PROGRAM OF RADIOLOGIC TECHNOLOGY POLICY AND PROCEDURE MANUAL
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ATTENDANCE

POLICY: The faculty believes that anytime a student is not in attendance at a class, laboratory, or clinical rotation, he/she is not able to receive the full benefit of the presentation or experience even if competencies are eventually met. Therefore, full-time attendance is mandatory for didactic classes, labs, and clinical rotations. At the same time, the faculty recognizes that students have legitimate time off or may contract illnesses that incapacitate them and may be potentially hazardous to patients and others. In these events, the student must follow the following guidelines:

Classroom Attendance Policy

1. Students are responsible for all material covered in scheduled classes whether or not they are in attendance. Missed or failed quizzes, examinations, assignments, or student presentations may be re-administered at the discretion of the instructor. Five points will be deducted from a student's grade each time a quiz or exam is not taken on a scheduled date and 5 points will be deducted for each continued class day missed. Projects, presentations and semester finals will result in a 10 point deduction for not completing them on the scheduled date and 10 points will be deducted for each continued class day missed.

2. Students shall not miss more than 20% of the total classroom time, per class, per semester. After the 20% point is reached, the student will be dismissed from the Program unless extenuating circumstances prevail.

3. Students who are going to be absent must contact the instructor by phone or email before class starts. It is acceptable to leave a message on the voicemail system if the contact is out of the office.

4. Students are expected to arrive promptly to class. If a student is unable to do so, a call must be placed to the instructor. Habitual tardiness will not be tolerated, as it is a sign of a poor professional attitude.

5. Students will be required to adjust their personal and work schedules in order to comply with Program standards and schedules.

Clinical Attendance Policy

The Program utilizes a competency-based clinical education system. As each student achieves clinical competency at a unique pace, it is impossible to establish a minimum number of required hours. However, as the student continues to gain clinical expertise after achieving competency, no student is permitted to reduce his/her total clinical hours from those scheduled.

1. Not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

2. Students receive a total of 96 hours of personal/sick time during the 22-month Program. At the beginning of each semester, the student is given 24 hours of personal/sick time to use at their discretion. If unused, time can be carried over from one semester to another. Time cannot, however, be borrowed from another semester.

3. Students shall not miss more than 20% of the total clinical time per semester. After the 20% point is reached, the student will be dismissed unless extenuating circumstances prevail.

4. When calling out of clinical, only call at the beginning of the shift. Do not call and leave a message with third shift staff.

5. Students shall not be tardy more than 20% of the total clinical days available per semester. Students should be in the clinical area and ready to begin their day at the appropriate start time. Students will be given a seven-minute leeway and anything beyond this will be considered tardy. After the 20% point is reached, the student will be dismissed.

6. Any hours taken in a particular semester over the allotted amount of time available must be made-up within the respective semester.

7. A request for time-off from clinical should be made in advance and directed to the respective clinical instructor.

Note: Students must be abiding by the above time regulations in order to be eligible for or to continue receiving financial aid. Time issues are considered when determining satisfactory progress for financial aid purposes.

General

1. Medical, dental, or any other appointment should be made with discretion so that it does not impact a student's education.

2. The Program Director or the Didactic/Clinical Educator may request a physician's note if a student is out over three consecutive days or in the event of frequent absences. With regard to an acute illness, time issues will be dealt with on an individual basis, however, all missed time beyond the allotted personal/sick time off must be made up.

3. Students are expected to notify the appropriate personnel when calling out from both class and clinical. Unless extenuating circumstances prevail, students who do not show up for class or clinical without following the call out protocol will be dismissed from the Program.

Make-Up Time

1. Any hours taken in a particular semester over the allotted amount of time available must be made up within the respective semester.

2. All make-up time must be scheduled and approved by Program officials.
3. Make-up time is not permitted on observed Program holidays, after 10:00 pm, or before 6:00 am.
4. Make-up time is not permitted beyond a daily limit of ten (10) clinical hours.

Jury Duty

If hours are minimal, students are not required to use their personal time to attend Jury Duty. All missed assignments are expected to be made up. Hardship letters may be requested from the Program Director indicating full-time status in the Program of Radiologic Technology.

Field Trips

Students are strongly encouraged to participate in any field trip scheduled by the faculty. When field trips are taken during clinical time students who do not attend the field trip will be required to maintain clinical time attendance. Students not attending field trips may be required to submit a research paper pertaining to the fieldtrip material or other assigned topic per the Program faculty.

Related Policies:

- Schedule & Program Hours

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Program Director

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BEREAVEMENT TIME

POLICY: In the event of a death in the immediate family, a student must notify the Program Director or representative with a request for time off. Immediate family is defined as a parent, child, spouse, sister, brother, or grandparent. The maximum time off will be three (3) days after which any additional time may be granted at the discretion of the Program Director or representative and used as personal time.

In the event of a death other than the immediate family, a student must notify the Program Director or representative with a request for time off and personal time will be used.

The Program Director reserves the right to require verification of the death and relationship.

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Program Director

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CERTIFICATION EXAMINATION REQUIREMENTS

POLICY: Upon successful completion of **all** Program requirements, graduates can then apply to take the American Registry of Radiologic Technologists (ARRT) certification examination. Applying for and scheduling the examination is the responsibility of the student. The cost associated with applications is the responsibility of the student. Application materials may be obtained from the Program Director once they are made available by the ARRT.

Eligibility requirements for ARRT certification in Radiography will — effective January 1, 2015 — call for candidates to have earned an associate (or more advanced) degree from an accrediting agency recognized by ARRT. The degree will not need to be in radiologic sciences, and it can be earned before entering the educational program or after graduation from the program. The degree requirement will apply to graduates on or after January 1, 2015.

Applicants who have been involved in a criminal proceeding or who have been charged with or convicted of a crime may file a request for pre-application review with the American Registry of Radiologic Technologists (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 that 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. Military court-martials must also be reported. The form that is necessary to file such a request and a complete explanation of the process can be found on the web at www.arrt.org under the Ethics section, or by contacting the ARRT at (651) 687-8580.

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Program Director

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CLINICAL EXPECTATIONS

POLICY: **Prerequisite**

Students must successfully pass all courses in Orientation with at least an 83% to attend clinical education assignments.

Clinical Requirements

1. There are core clinical competencies that all students must demonstrate to establish eligibility for ARRT certification. The Clinical Competency Program is a standardized method of evaluating the performance and progress of students performing radiographic exams. Demonstration of clinical competence means that the Clinical Instructor has observed the student performing the procedure, and that the student performed the procedure independently, consistently, and effectively. Students must demonstrate competency in the following areas:

- Six mandatory general patient care activities.
- Thirty-one mandatory imaging procedures.
- Fifteen elective imaging procedures to be selected from a list of 35 procedures.
- One elective imaging procedure from the head section.
- Two elective imaging procedures from the fluoroscopy studies section, one of which must be either an Upper GI or a Barium Enema.

2. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the ***direct supervision*** of qualified radiographers. Direct supervision means that a radiographer is present during the exam and reviews and approves the finished radiographs.

