Radiologic Technology

MVCC

MVCC RADIOLOGIC TECHNOLOGY STUDENT HANDBOOK

2025-2026

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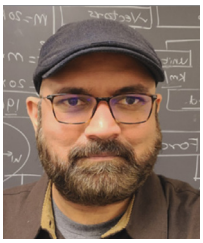

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DISCLAIMER CLAUSE

Assessment is an important element in a program's overall evaluation and leads to continual improvement. Program policies, offerings, and requirements are continually being assessed and improved. The contents of this booklet are in effect at the time of revision and are subject to change. Students will be notified of changes in policy and requirements.

Reviewed and approved by Radiologic Technology Faculty:
3/2025, 5/2024, 2/2023, 8/2022, 8/2021, 6/30/2020, 8/12/2019, 8/7/2018, 6/2017, 8/2015, 8/2014, 8/2013

Revised: 3/2025, 5/2024, 8/2023, 6/15/2017, 8/20/15, 8/2014, 8/2013

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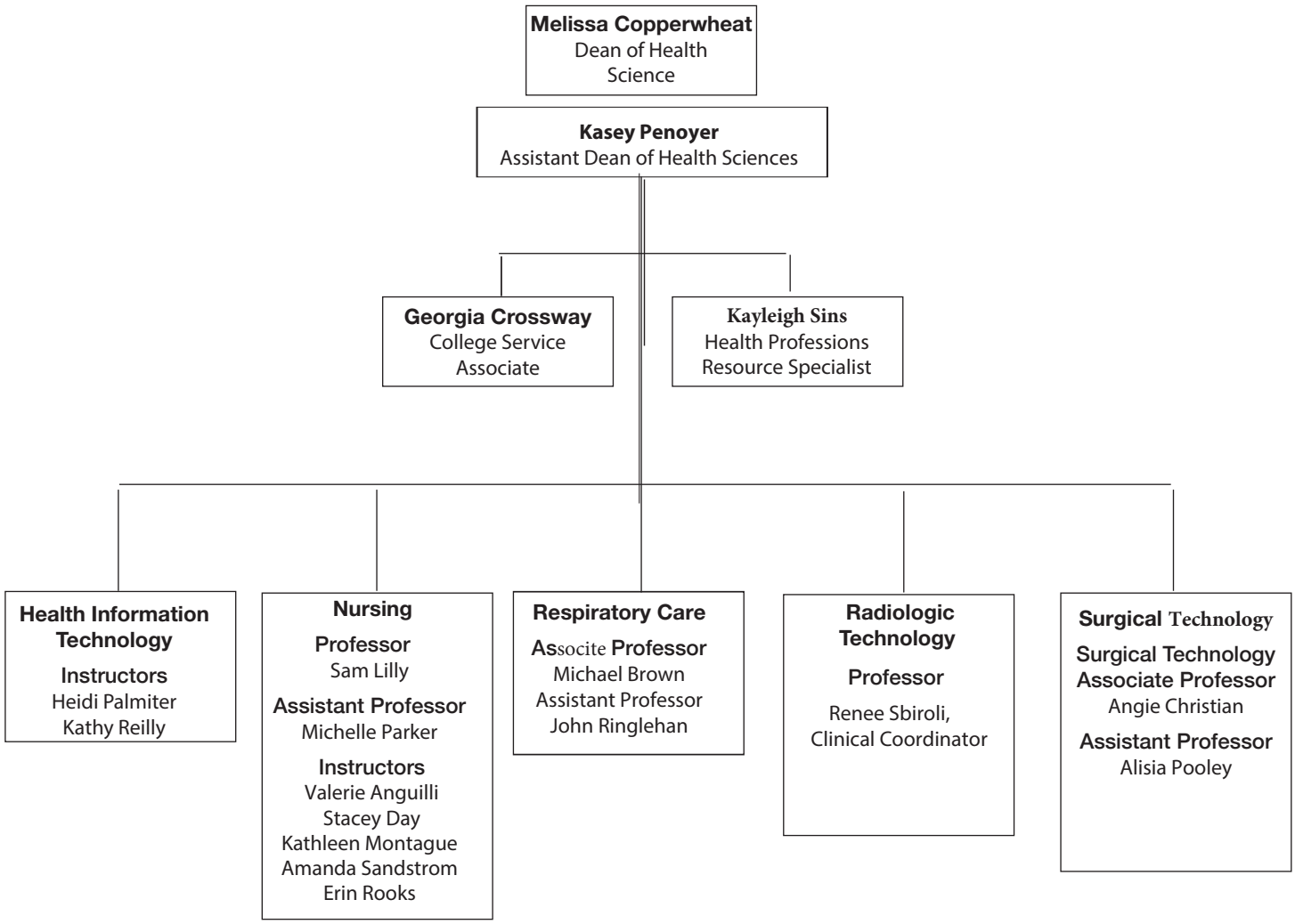
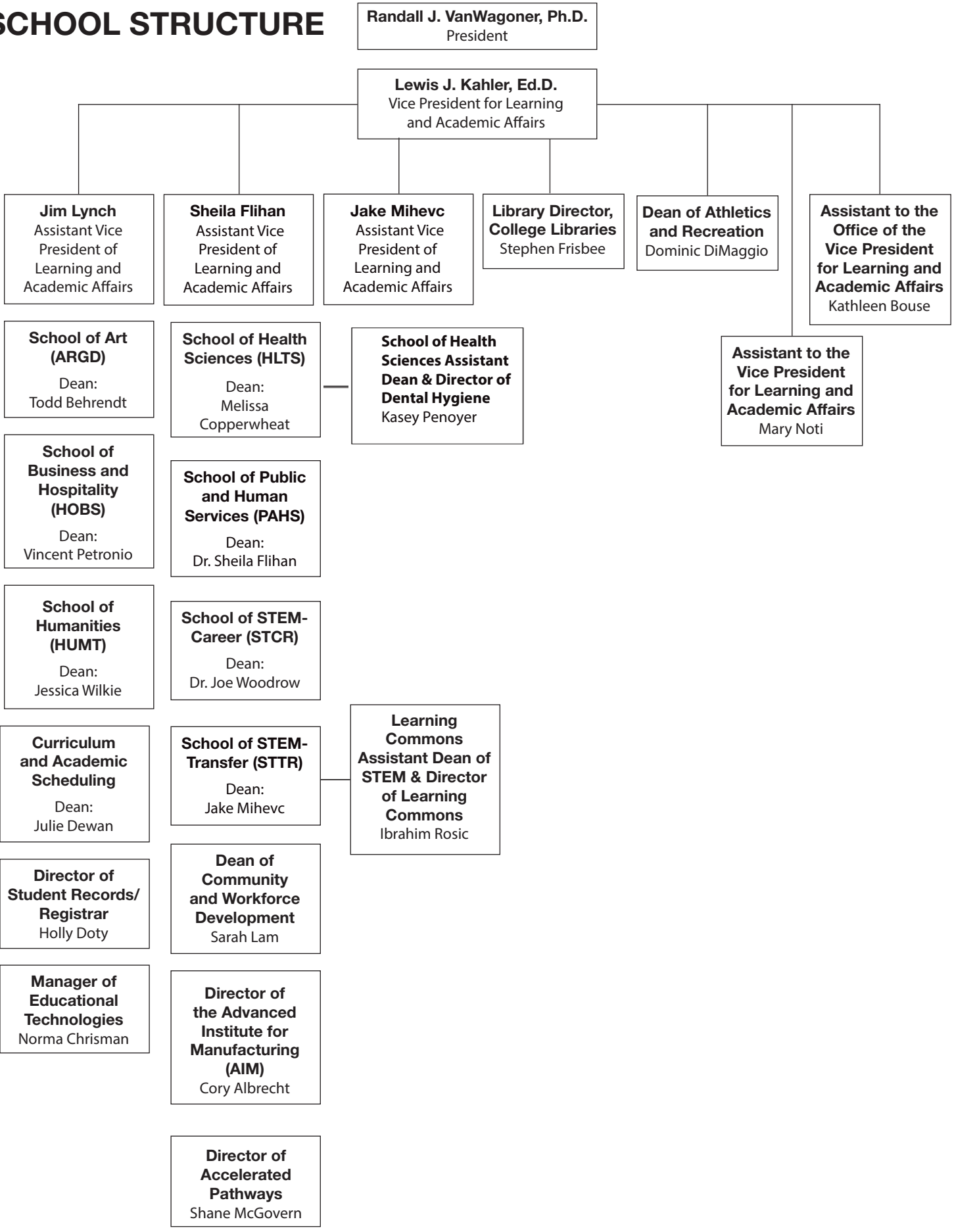
MVCC SCHOOL OF HEALTH SCIENCES STRUCTURE



MVCC ACADEMIC SCHOOL STRUCTURE



Mission (rev. 2023, reviewed annually)

The mission of the Radiologic Technology Program is to promote student success through education with the professional knowledge to be competent Radiologic Technologists and to commit to life-long learning, and to become successful patient care providers within the community.

Philosophy

The program is committed to provide quality educational opportunities assisting students to prepare for entry-level competency as staff radiographers. A quality and comprehensive curriculum is maintained through a qualified faculty who combine classroom experiences with challenging laboratory exercises and clinical rotations in local health care settings. Instruction is geared to meet the needs of a diverse student population with varied academic, social, cultural, and economic backgrounds.

Goals

1. Students/Graduates will be clinically competent, entry-level professionals that meet the healthcare needs of the community.

Student Learning Outcomes:

1.1. Students will develop clinical competence in the performance of basic radiographic procedures.

1.2. Students will provide patient care with regard to radiation safety (ALARA) and comfort.

1.3. Students will develop knowledge and comprehension to successfully establish manual exposure techniques.

2. Students/Graduates will demonstrate effective communication skills.

Student Learning Outcomes:

2.1. Students will employ oral communication skills using appropriate patient identifiers.

2.2. Students will interpret written information to properly proceed with the radiographic examination.

2.3. Students/Graduates will effectively convey information pertaining to the radiographic imaging procedure.

3. Students/Graduates will evaluate the importance of life-long learning by encouraging professional development.

Student Learning Outcomes:

3.1. Students will value the professional aspect of being a member of the radiologic science community.

3.2. Students will demonstrate the understanding for the need for life-long learning.

3.3. Students will provide mentorship and peer support to other students.

3.4. Students will promote a positive collaborative atmosphere with all members of the healthcare team.

4. Students/graduates will use problem solving and critical thinking skills.

Student Learning Outcomes:

4.1. Students will adapt radiographic procedures to patient needs.

4.2. Students will distinguish diagnostic images from non-diagnostic images.

New York State Patients' Bill of Rights in a Hospital

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.

2. Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age or source of payment.

3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

4. Receive emergency care if you need it.

5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.

7. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.

8. Receive complete information about your diagnosis, treatment and prognosis.

9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.

10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."

11. Refuse treatment and be told what effect this may have on your health.

12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.

13. Privacy while in the hospital and confidentiality of all information and records regarding your care.

14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.

15. Review your medical record without charge and, obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.

16. Receive an itemized bill and explanation of all charges.

17. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.

18. Challenge an unexpected bill through the Independent Dispute Resolution process.

19. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.

20. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.

21. Make known your wishes in regard to anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in a number of ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Public Health Law(PHL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c) 1500 2/19

The American Hospital Association Patients' Bill of Rights can be viewed in the booklet at this link: aha.org/other-resources/patient-care-partnership

FERPA (The Buckley Amendment)

What is FERPA?

The Family Educational Rights and Privacy Act (FERPA) of 1974, also known as the Buckley Amendment, protects the privacy of student records. The Act provides for the right to inspect and review education records, the right to seek to amend those records, and to limit disclosure of information from the records. The Act applies to all institutions that are the recipients of federal funding. The regulations for FERPA can be found in 34CFR Part 99. Please visit www.mvcc.edu/records-registration/ferpa-regulations.php for more information.

Who is protected under FERPA?

Students who are currently enrolled in higher education institutions or formerly enrolled, regardless of their age or status in regard to parental dependency. Students who have applied but have not attended an institution do not have rights under FERPA.

What are education records?

With certain exceptions, a student has rights of access to those records which are directly related to them and which are maintained by an educational institution or party authorized to keep records for the institution. "Education Records" generally include any records in the possession of the institution which contain information directly related to a student, with the exception of those addressed in the following section.

FERPA contains no requirement that certain records be kept at all. This is a matter of institutional policy and/or state regulation. The records may be handwritten or in the form of print, computer, magnetic tape, email, film, or some other medium. FERPA coverage includes records, files, documents, and data directly related to students. This would include transcripts or other records obtained from a school in which a student was previously enrolled.

What is NOT included in an education record?

- Sole-possession records or private notes held by educational personnel which are not accessible or released to other personnel
- Law enforcement or campus security records which are solely for law enforcement purposes
- Records relating to an individual's employment by the institution (unless employment is contingent on student status)
- Records relating to treatment provided by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional and disclosed only to individuals providing treatment
- Records of an institution which contain only information about an individual obtained after that person is no longer a student at that institution (i.e., alumni records)

What documents can be removed from an education record before the student views the record?

- Any information that pertains to another student
- Financial records of the student's parents
- Some confidential letters and statements of recommendation under conditions described in FERPA section 99.12

What is directory information?

Institutions may disclose information on a student without violating FERPA through what is known as "directory information." This generally includes a student's name, address, telephone number, date and place of birth, participation in officially recognized sports and activities, weight and height of athletes, dates of attendance, degrees and awards received, most recent previous institution attended, and other similar information.

Each institution is required to annually notify students in attendance of what constitutes directory information. This notice must also provide procedures for students to restrict the institution from releasing their directory information. MVCC includes this notification in the Student Handbook.

Who would generally be permitted access without the student's written consent?

- School officials who have "legitimate educational interests" as defined in the College's annual FERPA notification
- Parents of a "dependent student" as defined by the Internal Revenue Code with verification
- The issuer of a judicial order or subpoena which allows the institution to release records without the student's consent, however, a "reasonable effort" must generally be made to notify the student before complying with the order unless specified otherwise in the subpoena.

When does a student need consent to disclose personally identifiable information from an education record (including transcripts)?

With specific exceptions, a signed and dated consent by the student must be provided by the student before any disclosure is made. The written consent must:

- Specify the records that may be disclosed
- State the purpose of disclosure
- Identify the party or class of parties to whom the disclosure may be made

What is "personally identifiable information?"

- The student's name
- Name of the student's parent or other family members
- Address of the student or student's family
- A personal identifier, such as a Social Security Number or student number
- A list of personal characteristics that would make the student's identity easily traceable

When is the student's consent NOT required to disclose information?

The exceptions are:

- To College faculty, staff, and administrators with a "legitimate educational interest"
- To parents of a "dependent student"*
- To federal, state, and local education authorities involving an audit or evaluation of compliance with education programs
- In connection with processing financial aid
- To organizations conducting studies for or on behalf of educational institutions
- To accrediting organizations
- To comply with judicial orders or subpoenas
- Health or safety emergency
- Directory information
- To the student
- Results of disciplinary hearing to an alleged victim of a crime of violence

Requests to disclose should always be handled with caution and approached on a case-by-case basis.

*As defined in Appendix 7, IRS code of 1986, sec.152

How does increasing technology impact FERPA on our campuses?

The use of computerized record-keeping systems is increasing at a tremendous rate. Electronic data will eventually replace most paper documents. We try to ensure that appropriate policies are established to protect the confidentiality of those records, educate faculty, administrators, staff, and students, about the policies, and make sure the policies are enforced. The same principles of confidentiality must be applied to electronic data as apply to paper documents.

These general guidelines are not intended to be legal advice. This document provides only a summary of FERPA. For further information regarding FERPA or clarification regarding FERPA, refer to the act and regulations or contact the MVCC FERPA representative, James Sunderhaft, at jsunderhaft@mvcc.edu.

