________
Total points earned ________
Subtract 5% for each repeat ________
Final grade ________
Comments:

______________________________________________________________________________________

Supervising Radiographer Signature ____________________________
Clinical Faculty ____________________________ Date __________

Student Radiographer ____________________________ Date __________

Rev. 11/18
Policy on Clinical Competency Checklists

The radiography students are permitted to utilize blue clinical checklists. This form was developed to allow the student to perform a clinical competency under direct supervision of a registered technologist when clinical instructors or adjunct faculty are unavailable. The student radiographer may only utilize this form when no clinical instructors or adjunct members are available. The registered technologists must be notified prior to the student beginning the exam that a checklist is to be completed. The student must perform the exam unassisted and complete the entire exam. The radiographer completes that checklist which is returned to the clinical instructors. The clinical instructors will look up the patient’s images, review and critique the images and procedures with the student prior to assigning a grade. Any repeats must be reported on the check-off form. All Clinical Competency Checklist need to be turned in to clinical faculty within one week of the date the competency was performed or it will not be accepted.

CLINICAL GRADING POLICY

A minimum number of competencies will be assigned for each semester. The percentage score on the clinical competencies and attendance will constitute 85% of the clinical grade. The Clinical Instructors, will complete professional development (affective evaluations) on each student. The affective portion of the clinical grade is 15%. Coordinators/Staff Technologists will complete personal development assessments each semester that will be used as input only.

Clinical Competency Evaluations & Attendance 85%
Professional Development (Affective) 15%

If during any semester, the student fails to perform the minimum competency requirements by the date indicated at the beginning of each semester, this may result in forfeiting vacations and holidays. In addition, the highest grade achievable on each late competency is an 85%.

The student must inform the clinical personnel before starting a competency. Once the competency has begun, only the clinical evaluator can terminate the competency. Final competencies are only performed by clinical instructors or adjunct clinical faculty.
STUDENT SUPERVISION STANDARDS

Purpose: The Radiography Program must adhere to the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences to maintain its accreditation status. The Florida DOH Radiologic Technology Program only recognizes educational programs meeting or exceeding the standards set forth by the JRCERT.

It is a primary goal of the HHMC Radiography Program to consistently exceed these standards.

To protect our patient population from unnecessary radiation exposure.

Standard 4

4.4 Assures all medical imaging procedures are performed under the direct supervision of a qualified practitioner until a student achieves competency.

4.5 Assures medical imaging procedures are performed under the indirect supervision of a qualified practitioner after a radiography student demonstrates competency.

4.6 Assures that unsatisfactory images are repeated by students under the direct supervision of a qualified practitioner.

Assures that any procedures performed at HHMC in DF Room or portable are done only under direct supervision of a qualified practitioner to meet the definition of direct supervision.

Assures that all images are critiqued by a qualified practitioner and the practitioner's initials are placed on the request.

Once a student has demonstrated competency, which is denoted by an X next to the category on the student clinical records (the students also must take the responsibility to notify the radiographers of their status), students can perform exams under indirect supervision.

Definitions:

Qualified Practitioner - A radiographer possessing ARRT certification or equivalent and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, QA or administration.

Direct Supervision - Student supervision under the following parameters:
A qualified radiographer reviews the procedure in relation to the student’s achievement; evaluates the condition of the patient in relation to the student’s knowledge; is present during the conduct of the procedure; reviews and approves the procedure; and, is present during student performance of any repeat of any unsatisfactory image.

Indirect Supervision - provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

Immediately available - the presence of a qualified radiographer adjacent to the room or location where the procedure is being done.
CLINICAL PRACTICE

All exams not competency tested, all repeats, and mobile exams must be done under direct supervision of a qualified radiographer to assure appropriate quality patient care. A qualified practitioner (radiographer) must review all images and the practitioner (radiographer) must initial the request. A qualified practitioner (radiographer) must also accompany any student performing a procedure at HHMC in DF Room due to its physical location within the department.

PATIENT IDENTIFICATION VERIFICATION

All students are required to have a registered technologist verify correct patient and exam prior to imaging and prior to releasing all patients. Failure to comply will result in corrective action.
Competency Simulation

Name ______________________________            Procedure ________________________________

Date ______________________________

Evaluation Scale:
Point Scale: N/A = Not Applicable    0-2 unacceptable; does not meet expectations    2.1-6.7 = below standards; progressing but less than adequate
6.8-7.5 = meets standards; satisfactory performance    7.6-8 = exceeds standards; exemplary performance

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<tbody>
<tr>
<td>1. Efficient Use of Time and Energy</td>
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<tr>
<td>2. Professional Communication</td>
<td></td>
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<tr>
<td>3. Radiation Protection</td>
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<tr>
<td>4. Knowledge of Routine</td>
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<td>5. Physical Facility Readiness</td>
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<td>Total Points:</td>
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Evaluation Criteria

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<tr>
<td>6. Selected proper image receptor size</td>
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<tr>
<td>7. Appropriately oriented image receptor</td>
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<td>8. Properly positioned patient/part</td>
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<td>9. Selected appropriate technical factors</td>
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<tr>
<td>10. Properly located and angled CR</td>
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<tr>
<td>11. Provided appropriate radiation protection</td>
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<td></td>
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<tr>
<td>12. Used appropriate accessory devices</td>
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<td></td>
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<tr>
<td>13. Identified required anatomy</td>
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<tr>
<td>14. Image critique</td>
<td></td>
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<tr>
<td>15. Projection Analysis</td>
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<tr>
<td>Total points:</td>
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</tbody>
</table>

Total points earned: ________
Total points possible: ________

Final Grade: ________

Student Signature: ________________________________
Projection Analysis:

1. Patient/Part Position (to include what lines are perpendicular and parallel)

2. CR:
   a. Direction and angulation-
   b. Entrance point-

3. Technical factors:
   a. Cassette size/type-
   b. Control panel settings-

4. Structures shown:
AFFECTIVE BEHAVIORAL OBJECTIVES

Purpose: The affective domain instills professional values in the student radiographer. The student radiographers will be evaluated in this domain throughout the entire Radiography Program and the assessment will be based on the level within the program and the stated objectives.