3. After demonstrating competency, students may perform procedures with ***indirect supervision***. Indirect supervision means that a qualified radiographer must be immediately available to assist students, regardless of student achievement. The radiographer need not be in the room during the radiographic examination, but must be in an adjacent room or location where the radiographic procedure is being performed. The radiographer will evaluate and approve finished radiographs and determine if any images have to be repeated.

4. A qualified radiographer must be physically present during the conduct of a repeat image, regardless of the student's level of competency. The qualified radiographer must approve the student's procedure prior to re-exposure.

5. The student to radiography clinical staff ratio must be maintained at 1:1 at all times. However, if an uncommon procedure is performed (e.g., skull imaging) it is acceptable that more than one student may be temporarily assigned to one technologist.

6. By the end of each semester, the student is required to achieve competence in each category of examinations listed in that particular six-month period (see Clinical Competency Program).

7. The student is responsible for seeing that the requirements of each semester are met. Along with the Didactic/Clinical Educator, all Clinical Instructors will monitor student progress to ensure each room assignment allows them to reach their goal.

8. All professional traits evaluated in the biweekly performance evaluations are intended to address the student's overall performance and suitability as a professional. They are not intended to judge the student's character. Students are required to sign each evaluation, not necessarily to indicate approval or disapproval, but rather to verify that they have seen the evaluation.

9. If a student fails a competency evaluation with a mastery level below 90%, the student must perform another two practice exams under the direct supervision of a qualified radiographer. This gives the student time to study, simulate, and use other enrichment activities to prepare for re-evaluation in that category (remedial didactic instruction is given if needed).

10. A failing grade twice in succession in the same category will result in the student being placed on probation with a developmental action plan in place.

11. The clinical instructor has the option, at any time, to re-evaluate any category previously evaluated to insure the student's continued competency. If the student is not able to perform an examination they have already been deemed competent to do, the competency will be pulled and the competency process will be restarted.

12. Students are responsible for having a pocket-positioning book, lead markers, identification badge, and a writing utensil with them at all times in the clinical setting.

13. All patients will be treated with respect and dignity. Casual conversation to explain the examination will help reduce patient anxiety and is a must in the patient care arena.

Related Policies:

- Supervision and Repeat Examinations
- Probation/Performance Plan

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CODE OF PROFESSIONAL CONDUCT

POLICY: The impression you make on patients and others reflects not only upon you, but on the Program as well. Students must demonstrate and maintain ethical standards appropriate to the profession of medical imaging.

1. Students are expected to be courteous and professional at all times and to adhere to all published policies, procedures, rules and regulations.

2. Show respect for, and be mutually supportive of, fellow students, faculty and staff.

3. At no time will students use profanity.

4. Maintain academic integrity in all aspects of their training, including cheating on examinations, falsifying clinical information such as evaluations or competencies, plagiarism, and collusion.

5. Identify truthfully and accurately one's credentials and professional status.

6. Refrain from performing any professional service which requires competence that one does not possess or which is prohibited by law unless the situation morally dictates otherwise.

7. The student is expected to keep information concerning the patient, including all information regarding their medical condition or personal life, confidential and must not divulge such information to anyone either in or out of the Hospital except as needed in the professional setting. This is in compliance with HIPAA regulations.

8. Never disclose to a patient or a family member the results of an imaging study. Always refer them to their physician.

9. Students will follow all Hospital safety procedures including Standard Precautions at all times.

10. The student is expected to adhere to the Standards of Ethics established by the American Registry of Radiologic Technologists (ARRT). The ARRT Standards of Ethics can be found at https://www.arrt.org/pdfs/Governing-Documents/Standards-of-Ethics.pdf and are reviewed during orientation.

11. Students are not to disclose ARRT Certification Exam information. This includes (but is not limited to) disclosures to: students in educational programs, graduates of educational programs, educators, or anyone else involved in the preparation of candidates to sit for the examination (See Appendix F).

12. The student is expected to adhere to the Patient's Bill of Rights (Appendix E).

13. Students must abide by the individual policies and procedures set forth by each clinical site pertaining to the use of cases for educational purposes. All identifying patient information must be eliminated from images. Class discussion of the case will be presented in a way that completely protects the patient's identity.

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COMMUNICABLE DISEASES/EXPOSURE/PREVENTION

POLICY: Students will demonstrate safe practices to self and others when working in a clinical environment that might include exposure to blood and body fluid or communicable diseases in any form.

Education

Students receive extensive instruction in the mechanisms of disease transmission and infection control during orientation. "Standard (Universal) Precautions" are to be practiced at all clinical education settings. Radiography students will abide by the Infection Control policies of Windham Hospital or their assigned clinical facility in the same manner as for radiologic personnel. Students should review policies and procedures of their assigned clinical facility with the on-site Clinical Instructor.

Exposure

During clinical education, students may be exposed to infectious diseases prior to the institution's awareness that such a situation exists in a patient, employee or visitor. In the event of biologic exposure, students must fill out an incident report (Appendix H). The student will be treated and receive follow-up care according to the clinical education setting's infection control policy.

Illness

Students are discouraged from engaging in patient care activities when they themselves have an active and potentially contagious illness. In order to protect patients, staff and other students, the following rules must be adhered to:

Self-Screening Procedure

1. A student who develops symptoms of influenza (oral temp >37.8C or 100F) plus cough, sore throat and body aches should notify Program and/or Clinical site of symptoms. Self-isolate by staying home for at least 24 hours after your fever is gone without the use of a fever-reducing medicine.

2. A student must submit written documentation to a Program Official from the diagnosing physician indicating how their contact with patients, staff and students should be limited.

3. Faculty will remove the student from the clinical and/or classroom in accordance with the recommendation of the diagnosing physician.

4. The student may return to the clinic and/or classroom when they have received a written release from the physician.

5. Classroom and clinical absences will be handled according to the attendance policy.

Disease Prevention

As a general precaution to prevent illness, the following practices are advised:

- Cough and sneeze into your arm or elbow, not into your hands
- Wash hands often with soap and water, especially after a sneeze or cough.
- Use Alcohol-based hand sanitizers when available
- Avoid touching your eyes, nose and mouth.
- Avoid contact with others when you are ill.

Hepatitis B

Hepatitis B vaccinations and titers are required for all enrolled students.

Immunization

Flu vaccines are mandatory for all students. Immunizations are available through Windham Hospital's employee health department.

Patient on Respiratory Precautions

Students are not allowed to perform, or be a part of, any radiographic procedure that requires them to wear a particulate respirator fitted mask.

References

www.ct.gov/dph (Connecticut Department of Public Health)
www.cdc.gov (Centers for Disease Control & Prevention)
www.who.int/en/ (World Health Organization)

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COPYRIGHT INFRINGEMENT

POLICY: The U.S. Department of Education has issued regulations regarding the distribution of copyrighted materials such as music, games, and videos through uploads and downloads over computer networks. The regulations are focused on combating the unauthorized, illegal distribution of copyrighted materials via peer-to-peer file sharing.