General Program Overview

Health Studies: Radiologic Technology Associate in Applied Science Requirements

The primary mission of the MVCC Health Studies: Radiologic Technology A.A.S. degree program is to educate diagnostic technologists who are professionally competent and certified to practice within the American Registry of Radiologic Technologists (ARRT) scope of practice, contribute to the imaging sciences, are committed to professional development through life-long learning, and meet the employment needs of the community. The program is committed to students' success by providing a quality curriculum and a diverse learning environment through partnerships with the healthcare community. The competency-based program requires a student to successfully complete a minimum number of clinical competencies and all academic coursework prior to graduation. The required clinical internship involves learning the art and science of medical radiography through demonstrations, case studies, and supervised practice of routine diagnostic procedures using state-of-the-art equipment throughout the entire two years of education. Eligibility requirements for ARRT certification in radiography mandate that candidates have earned an associate degree from an accrediting agency recognized by the ARRT.

The radiologic technologist (radiographer) is a health professional who administers ionizing radiation (x-rays) to produce images for diagnostic, therapeutic, and research purposes. Radiographers are in-demand in hospitals, physicians' offices, clinics, government, education, industry, and research.

The radiographer operates imaging equipment, provides patient care and radiation protection, positions the patient for the examination, selects technical factors for image acquisition, maintains quality control, and patient records.

A radiographer may continue education in areas such as sonography, nuclear medicine, cardiovascular interventional studies, computed tomography (CT), magnetic resonance imaging (MRI), mammography, quality assurance management, research, education, radiation therapy, bone densitometry, and positron emission tomography (PET).

Admission to this program is conditional upon meeting medically required clearance of MVCC's School of Health Sciences to meet program essential functions.

All courses in the Health Studies: Radiologic Technology associate degree program have didactic content, clinical and laboratory experiences.

All students are required to meet the prerequisites prior to taking the first radiography courses. Students must have a college GPA of 2.80 (high school average 85) or greater in order to be considered for admission into Radiologic Technology.

Proof of current American Heart Association CPR certification is a requirement to enter and remain in the program. This certification must be kept current throughout the program and kept on file prior to beginning clinical assignments.

A minimum didactic grade of 80 or better, a minimum clinical freshman grade of 80, and a minimum clinical senior grade of 85 are required to remain in the Radiologic Technology program. If the student receives less than the required grade in a Radiologic Technology course, they will be dismissed from the program. Any student who has been unsuccessful in one Radiologic Technology course with a grade of C, D, F, or W will be dismissed, and are not eligible to reapply to the Radiologic Technology program at MVCC. This does not include applicants who had a break in sequence due to medical leave. (rev. 6/2022)

A minimum grade of C is required in all other non-Radiologic Technology courses.

Students who are unsuccessful in Anatomy and Physiology (BI216 & BI217) or non-Radiologic Technology courses, while in the Radiologic Technology program will have one additional attempt. If then unsuccessful, the student will be dismissed from the program and **are not eligible to reapply to the Radiologic Technology program at MVCC.**

To be eligible for graduation, the student must successfully complete the following requirements:

- Required Clinical Terminal Competencies
- Required Clinical Competencies/Clinical Performance Evaluations
- RT Clinical Courses with a minimum clinical freshman grade of 80% and a minimum clinical senior grade of 85%
- RT Didactic Courses with an average of 80% and general education courses with a C or above
- Required Program Evaluations (Exit Interview)

- Tuition and fees paid in full
- Returned all property belonging to program (radiation badge and hospital badge, if applicable)
- Satisfied all make-up time
- Final high school transcript or official GED certificate on file
- Completed graduation application on file
- Program credit hour requirement satisfied/waived
- CF100 requirement satisfied/waived

Entrance Requirements and Required Prerequisites

The following are the requirements to apply for the Radiologic Technology Program. Applicants also are encouraged to carefully review the Program Essential Functions.

Prerequisites

All applicants must meet or be working towards the completion of the following prerequisites at the time of application:

- High school diploma or its equivalent AND
- The most recent of the following:

Minimum History

- TASC Score: ≥3500
- High School Average: 85
- College GPA*: 2.8

Math Score

- SAT: 530
- ACT: 19
- MVCC Placement: 51
- College Math: ≥C

Chemistry with Lab or
Anatomy and Physiology with Lab **

- High school chemistry with a final grade and/or Regents exam score of a 75 or higher is required.
- CH131: ≥C
- BI216/BI217: ≥C

Biology with Lab**

- Recommended

ATI Teas Score

- N/A

*A student must have at least 12 college credits to use a college GPA. Consideration will be given for college-level classes taken in high school.

**If the student has a completed degree or has successfully completed an approved college-level Anatomy and Physiology sequence at MVCC or another college, they may be exempt from the college biology/ chemistry requirement.

Important Notes
Students who are unsuccessful in Anatomy and Physiology (BI216 and BI217) or non-Radiologic Technology courses, while in the Radiologic Technology program will have one additional attempt. If then unsuccessful, the student will be dismissed from the program and is not eligible to reapply to the Radiologic Technology program at MVCC.

Prerequisites can be taken at other colleges. Consult the Radiology Program Coordinator or Clinical Coordinator to find out if those classes meet the minimum criteria.

Admission to the Radiologic Technology Program

All prospective students must complete the following steps to officially apply for admission to the Radiologic Technology Program.

Students New to MVCC

Step 1: All New MVCC students need to submit a completed MVCC college admission application (www.mvcc.edu/apply) to the College's Admissions office by March 1, including all official college and/or high school transcripts. OUTSIDE OF THE UNITED STATES: Request a professional education credential evaluation report from an evaluation service [such as World Education Services (www.wes.org)]. Please request that an official copy of the report be sent to: Mohawk Valley Community College, Office of Admissions, 1101 Sherman Drive, Utica, N.Y. 13501. Applications received after March 1 will be reviewed on a space-available basis. Once a complete application, including transcript, is received by the College, the application will be reviewed by Admissions and students will be notified in a timely manner of their next steps.

Step 2: If it is determined a student meets the initial eligibility requirements to be considered for the Radiologic Technology program, students will receive a Radiologic Technology Program Application, which must be completed and submitted to Admissions no later than March 1 for the Selection Committee to review the application. Applications received after March 1 will be considered on a space-available basis. If, after review of the MVCC application, a student is determined ineligible for acceptance into the Radiologic Technology program, Admissions will provide information on how to proceed. Note: It is recommended that students complete the MVCC Placement Test and receive an eligible score on the math portion that will allow the student to enroll in MA110. Students may be exempt from taking certain portions of the placement test based on the College's Placement Testing Exemption Policy which can be found at: https://www.mvcc.edu/placement-testing/exemption-policy.php.

Current MVCC Students

Step 1: Contact Advisement at 315-731-5710 to schedule an appointment with an appropriate advisor to review the Radiologic Technology program application process.

Step 2: If all required prerequisites are completed, the applicant will be directed to complete the Radiologic Technology Program Application. Please print legibly in blue or black ink and include any additional significant information that they would like the Selection Review Committee to consider. Applications should be submitted to the School of Health Sciences office, AB113.

All Radiology Candidates Who Meet Initial Eligibility Requirements

Step 3: In addition to the Radiologic Technology Program Application, students must include a written Letter of Intent by March 1 to emphasize what they can bring to the Radiologic Technology program and profession and include a reflection of personal background and accomplishments. Students also should discuss achievements, talents, and long-term professional goals.

Step 4: Qualified applicants who meet all qualifications may then be contacted for a personal interview to complete the admission process.

Personal Interview: Candidates may be invited for a personal interview after the Radiologic Technology Program Selection Committee has completed a preliminary review of the applicant's credentials. Invitations for a personal interview are issued only to those applicants whose records and other stated qualifications appear sufficiently strong to justify such a detailed study. Those applicants not issued an invitation will receive a letter of refused acceptance so that the individual will be able to act accordingly on their future plans without delay. Only those applicants whose files are complete (completed application, all official high school and college transcripts/academic records, Letter of Intent) will be considered for an interview.

Transfer Applicants

The transfer application deadline is March 1 for Fall-term Radiologic Technology courses and Oct. 1 for Spring-term Radiologic Technology courses. Transfer applicants are applicants with transfer credit for Radiologic Technology course(s) from another college and must apply, meeting all program and prerequisite criteria, and will be considered on an individual basis. To be considered for a mid-year (Spring-semester) start, students must have successfully completed an equivalency of MVCC's RT101 course from an accredited college or university. Students must submit an official college transcript to MVCC for a credit evaluation to be completed to determine placement into the program if offered a seat. Note to international candidates: Visit http://www.mvcc.edu/international-admissions/admissions-requirements for information.

Student Clinical Experience Five-Semester Rotation Overview

Clinical Experience is assigned to a number of area hospital institutions, outpatient practices, modalities, and one mobile imaging practice. The freshman students will start their clinical experience in a lab/classroom setting for an orientation period of approximately three weeks. Students will develop skills in radiographic equipment manipulation and digital image receptor sizes, practice and develop safe exposure techniques, be introduced to radiation safety, patient care skills, and universal health care policies.

Freshman students will be assigned to their clinical settings Tuesday and Thursday of each week in the Clinical Education Fundamentals and Clinical Intermediate I courses in the fall and spring semesters.

The mandatory summer session, Clinical Education Intermediate II, provides the student with clinical experience to refine clinical skills. After the summer rotation, students will be assigned to their clinical setting Monday, Wednesday, and Friday each week in the Clinical Education Advanced and Clinical Education Mastery courses. A dress code exists and identified items (nametag, photo ID, swipe cards, optional watch, and radiation dosimeter badge) are required for clinical sessions.

In the spring of the senior year, students may be offered a rotation through a selected imaging modality such as: Cardiac Catheterization, Interventional, CT, Nuclear Medicine, MRI, Radiation Therapy, and/or Ultrasound.

Students are required to intern at any of the JRCERT recognized clinical affiliate sites. Students are required to provide their own transportation to clinical sites. Clinical sites may be located as far away as 150 miles (round trip) from the college campus (Refer to mileage estimate for clinical experience facilities).

Licensing and Registration

Upon completion of the academic and clinical competencies required for the program, graduates are eligible to sit for the ARRT exam for certification and New York State licensure. Application for licensure and certification require fees. Passing the national credentialing exam is necessary to receive a license to practice as an entry-level radiologic technologist in New York State. If an applicant has criminal charges pending or a felony and/or misdemeanor, a license may be delayed or denied by the applicable state licensing board.

Program Accreditation

The Radiologic Technology program is accredited by the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive, Suite 2850, Chicago, Il 60606-3182; phone: 312-704-5300. The JRCERT is recognized by the United States Department of Education as the national accreditation agency of programs for the radiologic technology. www.jrcert.org/.

Safety and Guidelines

To prepare and assure students employ proper magnetic resonance safe practices, an MR clinical supervisor/instructor from a recognized clinical setting conducts a safety lesson reviewing MR safety protocols established at MR facilities. This safety lesson will include an ACR MR Safety Training video and a PowerPoint presentation. The lesson also includes a detailed review of the Student MR Safety Screening Questionnaire. At the conclusion of the MR safety lesson, students must complete individually signed and dated MR screening forms verifying they have completed the MR orientation and safety screening prior to their first clinical rotation.

In reference to magnetic resonance safety practices and assurance that students are prepared and screened before they enter the clinical setting, students' attendance at the presentation for MR safety is mandatory and verified, and completion of the Student MR Safety Screening Questionnaire is required before a student can enter the clinical setting. Students are required to notify the Program Coordinators about any change to their original screening form.

Mileage Information for Travel Between Clinical Settings

Students are required to intern at any one of the following clinical settings. Students are required to provide their own transportation to clinical settings. New clinical settings may be located as many as 150 miles (round trip) from the MVCC Utica campus, as noted on the chart below.

	Clinical Affiliate Location	Mileage to Site from MVCC
1	Barneveld Imaging Center	14.4
2	Bassett Healthcare - Cooperstown	41.3
3	Bassett Healthcare - Herkimer	16.2
4	Community Memorial Hospital - Hamilton	31.5
5	Cooperative Magnetic Imaging (CMI)	5.2
6	Faxton/St. Luke's Healthcare, MVHS Orthopedic Group	3.7
7	Faxton/St. Luke's Healthcare Campus	2.4
8	K&A Radiologic Technology	5.3
9	Lewis County General Hospital	58.2
10	Little Falls Hospital	23
11	MVHS Medical Imaging Services – Medical Arts	7.1
12	Oneida Healthcare Center	30
13	Oneida Health Center Orthopedic Specialties	30
14	Rome Memorial Hospital (Rome Health)	18.7
15	Slocum-Dickson Medical Group	3.4
16	St. Joseph's Medical PC	56.9
17	St. Joseph's Health	56.9
18	Tri-Town Regional Hospital	50
19	Wynn Hospital	2.5

Professional Conduct

Professional Behavior Expectations

Student behavior in classroom and clinical settings should be consistent with a professional job setting. Faculty serve as learning facilitators and fellow students collaborate as team members similar to the concept of teamwork in the workplace. Collaboration is desired and expected in all learning settings. These behaviors are expected of all students:

- Attend all classes and clinical assignments on time.
- Respect the rights of others to contribute by listening attentively. Show consideration for students, faculty, other College employees, and all clinical personnel.
- Participate appropriately and actively in all learning environments.
- Complete all assignments in a timely manner.
- Request appropriate feedback from faculty and peers to ensure progress toward fulfilling learning objectives.
- Exercise effective conflict resolution strategies by immediately discussing issues with faculty and/or peers. **Destructive criticism or bullying will not be tolerated.**

Confidentiality Policy

The ARRT's Code of Ethics, Ethic 9 states:

The Radiologic Technologist respects confidences entrusted in the course of professional practice:

1. Respects the patient's right to privacy,
2. Reveals confidential information only as required by law or to protect the welfare of the individual or the community.

Radiologic Technology students will gain access to confidential demographic and medical information concerning the services rendered to patients in local healthcare facilities. This information is provided only to facilitate educational training. Students will not, at any time during or following the educational experience at MVCC, disclose any confidential information to any other person or permit any unauthorized person to examine or make copies of any medical reports or other related documents. Upon investigation by the Radiologic Technology faculty, anyone found to be in noncompliance with this policy is subject to course failure.

It is necessary to note that the disclosure of such confidential information may give rise to irreparable injury to MVCC, the Radiologic Technology program, the medical facility donating the records, and/or the owner of the medical information in question. Accordingly, the above listed parties may seek any available legal remedies against the individual who releases or discloses confidential demographic and medical information in an illegal and unauthorized manner.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This act provides safeguards to protect the security and confidentiality of patient information. This includes all medical records and other individually identifiable health information whether electronic, on paper, or oral. Student radiographers must be familiar with potential abuses of the new technology, so that the law will not be unknowingly violated. Quarterly clinical orientation includes HIPAA education. Students will sign a confidentiality agreement upon program entry. HIPAA regulations pertaining to confidentiality of student information are located in the MVCC Student Handbook.

Academic Honesty

In the academic process, it is assumed that intellectual honesty and integrity are basic responsibilities of any student. However, faculty members should accept their correlative responsibility to regulate academic work and to conduct examination procedures in such a manner as not to invite violations of academic honesty. Such violations consist mainly of cheating and plagiarism.

Definitions of cheating and plagiarism and the Policy on Disciplinary Action and Procedure for Appeal are located in the MVCC Catalog and Student Handbook. Students are encouraged to review this section of the catalog or visit https://www.mvcc.edu/student-handbook/academics/academic-integrity-policy.php.

Students with Disabilities

Office of Accessibility Resources

oar@mvcc.edu

Utica Campus - Wilcox Hall room 129A-E
(inside the Learning Commons)
315-792-5644

Rome Campus - Plumley Complex room 102I
315-334-7744

The Office of Accessibility Resources coordinates and provides services to students and visitors with disabilities, including, but not limited to, individuals who are blind, deaf, learning-disabled, mobility-impaired, those with health-related impairments such as epilepsy or diabetes, and those with mental health disabilities.

To receive necessary accommodations and services in a timely manner, individuals with disabilities are required to contact the OAR on the appropriate campus as early as possible in the application process.

School of Health Sciences Academic Appeal Process Policy

Students who wish to appeal their dismissal from a health science program shall be held to the following timeline.