Objectives:

The student radiographer will act in a professional manner in the performance of their clinical assignments and shall be able to:

1. Demonstrate comprehension of knowledge and required clinical responsibilities.

2. Carry out clinical assignments with high standards of patient care, honesty, integrity and confidentiality.

3. Value the quality of their performance.

4. Follow through on assignments accurately and thoroughly.

5. Document neatly, accurately and with confidentiality all pertinent patient data collected during assessment.

6. Respect their peers, supervisors and patients.

7. Complete assignments in a timely and organized manner.

8. Perform duties in an ethical manner.

9. Communicate in a professional and respectful manner.

10. Instill confidence in their patients.

11. Work in stressful situations while maintaining professional and positive manner.

12. React positively to constructive criticism.

13. Complete tasks and accept responsibilities in a self-motivated manner.

14. Use sound judgment in performance of assignments and communications with peers, supervisors and patients.
15. Maintain high standards of attendance.

16. Present a professional image in adherence to the established dress code and personal appearance policies.

17. Practice professional ethics including integrity and loyalty when developing moral judgments.

18. Perform clinical exams demonstrating compassion and empathy for the patients.

19. Adhere to patient rights and HIPAA guidelines.

The Clinical Instructors will evaluate the students in this domain. Each semester a professional development evaluation (affective evaluation) will be completed by the clinical instructors and reviewed with the students.

The professional development evaluation constitutes 15% of your clinical education grade.
PROFESSIONAL DEVELOPMENT ASSESSMENT  
(AFFECTIVE EVALUATION)

NAME _________________________________ AREA ________________________

DATE _______________________________ EVAL. PERIOD ________________

Evaluate the student on their abilities and consider the length of time in the program.

1. COMPREHENSION: (Understanding of information, responsibilities, procedures, materials, equipment and techniques required to perform tasks)

   ___ Demonstrates comprehensive knowledge (3)
   ___ Demonstrates above average knowledge (2)
   ___ Demonstrates average knowledge (1)
   ___ Demonstrates lack of knowledge (0)

2. QUALITY: (Accurate, thorough, neat)

   ___ Consistently accurate (few errors) (2)
   ___ Satisfactory work (can recognize and correct errors) (1)
   ___ Poor work quality (repeated errors) (0)

3. ORGANIZATION: (Uses time constructively and productively)

   ___ Consistently organized, able to work independently (2)
   ___ Requires only occasional instructions, mostly independent (1)
   ___ Difficulty in organization and completion of procedures (0)

4. QUANTITY: (Volume of work accomplished)

   ___ Consistently does more work than expected (2)
   ___ Completes appropriate amount of work (1)
   ___ Completes very few procedures (0)

5. RADIATION SAFETY (Applies radiation protection for self when performing images)

   ___ Consistently applies theories of radiation safety (2)
   ___ Usually applies theories of radiation safety (1)
   ___ Needs to be reminded to apply theories of radiation safety (0)
6. ALARA (Applies safe radiation practices with patients and peers)
   ___ Consistently applies theories of radiation safety (2)
   ___ Usually applies theories of radiation safety (1)
   ___ Needs to be reminded to apply theories of radiation safety (0)

7. COMMUNICATION / PATIENT CARE SKILLS: (Ability to interact with patients and provision of appropriate patient care)
   ___ Proper communication and appropriate care of patient, instills confidence (2)
   ___ Minimal communication with patient but provides appropriate care of patient, responds to requests only (1)
   ___ No communication with patient, avoids active patient contact and minimal care of patient (0)

8. COMMUNICATION / WITH PEERS OR SUPERVISORS (Ability to interact with personnel)
   ___ Well thought of by others, tactful and diplomatic (3)
   ___ Uses average amount of tact and diplomacy (2)
   ___ Sometimes rude, curt or arrogant; should be more considerate and tactful (1)
   ___ Consistently interacts poorly with others (0)

9. PERFORMANCE UNDER PRESSURE (Ability to handle pressure and remain calm in busy or crisis situations)
   ___ Exceptional ability, always remains calm (3)
   ___ Displays moderate amount of tolerance, seldom loses control (2)
   ___ Easily irritated, occasionally loses temper (1)
   ___ Cannot handle pressure situations (0)

10. INITIATIVE (the energy and motivation displayed in starting and completing tasks)
    ___ Very self-motivated, accepts responsibilities and seeks additional work (3)
    ___ Usually motivated, works well when given responsibilities (2)
    ___ Works only with encouragement (1)
    ___ Puts forth little effort (0)

11. JUDGEMENT/REASONING SKILLS (the ability to reason, interpret and use discretion in carrying out assignments)
    ___ Uses sound reasoning and independent decision making skills (3)
    ___ Reasons and makes judgments in satisfactory manner (2)
    ___ Slow and illogical decision making (1)
    ___ Unable to reason or make judgments (0)
12. ATTENDANCE / PUNCTUALITY

___ Adhered to attendance guidelines (3)
___ Slightly over guidelines (one excessive absence or tardy) (2)
___ Excessively late or absent (two excessive absences or tardiest) (1)
___ Consistently absent or late (over two excessive absences or tardiest) (0)

13. PROFESSIONAL APPEARANCE (grooming, cleanliness and appropriate attire to include radiation
monitor and ID badge)

___ Consistent professional image, adheres to dress code, wears radiation monitor and ID badge (2)
___ Satisfactory appearance, needs to be reminded of dress code and to wear radiation monitor
and/or ID badge (1)
___ Careless about personal appearance including not wearing radiation monitor (0)