Any unauthorized distribution of copyrighted material, including unauthorized peer-to-peer file sharing, may subject individuals to civil and criminal liabilities. Penalties for violation of federal copyright laws include:

- Statutory fines of not less than $750 or more than $30,000 per infringement.
- If the infringement was committed "willfully", the court may increase the award of statutory damages to up to $150,000 per infringement.
- The court may also, in its discretion, award a reasonable attorney's fee to the prevailing party as part of the costs.

For details on the U.S. Copyright Law, see Title 17 of the United States Code, sections 504 and 505 (www.copyright.gov/title17).

Program Policy

1. All students must sign Windham Hospital's Windnet Network Agreement/Confidentiality Agreement (Appendix J).
2. Students may only retrieve or attempt to retrieve from the Hospital's information technology system data that is relevant to their job function.
3. Any misuse of the Hospital's information technology system and violation of the Windnet Agreement, including copyright infringement, will subject the student to automatic loss of access to the Hospital's information technology system and possible suspension.
4. Disciplinary actions taken against students who engage in illegal downloading or unauthorized distribution of copyrighted materials using the Hospital's information technology system will face an automatic loss of access to the Hospital's information technology system and possible suspension.
5. Students found guilty will be subject to the full extent of the fines and penalties imposed.

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DRESS CODE

POLICY: Clothing is a form of non-verbal communication that reflects confidence in ability and judgment, personal behavior and sense of professional image. Students are representatives of Windham Hospital while on campus and during clinical rotations. First impressions really do count, so, a dress code has been established to maintain a professional image that communicates concern for safety and welfare of patients and students.

CLINICAL/CLASSROOM STANDARDS:

A. Uniform scrubs must be:

1. Clean, pressed, neat and professional in appearance.
2. Well-fitting and appropriate in length
3. Hospital scrubs are to be worn only when assigned to the operating room or if clothing becomes soiled or damaged during clinical.
4. At no time is it acceptable for hospital-issued scrubs to be in the student's possession outside of the hospital.

B. Shoes

1. Clean sneakers, dress or uniform shoes.
2. No high heeled or open toe shoes, including clogs with air holes.
3. Shoes must have a back strap.

C. Lab coats are recommended if clinical area necessitates additional clothing for warmth. Plain white turtleneck or shirt under scrub top is also acceptable. Sweaters & sweatshirts are unacceptable.

D. Jewelry

1. Simple post earrings (in the ear only), wedding ring, and a watch are acceptable.
2. Any exposed body jewelry (including tongue), other than that worn in the ear or on the finger is prohibited. Safety and patient care concerns are the primary reasons for this policy.

E. Visible tattoos must be covered during clinical rotation.

F. Hair must be neat in appearance, worn up or secured off the face and of a natural or pleasing color.

G. Beards should be neat, clean and well groomed, not of extreme length and should not interfere with the performance of clinical education assignments. Mustaches are permitted, otherwise facial hair should be shaven daily.

H. The Program is "fragrance-free", meaning no perfumes, cologne, scented lotions, aftershave, etc., will be permitted. Smoke odors also should not be detected on students.

I. Personal hygiene practices are to be sufficient to ensure cleanliness and the absence of noticeable body odor.

J. Appropriate undergarments are to be worn at all times.

K. No artificial nails or nail polish. Fingernails must be clean and less than ¼ inch long.

L. No gum chewing allowed.

M. Students must carry their pocket positioning book, lead markers, and a pen.

N. I.D. badges must be worn at all times and displayed at the level of the heart (see Identification Badges Policy).

O. Radiation badges must be worn while at the clinic (see Radiation Safety Policy).

NOTE:
Faculty and the clinical instructors will send any individual home to comply with the dress code. Any hours missed will be subtracted from the student's personal time. Students must abide by the clinical facility dress code should it be more stringent than the Program policy.

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Program Director

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EARLY RELEASE

POLICY: It is the policy of Windham Hospital's Program of Radiologic Technology to not offer an early release option to its students since the 22-month Program follows a specific curriculum sequence.

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Program Director

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EQUAL OPPORTUNITY/NON-DISCRIMINATION

POLICY: The Program of Radiologic Technology is committed to equal opportunity for all employees as well as students capable of meeting the Program's admission requirements, technical standards and financial obligations. We declare and re-affirm to our students and to the public that we are firmly and wholeheartedly committed to the policy of Affirmative Action based on qualifications and merit, without discrimination because of race, color, religious creed, marital status, national origin, sex, age, sexual orientation, political beliefs, physical disability or ancestry. The Program remains compliant with the standards of the sponsoring institution, Windham Hospital.

Communicable Diseases

In terms of communicable diseases, students are admitted to the Program without regard to the presence of communicable disease. Students who have illnesses may continue to participate in the activities of the Program as long as they meet acceptable performance standards and medical evidence indicates that their condition is not a threat to themselves, other students or to their patients. Students who are immunologically compromised will be excused from institutional requirements for certain vaccinations - notably measles and rubella - as these vaccinations may lead to serious medical consequences.

Equitable Learning Opportunities

Every effort will be made to afford each student an equitable learning opportunity. If a student falls behind in the competency program, the site clinical instructor and Clinical/Didactic Educator will evaluate the variety and number of examinations at that facility. If they determine that there is an inadequate mix and/or volume of examinations, the student may temporarily be reassigned to a facility that will offer the necessary learning opportunities. The number of students assigned to a particular facility will at no time exceed the allowed number according to the JRCERT database. This may require students to temporarily switch clinical assignments.

Since some clinical affiliates do not allow male students to do rotations such as mammography, no student is permitted to rotate through mammography. If volunteer rotations are made available to any student in mammography or any other modality, they must be made available to **ALL** students regardless of gender. This would include students in the Program who may not be assigned at that clinical facility.

By our actions, we intend to set an example in the effort to achieve a national goal of equal opportunity for all.

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Program Director

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EQUIPMENT MAINTENANCE

POLICY:

1. Any student known to purposefully operate or handle hospital equipment roughly or forcibly will be subject to dismissal.

2. Students must report immediately any equipment failure or damage to proper personnel and fill out a Program incident report. Students must not place any calls to equipment service individuals unless asked to do so.

3. Students must keep equipment neat, clean, and in proper working order at all times.

4. An incident report (Appendix H) may be filed if there is an issue with equipment.

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ERROR REPORTING

POLICY: It is a professional obligation for students to immediately report and actively prevent medical errors. Because students will be working with patients in a healthcare setting, there is a potential for error and also the possibility of identifying the potential for error. Students are expected to report any errors that may have gone unnoticed so that patient safety can be maximized.

1. When a student feels that an error in the clinical setting has occurred, it is their responsibility to inform the clinical staff member as soon as possible.

2. If a student fears possible repercussions from reporting an error, they should contact the Program Director or Clinical/Didactic Educator immediately.

3. If an error was made by a student, and depending on the nature of the error, a plan for remedial education may be required.