Working Days From Receipt of Program Dismissal	Action Step
5	Student consults with the Dean of the School of Health Sciences to discuss process.
10	Student submits written appeal to Dean of the School of Health Sciences.
13	Appeal Review Committee is convened, and student's academic appeal is reviewed.
15	Outcome of appeal is communicated in writing with the student.*

*Questions should be directed to the Office of the Vice President for Learning and Academic Affairs (VPLAA).

Students shall submit a written academic appeal, with supporting documentation, to the Dean of the School of Health Sciences. Supporting documentation may include verifiable written statements from physicians, therapists, police, attorneys, financial counselors, family members, or others who can confirm the particular circumstances supporting the appeal. The student's appeal letter must include the following:

- Complete name, M number, email address, and telephone number.
- Narrative statements about why the School of Health Sciences should consider the student's academic appeal (resulting in the student being allowed to remain in the degree program).
- Description of extraordinary situations or unusual difficulties encountered by the student that should be considered during review of this academic appeal.
- Planned strategies for future success if allowed to continue in the degree program.

The School of Health Sciences Appeal Review Committee shall include three academic program faculty of the School of Health Sciences. A thorough review of the student's submitted written material shall be performed along with a review of the student's academic history. The Dean of the School of Health Sciences shall notify the student about the Committee's decision in writing.

Note: Students who are successful in their academic appeal and will remain in the academic program must contact the Dean of the School of Health Sciences to reschedule and/or reassess their academic progress. Such students may be required to participate in academic activities as a condition of their academic appeal approval.

Students also have the right to contact the Joint Review Committee on Education in Radiologic Technology at:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Dr., Suite 2850
Chicago, I.L. 60606-3182
312-704-5300
Email: mail@jrcert.org
Website: www.jrcert.org

Professional Skill Set

The radiologic technologist is a professional skilled in medical imaging.

Student success in Radiologic Technology is dependent on:

- Emotional maturity, academic ability, motivation, self-discipline, and willingness to devote a considerable amount of time to academic study
- Patience and enjoyment of working with and serving others
- Ability to follow orders yet think critically and assess situations quickly and accurately
- Physical ability to perform the duties of the job

Language Arts/Communication

Verbal

- Speaking clearly and concisely, employing correct vocabulary and grammar for communication
- Ability to give verbal explanation and instructions to patients

Written

- Ability to write on patients' charts and requisition, describe incidents that occur, and record medical information

Sensory Attributes

Visual

- Ability to confirm patient identity, read physician's orders, read gauges, and panels
- Ability to observe patient's physical conditions

Auditory

- Response to verbal information from the patient, physician, and team members
- Ability to respond to auditory indicators

Touch

- Ability to locate anatomical landmarks on the patient by touch

Body Mechanics

- Ability to move and support patients by lifting and sliding
- Ability to push/pull radiographic equipment, wheelchairs, and stretchers

Intellectual and Mental/Emotional

- Ability to solve and interpret technical equations, applilcation problems, graphs, curves, and numerical tables
- Ability to think critically and assess a situation
- Emotional strength in dealing with trauma situations and patients with chronic, acute, and terminal conditions
- Willingness to provide service to all patients, regardless of age, sex, race, national origin, religion, social status, sexual orientation, physical condition, or disease processes.

Curriculum Breakdown

Health Studies: Radiologic Technology Associate in Applied Science Degree
Total Credit Hours: 72

Fall Semester (First Year, First Semester: 17 credits)

_____ CF100 College Foundation Seminar (cr 1)
_____ MA110 Elementary Statistics (cr 3)
_____ RT100 Patient Care I-Ethics (cr 1)
_____ RT101 Fundamentals of Radiography (cr 2)
_____ RT102 Radiographic Procedures-Pathology 1 (cr 3)
_____ BI216 Human Anatomy & Physiology 1 (cr 4)
_____ RT103 Clinical Education Fundamentals (cr 3) (135 clinical hours)

Spring Semester (First Year, Second Semester: 15 credits)

_____ RT104 Patient Care II-Pharmacology & IV Therapy (cr 1)
_____ BI217 Human Anatomy & Physiology 2 (cr 4)
_____ RT105 Image Production & Evaluation I (cr 2)
_____ RT106 Radiographic Procedures-Pathology II (cr 3)
_____ RT107 Clinical Education Intermediate I (cr 5) (225 clinical hours)

Summer Semester (First Year, Third Semester: 8 credits)

_____ RT108 Clinical Education Intermediate II (cr 8) (360 clinical hours)

Fall Semester (Second Year, Fourth Semester: 17 Credits)

_____ EN101 English 1: Composition (cr 3)
_____ PY101 Introduction to General Psychology (cr 3)
_____ RT109 Radiation Biology I (cr 2)
_____ RT200 Advanced Procedures-Sectional Anatomy (cr 1)
_____ RT201 Image Production & Evaluation II (cr 2)
_____ RT202 Clinical Education Advanced (cr 6) (270 clinical hours)

Spring Semester (Second Year, Fifth Semester: 15 Credits)

_____ EN102 English 2: Ideas & Values in Literature (cr 3)
_____ RT203 Radiographic Physics (cr 2)
_____ RT204 Radiation Biology II (cr 2)
_____ RT205 Advanced Imaging Procedures-Pathology (cr 1)
_____ RT207 Clinical Education Mastery (cr 7) (315 clinical hours)

Required Booklist

For the two years of the Radiologic Technology program, students will purchase a textbook bundle that will contain the material and textbooks that are needed for courses taken during the Fall and Spring semesters.

During the summer session, between the first and second year of the program, students will need to purchase the following Summer Textbook. This textbook will be used during the Summer, Fall of the second year, and the Spring of the second year of the program.

Callaway, William J.
Mosby's Comprehensive Review of Radiography
8th Edition
ISBN 9780323080781
Mosby Elsevier

All required course material and textbooks are available for purchase through the College Bookstore and can be ordered online at: https://mvcc.bncollege.com/course-material/course-finder

Learning Commons

MVCC provides academic tutoring services through the Learning Commons. It is recommended that students use the Learning Commons to get additional help with concepts learned in the classroom and with their homework in subject areas including reading, writing, math, chemistry, and Anatomy and Physiology. The services are free and available to all enrolled students.

Locations

Utica Campus: Wilcox Hall room 129, 315-792-5517

Rome Campus: Plumley Complex room 102, 315-334-7728

For information on specific Learning Commons services and tutoring schedules, call 315-792-5517 or visit www.mvcc.edu/learning-commons/index.php.

Class Attendance Requirements

The MVCC College Catalog statement on attendance says:

"There is a direct correlation between student attendance and academic success. Students are expected to make all necessary arrangements to be in attendance and on time for all classes. Faculty will include attendance policies in the course syllabus. Please note that policies may vary from course to course, so it is critical to read the syllabus for each class. Also note that repeated absences may result in failing the course. SUNY requires evidence of attendance. Students who fail to satisfy state regulations may be withdrawn from the class and also risk losing financial aid."

Students who fail to satisfy attendance requirements may be deleted from the class on the official census date. Students who have been deleted for non-attendance or those who stopped attending by the census date will receive a grade of "W" for that course. Prompt and regular attendance at all class and laboratory sessions is expected. Each student is personally responsible for the satisfactory completion of coursework prescribed by their instructors. Regular attendance and active participation in classes are essential elements in the learning process. The student, therefore, is expected to attend classes regularly.

Students shall communicate reasons for absences directly to the instructor. If it is possible, this communication should occur prior to the absence. Faculty members may report students for excessive absence when such absence is adversely affecting the student's academic achievement in a particular course (not necessarily failing work). When this occurs, the student will be reported to Student Support Advisor (SSA) by the instructor with the recommendation to warn the student of possible withdrawal from the course. The student will be informed in writing of the recommendation. In the event the student is withdrawn from the course, the grade of "W" will be assigned.

Students should be aware that non-attendance at classes will not result in automatic withdrawal from a course. Unless the student initiates a formal course withdrawal request in accordance with the withdrawal policy, non-attendance may result in an "F" grade.

Students are reminded that an important part of the attendance policy is that it does not provide for blanket excuses for curricular or co-curricular activities, e.g., field trips, scheduled athletic events, conferences, college and placement interviews, etc. Student should plan for the above contingencies by regular attendance in all classes. Students who continually meet their responsibilities with regard to regular attendance will have few, if any, problems as a result of absence for the above reasons.

It is to the student's advantage to contact the Program Coordinator or Clinical Coordinator either by phone or in person as soon as possible when illness occurs. In this way, more serious illness might be prevented, and the student can be advised as to procedures to follow upon return of classes.

Licensure and Certification Requirements

Graduates of this accredited Radiologic Technology Program attain an A.A.S. degree, and are eligible to sit for the American Registry of Radiologic Technologists (ARRT) national certification examination. ARRT certification is professionally accepted by employers throughout the United States.

In New York State, licensure is mandatory. Graduates qualify for NY State Licensure by submitting an application and passing the ARRT certification examination.

The Program offers a curriculum based on four semesters and a summer session of full-time study with an established number of didactic and clinical experience hours to assure student competency achievement (compliance with ARRT, NYS & JRCERT).

College Closing/Class Cancellation of Classes

Malpractice and liability insurance provide coverage only during the regularly scheduled class time periods. In the event that the College is closed, insurance coverage is not in force on-campus or at the clinical educational sites; therefore, classes will not meet on-campus or at the off-campus sites.

The College has developed an online class cancellation system, with individual class cancellations posted on the College website. Click on "Cancellations" found under "Announcements" on the College home page. Cancellations are listed in alphabetical order by faculty last name, with assignments or special instructions included. These cancellations can also be viewed on mobile devices. Should the College be closed due to weather or any other reason, it will be announced on the College website as well as via the usual radio and television broadcasts. If the College is closed due to inclement weather or some other emergency, all Utica area radio and television stations will be notified. In addition, the homepage on the MVCC website (www.mvcc.edu) will display a message indicating the College is closed. Students may also sign up to receive the notification through calls or texts via the NY-Alert notification system. Please do not call the College to avoid overloading the telephone lines.

Student Attendance at Clinical Settings

- The daily attendance record, including unsatisfactory punctuality, shall be recorded in the student's clinical binder.

- All students are requested to phone the clinical instructor whenever they are unable to attend their clinical assignment.

- The student must:

    - Call the clinical affiliate site and also email both the Clinical and Program Coordinator before the rotation begins.

    - Ask to speak with, or leave a message for, the assigned clinical instructor.

    - The call should include the student's name and the reason for the absence.

- Excessive absenteeism shall be discussed with the student informing them that the continued attendance/punctuality pattern will be reflected in the Clinical Education grade. Points will be deducted from the clinical semester grade.

- The student's excessive absenteeism will place the student on a 30-day attendance probation. A second attendance probation will lead to dismissal from the Radiologic Technology program.

Attendance

Attendance and active participation in classroom and clinical assignments are mandatory. Unavoidable absence requires students to notify the program coordinators by email. Failure to properly report an absence is a violation of policy and will be documented. Students also will need to refer to each course syllabus for information on how attendance will affect their grade.

Attendance Policies

Classroom Instruction and Lab

Students are expected to be on time for each scheduled class unless a prior arrangement has been made with the instructor. In the event of an absence, it is the responsibility of the student to obtain missed assignments. If the instructor allows make-up tests, arrangements must be made with the instructor on the first day back. Make-up tests will be taken after school hours or as scheduled by the instructor. Grading for make-up tests will be at the discretion of each instructor.

An exception to the policy is for the bereavement of an immediate family member. Repeated absences may result in a failing grade in the course. Greater than four class cuts within a didactic course will result in lowering of the final grade for the course by 10 points.

Academic attendance is recorded by the instructor at the beginning of each class.

Documentation of Clinical Time

All students are required to document their clinical time. All clinical time must be recorded by the clinical instructor. The recording of this information in the student's clinical binder is the responsibility of the student. If a student needs to leave the campus for any reason, they must notify a school official and be signed out by the Clinical Instructor.

- Students must notify the assigned clinical setting and both Program Coordinators via email at least 15 minutes prior to the start of their clinical assignment if they will be absent or tardy in the clinical setting. Make-up time will be addressed with the student if student exceeds the allotted personal time.

- Students who must leave the clinical setting for any reason must receive permission from the Program and Clinical Coordinator and the Clinical Instructor prior to leaving the clinical premises. Students must log in and out with the Clinical Instructor in their clinical handbook under attendance.

- Students should report their whereabouts to the Program Coordinator or Clinical Coordinator.

Each student shall receive two emergency personal/sick days per fall and spring semester, and one personal/sick day for the summer semester, for only the clinical assignments (excused absences). Any absence beyond these allowed days shall be made up during finals week at the instructor's discretion.

- Clinical absences shall be deducted from the allotted two personal/sick days per semester. One personal day is allowed in summer semester. Any absence beyond these two days shall be made up when the absence occurs on a clinical day.

- This policy pertains to Monday through Friday.

- The smallest fraction that a day shall be divided into is a half day. (e.g., coming in or leaving on a half day constitutes noon with no lunch period if it is a seven-hour clinical assignment). This applies to all clinical sites.

Student Attendance at Clinical Education Sites

Inclement Weather

Except in extreme situations, normal hours and schedules are maintained during inclement weather unless MVCC closes it campuses. The student is expected to be prepared for inclement weather and to make the effort to report on time to their assignment. Time missed due to inclement weather is deducted from personal time.

Make Up Time

All make-up time must be completed before a certificate of graduation will be issued. If it is determined that a student will be unable to complete all their make-up time before the scheduled graduation date, the student will receive an incomplete or be dismissed from the program depending on the circumstances. The exception to this rule is maternity leave make-up time. Make-up time will be completed in general radiology at the assigned clinical setting.

Bereavement Leave

In the event of a death of an immediate family member, the student is given two days of leave. An immediate family member is defined as a parent, grandparent, sibling, spouse, significant other, child or step-parent, step-child, or stepsister/stepbrother. This time is not deducted from personal time. The Program Coordinator may require verification of the death and relationship before authorizing time off.

Attendance Probation

If a student is absent more than two days within the semester, they will be placed on attendance probation. This requires the student to submit a note from their physician verifying the reason for the absence within one day of returning to school. In addition, the student will make up the absent time before graduation. If no verification in the form of a physician's note is received, a hearing will be conducted to determine the enrollment status of that student.

The following conditions will be reviewed:

- Attendance history
- Academic record
- Clinical performance

Based on the above conditions, a second attendance probation may be offered, a short term leave of absence may be considered, or dismissal from the program will be decided.

Unexcused Absences

A total of two unexcused absences will warrant immediate dismissal. Any unexcused absence must be made up before graduation and the student will receive a written warning. An unexcused absence is defined as:

- Failure to call in according to the call-in procedure.
- Failure to call in at all.
- If a student cannot be found, has left their assigned clinical or didactic setting without notification to the program staff or floor supervisor, or is engaged in activities contrary to College policy or clinical expectations.

Individual vacation time is not granted during the academic school year. Vacation time will be taken only during recess as designated by the academic calendar. Vacation time cannot be substituted for personal/sick time.

Examples:

Tardiness

- Tardiness is considered to be reporting in one minute after scheduled time.
- For every three days of tardiness, a half day of personal time shall be utilized.
- If a student is 15 minutes late or more, half of one personal day shall be utilized.
- If a student leaves due to illness at 8:30 a.m., a full day of sick time shall be utilized.

Tardiness constitutes reporting late to clinical assignment, academic classes, or laboratory assignments.

- If a student is going to be tardy, they should notify the clinical setting, giving a specific reason and the time they expect to arrive.
- Tardiness constitutes reporting in one minute after scheduled time; forgetting to obtain a clinical instructor's signature when checking in and out is regarded as tardy.
- Excessive tardiness: three instances of tardiness within a three-month period will result in a one-day suspension and more than five cumulative instances of tardiness will result in a two-day suspension. Time will be deducted or made up accordingly. Further attendance abuse constitutes a major infraction.

- All absences must be approved by the Program Coordinator or the Clinical Coordinator.

- Personal time must be requested 24 hours in advance to be considered scheduled leave time.