14. PROFESSIONAL ETHICS (integrity and professional judgment)

___ Consistently conducts self in professional manner, adhering to professional standards (3)
___ Usually conducts self in appropriate manner, adheres to professional standards (2)
___ Often does not follow professional standards (1)
___ Consistently unprofessional (0)

15. REACTION TO CRITICISM (ability to accept constructive criticism)

___ Consistently accepts constructive criticism well, very positive attitude (2)
___ Sometimes does not react to constructive criticism well (1)
___ Negative attitude, does not accept constructive criticism well (0)

Total points: _________

Comments:

Evaluator’s Signature: ______________________________
Student’s Signature: ______________________________ Date: __________________

## Psychomotor Evaluation
### Clinical

<table>
<thead>
<tr>
<th>Standards Measured</th>
<th>Meets Standards</th>
<th>Does Not Meet Standards (Requires Improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Practices radiation safety to protect patient, self and others.</td>
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<tr>
<td>2. Wears radiation monitor at the collar level and outside lead apron, if applicable.</td>
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<tr>
<td>3. Documents patient identification and history as appropriate for procedure.</td>
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<tr>
<td>4. Educates patient/guardian about the procedure to include pre and post procedural instructions.</td>
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<tr>
<td>5. Communicates with patient/guardian throughout procedure in a professional manner and at the appropriate level.</td>
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<tr>
<td>6. Recognizes and responds to the needs of patient based on age, gender, culture and level of comprehension.</td>
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<tr>
<td>7. Provides patient care to assure safety and comfort.</td>
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<td>8. Provides safety for patient and self throughout procedures.</td>
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<tr>
<td>9. Positions patient to produce quality images.</td>
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<tr>
<td>10. Utilizes equipment in a safe and efficient manner.</td>
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<td>11. Applies appropriate patient immobilization and accessory equipment (i.e. sponges, etc.)</td>
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<tr>
<td>12. Selects appropriate technique to provide quality image following ALARA principles.</td>
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<tr>
<td>13. Accurate image identification and markers are placed on images.</td>
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<tr>
<td>14. Completes imaging in a timely manner following institutional protocols.</td>
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<td>15. Identifies pertinent anatomy on images.</td>
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<td>16. Critiques images to assure quality.</td>
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<tr>
<td>17. Applies didactic and lab knowledge in clinical setting.</td>
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<tr>
<td>18. Applies Professional Ethics in dealing with patients and staff in the clinical setting.</td>
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<tr>
<td>19. Adheres to patient confidentiality and privacy standards.</td>
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<tr>
<td>20. Demonstrates critical thinking problem solving skills in the clinical setting.</td>
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Clinical Grade____________

Comments:____________________________________________________________________
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Instructor(s) Signature(s) _________________________ Date_____________

Student Signature________________________________ Date______________
Halifax Medical Center School of Radiologic Technology
Clinical Experience Documentation Form

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CLINICAL UPDATE FORM

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Date __________________

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Avg of Comps ____    Tardies ____

Trade Days Used ____
Leave Early ____
M/U Time ____

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Final Competency for Upper Extremity Section must include 3 procedures and one must be shoulder or shoulder girdle.
Final Competency for Lower Extremity Section must include 2 procedures.
### PROCEDURE

<table>
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<td>31. Orbit E</td>
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IMAGING PROCEDURE

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<td>65. Lower Extremity</td>
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<tr>
<td>66. Abdomen</td>
<td>E</td>
<td></td>
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<td></td>
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<tr>
<td>67. Mobile Study</td>
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</tbody>
</table>
**Geriatric Patient** (at least 65 years old and physically or cognitively impaired as a result from aging)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>M</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>68. Chest Routine – 2 views</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69. Upper Extremity</td>
<td>M</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70. Lower Extremity</td>
<td>M</td>
<td></td>
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</tbody>
</table>

*Trauma is considered a series injury or shock to the body. Modifications may include variations in positioning, minimal movement of the part, etc.

### General Patient Care

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competency Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vital Signs- Blood Pressure</td>
<td></td>
<td></td>
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<tr>
<td>Vital Signs- Temperature</td>
<td></td>
<td></td>
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<tr>
<td>Vital Signs-Pulse</td>
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<td></td>
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<tr>
<td>Vital Signs- Respiration</td>
<td></td>
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<tr>
<td>Vital Signs-Oximetry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterile and Medical Aseptic Technique</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
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<td></td>
</tr>
<tr>
<td>Transfer of Patient (to include Slide board)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Care of patient medical equipment:
(e.g. IV tubing, oxygen tank)

<table>
<thead>
<tr>
<th>IMAGING PROCEDURE</th>
<th>Mandatory or Elective</th>
<th>Date Completed</th>
<th>Grade</th>
<th>Patient or Simulated</th>
<th>Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>71. C-Arm Procedure Check-list(Requiring manipulation to obtain more than one projection)</td>
<td>M</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>72. Surgical C-Arm Procedure (requiring manipulation around a sterile field)</td>
<td>M</td>
<td></td>
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</tbody>
</table>

The competency requirements meet the current ARRT requirements for eligibility for certification and include 6 general patient care activities and a subset of 66 imaging procedures to include variations in patient characteristics (e.g., age, gender, medical conditions).
DAILY ACTIVITIES

1. Turn on and warm-up equipment utilizing proper technical factors
2. Report any equipment malfunctions to Coordinator/In-charge tech
3. Re-stock rooms with supplies and linens as needed
4. Check \( \text{O}_2 \) and suction / sign off
5. Re-stock emergency equipment; masks on back of door and \( \text{O}_2 \) and suction supplies
6. Clean equipment and accessories as needed
7. Answer phones/relay messages
8. Transport patients as needed
9. Utilize acquisition station and PACS for patient/exam tracking
10. Display images for radiologists as needed
11. Clean cassettes as needed
12. Perform QC testing on equipment; i.e.; for beam restriction, as needed
13. Assist with and perform imaging procedures under appropriate supervision
14. Process images as needed
15. Assist in specialized areas with image production, patient care, etc. as needed
16. Critique images under the direct supervision of the R.T. and RT (R) initial all requests
17. Complete appropriate history, explain procedure to patient and initial request with SRT behind initials
18. Start and stop procedure using the computer system
19. Properly prepare and administer contrast agents as needed
20. Utilize standard precautions and appropriate transmission based precautions
21. Patients must be identified by a registered technologist.