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Advisory Committee Reviewed, Not Revised: 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

FINAL EXAMINATIONS

POLICY: At the end of each semester, a cumulative final examination will be administered. Students must maintain a combined average of 83% or higher on each semester final to remain enrolled in the Program.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 03/12
Review: Annually

Reviewed, Not Revised: 07/12
Reviewed & Revised: 03/12, 11/12, 9/14

Advisory Committee Reviewed, Not Revised: 10/13, 10/14
Advisory Committee Reviewed & Revised: 11/12

FINANCIAL AID

POLICY:

1. The Program of Radiologic Technology participates in the Pell Grant, Stafford Loan, and PLUS Programs and is approved for Veteran's Benefits. Students receiving financial aid should read the sections in the Catalog and Policies and Procedures manual dealing with didactic and clinical performance, student evaluation, and withdrawal from the Program. Male students must be registered for the Draft or be exempt from doing so, under the present law, to be eligible for aid.

2. The various assistance programs are fully explained prior to a student's arrival during the annual Financial Aid Seminar. Students that do not attend the annual Financial Aid Seminar are required to complete online entrance counseling at www.studentloans.gov

3. Proceeds from any and all financial aid must first be placed directly into each student's Hospital account to credit any existing tuition balance (done on a first and then second year basis). Once accomplished or if no balance existed, a student would then directly receive those funds through a separate Hospital check.

4. Students must be making satisfactory academic progress in all Program areas in order to continue receiving or remain eligible for financial aid.

5. Any questions concerning financial aid should be addressed to the Program Director.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 10/03, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 07/12, 9/14
Reviewed & Revised: 8/97, 08/11, 4/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

GRADING SYSTEM

POLICY:

Orientation:

A probationary period of seven weeks is required of all students. Students must have at least an 83% in all didactic courses at the end of Orientation to continue in the Program. Additionally, if during the Orientation it is found that the personality of the student does not conform to the standards necessary in the field of medical imaging, dismissal may occur.

Academic Grading Procedure:

1. The minimum passing grade considered satisfactory throughout the didactic portion of the Program is 83%. Inability to maintain a passing grade in any course will lead to a student's dismissal. The following scale further defines minimum requirements:

A = 95-100	Significantly exceeds minimum requirements
B = 89-94	Exceeds minimum requirements
C = 83-88	Meets minimum requirements
F = 82-below	Does not meet minimum requirements

   With regard to the clinical component of the Program, the minimum grade considered satisfactory is a 90%. Students are also required to successfully pass the required amount of clinical competencies/objectives set for each semester.

   Cumulative final exams will be given at the end of the first, second, and third semesters. Students must successfully pass the exams with an 83% to remain in the Program.

2. Students must be making satisfactory progress toward their certificate in order to be or remain eligible for a Pell Grant, Stafford Loan, or PLUS. Most other aid programs have similar progress requirements. If a student is dismissed for failure to make satisfactory academic progress and is later re-admitted to the Program, that student would not be eligible for financial aid until they had successfully completed another twelve months of study.

3. Students who feel they need assistance with any of their studies should discuss this situation with the respective instructor or the Program Director. It is, however, the student's responsibility to seek help and make arrangements for additional assistance.

4. Progress meetings are conducted and transcripts are issued to students at the end of each semester. Students are encouraged to monitor their own progress and discuss their performance with faculty members.

Clinical Grading Procedure:

1. The minimum passing grade considered satisfactory throughout the clinical portion of the Program is 90%.
2. The clinical grade is derived from:
    a. The successful completion of expected competencies – 80%;
    b. Clinical book grade (semesters 1-3) and CT book grade (semester 4) – 10%;
    c. The number of expected evaluations handed in – 10%.
3. Students should refer to the clinical competency program handbook for details.

Related Policies:

- Clinical Expectations

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 10/03, 9/05, 9/09, 08/11, 07/12
Reviewed & Revised: 8/97, 10/04, 9/06, 9/07, 3/09, 9/10, 9/12, 5/13, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised: 6/07

GRADUATION REQUIREMENTS

POLICY:

1. Maintain a grade average of 83% or higher in all didactic courses at the end of each semester and at the completion of each course.

2. Maintain a clinical grade average of 90% or higher for each semester.

3. Maintain a combined average of 83% or higher on each semester final.

4. Complete all required clinical competencies.

5. Fulfill all financial obligations to the Program.

6. Make-up any outstanding time.

7. Remain compliant with all Hospital and Program policies as outlined in the catalog and policy and procedures manual.

8. Complete an exit survey, the results of which are used for performance improvement activities.

9. Return the classroom key, all ID badges, radiation monitoring devices, and lead markers.

10. In an effort to positively reflect on the Program and in deference to ones' fellow classmates, students are strongly encouraged to attend graduation exercises.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 9/05, 9/06, 9/08, 9/09, 9/10, 08/11, 07/12
Reviewed & Revised: 8/97, 9/01, 10/03, 10/04, 9/07

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

GRIEVANCE PROCEDURE

POLICY: The purpose of a grievance procedure is to allow enrolled students an opportunity to seek a fair, unbiased decision based upon a posed problem, in a timely manner, when the usual processes of communication and problem resolution are not effective.

The Program of Radiologic Technology has adopted the following Grievance Procedure that students may use to seek solutions to problems that may arise during their enrollment. Program officials assure that there will be no recrimination, retribution or retaliation against the student who follows this procedure. Further, the Program does not have any policy nor does it act in any manner which discourages or prohibits the filing of inquiries or complaints regarding its operation with the Executive Director of the Office of Higher Education (61 Woodland Street, Hartford, CT 06105 / 860.947.1816).

Documentation of all complaints and grievances will be kept on file in the office of the Program Director for a period of 10 years.

Informal Complaints

The informal complaint process is designed to address complaints apart from situations that require invoking the grievance procedure. The Program encourages that issues and problems be resolved at the time of occurrence in an informal manner and at the lowest organizational level possible.

Whenever a student has a concern, the sooner it is discussed the sooner it can be resolved. The complaint/issue/problem occurs should be reported immediately to the supervising technologist and clinical instructor. Every reasonable effort should be made by the immediate supervisor and clinical instructor to resolve any question, problem, or misunderstanding that arises and to do so at the time of occurrence. Students are encouraged to request a meeting with the Program Director to have an honest discussion regarding their concern.

If the situation is not resolved, the student reserves the right to enact Step 1 of the Grievance Procedure.

Grievance Procedure

Step 1: Program Director

If the informal complaint is not resolved and within five days of the issue/problem, the student can present the grievance in writing to the Program Director. The student must provide the Director with the following information:

- Date and time of incident
- Explanation of incident, nature of grievance with supporting documentation
- Names of witnesses

- State the Program policy(ies) or JRCERT Standard(s) involved, if applicable
- Desired outcome

Following a thorough review, the Director will render a fair and equitable decision in writing within 5 working days.

Step 2: Grievance Hearing Board

If the student is not satisfied with the disposition of the grievance at the prior level and within 5 days, the student can submit a letter to the Program Director requesting a review of the matter by the Grievance Hearing Board. The Program Director will turn over all pertinent records on the case to the Board's Chairperson. The Board shall convene within 3 weeks after receipt of the student's written request.