- Personal time is discouraged during scheduled class times. Appointments (i.e., doctor, dentist, etc.) are not to be scheduled during class time. Students are encouraged to make such appointments after school hours.

- School hours will not be altered to fit an employment schedule.

Excessive Absenteeism

The Radiologic Technology program's absence control policy is designed to provide progressive disciplinary action for those students who abuse the benefit. Attendance records will be reviewed at the end of each month by the Program Coordinator and Clinical Coordinator. When the program identifies a student whose attendance record exhibits a pattern of abuse, a series of progressive disciplinary measures will be taken, as outlined below, to make the student aware of the problem and to give the student an opportunity to improve.

1. Verbal counseling

2. Written warning/attendance probation (includes a corrective action plan)

3. Dismissal

Each case of identified absenteeism will be considered on an individual basis, taking into account the reasons for the absence. Disciplinary measures will be applied consistently and fairly to all students.

Students are not permitted to spend more than 10 hours a day in the combined clinical setting and/or classroom. The maximum hours of clinical and academic instruction cannot exceed 40 hours per week or 10 hours in a 24-hour day. This consists of Monday through Friday.

Off-Hour Clinical Education Experience

A limited number of evening assignments may occur during the program. Off-hour internship hours are 1 p.m. to 7 p.m. Attendance is optional for the duration of the shift. Weekends, holidays, and night shifts are not assigned.

The Radiologic Technology program requires each student to complete the minimum clinical hours. The clinical competency-based education plan consists of a specified number of competencies per semester per student to be successfully completed in addition to the minimum number of supervised clinical hours to meet graduation requirements.

Student-granted time (vacations, sick, personal days, holidays, etc.) cannot be accrued.

Leave of Absence Policy

A leave of absence can be granted for legitimate reasons (i.e., maternity, medical, personal, etc.), and will be contingent upon the following:

- The student must be in good academic, clinical, and moral standing.

- Verification in support of the need by submission of documents.

- If leaving within a semester, the student must make up the semester in which they leave.

- A leave of absence may be granted for a period up to one year.

The student must request the leave of absence in writing to the Program Coordinator including the reason and the dates of anticipated leaving and returning, with supporting documentation.

The leave of absence is contingent upon not exceeding class capacity involving a returning student.

Grading Policy

All didactic and clinical evaluation systems shall be consistent with the goals of the program. The grading/evaluation system must be clearly stated in the course syllabus for each course part. A course syllabus shall be distributed to students during the first class period. This will serve to inform all students of the grading system.

The type of grading system adopted for a didactic course is at the instructor's discretion. However, all evaluation tools must be criterion referenced. Individual test items must be consistent with the stated competencies of the course, unit, or module.

After computation, the mid-semester and final grades will be rounded to the nearest whole number before being assigned a letter grade for the course.

Passing Grades/Failing Grades

A minimum grade of B must be obtained in all of the course parts of RT courses in order to continue in the Radiologic Technology program. A minimum grade of B is required in order to graduate. A grade of B or higher is defined as a numeric grade of 80 or higher.

In the event that a student obtains less than an 80% grade in any RT course part, the final grade recorded for the course shall be a F. This final grade will be determined by the grade computation method used by the program and shall be less than an 80%.

All radiographic positioning lab competency tests must be completed with a 90% proficiency. If 90% proficiency is not attained, one makeup test will be given after remedial study. All laboratory practical competency tests required in RT100 (blood pressure analysis, patient transfer, etc.) must be completed with S proficiency in order to complete course requirements and therefore pass the course.

Clinical Education Grade

The grading system for Clinical Education courses (RT103, RT107, RT108, RT202, RT207) are published in the MVCC Radiologic Technology Program Student Clinical Competency Handbook. Each professor/adjunct instructor is encouraged to keep anecdotal records on every student as needed. The student will not be penalized for an absence of reasonable length due to a death in the family or a summons to appear in court.

Extended absence from the clinical assignment for health reasons such as emergency surgery, serious illness/accident, or sudden hospitalization shall be evaluated by the full-time faculty/clinical coordinators. Absent clinical hours shall be recorded. However, the clinical point deduction shall be at the discretion of the Program or Clinical coordinators. Written physician's orders with the date of return to classes shall be required. If an extended absence causes the inability of the student to complete clinical competency requirements, the student will be advised to withdraw from the course.

Grading Policy

Grades will consist of the following:

- **A:** Excellent
- **B⁺:** B Plus
- **B:** Good
- **F:** Failure
- **I:** Incomplete (temporary)
- **W:** Withdrawn prior to the official last date established by the Office of Records & Registration
- **AU:** Audit
- **NR:** Not a grade, but a symbol indicating that a grade was not submitted.

I (Incomplete) may be assigned when students have not completed a small portion of the course for reasons beyond their control. The instructor, in consultation with the student, will establish a written plan which describes how the outstanding work will be completed. It is the student's responsibility to meet with the instructor, who will then establish a timeframe in which work must be completed. Completion of all work will not be later than the end of the following regular semester. The instructor will submit a grade by the next to the last day of classes of that term. If no grade is submitted, the Registrar will convert the I (Incomplete) to an F.

W (Withdrawn) appears on the record but does not affect the student's GPA. W grades count in attempted hours.

Students expelled from a specific course, or expelled or suspended from the College, will receive a final grade for each course as determined by the faculty member's grading policy. However, grades of Incomplete (I) are not options. Any assignments not completed as of the date of suspension (expulsion) will be factored into grade calculations as zeros.

Procedure for Reporting Communicable Diseases by Student

It is the student's responsibility to report 1) exposure to or 2) contraction of a communicable disease directly to the Program and Clinical Coordinators. Reporting directly to the Program and Clinical Coordinators enables confidentiality to be maintained and information to not be released unless there is a safety factor involved.

If a program faculty member becomes aware of a communicable disease problem, it is their responsibility to refer the student to the student's physician immediately. A written physician's note in writing is required with either a clearance for, or a restriction from, the clinical area.

Professional Apperance Expectations

All students have the responsibility for being considerate of fellow students, staff members, patients, volunteers, and visitors while interning at all clinical settings. Actions and poor grooming practices, which may appear offensive to others (i.e. gum chewing and general unprofessional appearance/behavior) are not acceptable. Certain fashions and hygiene trends (i.e. body piercing, tattoos, hair colors which do not exist naturally, etc.) do not convey an appropriate image and should not be displayed in the internship setting.

- Hair, beard, and mustache must be clean, neatly groomed, and kept short or off the collar in such a manner as to not interfere with student duties, safety, or appearance as a medical professional.

- Hair color should be natural.
- Conservative (not overly done) makeup is permitted.
- Fingernails should be trimmed and kept clean. Subdued colored nail polish may be worn on natural nails but cannot be chipped. Artificial nails are not allowed.
- Colognes and perfumes may cause discomfort for patients that have respiratory ailments. Only lightly scented products should be used.
- Jewelry (one wristwatch permitted; no necklaces, bracelets); body piercing is restricted to not more than two pairs of earrings (studs only) per ear (no hoops of any kind are allowed for safety purposes).
- Cell phones are not permitted in the clinical or academic environment.

Academic and Clinical Dress Code for Radiography Interns

The Radiologic Technology program recognizes individuality and diversity in dress and ornamentation. However, students are required to always present a professional appearance. This prescribed dress code must be adhered to for infection control and for the safety and well-being of the patient, intern, and hospital personnel. Any questions regarding interpretation of this policy should be directed to a member of the faculty. Failure to follow the dress code will be corrected using disciplinary protocol and monitored by school officials. Students reporting for clinical assignments or radiographic lab assignments not in compliance with the prescribed dress code will be sent home to change and return. Time taken for this will be deducted from the student's personal/sick time bank.

The student radiographer must adhere to the following dress code for classroom attendance as well as clinical:

- A clean, unstained, and well-pressed uniform must be worn in the clinical and academic practicum. An inappropriately fitted uniform will not be permitted. Uniforms will be purchased through a vendor selected by the program.
- The obvious presence or absence of underwear is prohibited.
- White uniform shoes (with backs) must be clean, polished, and in good repair. Clog-style shoes are permitted as long as they have a strap in the back and do not have holes in the body of the shoe. White athletic shoes with white soles are also permitted. The accent trim on all shoes must be approved. Proper shoe care is mandatory in the clinical setting.
- Solid white socks of cotton blend material are permitted with uniform pants only; socks must be long enough to be covered by the slack hemline.
- The Student ID tag must be worn visibly (above the waist, or on collar or pocket) at all times. Tag must not be disfigured or covered up in any fashion. Upon termination, or resignation, the student is required to surrender his/her ID tag to the Program or Clinical Coordinators.
- Items of jewelry must serve a professional purpose. No "message" buttons except those observing National Radiologic Technology week are permitted. Wristwatch with minute/second reading capability is recommended.
- The student's radiation badge must be worn at the collar-level in clinical.

The following items must be kept on the student at all times in the clinical setting:

- MVCC ID and radiation dosimeter badge
- A black or blue ballpoint pen
- Clinical binder
- Positioning/technique book (instructions via lab instructor)
- Leaded initial markers
- Hemostat and bandage scissors

Dress Code for the Surgical Suite

All persons entering the surgical suite are expected to comply with and observe the following dress code:

- A minimum amount of jewelry should be worn.
- Cell phones are not permitted in the clinical or academic environment.

Scrub Suits

Scrub suits may be worn in specific clinical assignments (i.e., portable/O.R. rotation) with the permission of the Coordinator. However, students are required to wear the standard uniform to and from the clinical site. Surgical scrub suits must not be worn outside the hospital or taken home.

- Everyone entering the restricted area of the operating room (OR) suite must wear a clean scrub suit.

- All surgical clothing must have been laundered within the hospital laundry facilities.
- Scrub suits worn from home will not be permitted in the OR suite.
- Scrub suits are the property of the hospital and are not to be taken out of the facility or put in a personal locker to be worn the next day.
- Scrub suits must be placed in a laundry receptacle at the end of each day.

Hair Covers

- Hair covers must be in place before entering the restricted area.
- All hair must be covered including beards and sideburns.

Face Masks and Shoe Covers

Surgical face masks are at least 95% effective but become less efficient as time passes. Face mask should be changed frequently in the surgical suite.

- Face masks must cover the nose and mouth completely.
- Masks must be changed between each case.
- Shoe covers must be worn in the surgical area.
- Shoe covers must be changed if leaving and returning to the surgical area.

Restrictions

- No one is allowed to go from room to room or out of the surgical area with a dirty gown or gloves on.
- If involved in an infectious case, gown, gloves, and shoe covers must be removed before leaving the room.
- If involved in an infectious case, scrub suits must be changed before doing another case.
- Partially exposed turtlenecks and long-sleeved shirts under scrub tops are not permitted in the OR suites.

Note: Students will adhere to the clinical affiliate policy in regards to visible tattoos. Hospital/clinic dress code policies may, in certain instances, supersede the program's dress code policy. In addition, interns must follow protocols for the particular clinical site to which they are assigned.

Lost items must be replaced at the student's expense. Report the incident of a lost item to the Clinical Coordinator.

NYS Guidelines

Section A: Student Involvement in Portables, Operating Room, and Fluoroscopy Procedures

In order to provide high-quality patient care, particularly in portable, operating room, and fluoroscopic environments, the ultimate responsibility is that of a more experienced, well-qualified radiographer. The student assigned to portable and operating suite procedures will be directly supervised by a licensed radiographer.

Clinical Supervision Policy

Students will be working directly with a registered radiologic technologist (RT) during clinical assignments. This technologist will be considered the student's supervisor. Until students achieve the program's required competency in a given procedure, all clinical assignments must be carried out under the direct supervision of a qualified radiographer. Direct and indirect supervision are defined as follows:

Direct Supervision

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- Reviews the procedure in relation to the student's achievement,
- Evaluates the condition of the patient in relation to the student's knowledge,
- Is physically present during the conduct of the procedure, and
- Reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved.

1. The RT reviews the request for examination and evaluates the condition of the patient in relation to the student's competency achievement.
2. The RT is physically present during the examination.
3. The RT reviews and approves the radiographic image.

Students shall be under direct supervisor at all times for the following exams:

- Portables
- Psychiatric patients
- Emergency Room cases
- Prisoners
- Fluoroscopy exams
- All repeat exposures
- Operating Room exams
- All isolation cases
- Any exam not successfully comped on

COVID-19 Guidelines and Policies

- Students will not participate in the care of known or suspected COVID patients.

- Students will bring and maintain their own personal protective equipment (PPE) and wear their PPE as directed, including a surgical mask and eye protection (face shield or protective eyeglasses). Each clinical setting will provide specific COVID guidelines and required PPE.

- Students will agree to NOT travel to areas of high infection rates and not host guests from areas of high infection rates. If a student must travel to an area of high infection rate, they must notify clinical setting Employee Health prior to travel to determine if COVID testing or quarantine will be required before returning to clinical setting.

- Students will notify MVCC Radiologic Technology Program and Clinical Coordinators, immediately if they believe they have been exposed to COVID-19 outside of clinical.

Indirect Supervision

The JRCERT defines indirect supervision as supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients. After demonstrating competency, students may perform procedures with indirect supervision.

Students are never permitted to perform mobile radiography without immediate availability of an RT regardless of the student's level of competency.

Exams must be evaluated before the patient is dismissed from the imaging area and a qualified radiographer reviews and approves the radiographs.

Repeat Radiograph Policy

Due to hazards of ionizing radiation and in keeping with the "as low as reasonably achievable" (ALARA) principle of radiation protection, should a radiographic image produced by a student radiographer need to be repeated, the following procedure will be followed:

1. A licensed radiographer will review the radiographic image and determine the need for repeating the radiograph. They will assist the student to make adequate corrections.

2. A licensed radiographer will be present and directly supervise the repeat exposure.

3. A licensed radiographer will review and approve the repeated radiograph.

(Approved by Radiologic Technology Faculty 8/2020)

Section B: Reporting Violation/Convictions Against the Law to New York State and ARRT

State of New York (NYS)

The State of New York disqualification rule requires that Radiologic Technology students who have been convicted of any crime/violation of the law (except for minor traffic violations and adjudications as youthful offender, wayward minor, or juvenile delinquent) or are defendants in a criminal proceeding should contact NY State in writing.

New York State Department of Health
Bureau of Environmental Radiation Protection
Radiologic Technology
Corning Tower-Empire State Plaza
12th Floor – Room 1221
Albany, N.Y. 12237
518-402-7580

American Registry of Radiologic Technologists (ARRT)

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime is strongly advised to file a pre-application with the ARRT in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication or suspended or withheld sentence.

A Pre-application Review of Eligibility may be obtained on the web at www.arrt.org or by mail.

The American Registry of
Radiologic Technologists
1255 Northland Drive
St. Paul, M.N. 55120-1155
612-687-0048

Graduation Requirements and Annual Student Awards

To be eligible for graduation, the student must successfully complete the following:

- Required terminal Competencies
- Required Clinical Competencies/Clinical Performance Evaluations
- RT Clinical Courses with a minimum clinical freshman grade of 80% and a minimum clinical senior grade of 85%
- RT Didactic Courses with an average of 80% and general education courses with a C or above
- Required Program Evaluations (Exit Interview)
- Tuition and fees paid in-full
- Returned all property belonging to program (radiation badge and hospital badge, if applicable)
- Satisfied all make-up time
- Final high school transcript or official GED certificate on-file
- Completed graduation application on-file
- Program credit hour requirement satisfied
- CF100 requirement satisfied/waived

Annual Awards

There are possible awards based on student performance in various aspects. The awards consider academic and clinical achievements to include leadership skills, willingness to mentor others, cooperation, teamwork, partnership building, patient care and education, and a positive professional attitude.

- Educator's Award
- Outstanding Achievement Award
- Ashley Comstock Memorial Award
- Clinical Achievement Award

Students are nominated and selected for these awards by faculty.

Radiation Protection Safety Guidelines

TABLE OF CONTENTS

Section A: Overview/Purpose

It has been well-documented that ionizing radiation has the potential to cause biological changes in living cells. Therefore, it is imperative that all involved in the medical application of ionizing radiation have an accurate knowledge and understanding of the various safety guidelines in order to minimize the adverse effects of radiation exposure.