DAILY ACTIVITIES FOR ER

1. Re-stock rooms with supplies and linens as needed
2. Call for linen as needed
3. Check \( \text{O}_2 \) and suction / sign off
4. Re-stock any emergency supplies; masks on back of door and \( \text{O}_2 \) and suction supplies
5. Clean equipment and accessories as needed
6. Answer phone / relay messages
7. Transport patients from ED rooms to X-ray
8. Start/stop exams utilizing computer system
9. Assist with and perform imaging procedures under appropriate supervision
10. Critique images under direct supervision of R.T. (R) / R.T. initials all requests
11. Complete appropriate history, explain procedure to patient and initial request with SRT behind initials
12. Utilize standard precautions and appropriate transmission based precautions
13. Display images for interpretation by physician
14. Patients must be identified by a registered technologist.
15. Check all orders in patient’s chart not entered by physician or physician assistant under direct supervision of a registered technologist.
TECHNOLOGIST EVALUATION

<table>
<thead>
<tr>
<th>Rating</th>
<th>5 = Excellent</th>
<th>4 = Above Standards</th>
<th>3 = Acceptable</th>
<th>2 = Below Standards</th>
<th>1 = Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proper Supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Assists student in proper positioning of patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Aids in selection of proper technical factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assures use of proper radiation safety techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Assists student in proper patient care</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Critiques student images for quality and correct identification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Aids student in proper prep and use of contrast materials</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Instructs student in clerical requirements</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Performs in professional manner</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

Student Evaluator_________________________________________
BASIC RESPONSIBILITIES OF STUDENT RADIOGRAPHERS

A student radiographer learns to assist the radiologists and radiographers in patient care and perform imaging procedures in the radiology department.

The student radiographer must gain clinical experience under the direct supervision of a qualified radiographer in the performance of exams that have not been competency tested, all repeats and portables outside the department. The student radiographer may only perform exams that they have received classroom instruction and lab practice for during each semester.

The following are basic responsibilities of student radiographers as well as registered technologists:

1. Transport and prepare patients for imaging procedures.
2. Set up room and equipment for imaging procedures.
3. Follow the proper aseptic technique requirements as well as standard precautions for all patients.
4. Gain clinical experience in performance of procedures appropriately supervised by qualified radiographers and radiologists. Students are not permitted to supervise other students during the clinical setting.
5. Assure quality patient care by proper equipment usage and maintenance including QC procedures as required.
6. Properly identify patients and orders.
7. Performs exams, critique images for proper identification, anatomical/pathological structures, positioning and technical factors.
8. Practice radiation protection measures.
9. Adhere to patient rights and HIPAA guidelines.

Patient Care/Management

A. Provide appropriate gowns and draping for patients. Remove metallic items, etc. as required for exam and store patient items in accordance with medical center policies.

B. Provide appropriate patient transport following body mechanics, standard and/or transmission-based precautions and medical center guidelines.

C. Use compression devices safely and accurately as required.

D. Review patient's orders and request to assure accuracy and report any concerns prior to performance of exam.
E. Take appropriate history and document on requisition or forms provided include preps when appropriate.

F. Reassure apprehensive patients including pediatric, children, adults, trauma, special needs and geriatric patients.

G. Provide appropriate and professional communication applying medical ethics.

H. Observe and report all problems with IVs.

I. Respond to patient needs including emergency situations. Must maintain CPR certification.

J. Label any specimens according to medical center practice parameters and use standard precautions.

K. Provide radiation safety.

L. Respect the patient's rights, confidentiality and expectations.

M. Comply with legal requirements pertaining to safe, ethical handling of patients.

N. Report patient/personnel incidents/adverse occurrences immediately and complete appropriate forms and return to appropriate individuals without delay.
CLINICAL ABSENTEEISM POLICY

The following number of excused absenteeism per semester is permitted with no make-up required:

<table>
<thead>
<tr>
<th>Year/Semester (Months)</th>
<th>Absence Days Permitted from Clinical</th>
<th>Trade Day Permitted</th>
<th>Half Day Permitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Year/Spring Semester (January-April)</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>First Year/Summer Semester (May-August)</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>First Year/Fall Semester (August-December)</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Second Year/Spring Semester (January-April)</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Second Year/Summer Semester (May-mid-August)</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Second Year/Fall Semester (mid-August-December)</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

The accumulation of any absenteeism or tardiness beyond the allotted time per semester will result in a loss of percentage points from the clinical grade and/or corrective action. The clinical time missed will require make-up time. The following will be used for the percentage loss and/or corrective action:

<table>
<thead>
<tr>
<th># absences beyond allotted days</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 day</td>
<td>5% decrease</td>
</tr>
<tr>
<td>2 days</td>
<td>7.5% decrease (oral reprimand)</td>
</tr>
<tr>
<td>3 days</td>
<td>10% decrease (written warning)</td>
</tr>
<tr>
<td>4 days</td>
<td>suspension</td>
</tr>
</tbody>
</table>
The accumulation of excessive tardiness will also result in corrective action as follows:

<table>
<thead>
<tr>
<th># in one semester</th>
<th>action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 tardy or 1 tardy of more than 1 hour</td>
<td>2.5% decrease (1/2 absence)</td>
</tr>
<tr>
<td>3 tardy</td>
<td>3.5% decrease (oral reprimand)</td>
</tr>
<tr>
<td>4 tardy</td>
<td>4.5% decrease (written warning)</td>
</tr>
<tr>
<td>5 tardy</td>
<td>suspension</td>
</tr>
</tbody>
</table>

Attendance records are monitored continuously and corrective action taken as needed throughout the entire program.