The Board shall be impartial and consist of the following members:

- Chairperson - Windham Hospital's Vice President of Patient Care Services
- A member of management from the involved imaging facility
- 1 or 2 clinical instructors from non-involved sites
- Junior student representative
- Senior student representative

The Hearing shall be private and begin with the student's statement of the essential facts of the grievance and the remedy sought. Witnesses to support the student's position may be presented and are subject to questioning by Board members. The Board shall consider only such evidence as it deems to be fair and reliable.

After a fair opportunity to be heard, the grievant and witnesses are excused and the Board discusses the matter. The Board may invite any party involved in the grievance to make oral or written statements. The Board shall arrive at its decision by a simple majority vote and shall communicate its conclusions and findings of fact, in writing, to the student and Program Director within 10 working days following the Hearing.

Step 3: Windham Hospital President

If the student is not satisfied with the disposition of the grievance at the prior level and within 10 days, the student may appeal in writing to Windham Hospital's President. The President shall confirm, reverse or modify the decision of the Grievance Hearing Board within 10 working days and provide that decision in written form to the student and Program Director. The decision will be final and binding on all concerned.

If the grieving party should fail to adhere to the procedural time limits, it will be assumed that the grievance is not being pursued. If Program and/or Hospital officials do not adhere to the procedural time limits, the student shall proceed to the next step specified within the Grievance Policy. Exceptions to the time limits may be made by mutual agreement of the parties.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 9/05, 9/07, 9/08, 9/09, 9/10
Reviewed & Revised: 8/97, 7/01, 10/03, 6/04, 9/06, 5/08, 5/09, 7/09, 09/11, 07/12, 05/13, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised: 6/04

HARASSMENT

POLICY: To provide an educational environment in which all individuals are treated with respect and dignity. Any verbal or physical conduct that has the purpose or effect of creating an intimidating, hostile or offensive learning environment is considered harassment.

Complaint Process

A. If you believe you are being harassed, you should notify the offender clearly and promptly that the behavior is unwelcome.

B. If for any reason you do not wish to confront the offender directly, or if such a confrontation does not successfully end the harassment, you should report it immediately to the Program Director.

C. If it occurs in the clinical setting, the student will report it to the clinical instructor. Notes will be made on the incident which will be signed by the person in authority and submitted to the Program Director. Upon their request, the student will be removed from the harassment environment.

D. The student will submit their complaint in writing to the Program Director.

Investigation

A. All complaints will be investigated promptly, thoroughly and in a neutral manner.

B. A determination of such actions as is appropriate to remedy the situation will be made.

Confidentiality

The complaint, investigation, and outcome will be treated in a confidential manner.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 9/05
Review: Annually

Reviewed, Not Revised: 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12
Reviewed & Revised: 9/14

Advisory Committee Reviewed, Not Revised: 10/08, 11/11, 10/13, 10/14
Advisory Committee Reviewed & Revised:

HEALTH SERVICES

POLICY: Windham Hospital students are entitled to the following medical services provided by the Employee Health Department:

1. Mandatory annual flu vaccines.
2. Health screenings in specific departments with specific needs.
3. Students are entitled to the components of Post-Exposure Evaluation and Follow-up as outlined in the Environmental Health Manual.
4. These services are provided to students at no cost.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

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Reviewed & Revised: 8/97, 9/07, 8/13, 2/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

HOSPITAL MANDATORY ORIENTATION PROGRAM

POLICY: Students enrolled in the Program of Radiologic Technology are required to complete the Program's Mandatory Orientation Program. Attendees are responsible for understanding all of the information discussed and must pass the assessment examination. Those items covered are as follows:

1. Complete the CHA Health and Safety Training Course and successfully pass the post-test (www.cthosp.org). The Program covers the following topics:
    - General safety
    - Bloodborne pathogens
    - Needle and sharps safety
    - Airborne pathogens
    - Infection control
    - Standard precautions
    - Back safety
    - Exposure on the job
    - Ergonomics and musculoskeletal disorders
    - Electrical safety
    - Emergency preparedness
    - Fire safety
    - Hazard communication
    - Radiation safety
    - Deaf and hard-of-hearing persons
    - Language interpretation
    - Patient's rights
    - Privacy and confidentiality
    - Sexual harassment
2. Review of Catalog and Policy & Procedure manual.
3. Review of Hospital Mission Statement.
4. Demonstrate BLS certification by the American Heart Association within *one (1) month* of the start of the Program.
5. Review of Standards of Ethics for the Profession of Radiologic Technology and The Patient's Bill of Rights.
6. Complete the Program's radiography orientation Program which includes:
    - Didactic instruction on equipment manipulation, patient transfer and general patient care, image processing, and routine chest radiographs.
    - Didactic instruction on radiation safety.
    - Successful completion of a radiation safety competency.
    - Successfully pass all orientation courses with a grade of 83 or better.
7. Watch the following videos:
    - Shots Fired
    - Workplace Violence
    - The Hartford Hospital Fire
8. Successfully complete the following competencies:
    - MSDS online

- Hand washing
- Fire extinguisher
- Patient transport

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 9/01
Review: Annually

Reviewed, Not Revised: 9/05, 9/06, 9/08, 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised: 9/02, 10/03, 10/04, 9/07, 12/11, 8/13, 2/14

Advisory Committee Reviewed, Not Revised: 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

IDENTIFICATION BADGES

POLICY: Students will be given hospital identification badges that must be clearly visible and worn in the proximity of the heart. Students are required to wear the badge at all times while on hospital property.

If a badge is lost or damaged, please report to the respective Human Resources Services Department for replacement or repair. There may be a fee for lost badges. There is no charge for replacing damaged badges or for name changes.

ID badges are property of the Hospital, and must be returned to a Program official upon leaving the Program.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 10/03, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised: 8/97, 9/02, 5/13, 4/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

INCIDENT REPORTING

POLICY: Program incident reports should be filed for situations including, but not limited to, biologic exposure, medical errors, damage to equipment, lost or damaged property, and other incidents that concern patients, visitors, employees, or other students.

Procedure:

1. Any clinical incident must be reported immediately to the supervising technologist, clinical instructor, and Program Director. Additionally, students must follow any site-specific incident reporting protocol that occurs at their respective clinical site.
2. An incident report form (Appendix H) must be completed and submitted to the Program Director.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 4/14
Review: Annually

Reviewed, Not Revised:
Reviewed & Revised: 8/14

Advisory Committee Reviewed, Not Revised: 10/14
Advisory Committee Reviewed & Revised:

LABORATORY SUPERVISION

POLICY: Prior to laboratory utilization, students shall complete the orientation requirements and understand the basic methods and procedures of protecting themselves, patients, co-workers, and the general public from unnecessary exposure to ionizing radiation as described in the Radiation Safety Policy.

1. Students must be under the supervision of a qualified radiographer who is readily available when performing labs in an energized room at Windham Hospital's Diagnostic Imaging Department. When performing labs in the department, students must:
    a. Wear radiation monitor and follow all radiation safety procedures (see Radiation Safety Policy);
    b. Adhere to the dress code policy for the clinical setting;
    c. Wear hospital identification badges that must be clearly visible and worn in the proximity of the heart;
    d. Process all images under "radiology student" in the CR workstation;
    e. Clean the radiographic room after each use and store equipment in the proper places.