The School of Health Sciences at MVCC is committed to this endeavor.

This Radiation Safety Policy is designed to inform and make available to each Radiologic Technology student and staff member the various radiation safety practices and regulations established to limit unnecessary radiation exposure to the patient, occupational radiation worker, student radiographer, and general public.

ALARA Principle

"As low as is reasonably achievable" (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economics of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest. N.Y.S. Sanitary Code, Chapter 1 Part 16.2 (11).

Radiation Safety Officer

Faculty and students shall be aware of the Radiation Safety Officer, Dr. John Ellis, located at the Wynn Hospital, 315-917-9105.

Additional information on state regulations for radiation safety can be obtained by contacting:

New York State Department of Health
Bureau of Environmental Radiation Protection
Radiologic Technology
Corning Tower-Empire State Plaza
12th Floor – Room 1221
Albany, N.Y. 12237
518-402-7580

Section B: Radiation Monitoring Guidelines

1. Who Needs a Dosimeter: Because of the possible hazards when dealing with radiation, federal and state laws require all personnel to wear proper radiation monitoring devices at all times while using energized radiographic equipment or near radioactive sources.

2. Proper Use of Dosimeter: Monitors are issued and must be worn in accordance with NYS Sanitary Code, Chapter 1, Part 16, Ionizing Radiation and are used to measure occupational exposure at clinical education sites.

3. Where to Wear the Dosimeter: Badges should be clipped to an article of clothing at the collar level, however, when working in Fluoroscopy or on portable procedures, the badge is to be worn outside the lead apron, clipped to the uniform collar, and never on the lead apron.

4. Misuse of the Dosimeter: A badge that has been assigned to an individual may not be used by any other person. The participants' number is a lifetime assignment and is not transferable to another person. Badges must not be tampered with in any manner. A badge must be kept away from radiation sources when not in use, and not left on lab coats, uniforms, or lead aprons. If badges are lost, misplaced, or damaged, the Radiation Safety Officer (RSO) or designee must be notified promptly, and the individual will not be allowed to intern in a radiation area until a new badge is issued.

5. Exposure Data: Exposure results are received at quarterly intervals from Landauer Dosimetry Service. This report will be posted in the Lab, so that each individual is aware of their exposure each quarter. This report must be reviewed and initialed by each badge wearer in order to verify that the individual has seen their report, in compliance with New York State Regulations. Report any unusual exposure to self immediately to the Radiation Safety Officer/designee. A radiation exposure report is kept on file for each wearer.

6. Replacement of Badge: Every three months the badge must be returned and replaced with a new one. The changing of the dosimeter is the ultimate responsibility of the student and faculty. Late changing will make accurate dose determination impossible.

Student Radiation Monitoring Device Policy

It is the position of the Radiologic Technology Program that no student will be exposed to ionizing radiation before receiving basic instruction and demonstrating an understanding regarding risks, exposure limits, radiation monitoring practices and safety precautions. These objectives will be reviewed during RT101 and clinical orientation. The before mentioned topics will be explored in greater depth throughout the two-year period.

During the clinical orientation, each student will be given the Radiation Protection policies along with the program's Pregnancy Policy in the Student Policy and Clinical Handbooks.

Each student will be given a radiation badge every three months to be worn during the clinical experience.

Radiation badges are to be purchased by the College. A copy of exposure readings received will be maintained in the Program Coordinator office. The whole-body badge is worn at the collar-level outside the protective lead apron. All radiation badges are to be kept in the designated area in the Diagnostic Imaging Department.

The College will order the badges. The Radiation Safety Officer reviews the radiation reports of each student every three months. The Radiation Safety Officer who will discuss the findings with the student will investigate any excessive exposure readings. The findings and recommendations will be documented and placed in the student's individual file and Radiation Safety Officer's report. If found that the student is negligent in the care of the badge, the student would be subject to disciplinary action. The ALARA concept will be emphasized and followed.

During fluoroscopy, the student must abide by the following guidelines:

a. A lead apron of .5mm lead equivalent shall be worn. The front of the body must be kept to the beam at all times.

b. A lead thyroid collar may be worn.

c. Stand as far away as possible from the source of radiation without interfering with the procedure.

d. A waist fetal badge shall be properly positioned under the apron for a pregnant student. A collar badge shall be worn outside the protective apron.

The exposure of individuals can be greatly reduced by the correct application of radiation protection devices. The objective is to minimize the genetic effect for the population as a whole.

The following guidelines shall be adhered to:

- Increase the distance of the individual from the source.
- Reduce the duration of the exposure.
- Use protective barriers between the individual and the source:
    - Protective shielding incorporated into the equipment
    - Mobile or temporary devices
    - Moveable screens
    - Lead aprons
    - Lead gloves
    - Gonad shields
- Use permanent protective barriers
    - Walls; lead, concrete
    - Primary
    - Secondary
    - Control switch-activated only from protected area
    - Doors closed at all times
    - Primary beams shall not be directed towards doors
- Personnel Monitoring
    - Radiation badge – replaced quarterly
    - Report filed
- All lead aprons in the department will be inspected annually both visually and radiographically for defects and will not be folded for storage to avoid cracks in the protective material. All lead aprons should be cleansed with disinfectant biannually.
- All lead gloves will be inspected annually for defects.
- All radiation workers will wear lead aprons for portable radiography.
- No radiation worker or person other than the patient will stand in the primary beam and the exposure switch will be located at least six feet from the beam.
- All cords leading to hand control switches of diagnostic units in the department will be fixed into position to discourage unnecessary exposure.
- The quarterly radiation monitoring report is available to students showing their current exposure dosage.
- The Radiation Safety Officer will review the quarterly radiation monitoring report and counsel those with unusual dosage readings.
- The Radiation Safety Officer shall be available for consultation on all aspects of radiation safety and they or a designated substitute shall be available to handle emergencies at all hours of the day or night.

- All doors of radiographic rooms shall be shut during exposure.

- No fluoroscopy shall be done on known pregnant women without direct, specific instructions from the referring physician and/or radiologist.

- A copy of this policy will be available to all present radiation worker employees, all new employees, and all students, and will be included at all recognized clinical sites.

The aforementioned regulations are in compliance with the National Council on Radiation Protection and Measurements Report No. 91.

Section C: Radiation Exposure Limits

Part 1: Occupational Dose Limits

The following occupational dose limits are referenced in the New York State Sanitary Code Chapter 1, Part 16 (April 18, 2001) and the Nuclear Regulatory Commissions (NRC) code of federal regulations 10 CFR 20, effective January 1, 1994.

Annual Occupational Dose Limits

Adult

- Whole Body Deep Dose

- Total Effective Dose Equivalent (TEDE) = 50mSv (5 rem)/year

- Total Organ Dose Equivalent = 500mSv (50 rem) /year (organs other than eye, gonads, and blood forming organs and extremities)

- Dose Equivalent for Lens of the Eye = 150 mSv(15 rem)/year

- Extremities Dose Equivalent = 150mSv (15 rem) /year

- Shallow Dose Equivalent to Skin = 500mSv (50 rem)/year

- Embryo/Fetus: Total Dose Equivalent = 5mSv (.5 rem)/gestation period: .5mSv (0.05 rem)/ month

- Minors (under 18 years) = 1mSv (100 mrem)

Notes:

Total Effective Dose Equivalent (TEDE): the sum of the deep dose equivalent (for external exposure) and the committed effective dose equivalent (for internal exposure)

Whole body: the head and trunk, active blood forming organs, and gonads

Embryo/fetus: the developing human organism from conception until the time of birth (10 NYCRR part 16.2, (42))

Deep Dose: dose to internal body parts at a depth of 1000 mg/cm2

Eye Dose: dose to the lens of the eye at a depth of 300 mg/cm2

Shallow Dose: dose to the skin at a depth of 7 mg/cm2

Part 2: Student Exposure Limits Policy

The New York State Department of Health recommends that student diagnostic radiographer's whole body deep dose exposure on a quarterly basis should not exceed 30 mR.

If the student's whole body exposure exceeds 30 mR on the quarterly dosimeter report, the attached "Radiation Protection Safety Notification Warning" must be issued by the RSO/designee.

1993 Dose Limits Recommended by NCRP: Education and Training Exposures (Annual) students under age 18 yrs.

Effective dose limit	1 mSv (100 mrem)
Equivalent dose limit for tissues and organs	
• Lens of eye	15 mSv (1500 mrem)
• Skin, hands, and feet	50 mSv (5000 mrem)

Part 3: Radiation Protection Safety Notification Warning

OVERVIEW

The Radiologic Technology program at MVCC adheres to the New York State Department of Health recommendation which states that the whole body Total Effective Dose Equivalent (TEDE) for a given month for a student radiographer under age 18 years should not total or exceed 30 mR.

PROCEDURE

If the minor student exposure totals or exceeds 30 mR/ quarter, the RSO/designee must meet with the student, and complete and maintain the record of notification.

Possible reasons for exposure received: List specific exams, dates, room assignments, and other information that may have contributed to the exposure listed above, especially involvement with fluoroscopic, portable, and special procedures.

Radiation Protection Safety Notification Warning

Name of Student _____

Date _____

Social Security # _____

- The Radiologic Technology Program wishes to inform you that according to the ICN Radiation Report for the month of _____, 20__, the report reveals that you have received
  Deep dose _____ mR;
  Eye dose _____ mR;
  Shallow dose _____ mR.

- The RSO/designee will review with the student the Radiation Protection Safety Guidelines.

ANALYSIS OF BADGE REPORT

- **Hospital/Affiliate:** _____

- **Radiographic Area(s) Assigned:** _____

- **Total dose since beginning of the program:** _____

(Copy of signed form kept in secure file in Program Coordinator's office.)

Section C: Pregnancy Policy

Part 4: Pregnancy Policy

According to New York State Sanitary Code, Chapter 1 - Part 16.6(h), (4/18/2001) and the US NRC Regulatory Guide 8.13 – Instruction Concerning Pregnant Radiation Exposure (June 99) the pregnant student/employee has the right to decide whether to declare her pregnancy or not. This voluntary decision can be withdrawn at any time. The withdrawal of the declaration of pregnancy must be in writing.

Upon written declaration of pregnancy by the student/employee the following procedures are required:

The student/employee should submit a statement from her physician verifying pregnancy and expected due date. The statement must include the physician's recommendation as to which of the following options would be advisable (check one).

a. ___ Immediate withdrawal from the program for health reasons.

b. ___ Continued full-time status including appropriate Radiation Safety precautions.

c. ___ Continue in the program with modification to clinical rotation. (fluoroscopy, portables, OR) Competencies missed would need to be made up upon full return to the program after delivery.

The physician's statement shall be attached to this copy of the Policy. The student should sign this copy as proof that they have read and understand the procedure.

Options for Continuance in the Program

1. A student may withdraw because of pregnancy and may apply for readmission. Readmission is dependent upon the availability of clinical space and academic standing and must be done within one year from the date of withdrawal.

2. A student may continue in the program.
   Required steps:

   i. Consultation with the Radiation Safety Officer prior to continuation in clinical assignments.

   ii. The RSO and the declared pregnant student will review the Program's Radiation Protection Safety Guidelines and the potential risks involving ionizing radiation to the developing embryo/fetus.

iii. The pregnant student will be informed of the specific exposure limits as: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed 5mSv (.5 rem, 500 mrem). The RSO will review the past exposure history and may adjust working conditions so as to avoid a monthly exposure rate of .5mSv (.05 rem, 50 mrem) to the declared pregnant student. (NYS Chapter 1, part 16.6 (h)).

iv. Two dosimeters will be worn throughout gestation; a whole body dosimeter worn at the uniform collar, and the baby badge worn at the waist under the lead protective apron to monitor the embryo/fetus exposure.

v. A monthly radiation exposure log will be established throughout the entire gestation period. Analysis of the monthly exposure totals will be reviewed by both the pregnant student and the RSO. This log will also document the entire past radiation exposure history.

vi. Specific radiation protection measures are required when participating in fluoroscopic, portable/operating room procedures. The pregnant student is to wear a lead apron (preferably .5 mm pb.eq.) with one badge worn outside the apron at the collar, and the other under the lead apron at the waist level. These procedures do not need to be restricted (especially after the first 18 weeks of gestation) as long as their monthly radiation dose falls below the established limits. Time, distance, and shielding principles must be utilized by the pregnant student.

vii. The completed radiation record is to remain on file however the recorded radiation exposure dose to the embryo/fetus will not be forwarded to a new employer unless the declared pregnant student requests this in writing. (N.Y.S. Chapter 1, Part 16.14F (4)).

Note: Undeclared pregnant student/employee (N.Y.S. Chapter 1, part 16.6 Occupational Dose Limits)

Pregnancy Policy Notification Form

Student Signature

Program Coordinator

Approved by the Radiologic Technology Faculty 6/21/15, 8/2013

Include Physician's statement in student records, give a copy of entire signed policy to the RSO for review, and file original signed Policy in radiation badge binder.

(Copy of signed form kept in secure file in Program Coordinator's office.)

MOHAWK VALLEY COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

DOSIMETER GESTATION LOG RECORD

NAME: _____ **SSN #:** _____ **BADGE #:** _____

***Written declaration of pregnancy on** _____

***Gestation period** _____

***Expected date of delivery** _____

***Dosimeter numbers *Previous exposure history from beginning of program** _____

***Previous exposure history last nine months** _____

***Report prepared by** _____

MONTH	COLLAR	WAIST	DEEP DOSE (DDE)	EYE DOSE (LDE)	SHALLOW DOSE (SDE)	SIGNATURE

_____

Student Signature

_____

Radiation Safety Officer

cc: Radiation Safety Binder

Note: Undeclared pregnant student/employee refer to NYS Chapter 1, part 16.6, Occupational Dose Limits.

Revocation of Declaration of Pregnancy Form

I, _____, hereby officially withdraw my declaration of pregnancy made to the Mohawk Valley Community College Radiologic Technology Program on _____ (date of notification of pregnancy).

_____ _____

Signature of student **Date of withdrawal of declaration of pregnancy**

Approved by MVCC Program Faculty

(Copy of signed form kept in secure file in Program Coordinator's office.)

Section D: Radiation Protection Precautions for Personnel

Part 1: Diagnostic Areas

- Holding Patient Restrictions: No person shall be regularly employed to hold patients or image plates during exposures, nor shall such duty be performed by any individual occupationally exposed to radiation during the course of their other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used. If patient or image plates must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored. Pregnant women and persons under 18 years of age shall not hold patients under any conditions. (N.Y.S. sanitary Code, Chapter 1, Part 16.57, C 1.)

- Mechanical devices (instead of persons) must be used whenever possible to restrain patients. Examples include adjustable restraints, sponges, sheets, tape, pigostat, bat-mobile, chest unit, velcro straps, etc.

- Always have a proper monitor.

- Protective Barrier Shielding: utilization of primary and secondary barriers, lead glass window, lead equivalent lined walls, doors, floor, and ceiling. Always close doors, stay behind lead barriers, and use door interlocks.

- Protective Tube Housing: protects both radiographer and patient from off-focus radiation (X-rays emitted through the X-ray tube window) and leakage through sides of the collimator.

- Shielding: lead wrap around apron no less than 0.25 mm lead in thickness (0.5 mm is commonly used). NCRP report #102 recommends a lead apron of no less than 0.5 mm Pb. eq. for fluoroscopic examinations. Lead protective gloves no less than 0.25 mm lead in thickness.

- Never leave the protective barrier while making X-ray exposures.

Part 2: Fluoroscopic and Portable/ Operating Room Areas

Since Fluoroscopic and Portable/Operating Room procedures may cause the greatest potential for personal exposure from secondary and scattered radiation, precautions in these areas are essential. When on clinical rotation, be reminded of the following.

Three Cardinal Principles:

- **Maximize Distance:** Inverse Square Law— stand as far back as possible while securing patient safety. Intensity of radiation changes with the square of the distance from the source of radiation.