Students will be permitted to switch clinical time with another student that is scheduled for clinical experience the same clinical hours (example: 8-4 for 8-4). The request to switch must be done at least 24 hrs prior to the desired day and must be given to the Clinical Instructor in writing. The request must be signed by both students who are involved in the switch. The student will still have allotted days off and 1 trade day per stated semester. The purpose for this policy is to allow students more flexibility with their clinical schedule while still receiving equivalent clinical experience.

Written notification to the Clinical Instructor for clinical absence and the Class Instructor for class absence in advance for use of an excused absence shall be scheduled and received prior to the absence. In the case of illness or emergency, the student must notify the coordinator or in charge technologist in the department and the Program Office one (1) hour prior to assigned clinical time. Failure to contact both areas will result in disciplinary action. Students with accumulated absenteeism in excess of the allotted excused days per semester will be scheduled for make-up time by the Clinical Instructor. All make-up time must be scheduled in advance and posted. The student must request make-up time/date in writing at least 24 hours in advance, one-week advance notice is preferred. Students are not permitted to schedule more than eight hours per day nor have a weekly schedule of greater than 40 hours. Make-up time will be scheduled in area of absence, as possible. Failure to report for scheduled make-up time will be considered as an additional absence and require make-up time. The make-up time required for absence during scheduled make-up time will be double the original amount scheduled to make up.

*Example: You are scheduled to make up 2 hours and call in. You will now be required to schedule make-up of 4 hours.*

You will be marked late if you are not in your assigned clinical area by the time on the schedule and required to make up the time. From 5-15 minutes late will require 15 minutes make-up. After 15 minutes, the make-up will be the length of time. You must call to inform the Program Office and Department of tardiness. Failure to do so will result in disciplinary action.
You are required to stay in your scheduled clinical area at all times. Anytime you must leave the area to use the restroom, you must notify the coordinating or in charge technologist. If you must leave your assigned area for any other reason, you are required to beep the Assistant Education Coordinator or Clinical Instructor for notification. Due to scheduling requirements, insurance coverage and concern over the safety and fairness to our patients and students, you must complete the scheduled clinical experience. Example: If you are scheduled from 2-9:30pm. You must remain in the clinical setting until 9:30pm. We ask that you make every effort to leave at your scheduled time as no overtime is allowed which is not scheduled ahead. HOWEVER, you are to assure that the patient or task you are performing is completed or someone has relieved you before leaving the assigned area. Failure to do so will result in disciplinary action for negligence of duty and/or leaving assigned clinical area without proper notice/authorization. Please inform in charge technologist/coordinator when you are leaving.

Any student wishing to schedule extra clinical time in a particular area to gain increased experience may do so only if this time is scheduled in advance with the Clinical Instructor and area coordinator; however, as this is voluntary, you will not be given overtime. This time is for you to gain more experience and you will only be permitted to perform clinical competency exams at the discretion of the clinical instructors.

The accumulation of absenteeism beyond the allotted time per semester, will result in a loss of percentage points from the clinical grade.

**HALF DAY:**

This policy is not applicable to the Spring and Summer Semesters of year 1 as the clinical and class schedule do not permit leaving early. Starting in the Fall Semester of year 1, the policy is applicable.

You must have been in your clinical experience for at least one half of the scheduled time to avoid this counting as a full absence (5% off clinical grade). This half day is permitted once during a semester starting in the fall of the first year. Half of the scheduled time is permitted to be taken off with no point deduction or making up of time. Taking an additional half day will result in a 2.5% deduction and the time is required to be made up. An exception to this policy, is an extended illness or family emergency (only excused absences – death of a student’s spouse, child or parent) which requires appropriate documentation, i.e. physician’s note, for which make-up arrangements will be made on an individual basis.

An Absence Request Form will be submitted at least one (1) week prior to any scheduled clinical changes.
In addition to the allotted days per semester, you will be permitted 1 TX exchange day/semester as noted, if required. This will allow you to exchange 1 of your assigned clinical days for another in that semester. The clinical faculty will determine the alternate day to assure appropriateness of clinical experience. You will be required to request a date for the switch when you notify the clinical faculty. The staff will try to accommodate this request if at all possible.

ABSENTEEISM DUE TO DEATH OF AN IMMEDIATE FAMILY MEMBER

In the event of death of a student's spouse, child or parent, the student will be permitted 3 days of excused absence from clinical. This time will not have to be made up. Absence due to the death of a non-immediate family member will be considered excused but the clinical hours missed must be made up.

ATTENDANCE

Attendance in the clinical area is mandatory when scheduled. You must remain in scheduled area during scheduled hours. You cannot leave scheduled area early without proper authorization. The only personnel authorized to allow early dismissal are the education coordinator, clinical instructors, or coordinator/in charge technologist (in the absence of a program faculty member). No other personnel may allow you to leave early. Authorization to leave the clinical area early for any reason must be obtained in writing from the above listed personnel. The written authorization must be turned into the Clinical Instructor within 24 hours of the authorized absence, if it occurs on Monday-Friday after 4:30pm. The student no matter what the reason for the absence will make up all missed time. The time will be scheduled through the Clinical Instructor.