2. Students will not be permitted to perform laboratory experiments in the Diagnostic Imaging Department without a qualified radiographer who is readily available.

3. Since the two radiographic laboratories in the classroom are *not* energized units capable of eliciting ionizing radiation, students may enter the radiology laboratory at any time in which a class is not in session.

RELATED POLICIES:

- Radiation Safety

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 08/11
Review: Annually

Reviewed, Not Revised: 07/12
Reviewed & Revised: 8/11, 09/11, 05/13, 4/14, 9/14

Advisory Committee Reviewed, Not Revised: 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

LEAD MARKERS

POLICY: Students will be issued personalized lead anatomical side markers upon entering the clinical setting.

Procedure:

1. These markers are the only ones permitted to be used by the student when performing radiographic procedures.
2. Personalized markers are not to be loaned to other students or staff radiographers.
3. The person who is positioning will use their markers for identification.
4. All images must be permanently marked with a letter (R or L) identifying the correct side of the patient.
5. Images that are not marked properly or have markers "burned out" must be marked properly and documentation of the correction must be included in the radiology computer system.
6. If a student loses or misplaces their markers, it must be reported to the Clinical/Didactic Educator immediately.
7. Electronic markers shall not be used as a replacement for lead markers.
8. Students are responsible for replacing their own lost markers. The student will order markers immediately upon the loss of the originals.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 9/08
Review: Annually

Reviewed, Not Revised: 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised: 4/14

Advisory Committee Reviewed, Not Revised: 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

NEWS MEDIA INFORMATION

POLICY: In order to maintain the integrity and confidentiality of information, only the Hospital President or designee(s) are authorized to provide representatives of the news media with Hospital-related information.

All requests for information from representatives of the news media must be referred to Administration.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 10/03, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised: 8/97

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

NON-COMPLIANCE WITH JRCERT STANDARDS

POLICY: In order to maintain accreditation, the Program must follow the JRCERT Standards for an Accredited Program in Radiologic Sciences. The Standards can be found in Appendix A and at http://www.jrcert.org/programs-faculty/jrcert-standards/. Students reserve the right to submit allegations against the program if there is reason to believe that the program has acted contrary to the JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Please note that if a student has an issue or complaint, they should first attempt to resolve the complaint directly with program officials by following the established grievance procedure. If the individual is unable to resolve the complaint with program officials or believes that concerns have not been properly addressed, the student may report non-compliance with the JRCERT Standards independently at:

20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
mail@jrcert.org
www.jrcert.org

In the event of a written complaint to the JRCERT or a "Standards" non-compliance issue with subsequent notification to the Program, immediate priority will be given to resolving the deficiency in order to maintain accreditation. The Program Director is expected to respond to the JRCERT in the time frame provided by the JRCERT outlining a plan for resolving the issue.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 9/14 (originally located in Grievance Procedure)
Review: Annually

Reviewed, Not Revised:
Reviewed & Revised: 9/14

Advisory Committee Reviewed, Not Revised: 10/14
Advisory Committee Reviewed & Revised:

PHONE USAGE

POLICY:

1. The use of cell phones, smart phones, recording devices, cameras, or other electronic device is strictly prohibited during clinical time.

2. Students are not permitted to make or receive personal calls while in the clinical setting except in an emergency. Phones may only be used during lunch or break times.

3. Cell phones/electronic devices are not allowed to be carried during clinical time.

4. When answering the telephone, students must always identify the department, give their name, and converse in a professional manner.

5. Cell phones/electronic devices should be placed on silent mode and put away during class so that professional activities are not disrupted.

6. Text messaging is prohibited during class and clinical time.

7. Studying via the Quizlet or Flipcards app is strictly prohibited during clinical.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 10/03, 10/04, 9/05, 9/07, 9/08, 9/09, 08/11, 07/12
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Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

PREGNANCY

POLICY: It is the policy of the Program to ensure that appropriate radiation safety practices are being followed in order to keep radiation exposure to the student and embryo-fetus as low as reasonably achievable (ALARA).

The relative risk to the embryo and/or fetus is thoroughly explained to all students during the orientation phase of the Program, the content of which is covered under the **Radiation Safety Policy.** The United States Nuclear Regulatory Commission (NRC), Regulatory Guide No. 8.13 "Instruction Concerning Prenatal Radiation Exposure" is contained in Appendix D. The NRC 10 CFR 20.1208 Dose equivalent to an embryo/fetus and National Council on Radiation Protection and Measurements (NCRP) Report No. 116, "Limitation of Exposure to Ionizing Radiation" are available for reference in the office of the Program Director. The publications are suggested as references for students.

Procedure:

1. It is the responsibility of the student to declare her pregnancy. Although disclosure is **voluntary**, Program officials **strongly encourage** students who are pregnant to inform the Program Director immediately and to do so in writing. A Declaration of Pregnancy & Program Option Form is completed and submitted to the Program Director. The form is located in Appendix B and is distributed during orientation.

2. Upon declaration of pregnancy:

a. To comply with NRC 10 CFR 20.1208 and to keep the exposure to the embryo-fetus ALARA, the dose limit to the embryo-fetus should not exceed 500 mrem (5 mSv) during the nine-month gestation period and 50 mrem (0.5 mSv) per month.

b. Pregnant students will be issued a second monitor in addition to the primary monitor specifically to measure exposure to the embryo-fetus. The second fetal monitor shall be worn at the level of the waist.

c. The Program Director, Medical Advisor, Radiation Safety Officer, and appropriate radiation officials will review radiation exposure reports to assure compliance with the above dose limit.

d. The student will discuss the available options with the Program Director. Counseling on radiation issues will be available through the Radiation Safety Officer and Medical Advisor.

3. Available options are as follows:

a. Upon the declaration of pregnancy, a student may choose to take a *leave of absence* from the Program and return the following year at the same point in her training. There will be no additional entrance fees.

b. The student may choose to remain enrolled in the Program and continue to attend all didactic sessions, but with *reassignments of the clinical component* during pregnancy. The clinical reassignment will excuse the student from all "apron procedures" during this period. Apron procedures include, but are not limited to, general fluoroscopy, c-arm fluoroscopy, and OR procedures. Restrictions will also apply to nuclear medicine rotations and the radiography of nuclear medicine patients. All deferred clinical competency evaluations must be completed prior to graduation.

c. A student may choose to *continue in the Program without any modifications*, restrictions, or clinical reassignments.

4. Any student choosing to *withdraw their declaration of pregnancy* may do so at any time by submitting the withdrawal in writing to the program director. A Withdrawal of Declaration of Pregnancy Form is located in Appendix C and is distributed during orientation.