  $I^1 = (D_2)^2$

  $I^2 = (D_1)^2$

  Example: 2 x distance = 1/4 intensity
  3 x distance = 1/9 intensity
  4 x distance = 1/16 intensity

- **Utilize Shielding:** Apron, gloves, fluoro tower protective lead curtain, thyroid and eye shields, bucky slot cover, and portable lead equivalent barriers

  Placing shielding material between the radiation source and technologist reduces personnel exposure.

- Protective apron, gloves, thyroid shield, eyeglasses, (minimum of .25 mm Pb) N.Y.S. Sanitary Code, Chapter 1, Part 16.56 (c) 1 & 2.

- Sliding drape (minimum of 0.25mm Pb)

- Bucky slot cover (on the X-ray table)

- Mobile Radiation Barriers

- Standing behind the PA/fluoroscopist (they become a barrier)

- **Note:** National Council on Radiation Protection (NCRP) and Measurements recommends that protective aprons of at least 0.5 mm. Pb. equivalent shall be worn in fluoroscopy. A wrap around protective apron should be used by individuals who are moving around during the procedure. (NCRP Report #102, Page 18, 6/89.)

- **Minimize Time:** rotate staffing patterns to distribute dose among many staff. Duration of exposure should always be minimized whenever possible. The dose to the individual is directly related to the length of exposure. Example:

  Exposure = exposure rate x time

  10 mR/min x 5 min = total dose of 50 mR

  It is noted that image intensification, the five-minute reset timer, and the dead man switch that requires continuous pressure all aid in reducing the length of exposure for the patient and operator.

Other Considerations: Many of the methods and devices which reduce the patient's and operator's exposure when operating fixed radiographic equipment will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:

- Patient restraints: Radiographers should never stand in the primary beam to restrain a patient during a radiographic exposure. Mechanical devices should be used to immobilize the patient.

Also utilize the following:

- A cumulative timing device (maximum five-minute limit)
- Source-to-table distance (no less than 15"/38 cm for fluoroscopy)
- The safest place to stand during fluoroscopy may be directly behind the fluoroscopist.
- Mobile (bedside radiography) a six foot long exposure cord is beneficial in reducing dosage to the operator.

Section E: Radiation Protection Guidelines for the Patient

- Possibility of Pregnancy: Always inquire about chance of pregnancy before any X-ray exposures are taken. Follow appropriate hospital procedures and guidelines on patient pregnancy.
- Collimation: Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used. The X-ray images used as the recording medium during the X-ray examination shall show substantial evidence of cut off (beam delineation). (N.Y.S. Sanitary code, Chapter 1, Part 16.56, (a) 2,3.)
- Radiographic filtration: The aluminum equivalent of the total filtration in the useful beam shall not be less than 0.5 mm when operating below 50 kVp, 1.5 mm between 50 70 kVp, and 2.5 mm above 70 kVp. Minimum filtration equals inherent plus added. (N.Y.S. Sanitary code, Chapter 1, Part 16.56 (a) 4.)
- Gonadal Shielding: Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. (N.Y.S. Sanitary Code, Chapter 1, Part 16.57, C 2.)
- Entrance Skin Exposure (ESE) Measurements: It is essential that ESE measurements be available for common X-ray examinations performed with each X-ray unit. (N.Y.S. Chapter 1, Part 16.23 (v).)

PROCEDURAL STEPS
(not necessarily in the following order)

- Read and evaluate the clinical requisition carefully.
- Give clear, concise instructions. Communicate effectively to reduce the possibility of error.
- Collimate the primary beam only to area of interest (show visible evidence of beam restriction).
- Check for positioning accuracy.
- Use appropriate source to image distance.
- Use proper lead gonadal shielding when appropriate. Examples include shaped contact shield, flat contact shield, and a shadow shield (0.5mm Pb).
- Use established immobilization devices when necessary.
- Check for adequate beam filtration for quality assurance.
- Use proper exposure factors (within ESE recommendations).
- Use proper radiographic processing controls.
- Avoid repeats (they double patient exposure dose).

SOURCES

The following sources were used when developing this MVCC Radiologic Technology Student Policy Handbook:

- National Council on Radiation Protection and Measurements (NCRP) Report #91, #102, #105, #115
- N.Y.S. Sanitary Code Chapter 1, Part 16, Ionizing Radiation, N.Y.S. Department of Health Bureau of Environmental Radiation Protection
- United States Nuclear Regulatory Commission (NRC) Standards for Protection Against Radiation 10 CFR Part 20
- Numerous books referring to principles of radiographic imaging protection and positions

Student Insurance Requirements

Mandatory Professional Liability Insurance is required by Radiologic Technology students. Coverage of the liability fee is included in the student fees and includes all semesters including the summer session.

Students are required to cover the following fees per semester which are included in the tuition:

Professional Liability Insurance- $15.00/semester

Student Employment in a Radiology Department

According to Part 89 Chapter II of the Administrative Rules and Regulations and Article 35 of the NYS Public Health Law, student technologist aides could be hired to perform duties such as assisting patients into proper attire and onto the X-ray table or similar duties usually performed by an aide. This indicates that when classes are not in session, student technologists may not position patients, adjust X-ray equipment, or make X-ray exposures, regardless of whether someone else closely supervises them or actually makes the exposure.

While employed as an aide by a healthcare facility, all student identification shall not be worn including student name tags and/or a radiation badge.

Students enrolled in the MVCC Radiologic Technology program may be employed as a technical assistant. The following are guidelines for employment:

- The employment is a relationship between the student and the employer. The College will not act as an intermediary between the student and the employer.
- Employment is to take place only at times outside of scheduled college classes and clinical education hours.
- Required clinical education hours cannot overlap with scheduled paid working hours.
- Clinical competencies can NOT be completed for credit during paid working hours.
- Students should not wear their MVCC dosimeter, uniform, or student identification while employed in radiography.

Student Accident/Injury

- Students involved in accidents at MVCC should report to the Health and Wellness Center to report the incident as soon as possible, preferably on the day of the accident, so that proper treatment can be prescribed or approved.
- By contractual agreement with affiliating hospitals, Radiologic Technology students will be provided with emergency care if an accident occurs while on hospital assignment. Payment of such emergency care is the student's responsibility.
- Follow up reporting of the incident is required with the MVCC College Nurse.

Health and Wellness Center, ACC104
Main Telephone: 315-792-5452
College Nurse: 315-792-5683
Hours as posted on the center's website.

The College Nurse (RN) provides basic first aid, health assessments, and referrals as necessary to ensure timely attention to health issues.

Student Accident Insurance: MVCC does not have an accident insurance policy. The students are recommended to secure their own insurance.

Health Insurance: MVCC does not require proof of health insurance at the Health and Wellness Center and it does not offer health insurance, but highly recommends it. MVCC does; however, work with a Marketplace Navigator that helps students enroll in insurance at little to no cost. The Navigator representative is on campus twice a month. If information is needed about attaining health insurance, they should be referred to the Program Coordinator or Clinical Coordinator so that they can be connected to the proper resources.

Student Conduct Regulations

Conduct in the Classroom, Lab, and Clinical Setting

A professional is expected to show maturity, courtesy and restraint. Professional education in Radiologic Technology begins in the classroom and carries into the clinical setting. Therefore appropriate, professional behavior is expected in the classroom/lab/clinical at all times.

A free exchange of ideas and opinions is welcomed. It is expected that when addressing College faculty and classmates, it will be done in a respectful manner. One should not speak until recognized by the instructor or facilitator.

If a student takes issue with an event that took place during class, they should wait until after class to discuss it with the instructor. Confrontation, at any level, is inappropriate.

Tardiness is disruptive to the flow of the learning activities and should be avoided. Likewise, cell phones, pagers, and watches that have alarms should not be brought into the classroom.

These decorum standards apply to the clinical education setting, as well. All clinical staff, technologists, and other hospital personnel should be treated in the same respectful manner as College faculty.

Repeat episodes of disregard for standards of conduct will be reported to Student Affairs for further action.

MVCC Radiographic Laboratory Protocols

- Radiologic Technology laboratory sessions are in "non-energized" (no exposures) laboratories in a hospital setting under the supervision of a faculty member (qualified instructor) while operating energized radiographic equipment.
- All students are required to wear a required uniform.
- All students/staff are instructed on the proper handling of all imaging equipment/accessories prior to usage, including X-ray tube and table controls, and including proper technique formation and simulation of processing.
- Students/staff are made aware of emergency codes and electrical/mechanical shut-off devices.
- Students are required to complete a hospital orientation packet to comply with the procedures and policies of the hospital campus in which the radiographic lab is located.
- An MVCC student ID is required to be worn.

Standard Precautions/Infection Control

Infection Control Performance Guidelines for Healthcare Workers

- The Radiologic Technology Program curriculum includes Standard Precautions as recommended by the Center of Disease Control (CDC). CDC recommendations are formally incorporated into the first semester RT100 Patient Care I/Ethics course and student orientation prior to student assignment to the Clinical Education Environment.
- Reinforcement of Standard Precautions occurs during semester orientation sessions as well as throughout the Clinical Education.

Recommendations for Isolation Precautions in Hospitals

Hospital Infection Control Practices Advisory Committee

From Public Health Service,
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Rationale for Isolation Precautions in Hospitals

Standard Precautions

Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of bloodborne pathogens) and BSI (29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Transmission-Based Precautions

Transmission-Based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. There are three types of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Airborne Precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5 mm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission. Airborne Precautions apply to patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 mm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 feet or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

Contact Precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct-contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn patients, bathe patients, or perform other patient-care activities that require physical contact. Direct-contact transmission also can occur between two patients (e.g., by hand contact) with one serving as the source of infectious microorganisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment. Contact Precautions apply to specified patients known or suspected to be infected or colonized (presence of microorganism in or on patient but without clinical signs and symptoms of infection) with epidemiologically important microorganisms than can be transmitted by direct or indirect contact.
A synopsis of the types of precautions and the patients requiring the precautions is listed in **Table 1**.

Empiric Use of Airborne, Droplet, or Contact Precautions

In many instances, the risk of nosocomial transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all patients should reduce greatly this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the empiric addition of enhanced precautions while a more definitive diagnosis is pursued. A listing of such conditions and the recommended precautions beyond Standard Precautions is presented in **Table 2**.

The organisms listed under the column "Potential Pathogens" are not intended to represent the complete or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out. Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely, according to these criteria as part of their preadmission and admission care.

Immunocompromised Patients

Immunocompromised patients vary in their susceptibility to nosocomial infections, depending on the severity and duration of immunosuppression. They generally are at increased risk for bacterial, fungal, parasitic, and viral infections from both endogenous and exogenous sources. The use of Standard Precautions for all patients and Transmission-Based Precautions for specified patients, as recommended in this guideline, should reduce the acquisition by these patients of institutionally acquired bacteria from other patients and environments.

It is beyond the scope of this guideline to address the various measures that may be used for immunocompromised patients to delay or prevent acquisition of potential pathogens during temporary periods of neutropenia. Rather, the primary objective of this guideline is to prevent transmission of pathogens from infected or colonized patients in hospitals. Users of this guideline, however, are referred to the "Guideline for Prevention of Nosocomial Pneumonia" (95, 96) for the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommendations for prevention of nosocomial aspergillosis and Legionnaires' disease in immunocompromised patients.

Recommendations

The recommendations presented below are categorized as follows:

Category IA. Strongly recommended for all hospitals and strongly supported by well-designed experimental or epidemiologic studies.

Category IB. Strongly recommended for all hospitals and reviewed as effective by experts in the field and a consensus of HICPAC based on strong rationale and suggestive evidence, even though definitive scientific studies have not been done.

Category II. Suggested for implementation in many hospitals. Recommendations may be supported by suggestive clinical or epidemiologic studies, a strong theoretical rationale, or definitive studies applicable to some, but not all, hospitals.

Standard Precautions

Use Standard Precautions, or the equivalent, for the care of all patients.

- Handwashing
    - o Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
    - o Use a plain (non-antimicrobial) soap for routine handwashing.
    - o Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyperendemic infections), as defined by the infection control program.
- Gloves
    - o Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.
- Mask, Eye Protection, Face Shield
    - o Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- Gown
    - o Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.

- Patient-Care Equipment
    - o Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.
- Environmental Control
    - o Follow hospital procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces.
- Linen
    - o Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments.
- Occupational Health and Bloodborne Pathogens
    - o Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
    - o Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Patient Placement

Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions, or the equivalent, for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [5 mm or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance).

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 mm in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures).

- Mask
    - o In addition to wearing a mask as outlined under Standard Precautions, wear a mask when working within 3 feet of the patient (Logistically, some hospitals may want to implement the wearing of a mask to enter the room.).
- Patient Transport
    - o Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible.

Contact Precautions

In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

- Gloves and Handwashing
    - o In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage). Remove gloves before leaving the patient's room and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.
- Gown
    - o In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the room if anticipated that clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.
- Patient-Care Equipment
    - o When possible, dedicate the use of noncritical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.
- Additional Precautions for Preventing the Spread of Vancomycin Resistance
    - o Consult the HICPAC report on preventing the spread of vancomycin resistance for additional prevention strategies.

Table 1: Synopsis of Types of Precautions and Patients Requiring the Precautions*

Standard Precautions

Use Standard Precautions for the care of all patients.

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

- Measles
- Varicella (including disseminated zoster) H
- Tuberculosis

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

- Invasive Haemophilus influenzae type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
- Invasive Neisseria meningitidis disease, including meningitis, pneumonia, and sepsis

Other serious bacterial respiratory infections spread by droplet transmission, including:

- Diphtheria (pharyngeal)
- Mycoplasma pneumonia
- Pertussis
- Pneumonic plague
- Streptococcal (group A) pharyngitis, pneumonia, or scarlet fever in infants and young children
- Serious viral infections spread by droplet transmission, including:
    - o AdenovirusH
    - o Influenza
    - o Mumps
    - o Parvovirus B19
    - o Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment.

Examples of such illnesses include:

- Gastrointestinal, respiratory, skin, or wound infections, or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance
- Enteric infections with a low infectious dose or prolonged environmental survival, including:
    - o Clostridium difficile
    - o For diapered or incontinent patients: enterohemorrhagic Escherichia coli O157:H7, Shigella, hepatitis A, or rotavirus
    - o Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children
- Skin infections that are highly contagious or that may occur on dry skin, including:
    - o Diphtheria (cutaneous)
    - o Herpes simplex virus (neonatal or mucocutaneous)
    - o Impetigo
    - o Major (noncontained) abscesses, cellulitis, or decubiti
    - o Pediculosis
    - o Scabies
    - o Staphylococcal furunculosis in infants and young children
    - o Zoster (disseminated or in the immunocompromised host)H
    - o Viral/hemorrhagic conjunctivitis
    - o Viral hemorrhagic infections (Ebola, Lassa, or Marburg)*

See **Table 2** for a complete listing of infections requiring precautions, including appropriate footnotes.

Certain infections require more than one type of precaution.

Table 2: Clinical Syndromes or Conditions Warranting Additional Empiric Precautions to Prevent Transmission of Epidemiologically Important Pathogens Pending Confirmation of Diagnosis*

Clinical Syndrome or Condition**	Potential Pathogens***	Empiric Precautions
Diarrhea		
• Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens	Contact
• Diarrhea in an adult with a history of recent antibiotic use	*Clostridium difficile*	Contact
Meningitis	*Neisseria meningitidis*	Droplet
Rash or exanthems, generalized, etiology unknown		
• Petechial/ecchymotic with fever	*Neisseria meningitidis*	Droplet
• Vesicular	Varicella	Varicella
• Maculopapular with coryza and fever	Rubeola (measles)	Airborne and Contact
Respiratory infections		
• Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	Mycobacterium tuberculosis	Airborne
• Cough/fever/pulmonary infiltrate in any lung location in a HIV-infected patient or a patient at high risk for HIV infection (23)	Mycobacterium tuberculosis	Airborne
• Paroxysmal or severe persistent cough during periods of pertussis activity	Bordetella pertussis	Droplet
• Respiratory infections, particularly bronchiolitis and croup, in infants and young children	Respiratory syncytial or parainfluenza virus	Contact
Risk of multidrug-resistant microorganisms		
• History of infection or colonization with multidrug-resistant organisms	Resistant bacteria****	Contact
• Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent	Resistant bacteria****	Contact
Skin or Wound Infection		
• Abscess or draining wound that cannot be covered	*Staphylococcus aureus*, *group A streptococcus*	Contact

* Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.

** Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g., pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

*** The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

These pathogens include enterohemorrhagic Escherichia coli O157:H7, Shigella, hepatitis A, and rotavirus.

****Resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical or epidemiological significance.

Alternative Clinical Rotation

Purpose: The alternative shift rotation will be offered to students in the first and second year of the curriculum.

Days/Hours: The shift will be noon-7 p.m. with one 30-minute dinner break.

Supervision

- The students must work with direct supervision until competency in an area has been achieved. Direct supervision is described as a Registered Technologist being in the room with the student.
- The students may work with indirect supervision once competency has been achieved. Indirect supervision is described as a Registered Technologist being immediately available.
- Regardless of the level of competency, any repeats must be performed under the direct supervision of a Registered Technologist.
- Students are not to be used to replace staff technologists.
- Regardless of competency level, all studies performed by a student must be approved by a Registered Technologist before the patient is released from the department.

Parameters

- Students who volunteer to intern an evening shift may not intern on days when the College is not in session (e.g., holidays, winter, or spring breaks).
- If a student wishes to intern a second week of an evening rotation, they must receive approval from the Clinical Coordinator prior to the start of the semester.

Rules and Guidelines: All College and hospital rules, dress codes, regulations and competency requirements that apply to regular daytime clinical experience apply to the alternative day shift.

Alternative Day Shift Clinical Rotation Objectives

At the completion of the alternative experience shift rotation the student will:

- Complete mastery and competency requirements in common "off shift" studies such as trauma skulls, facial bones, spines, abdomens, chest, and operating room procedures.
- Utilize modified positioning techniques as warranted.
- Gain confidence working in an environment of fewer people with more responsibilities.
- Increase their ability to properly evaluate image quality.
- Develop an understanding of the nature of independent decision-making and judgment.
- Gain proficiency on procedures in which they have been deemed competent.
- Through closer interactions with emergency room staff, become familiar with triage, trauma evaluation, and emergency room technique.

Resolution of Allegations of Non-Compliance with JRCERT Standards

JRCERT Standards

A copy of the Standards for an Accredited Educational Program in Radiologic Sciences is covered at student orientation and available to all students, faculty, staff, affiliate personnel, Advisory Committee member, and other interested parties.

Procedure for Filing a Complaint of Non-compliance with Program Officials

1. Allegations of non-compliance or unfair practice must be in writing and may be submitted to any program official. If the allegation is initiated by a student, the student will be directed to the appeal process detailed in the School of Health Sciences Academic Appeal Process Policy.
2. Program officials including the Program Coordinator and Clinical Coordinator will review all complaints. Other institutional offices may be consulted as needed where deemed appropriate; policy and procedure may be adjusted to resolve the issue.
3. In an effort to come to resolution, program officials will meet with the party who filed the allegation to share findings and, if appropriate, actions.
4. A record of all complaints regarding allegations of non-compliance will be on file in the Program Coordinator's office.

Policy O: Workplace Safety

Right to Know Information for Students

As a student in a healthcare facility, there is potential for exposure to hazardous materials and communicable disease. It is believed that these exposures can be controlled through proper educational offerings, the provision of information, and the use of personal protective equipment. The purpose of this policy is to enhance student awareness of these potential exposures and to assist in recognizing resources to limit exposure.

Potential Exposures—What Are They?

There will be a number of sources for exposure to hazardous situations in the daily work. Depending on the department, some of these potential exposures vary, while others are universal within the hospital. For example, maintenance workers may be exposed to solvents and their vapors that are used exclusively within the department: this is a department-specific issue. On the other hand, if a maintenance worker is called to a patient room to fix a sink, they may be exposed to a communicable disease and may need to use protective equipment such as a mask and gloves. Another example is the nurse who is very accustomed to dealing with bloodborne pathogens and the protective equipment for protection against exposure. They may also, however, be exposed to vapors or spills of housekeeping chemicals that are routinely used on the nursing units by the housekeeping staff. A student in a healthcare facility may also be exposed to hazardous material, communicable disease, and radiation exposure. These potential exposures need to be planned for and controlled. The widely accepted way of dealing with these issues is the central posting of any chemicals, coupled with readily accessible MSDS (Materials Safety Data Sheets) and training for all employees on Standard Precautions (Policy L) and radiation protection measures (Policy G).

Written Hazard Communication Program

Clinical setting employers who use hazardous chemicals must develop a written hazard communication program, describing how provisions of the HCS (Hazard Communication Standards) are met. The following items must be included:

- Location of this written communications program, which must be readily available to employees
- The accessible location of the hazardous chemicals and all MSDS sheets
- Explanation of the labeling system used
- Explanation of hazard warnings
- How to use MSDS sheets
- Methods used to inform employees of new chemicals, including hazards of routine and non-routine tasks (This is left to the individual manager who will keep all employees current with all new products.)
- Monitoring programs
- Protective measures for employees (personal safety equipment, emergency procedures, area operating practices)
- Methods used to inform contractors about possible hazards
- A summary of the requirements of the OSHA Hazard Communication Standard, 29 CFR, 1910.1200

Labels and Other Forms of Warning

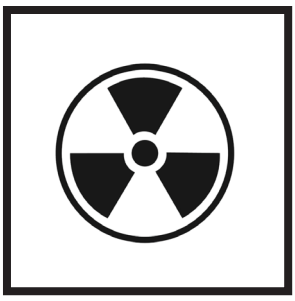
Each container of chemicals in the workplace must be labeled and marked with the following:

- Name or identity of the product; this must correspond with the MSDS.
- Hazard warning stating the main health risks from over-exposure
- Name and address of the manufacturer or other responsible party

Labels are alerts to special handling and precautions that should be used when working with the chemicals. Users must ensure that each container of chemicals in the workplace is labeled.

Labels must be written in English. The labels serve as an immediate warning. They are reminders that more detailed information is available elsewhere. Symbols, pictures, and/or words may be used on labels to present their message. Product labels usually contain signal words indicating severity of the hazard.

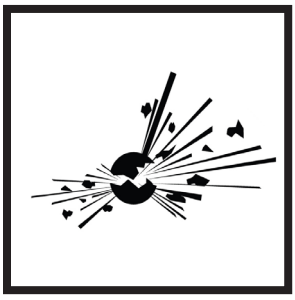
Flammable



Radioactive

Poison

Biohazard



Explosive

Corrosive

Employee Information and Training

The Hazard Communication Standard requires employers to provide their employees with information and training as follows:

- At the time of the initial hiring
- Whenever a new hazard is introduced into the work area
- Whenever they are reassigned to a work area where different chemicals are used

The training shall consist of:

- Ways to detect or observe the presence of hazardous chemicals.
- Physical and health hazards in the chemicals in the work area.
- Protective and preventive procedures that employees can use when working with hazardous chemicals. The explanation must specify the details of the labeling system used, how to read and understand the MSDS forms, and how to obtain and use appropriate hazards information.
- How to recognize employee exposure to a hazard and what to do in case of exposure.

Department managers should keep a record of when this training is given to the employee.

Many hospitals use so many chemicals that no one can be expected to remember all their names and how to use them. For that reason, chemicals are categorized into groups. Each chemical group has similar characteristics. Some common categories of chemicals include adhesives, solvents, compressed gases, corrosives, lubricants, and metals. When handling any hazardous chemical, students will need to know the following:

- Routes of Entry into the Body (chemicals can enter the body via three typical routes)
    - o Breathing (or through inhalation of hazardous materials): These particles are usually very small and in the form of dusts, fumes, or vapors.
    - o Skin and eye contact: Some substances may only affect the skin's surface, typically in the form of a rash. Others are absorbed into the body through the skin. This is sometimes called "dermal abrasion." Open wounds of any kind are extremely susceptible to becoming affected upon contact with a hazardous material.
    - o Ingestion: Anything taken into the body through the mouth is called ingestion. Small particles of dust and powder can be swallowed if they fall, for example, onto hands or food.
- Effects of Overexposure
    - o Students should be aware of possible health hazards and the degree of severity of being overexposed. Labels and Material Safety Data Sheets (MSDS) will tell you the possible hazards associated with the chemical.

- First Aid Procedures

    - o Students should report to the supervisor. Treatment is available in the emergency room.

- Flammability Hazard Ratings and Fire-fighting Techniques

    - o Supervisors will explain the flammability rating system used in the work area. They also will be able to explain the proper emergency response procedures to follow in case there is a fire.

- Reactivity Ratings

    - o Students should know which chemicals they work with are stable or unstable at high temperatures and pressures. The MSDS and/or labels will have this information.

- Safe Use Instructions

    - o Students need to be informed of the safety procedures to use when handling hazardous chemicals. This training will be provided at the work area by the department supervisor. The MSDS also contain information regarding safety precautions.

- Personal Protective Equipment (PPE)

    - o Students will be given information about the appropriate PPE and its proper use for each hazardous chemical handle or to which students are exposed. Typical equipment students might need to use includes goggles, masks with face shields, gloves, aprons, gowns, etc. The MSDS should provide the information needed to determine safe work practices to use handling any materials. Students should always check to be sure they are properly protected.

Hazard Recognition

A hazard is defined as a source of danger. All chemicals can be dangerous. However, learning to recognize the danger signals can help reduce or eliminate the hazards connected with them. Recognizing chemicals can be difficult because sometimes they can be seen and other times they can't. Chemicals can be solids, liquids, or gases.

Solids can be large or small pieces of compact matter. Fumes, smoke, and dust are three forms of solids that have such tiny particles that sometimes they cannot be seen. These three forms of solids are often found in manufacturing facilities.

Liquids can typically be poured. Water, oil, and liquid gas are examples. Liquids can be converted into a mist that is still technically a liquid but is hard to see under certain circumstances.

Gases are chemicals that are in gaseous form. Gases often cannot be seen, smelled, or felt, such as carbon monoxide that can be fatal with sufficient exposure. They are typically used as part of a manufacturing process and special precautions must be followed when handling them. MRI units run on cryogenic gases that are fatal if inhaled.

There are two basic kinds of chemical hazards.

- Health hazards

    - o Carcinogens: chemicals that cause cancer

    - o Corrosives: chemicals that cause visible destruction of living tissues

    - o Toxic and highly toxic chemicals

    - o Irritants: chemicals that are not corrosive but cause a reversible inflammatory effect on living tissue

    - o Sensitizers: Chemicals that cause allergic reaction after repeated exposure

- Physical hazards

    - o Combustible liquids

    - o Compressive gases

    - o Explosives

    - o Chemicals that are flammable

    - o Organic peroxides

    - o Reactive chemicals

How to know if someone has been exposed?
The five senses of sight, smell, touch, taste, and hearing can help students detect potential hazards, but they cannot rely on their senses. For example, one cannot see, touch, taste, or feel carbon monoxide, but it is still a dangerous chemical. Past work experience and training programs may help students to recognize potential hazards.

Employees/students should immediately inform their supervisor if they suspect they are being exposed to a chemical hazard.

How Hazards Can Be Controlled

Students can help keep hazards to a minimum. Likewise, employers can sometimes take actions that will reduce or eliminate hazards in the workplace. The following things can be done to control or reduce potential hazards.

- Elimination: If hazardous chemicals aren't needed, they should be removed from the work area.
- Substitution: Determine whether a less hazardous material can be used.
- Changing the process: Instead of working directly with hazardous materials, the procedures can often be altered to keep contact to a minimum. Walls or partitions often can be used as physical barriers, helping to separate employees from hazardous materials. Changing the ventilation system also can help reduce exposure.
- Job changes: Under certain circumstances, it may be beneficial to change people's jobs so that only one or a few are exposed to or required handling hazardous materials.
- Purchasing: Only order what is needed of a hazardous item, and if it's not needed, don't order it at all.

Employee/Student Responsibilities

Employers are responsible for providing employees/students with information and training related to chemical hazards in the workplace. In turn, employees/students are responsible for:

- Understanding the information provided about hazardous materials.
- Using safe work practices.
- Keeping work areas uncluttered and free of debris.
- Not smoking, eating, or drinking in areas where chemical materials could accidentally be ingested as a result of contact with food or tobacco.
- Keeping hazardous material off themselves and their clothes by practicing good personal hygiene.
- Properly using the right equipment for the right job. Personal protective equipment such as goggles, gloves, etc. are sometimes necessary.
- Immediately notifying their supervisor if they suspect exposure to a chemical hazard.
- Seek medical treatment. An incident report will be filled out for both tracking and prevention purposes.

Standard Precautions

Each hospital has policies and guidelines outlining infection control procedures and use of standard precautions. The main idea of these precautions is to limit any exposure to disease. These policies are readily available to employees and students. Supervisors can be asked for the location of the policy manual in the institution where students are assigned.

Safety Data Sheets

Each hospital unit and department maintains a register of hazardous materials and associated Material Safety Data Sheets. The sheets give information such as environmental impact, chemical content, volatility, combustibility, emergency treatment in case of exposure, instructions using the equipment. The employee/student has the right to receive training for the safe operation of all equipment. Safety is important for both the patient and the employee/student. An employee/student who feels that they have not been given adequate training in the use of equipment/devices that they are required to use should notify their supervisor to arrange for the training.

OSHA

The Occupational Safety and Health Administration is a federal agency that works for safety in the workplace. Of importance to the employee is OSHA's rulings that have led to the Right to Know practices. The employee/student has the right to know the hazards to which they may be exposed, how to limit exposure to such hazards, instruction on the use of protective equipment, as well as policies, procedure, standards, or practice guidelines that affect the employee/student in the work area. If the employee feels that they are subject to a hazard and have not received proper training, it is the

employee's responsibility to contact the supervisor. On the other hand, the employer is required to assess the potential hazards of the workplace on a regular basis, provide notice of potential exposures, offer training for safety purposes, and keep registers and MSDS sheet for chemicals (etc.) current. Employees/students who do not feel that their employer is fulfilling its responsibility for safety should bring this to the employer's attention. As a last resort, after reasonable attempts to resolve safety issues in the workplace, the employee does have the right to report their concern to OSHA.

Non-Routine Tasks

Occasionally, an employee performs a non-routine task. An example might be a housekeeper who usually cleans the hospital lobby being asked to clean the Operating Room after surgery. It is essential that the employee being asked to do non-routine tasks have training and resources available prior to the performance of the task. Information essential for safety and limiting exposure to hazards will not be omitted for non-routine tasks.

Hazardous Waste Management

The hospital has a very complete plan for the disposal of both hazardous and non-hazardous waste, including paper, biological waste, chemicals, etc. This plan is available in the department and should be reviewed with all new employees/students.

Removal of a Student from a Course for Unsafe or Unethical Practices

A student may be removed from a course by an instructor and assigned an F grade for the course for engaging in unsafe or unethical practice(s) as related to approved course/program requirements in college laboratory/workshop, clinical, practicum, or internship settings. Such removal and grade may occur at any time during the term provided:

1. At the beginning of the course or semester, the student is given written notice of required safety and ethical procedures either through the Policies and Procedures Manual, course syllabi, or course orientation as determined by School faculty and approved by the School Dean;

2. The student is given instruction in the required safety and ethical practice(s);

3. The student, either found to be knowledgeable and competent in an assessment of understanding the required safety and ethical practices or after having received appropriate support services (coaching, tutoring, and/or other educational support services) repeatedly fails to demonstrate adequate knowledge and/or competency in the required safety or ethical practices; and

4. The unsafe and unethical conduct is sufficiently serious to warrant an F grade, even if the student were allowed to finish the course.

Professional Conduct

The College and hospital expect every student to observe basic rules of good workplace behavior. Most of these are common sense rules. As a member of the healthcare team, it is important to understand the policies and procedures of the program and the consequences of inappropriate workplace behavior.