Anytime you are leaving your assigned clinical area early, you must contact the Radiography Program Office at 425-4075 and leave a message with program personnel or on the voice mail before leaving. This is your responsibility and must be done or the absence will be unexcused. Failure to adhere to the attendance policy will constitute corrective action.
STEP-BY-STEP PROCEDURE FOR RADIOLOGIC TECHNOLOGY

Receiving requisition

♦ evaluate for type of procedure, correct orders, correct admitting diagnosis, correct physician
♦ notify radiographer in charge of any incorrect information on the requisition that must be changed
♦ review request for any noted changes to routine projections
♦ arrive patient with computer system

Greeting patient

♦ use professional communication appropriate to patient’s age, mental status and cultural background
♦ introduce yourself
♦ check arm band on all ED or inpatients and do not proceed until the patient has an armband
♦ question outpatients to assure the correct patient (verify by 2 means).
♦ explain the procedure using communication appropriate to patient’s age, mental status and cultural background
  ♦ type of procedure
  ♦ patient instructions
  ♦ appropriate time frame
♦ evaluate patient’s composure and physical condition, offer reassurance and note possible obstacles to performance of exam i.e., IV, urinary catheter, etc.

Imaging Room Pre-Exposure

♦ obtain and document complete patient history and indication appropriate for exam ordered
  ♦ physician complaints, i.e. pain, nausea, etc.
  ♦ medical hx, i.e. surgeries, past injuries, etc.
  ♦ note physical signs of trauma, area of trauma and mechanism of injury (be specific)

♦ set up room as completely as possible before standing a patient or placing the patient in an uncomfortable position
  ♦ pre-set control panel
  ♦ have cassettes ready
  ♦ have imaging equipment set
  ♦ then, position patient and provide instructions
  ♦ start exam with computer system
Procedure

♦ if transferring patient to the imaging table, make sure to use proper body mechanics and locked the stretcher/wheelchair before moving patient
♦ provide proper patient cover for warmth and modesty
♦ use medical center practice parameters to store patient valuables

Requisition/Images

♦ complete requisition with appropriate indication history, your name, SRT and radiographer’s name who evaluated the images with you
♦ complete or halt exam as indicated with computer system

Daily Items for Clinical Use

1. Small approved routine notebook or paper notes pertaining to clinical education that will fit in a pocket
2. Pen
3. ID badge must be worn at all times above the level of the waist
4. Radiation Monitoring Badge at collar level and outside lead apron
5. Markers with your initials

Clinical Time Study Aids

You will only be permitted to study from your pocket clinical routine notebook or clinical related paper notes that can fit within a pocket during scheduled clinical hours. You will be permitted to study from Merrill’s or Bontrager textbooks only as they are related to clinical education. No other study aids to include textbooks other than Merrill’s, notes(paper or electronic) unrelated to clinical will be permitted during scheduled clinical hours at any clinical site.

NO OTHER READING MATERIAL ALLOWED IN CLINICAL

No other reading material such as newspapers, magazines, etc. is permitted in the clinical setting.
Professional Behavior

1. The student will follow instructions received by supervising radiographer.

2. The student will practice appropriate interpersonal communication skills and ethical behavior. Vulgar language will not be permitted.

3. The student will arrive in clinical area promptly and report any absenteeism and/or tardiness.

4. The student will remain in clinical assignment and notify appropriate personnel when leaving the area.

5. All activities should be patient centered to assure quality care including:
   - Never destroy a patient confidence in their physician or the medical center.
   - Patients should never be left unattended without appropriate safety i.e. locked wheelchair/stretcher, side rails up.
   - No unnecessary loud talking or disrespectful conversations.
   - Patient information must remain confidential unless the patient will benefit from disclosure to their MD
   - Friendly and courteous attitude must be maintained.
   - Do not discuss any information regarding patients or medical center business outside the institution, in hallways, rest-rooms, cafeteria, elevators, etc.

6. Problems noted including unethical or unprofessional behaviors in the class or clinical setting will result in the following:
   - the educational officials will send the student home after discussing situation with the student.
   - a summary of the events will be written and placed in the student's file.
   - the student will not be allowed to return to the medical center until they have discussed the incident and alternative solutions with program officials.
   - the student will be responsible for all make up time and the absence will be unexcused.
   - the student may write their version of the situation which will also be placed in their file.
STANDARD PRECAUTIONS

CDC Isolation Precautions

Standard Precautions – Combine Universal (Blood and Body Fluid) Precautions used to reduce the risk of transmission of bloodborne pathogens and Body Substance Isolation (BSI) used to decrease the risk of transmission of pathogens from moist body substances.

Applies to (regardless if visible blood):

♦ blood
♦ body fluids
♦ body secretions
♦ body excretions except sweat
♦ non-intact skin
♦ mucous membranes

Transmission-Based – Designed for patients documented or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens and require additional precautions to Standard Precautions.

Types
♦ airborne
♦ droplet
♦ contact
Microorganism Transmission

1. Source – humans, patient’s own endogenous flora, inanimate objects (fomites), vectors, vehicle

2. Host

3. Transmission
   - contact – direct or indirect
   - droplet
   - airborne
   - vehicle – food, water, devices, etc.
   - vector borne

Isolation Precaution Fundamentals:

- Hand washing
- Gloves
- Masks
- Gowns
- Goggles
- Protective Apparel
- Sharps Container
- Do Not Re-cap Needles
- Follow isolations precautions set forth by HHMC
MEDICAL ASEPSIS FOR THE STUDENT RADIOGRAPHER

Wash or sanitize hands before and after each case or whenever soiled during a procedure. Use skin lotion to prevent drying and cracking.

Clean equipment, door-knobs, etc. in contact with patient or soiled hands after each use. Use a disinfectant cleaning agent and wipe from the least soiled area to the most soiled.

Empty bedpans and urinals immediately into commode. Dispose of bedpan/urinal in red bag.

Use equipment and/or supplies for one patient only. Dispose of or re-sterilize before next patient.

Floors are heavily contaminated. Any dropped item is to be discarded or re-sterilized.

Avoid raising dust to prevent airborne pathogens. When cleaning, use a damp cloth thoroughly moistened with a disinfectant.

Change linen between each case. Pillowcases and sheets are used once.

Follow standard precautions on all patients.