RELATED POLICIES:

- Radiation Safety

REFERENCES:

- NRC Regulatory Guide No. 8.13 Instruction Concerning Prenatal Radiation Exposure: http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf
- NRC 10 CFR 20.1208 Dose equivalent to an embryo/fetus: http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html
- NCRP Report No. 116 is available in the office of the program director and: http://www.ncrppublications.org/Reports/116

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
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Reviewed & Revised: 8/97, 7/01, 1/02, 9/08, 4/13, 4/14, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

PROBATION/PERFORMANCE PLAN

POLICY: It is the policy of Windham Hospital's Program of Radiologic Technology, through written information, instruction, and by professional example, to prevent disciplinary and performance problems. The Program has established certain expectations with regard to performance and conduct of its students. If a student falls below these expectations, it will become necessary for Program officials to place the student on probation and implement a performance improvement plan. The Program reserves the right, when the code of professional conduct is not met or policies are violated, to select the level of discipline that is most appropriate for the circumstances, up to and including immediate dismissal.

Types of disciplinary action include:

1. verbal warning;
    - **a.** program official(s)/student conversation about problem(s); and
    - **b.** no record in personal file but documented in Program's file.

2. written warning:
    - **a.** formal Program official(s)/student conversation about problem(s); and
    - **b.** copy to personal file.

3. developmental action plan:
    - **a.** this is a written plan developed collaboratively between Program faculty and the student and is directed toward establishing strategies that will improve the students behavior (didactically or clinically);
    - **b.** any student who fails to meet the requirements outlined in accordance to the action plan will be dismissed immediately from the program;
    - **c.** a representative sample of the causes for and details regarding implementation of a developmental action plan can be found in the enrollment agreement;
    - **d.** copy to personal file.

4. dismissal:
    - **a.** any student who fails in the above processes or meeting any developmental action plan may be dismissed from the program;
    - **b.** significant violations may result in immediate dismissal, as determined by the Program Director;
    - **c.** any student who violates the code of professional conduct or program policy will be immediately dismissed;
    - **d.** a representative sample of the causes for and details regarding dismissal can be found in the enrollment agreement;
    - **e.** copy to personal file.

Students who believe they have been unfairly dealt with under this policy may grieve the matter through the established Grievance Procedure.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)

Program Director

Effective Date: 10/98
Review: Annually
Reviewed, Not Revised: 9/02, 10/03, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 07/12
Reviewed & Revised: 10/99, 09/11, 04/12, 4/14, 8/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

PROGRAM RECORDS

POLICY: Students are guaranteed access to, and privacy of, their records. Information regarding students or applicants to the Radiography Program will be released internally only to authorized personnel on a need-to-know basis. Information will be released externally only with the student's written authorization, except to law enforcement authorities or in response to a judicial order. All student records will be maintained in a secure location in accordance with the Family Education Rights and Privacy Act (Buckley Amendment).

Students are required to keep personal data current with the Program. Changes in address, phone numbers, e-mail address and names must be given to the Program Director.

Student Records:
A separate student record will be maintained for each individual accepted and entering the Radiography Program. The chart below lists the components included in the file and the total retention period.

Document	Total Retention
Application	10 years
Enrollment agreement	10 years
High school/college transcripts	10 years
Letters of recommendation	10 years
Pre-entrance math assessment	10 years
Clinical competency evaluations	10 years
A list of documented clinical competencies	Permanent
Financial aid data	10 years
Performance evaluations	10 years
Progress meetings	10 years
Attendance records	10 years
Program transcripts	Permanent
Radiation Dosimetry Reports	5 years
Clinical records	10 years
Counseling reports (if applicable)	10 years
Grievance procedure and complaint documents	10 years
Final examinations	One semester
Medical information (including titers, vaccination records, drug screening, physical examination)	10 years
Background check	10 years

For students who do not complete the Program, a file will be maintained with all the above information accrued up to the last date of attendance. Also included will be an explanation of the reason for leaving the Program. Applicants who submit *all* required

application materials that are not accepted into the Program will have files maintained for a period of two years.

Review of Records:

1. Students are guaranteed the right to see their own records. Students wishing to view their records may do so by submitting a written request to the Program Director. If there are documents in which the student has waived the right to view, said documents will be removed from the file prior to the review.

2. Students are permitted to contest the accuracy of any entry in their records through the Grievance Procedure.

3. Students will be notified of any derogatory remark in their record and have the right to seek to have it removed through the Grievance Procedure.

4. If the student is still not satisfied following the procedures described in 2 and 3 above, the student may add their own version of the incident to their record.

Security:

1. All student records related to admission are kept in a locked file cabinet in the Program Director's Office.

2. All clinical evaluations and competencies are in a locked file cabinet in the Radiology Classroom.

3. Electronic student records are password protected under a secure network. The Hospital will not allow any data to be removed from the network drive and placed on a portable device.

4. Network security is maintained by the Hospital's Information Technology Department.

5. Student program transcripts are retained indefinitely by Program Officials.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/04
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Reviewed, Not Revised: 9/05, 9/06, 9/07, 9/09, 9/10, 07/12
Reviewed & Revised: 3/09, 09/11, 11/11, 01/12, 9/14

Advisory Committee Reviewed, Not Revised: 10/08, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised: 11/11

RADIATION SAFETY

POLICY: It is the policy of the Program to educate students on proper radiation safety practices and to ensure that radiation exposure is kept as low as reasonably achievable (ALARA). The established policy is based on standards set forth by the National Council on Radiation Protection and Measurements (NCRP) and Nuclear Regulatory Commission (NRC).

1. Radiation Safety Education/Radiation Safety Practices

- Each student, prior to beginning the clinical assignment, shall be aware of the basic methods and procedures of protecting themselves, patients, co-workers and the general public from unnecessary exposure to ionizing radiation. This is accomplished through extensive coursework during Orientation. Upon completion of Orientation, students will be evaluated by a radiation safety competency and will be able to understand and explain the following:

    i. The three Cardinal Principles of radiation protection (time, distance and shielding).
    ii. The concept of ALARA and methods to reduce radiation exposure.
    iii. Types of patient shielding techniques (including gonad shielding) and the methods of proper utilization.
    iv. Proper utilization of protective apparel such as lead aprons, thyroid shields and gloves for the occupational worker.
    v. Use of optimal exposure factors.
    vi. Demonstrate utilization of proper radiation beam restriction (collimation) techniques to include only the part to be radiographed.
    vii. Understand the importance of proper patient positioning to reduce repeat radiographs.
    viii. Radiation and pregnancy and the methods to assure against irradiation during pregnancy.
    ix. Specifics regarding radiation monitors and interpreting dosimetry reports.

- Each student is responsible for practicing appropriate radiation hygiene. This includes:

    i. Properly identifying the patient, verifying the examination and following departmental radiation safety policies before performing a radiologic examination.
    ii. The student to radiography clinical staff ratio must be 1:1 at all times. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.
    iii. Making exposures only under the direct supervision of a qualified radiographer until the student achieves the necessary competency.
    iv. All unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency.

v. Making sure the radiographic room door is closed PRIOR to making an exposure.
vi. Students must never "hold" patients and/or image receptors for an exposure.
vii. Assuring that ALL room occupants are behind the control booth barrier prior to making an exposure.
viii. Never allow anyone in the diagnostic room except the patient and someone to watch or hold the patient. If applicable, confirm that the person is not pregnant. Have the assisting person put on a protective lead apron and gloves and position them so as not to be exposed to the primary beam.
ix. Choosing appropriate technique PRIOR to making an exposure which reduces the need for repeats.
x. Always shield the abdomen when taking chest x-rays.