Behaviors inconsistent with those described will be brought to the attention of the clinical instructor/director in the form of verbal and written anecdotal reports. Misconduct will be handled in accordance with the procedures outlined in this Radiologic Technology Student Policy Handbook. Performance not compatible with appropriate workplace behavior will be documented in accordance with the Radiologic Technology Academic/Clinical Behavior Documentation Process.

Examples of behavior subject to clinical course failure, are as follows, but not limited to:

- Deliberate inattention to patient care
- Any practice resulting in harm to the patient
- Failure to fulfill the responsibilities of a student radiographer to an extent that might or does cause injury to a patient, or damage to, waste or loss of material, supplies, equipment, or other property
- Failure to report an injury or incident concerning a patient
- Divulging confidential information concerning patients or their care
- Soliciting or accepting tips from patients or any other persons
- Rude or discourteous behavior
- Chronic or habitual absenteeism/tardiness

- Unauthorized absence/failure to report absence
- Falsification of hospital or program forms or records
- Tampering with clinical attendance sign-in sheets or falsifying reported clinical time
- Refusal to carry out assignments or instructions
- Failure to follow the policies of the clinical affiliate (e.g., smoking, sleeping, gambling policies, etc.)
- Use of profane or abusive language
- Unauthorized use of, removal of, theft of, or intentional damage to the property of the hospital, a patient, employee, or student
- Threatened or actual physical violence
- Possession of or being under the influence of an intoxicant, narcotic, or mood-altering substance on hospital and/or affiliate property
- Disorderly and/or immoral conduct
- Failure to follow protocol in the performance of radiographic procedures (i.e., proper use of radiographic image identification and markers, proper use of radiation monitor badges)
- Failure to seek out appropriate clinical supervision while performing radiographic procedures and repeat images
- Harassment of any type
- Any violation of the ARRT Code of Ethics and/or the Patient Bill of Rights
- Derogatory comments regarding the program/ College on any form of social media

Professional Behavior Expectations

Student behavior in classroom and clinical settings should be consistent with a professional job setting. Faculty serve as learning facilitators and fellow students collaborate as team members similar to the concept of teamwork in the workplace. Collaboration is desired and expected in all learning settings. These behaviors are expected of all students:

- Attend all classes and clinical assignments on time.
- Respect the rights of others to contribute by listening attentively. Show consideration for students, faculty, other College employees, and all clinical personnel.
- Participate appropriately and actively in all learning environments.
- Timely completion of all assignments.
- Requesting appropriate feedback from faculty and peers to ensure progress toward fulfilling learning objectives.
- Exercise effective conflict resolution strategies by immediately discussing issues with faculty and/ or peers. Destructive criticism or bullying will not be tolerated.

Policies Regarding Withdrawl/ Performance/Behavior/Dismissal

Any student who withdraws from the MVCC Radiologic Technology must submit the following items to the College prior to their last day:

- Hospital photo ID, if applicable
- Radiation badge and holder
- A student who has a loan will be required to complete an exit interview. The Financial Aid office will contact the student with the details.

A written letter of withdrawal is required by the student explaining the reason for dropping the program to be signed and dated.

Radiologic Technology Program Performance and Behavioral Policy

Students not meeting the Radiologic Techology program standard of performance or behavior are subject to immediate termination. Prior to such termination, faculty will give the student one or both of the following (for circumstances when immediate dismissal is not warranted):

- Verbal counseling
- Written counseling/30-day probationary period to correct the standard of performance or behavior.

When the program identifies a student whose attendance record exhibits a pattern of abuse, a series of progressive disciplinary measures will be taken, as outlined below, to make the student aware of the

problem and to give the student an opportunity to improve. A corrective action plan is required to be submitted by the student showing written evidence of strategies to improve performance.

1. Verbal Counseling

2. Written warning/30-day attendance probationary period for an opportunity to improve (submit a corrective action plan)

3. Dismissal

The Program Coordinator and Clinical Coordinator will render a final decision if a dismissal is warranted and communicate the decision to the student in a formal meeting and in writing.

Dismissal Policy

The MVCC Radiologic Technology program reserves the right to dismiss a student whose academic achievement, clinical performance, health, or conduct makes it unadvisable for them to continue in the program.

The College reserves the right to dismiss a student at any time for any of the following reasons: inability to maintain an 80% average, excess absenteeism, insubordination (defined as being disobedient, disrespectful, or obstinate), failure to develop those qualities considered essential to the ethical practice of radiological technology. A breach of patient confidentiality or disregard for the safety or well-being of a patient or coworker are examples of conduct warranting immediate dismissal. Possession of unauthorized drugs or alcoholic beverages on the premises or reporting to an assignment under the influence, will warrant immediate dismissal. Random drug testing is permitted.

If a student is dismissed from the program, the student will be ineligible for reenrollment. However, if the student chooses to voluntarily resign, they may apply at a future date although will not be guaranteed a seat due to the competitive nature of the admissions process.

JRCERT and ARRT Standards

Section A: JRCERT Standards

Standard One:
Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices
The program's curriculum and academic practices prepare students for professional practice.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Section B: ARRT® STANDARDS OF ETHICS

Last Revised: September 1, 2022

Published: September 1, 2022

PREAMBLE

The Standards of Ethics of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the Standards of Ethics is evidence of the possible lack of appropriate professional values.

The Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession.The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

A. CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics.The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team.The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and suppor ts colleagues and associates in providing quality patient care.

2. The RegisteredTechnologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

3. The RegisteredTechnologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.

4. The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.

5. The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

6. The RegisteredTechnologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

7. The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.

8. The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The Registered Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The RegisteredTechnologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

11. The RegisteredTechnologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the Standards of Ethics.They are mandatory standards of minimally acceptable professional conduct for all RegisteredTechnologists and Candidates.ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety,and comfort of patients. Accordingly,it is essential that RegisteredTechnologists and Candidates act consistently with these Rules.

The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.

Fraudulent Billing Practices

3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:

   i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

   ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or

   iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or

   iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or

   v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or

   vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or

   vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or

   viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or

   ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate's or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computers and/or tablets during administration of the examination or CQRSSA; and/or

x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or

xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Requirements Subversion

5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's Education Requirements for Obtaining and Maintaining Certification and Registration ("Education Requirements"), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's Education Requirements or CQR Requirements includes, but is not limited to:

   i. providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or

   ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper ; and/or

   iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or

   iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

Failure to Cooperate with ARRT Investigation

6. Subverting or attempting to subvert ARRT's certification and registration processes by:

   i. making a false statement or knowingly providing false information to ARRT; or

   ii. failing to cooperate with any investigation by ARRT in full or in part.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

7. Engaging in unprofessional conduct, including, but not limited to:

   i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.

   ii. any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety.

   Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct

8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct

9. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

Scope of Practice

Technical Incompetence

10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice

11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

Fitness to Practice

Actual or Potential Inability to Practice

13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

Inability to Practice by Judicial Determination

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records

False or Deceptive Entries

15. Improper management of records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record and/or any quality control record.

Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:

    i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or

    ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or

    iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or

    iv. required sex offender registration.

Duty to Report

Failure to Report Violation

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or Candidate and failing to promptly report in writing the same to ARRT.

Failure to Report Error

22. Failing to immediately report to the RegisteredTechnologist's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission).The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in administering challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Registered Technologists and Candidates are required to comply with these Administrative Procedures. All Registered Technologists and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause.The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. In the event that the full Committee is not available for a meeting, an alternate member may participate on the Committee. If an alternate member is not available, the remaining members of the Committee will hold the meeting and act irrespective of the composition of the Committee. The Ethics Committee is responsible for: (1) investigating and reviewing each alleged violation of the Rules of Ethics and determining whether a Registered Technologist or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a maximum term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. In the event that the Chair is not available for a meeting, the Chair may appoint any remaining member to act as Chair.The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

(c) Preliminary Screening of PotentialViolations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Registered Technologist or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics.The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements to the Ethics Committee.The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Registered Technologist or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing.The written request for a hearing must be accompanied by a nonrefundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A

Registered Technologist or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registered Technologist or Candidate who requests a hearing may elect to appear in person, via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.

A Registered Technologist or Candidate may waive the 30 day timeframe to request a hearing.To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.arrt.org. The Hearing Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.

Failure to appear at the hearing in person or via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registered Technologist or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative (at the sole expense of the Registered Technologist or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registered Technologist's or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registered Technologist's or Candidate's time allotment, to ask questions and shall not be bound by any state or federal rules of evidence.The Registered Technologist or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person, teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registered Technologist or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting. In the case of alleged violations of the Rules of Ethics by a Registered Technologist or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Certificate Holder or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in an amount to be determined by ARRT. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Registered Technologist or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Registered Technologist or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.arrt.org. The Appeal Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the appeal waiver is processed.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees, other than any members who believe for any reason that they would be unable to render an objective and unbiased decision, shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registered Technologist or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registered Technologist or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe.

All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an unauthorized publication or revelation of the same, except to the Registered Technologist's or Candidate's attorney or other representative, immediate superior, or employer.

4. Range of Actions

(a) No Action

A determination of no action means that there is little or no evidence to substantiate that a violation even occurred. In a situation lacking even a preponderance of evidence, the complaint is determined to be unsubstantiated.

(b) Clear

A determination that there was a violation of the Rules of Ethics but that no further action will be taken against a person's eligibility for certification and registration or for continued certification and registration. The determination of cleared/eligible can be made administratively by staff, by the Chair, or by the Committee depending on the nature of the violation and existing policies addressing authority for taking action. After a violation has been cleared, the applicant or registrant will not be required to repor t the violation in the future.

(c) Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

(d) Public Reprimands
A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

(e) Conditional

Conditional status may be given for continued certification and registration in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., conditions mandated by the court, regulatory authority and/or Ethics Committee).

(f) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(g) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual.The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(h) Ineligible

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(i) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(j) Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registered Technologist or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(k) Deny Removal of a Sanction

After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

(l) Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the Standards of Ethics, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands, Alternative Dispositions and conditional statuses) that are adverse to a Registered Technologist or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected individual did not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the timeframe has elapsed.At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction.The Request must be accompanied by a nonrefundable fee in an amount to be determined by ARRT. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of ARRT.The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the individual's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the ARRT Rules and Regulations.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XII, Section 12.02 of the *ARRT Rules and Regulations*.

MOHAWK VALLEY COMMUNITY COLLEGE
Radiologic Technology Program

This form is not required for student signature. This is an example of the form and the information required to submit to the ARRT if it applies to the student.

In order to assure your eligibility for licensure at the completion of the program in Radiologic Technology, at Mohawk Valley Community College, it is necessary that the department have the following information in order to assist you in applying for verification that you will be able to obtain a license/certification to practice.

This question and information appears on the application for State of New York Licensure.

Except for minor traffic violations and adjudications as youthful offender, wayward minor, or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral, or are you now under charges for any offense against the law? ☐ Yes ☐ No

If yes, please provide details under Remarks for each charge. Also include copies of all documents from the court. (Certificate of Disposition, Certificate of Relief from Disabilities, Parole/Probation documents, etc.)

A conviction is not an automatic bar to licensure. Each case is considered on its own individual merits.

This question and information appears on the ARRT application for radiography certification.

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

Note: Convictions or charges resulting in any of the following must also be reported:

** Plea of guilty*
** Plea of nolo contendere*
** Withheld or deferred adjudication*
** Military court-martial*
** Suspended or stay of sentence*

Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported to ARRT. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use. Convictions or charges previously reported to ARRT that have been formally cleared as evidenced by a letter from ARRT to that effect should be indicated as "No." If response is "Yes," provide official court documentation to confirm charge and sentencing, and the status of all court conditions, along with a detailed explanation of the events that occurred.

If the answer is yes, it is imperative that you make an appointment to see the Program Coordinator.

Signature

Date

(Copy of signed form kept in secure file in Program Coordinator's office.)

Policy S: Confidentiality Policy

According to the American Registry of Radiologic Technology Code of Ethics, Ethic 9 states:

The Radiologic Technologist respects confidences entrusted in the course of professional practice:

1. Respects the patient's right to privacy,

2. Reveals confidential information only as required by law or to protect the welfare of the individual or the community.

Radiologic Technology students will gain access to confidential demographic and medical information concerning the services rendered to patients in local health care facilities. This information is provided only to facilitate educational training. Students will not, at any time, during or following the educational experience at MVCC, disclose any confidential information to any other person, or permit any unauthorized person to examine or make copies of any medical reports or other related documents. Upon investigation by the Radiologic Technology faculty, anyone found to be in noncompliance with this policy is subject to course failure.

It is necessary to note that the disclosure of such confidential information may give rise to irreparable injury to MVCC, the Radiologic Technology program, the medical facility donating the records, and/or the owner of the medical information in question. Accordingly, the above listed parties may seek any available legal remedies against the individual who releases or discloses confidential demographic and medical information in an illegal and unauthorized manner.

HIPAA (Health Insurance Portability and Accountability Act of 1996)

This act provides safeguards to protect the security and confidentiality of patient information. This includes all medical records and other individually identifiable health information whether electronic, on paper, or oral. Student radiographers must be familiar with potential abuses of the new technology, so that the law will not be unknowingly violated. Quarterly clinical orientation includes HIPAA education. Students will sign a confidentiality agreement upon program entry.

HIPAA regulations pertaining to confidentiality of student information are located in the MVCC Student Handbook.

Confidentiality Statement

Student Name (Print): _____

IMPORTANT: Please read the sections below. If you have any questions regarding this statement, please ask them of the faculty member before signing below.

As an important part of your Health Sciences education at Mohawk Valley Community College, you, as a student, will come into possession of confidential information concerning the healthcare services rendered to patients. All medical information is considered confidential and may not be released except by the patient's own authorization or by state and/or federal law.

In the case of education, a student may view confidential information that is pertinent to their studies under the supervision of an instructor. The identity of the patient must be protected, and the student must never disclose any confidential information linked to the identity of any patient to any person whatsoever for any reason.

Illegal disclosure (either intentional or unintentional) includes but is not limited to: (1) verbally discussing confidential information of an identified patient; (2) permitting an unauthorized individual to review a medical record; (3) copying any part of a medical record for an unauthorized individual; (4) making copies of medical documentation for education or research activities without obliterating the patient's demographic information; (5) abstracting medical data for education or research activities in which the patient's identity is linked to the data; and (6) allowing any unauthorized individuals entrance to any specified area in which confidential medical information is kept or stored.

By signing this statement, you, as a student, recognize that the intentional or unintentional disclosure of such confidential information may give rise to irreparable injury to Mohawk Valley Community College, its faculty and/or the owner (patient) of such confidential information, and that accordingly, Mohawk Valley Community College, its faculty and/or the owner of such confidential information may seek any legal remedies against you which may be available. It is your professional responsibility and duty to protect the confidentiality of all patient medical records with which you are associated.

I have read all of the above sections of this statement and understand them as well as the consequences of any inappropriate actions as set forth in this document.

_____

Signature

_____

Date

(Copy of signed form kept in secure file in Program Coordinator's office.)

Student Acknowledgment & Agreement

I have read and understand the contents of the Radiologic Technology Policies and Procedures Manual. I agree to abide by the rules and regulations promulgated by the program. I appreciate the importance demonstrating professional conduct and demeanor in classroom, laboratory, and clinical education centers. I also appreciate the need to consistently demonstrate safe, effective, and ethical healthcare practice.

Student Signature: _____ **Date:** _____

Faculty Signature: _____ **Date:** _____

MOHAWK VALLEY COMMUNITY COLLEGE
Radiologic Technology Program

Affirmation of Understanding

I received, read, and understand the contents of:

_____ Health and Safety Policies (including COVID/JRCERT-direct/indirect/repeat policies)

_____ Resolution of Allegations of Non-compliance with the JRCERT Standards

_____ Policy O Workplace Safety with review of MSDS

_____ Health Information Portability and Accountability Act (HIPAA)

_____ Grievance Policy/Procedure

_____ JRCERT contact information

_____ Confidentiality Statement

_____ _____

Student Signature **Program Coordinator or Clinical Coordinator**

_____ _____

Date **Date**