NEEDLE STICK PROTOCOL

Students are required to follow standard precautions on all patients to decrease the incidence of exposure to bloodborne and body substance pathogens. Students are given the option to receive the HBV vaccination series and yearly TB screening.

In the case of an accidental needle-stick injury with a contaminated needle, the student must notify the in charge RT, wash area completely, report immediately to the ED and complete the appropriate incident/adverse occurrence form. Source Patient Packets are available in the on all nursing units.
INCIDENT/ADVERSE OCCURRENCE REPORTING

Whenever a student radiographer or patient is injured during scheduled clinical hours, the appropriate report form must be completed and processed immediately. This process shall be done even on minor adverse occurrences and in conjunction with the in charge technologist/coordinator.

Sample forms with directions are found on the doc-u-net. Forms are available in the Radiology Department. Please notify the Program of any incidents.

If the student loses time from the Program due to a clinical related injury, they must have a physician's statement and release to return to clinical rotation. Additional clinical time missed in excess of allotted excused absences per semester must be made up.

Halifax Medical Center will be responsible for ED charges and medical bills only directly related to the incident occurring during clinical. However, the charges may not be covered on indemnity payments.

ACCIDENTS TO PATIENTS

1. Immediately notify the in charge technologist and/or radiologist to check the patient.

2. Report all incidents and accidents regardless of how minor they seem to the appropriate person and complete an Incident Report. Failure to do so may result in a lawsuit. File incident report with appropriate personnel.

ELECTRICAL SAFETY

Immediately notify the Radiology Coordinator or In Charge RT of any malfunctions of electrical equipment.
STANDARD FIRST AID CARE OF PATIENT IN EMERGENCIES

The ability of a student radiographer to handle an emergency situation depends upon their knowledge of what to do and what not to do. The following situations are samples of what to do when a patient experiences the following symptoms. Patients who are in cardiac or respiratory arrest are classified as Code Blue emergencies.

FAINTING AND UNCONSCIOUSNESS

If a patient complains of feeling dizzy and nauseated and looks pale or flushed, they may be close to fainting. If possible, the patient should be lying down with their feet elevated to increase the blood flow to the brain. If the patient is unable to be placed recumbent with feet elevated, they should be seated and bend over to lower their head. The radiologist or charge technologist/nurse should be notified of the patient’s condition. An ammonia inhalant should be readily available should the patient faint. If the patient fails to respond, a doctor should be called immediately to administered proper medications, etc. During this period, the student radiographer should perform the CABs of CPR as needed.

NAUSEA AND VOMITING

The student radiographer should always be prepared for nausea and vomiting, one of the most common complaints of medical center patients. Each room should be stocked with at least one emesis basin. The speed of the student radiographer to acquire the basin will save time and the patient’s comfort. All specimens should be saved for the nursing station in the event that they are recording input and output; otherwise, discard basin in red bag. The student should wear gloves at all times in this situation.

NOSEBLEEDS

Nosebleeds may be common in patients with high blood pressure but they may happen to any patient. If this does occur, the patient should pinch their nose and tilt their head forward until bleeding stops. Encourage patients not to swallow or cough and provide the patient with tissues and an emesis basin.

FRACTURES

Patients having possible fractures should be treated with all due care. Any bandages/splints placed on the patient should not be removed until a physician reviews the initial images or unless the physician orders.
SEIZURES

The patient who experiences seizures will begin to shake and jerk violently and uncontrollably. The patient should be placed on something soft and all objects removed from the immediate area so that they will not injure themselves. You should not attempt to restrain them too much because this may injure them more. The doctor should be notified immediately.

SHOCK AND HEMORRHAGE

Shock is the insufficient return of blood to the heart for normal function following injury, bleeding, or other emotional trauma. The patient should be placed recumbent on their back with their feet elevated. The patient should be kept warm. If hemorrhaging occurs, pressure should be applied to the site of the bleed. Notify the physician immediately.

The prepared student radiographer will have emergency supplies on hand at all times and know where to find the equipment and crash cart. Proper notification of the physician and/or nurse in charge of the patient is vital.

In addition to maintaining BSL CPR certification, the student radiographers will be required to attend the Radiology Emergency Preparedness course and receive instruction in venipuncture and Basic EKG Interpretation during the program.
TRANSPORTATION OF PATIENTS

1. You will be dispatched from the Technologist’s or Business Service’s work area when a patient has been called and a transport ticket generated. Students can participate in transportation of patients once they have been CPR certified and have rotated through Business Support during orientation. Students must be accompanied by a Registered Technologist, Nurse, or Halifax Health Transporter.

2. Use bank of six elevators (not “D” elevators).

3. Report to nurse’s station:
   a) inquire about the patient
   b) sign patient out on transportation log
      1) name of patient
      2) room number
      3) time out
      4) destination of patient (x-ray, CT, NM, etc.)
      5) method of transportation (wheelchair (w/c) or stretcher)
      6) your initials
   c) bring patient’s chart with the patient.

4. Transportation of patient to the radiology department:
   a) properly identify patient by checking the patient’s armband
   b) do not transport any patient without an armband
   c) greet patient and inform the patient that you are taking them to the radiology department
   d) call for assistance as needed
   e) back the w/c or stretcher into the elevator so the patient is facing the door
   f) transport patients via reception NOT in the main corridor
   g) take patient to proper location in the department
      1) lock w/c or stretcher
      2) inform patient that someone will be with them shortly
      3) place chart on the appropriate counter
   h) properly log patient using computer system

5. Transportation of patient to the floor:
   a) obtain patient’s chart
   b) identify patient by checking their armband
   c) inform the patient that you are taking them back to their room
   d) leave patient in their room and perform hand-off communication with nursing staff
   e) never leave patient in their room without their call button
   f) lock w/c or stretcher
   g) inform patient that someone will be with them shortly
   h) inform personnel at nurse’s station that the patient has returned from Radiology
   i) sign in on the transportation log at the nurse’s station
   j) return to department for your next transportation assignment
   k) properly log patient using computer system

6. Perform addition duties while waiting for next transportation assignment, such as hand off communication etc.
NAME ______________________________________________

Under the direct supervision of the business personnel, the student will:

FRONT DESK

1. Observe various functions of Meditech (HIS) computer

Evaluator:__________________________ Date:________________________

COMMUNICATIONS / FILM ROOM

1. Observe use of telephone and functions of phone system
2. Answer phone and process messages professionally and accurately
3. Observe use of CD burner
4. Process loans (CD’s) to patient

Evaluator:__________________________ Date:________________________

TRANSPORT

See attached

Evaluator _______________________________ Date ____________________
PORTABLE (MOBILE) RADIOGRAPHY

There are many circumstances in which it is impossible for a patient to be transported to the Radiology Department for a necessary procedure. In these cases, the procedures must be performed with a mobile (portable) x-ray unit in the patient’s room, in surgery or PACU, etc.

I. Radiation Control

Because portable radiography is performed without the benefit of inherent lead shielding, the following safety guidelines must be followed:

   A. A lead apron will be worn at all times, or you will remain behind a lead protective barrier. An exception is with patients who are emitting gamma, i.e. cesium implant patients, etc.
   B. Stand as far away from the patient and tube as possible.
   C. Never stand in direct line with either the tube or the patient.
   D. Collimate as tightly as possible.

II. Procedure

   A. Always report to the patient’s nurse to receive any pertinent information and/or assistance.
   B. Check patient’s chart for correct orders.
   C. Properly identify the patient using 2 means. READ THEIR ARMBAND.
   D. Exercise caution when handling patients. Be alert to IV’s, drainage tubes, traction, monitoring equipment, etc. Apply proper standard and/or transmission-based isolation.
   E. Be familiar with the mechanical function and range of motion of the portable unit.
   F. Perform the procedure efficiently while attending to the patient’s comfort and privacy.
   G. Be sure all visitors and staff have left the room before making any exposures. Those that must stay should be given a lead apron and stand at least 6’ from the source.
   H. After the procedure, check the battery and re-charge as needed.

Remember that patients requiring portable radiography are frequently in a very critical and unstable condition, therefore, extreme caution must be exercised. Using computer system, start and complete exams with correct location and times.

As a student, you will perform these procedures only with direct supervision by a registered technologist.
O.R. Etiquette

1. Be aware of your surroundings and the location of all sterile fields. Always walk around sterile fields facing them.

2. Enter operating rooms through sub sterile or sterile core. Only enter through the main hallway door when you accompany the patient or equipment. Masks must be worn in all operating rooms and sub sterile areas once the sterile equipment and supplies have been opened prior to the start of the case.

3. Announce your presence when approaching someone in sterile attire from behind. Simply announce “I’m behind you” in order to avoid accidental contamination.

4. Place C-arm cords behind tables when possible. Scrubbed personnel should not have to step over or lift sterile tables over cords.

5. Limit the number of individuals entering and exiting the clean air rooms (example- total hip cases where staff is wearing attire that resembles a space suit). Only enter through the main hallway when transporting equipment. Avoid walking between sterile table and patient. Walk behind anesthesia cart, when possible. Never walk along the wall air vents.

6. Talk quietly while the doctor is performing surgery.

7. Clean equipment after every case. Inspect the bottom portion of the c-arm for blood, and clean accordingly.

8. Utilize ceiling mirrors when transporting equipment out of the store room and around corners.

9. Avoid standing directly in front of the desk or schedule board.

10. Take all necessary breaks at the beginning of your shift (prior to starting or taking over a case).

11. Hook up the c-arm in the correct order. 1) Plug in cord from monitor to c-arm. 2) Plug power cord into wall. 3) Turn on monitor

12. Unplug the c-arm in opposite order. 1) Turn monitor off and wait for the shutdown sequence to end. 2) Unplug from wall. 3) Unplug monitor cable from the c-arm.
Clocking In and Out Policy

Halifax Health Medical Center Radiography students will be responsible for clocking in and out using the assigned ID badge. This is a requirement at Halifax Health Medical Center in Daytona Beach and Port Orange. This will allow faculty to assure that students are present during scheduled class and clinical time.

You are not permitted to leave the premises for your 30 minute break. If you need to leave the premises during clinical/class time for any reason in must be approved by a faculty member.

The clock records will be reviewed by the faculty to monitor tardiness and absenteeism.

Failure to clock in or out will require a written explanation to the faculty using the attached form. This form must be completed within one clinical day of the reported incident. Due process will be used in cases on non-compliance with this policy.

<table>
<thead>
<tr>
<th>Failure to clock in and/or out per semester</th>
<th>Disciplinary Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 times</td>
<td>Oral warning</td>
</tr>
<tr>
<td>3 times</td>
<td>Written warning</td>
</tr>
<tr>
<td>4 times</td>
<td>Suspension</td>
</tr>
<tr>
<td>5 times</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

Any student who falsifies attendance/tardiness records will be dismissed from the program immediately. This includes clocking in or out for another classmate, clocking in before parking or retrieving vehicle from parking area and then punching out.
Clocking In and Out
Notification Form

Students name: (print) ____________________________

I did not clock in on _______________________. The time I arrived was: ________________
   (date)                                      (time)

I did not clock out on _______________________. The time I left was: ________________
   (date)                                      (time)

The reason is:
______________________________________________________________________________
______________________________________________________________________________

Student Signature______________________________Date__________________

Faculty Signature______________________________Date__________________

Action Taken:
STATEMENT OF PURPOSE:

This policy provides the location for Radiology related forms for utilized for pre-procedural and patient identification purposes.

POLICY:

All Radiology related forms for pre-procedure and patient verification are available on PACs forms and E Forms.