FOLLOWING THE COMPLETION OF THE ORIENTATION PERIOD, THE DOCUMENT ENTITLED "UNDERSTANDING THE RADIATION SAFETY POLICY" MUST BE SIGNED PRIOR TO ENTERING THE CLINICAL ROTATION (Appendix I).

2. Each student will wear a radiation monitor at **ALL** times during clinical assignments. The Program of Radiologic Technology has a dosimetry monitoring service provided by Landauer Dosimetry Services. The clip-on monitor is to be worn at the collar level, in front, and outside the lead apron with nothing obstructing the front of the badge.

Monitor Procedures:

i. Each student will be issued a radiation monitor before entering the clinical setting and quarterly thereafter.
ii. The student must exchange the radiation monitor on the first of the month and return the old monitor from the previous quarter.
iii. Collected and exposed monitors will be sent back to Landauer Dosimetry Service in a timely manner.
iv. It is the student's responsibility to keep track of and change their own monitor. Disciplinary action will be taken for failure to follow the established procedures.
v. A lost, damaged, or expired radiation monitor must be reported to a faculty member immediately so that a replacement can be issued. Any exposure will be transferred to the student's formal Occupational Radiation Monitoring Report.
vi. Occupational Radiation Monitoring Reports are reviewed by Windham Hospital's Radiation Safety Officer (RSO) and Radiation Safety Committee, signed and permanently maintained in Windham Hospital's Nuclear Medicine Department. The Program maintains student Radiation Monitoring Reports for a period of five years.
vii. Each student is required to initial a copy of the current report indicating knowledge of any exposure within thirty (30) school days

following receipt of data. In addition each student receives their own personal copy of their exposure history. All recent copies are posted on the classroom bulletin board and then permanently filed.

viii. Students may access their own dosimetry reports at any time by visiting www.myldr.com. Students are encouraged to review their report at least once every two months. A username and password along with education on accessing dosimetry reports will be provided during orientation.

ix. Monitors should be protected from heat and moisture and stored in the radiology department's designated dosimetry storage area.

x. Monitors should not be worn if the student is having medical or dental x-rays.

3. Protocol for Students Exceeding the Threshold Dose of 100 millirems:

i. The RSO/Program Director will notify a student in the event that the student's exposure for a quarter is over **100 mrem**.

ii. A student who receives a reading of 100 millirems or greater in a quarter will be required to complete an overexposure questionnaire.

iii. The Program Director, RSO, and/or Consulting Health Physicist will discuss the results with the individual to determine the cause of the exposure.

iv. Results of the investigation will be documented and acted upon as appropriate.

v. A corrective action plan, if appropriate, will be created.

vi. Radiation dose will be continuously monitored to ensure compliance with the action plan.

4. Radiation Safety Rules for Fluoroscopy:

- All fluoroscopic equipment is to be used under the direction of the radiologist and by persons with specified training in radiologic technology following the guidelines of the ACR. These persons are subject to the rules and regulations of State and Federal regulatory bodies.
- Leaded apparel shall be worn by students when performing fluoroscopic and mobile examinations.
- Only those persons whose presence is needed should be in the room during fluoroscopy.
- Protective aprons and thyroid shields of at least 0.25 mm lead equivalency should be worn in the fluoroscopy room by each person (except the patient).
- The hand of the fluoroscopist or any other person should not be placed in the primary beam. Protective gloves 0.25 mm lead equivalency should be worn whenever possible.
- During fluoroscopy, special care should be taken to employ the 0.25 mm lead equivalent protective drape available on the image intensifier (Radiology Department).

- The use of radiation dose reduction techniques during fluoroscopy, such as intermittent (pulsed) fluoroscopy and last image hold and display, is recommended in order to keep "beam-on" time to a minimum.
- Students are not permitted to stay in the room during fluoroscopy when a remote fluoroscope is being utilized.
- The image intensifier shall be placed as close to the patient as practicable for the procedure.
- Students and personnel shall position themselves as far away as practicable from the radiation source.
- Fluoroscopic time will be documented for each procedure.

5. Radiation Safety Rules for Portable X-Ray Examinations

- It may be necessary from time to time to perform portable x-ray examination on one patient while another patient is immediately adjacent. The following simple precautions will minimize exposure to these patients and personnel:
    i. Students must wear a lead apron and maximize distance when taking the exposure.
    ii. Staff in the immediate area must be alerted before taking an exposure.
    iii. Move the patient requiring the exam to an area 6 feet from other patient, or;
    iv. Remove the patient not being x-rayed to an area at least 6 feet from the primary beam.
    v. If either of the above options is not possible due to dependence on stationary monitoring equipment, the patient(s) in adjacent bed(s) shall be covered with a lead apron.
    vi. The responsibility for initializing the above rests with the student and radiologic technologist performing the portable examination.

6. Contact Information

- Radiation Safety Officer: Gregory T. Turner, M.D., extension 6772.
- Nuclear Medicine Regional Supervisor: James Ricci, extension 6772.

REFERENCES:

- NRC Regulatory Guide No. 8.13 Instruction Concerning Prenatal Radiation Exposure: http://pbadupws.nrc.gov/docs/ML0037/ML003739505.pdf
- NRC: 10 CFR 20.1208 Dose equivalent to an embryo/fetus: http://www.nrc.gov/reading-rm/doc-collections/cfr/part020/part020-1208.html
- NCRP Report No. 116 is available in the office of the program director and: http://www.ncrppublications.org/Reports/116

RELATED POLICIES:

- Clinical Expectations
- Pregnancy
- Supervision and Repeat Examinations

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/99
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Reviewed & Revised: 2/00, 9/02, 9/06, 8/08, 5/11, 09/11, 01/13, 4/14, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

RE-ADMISSION

POLICY: If a student withdraws from the Program and later wishes to re-enter, they must re-apply and follow the regular admission procedure. Such a situation does not guarantee re-admission to the Program and the student's previous clinical and didactic performance will be considered during the admission process.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/02, 10/03, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12
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Advisory Committee Reviewed & Revised:

REFUNDS

POLICY: Students who withdraw from the Program may be eligible for a tuition refund. Tuition refunds are based on either the Federal, Federal Pro Rate, or Institutional Refund Policy. The refund policy is based on the last date of verifiable attendance and a refund is issued within 14 days.

The Institutional Refund Policy appears below and is based on a federal academic year consisting of 9 months or 36 weeks:

Withdrawal Point	*Percentage of Tuition Refunded*
On or before the first day of class	100%
After first day - before end of Orientation	80%
End of Orientation - end of 35% of academic year (13th week)	50%
End of 35% - end of 50% of academic year (18th week)	25%

*Note: The refund policy applies to tuition **only**. Activity fees and the tuition deposit are non-refundable.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 07/11
Review: Annually

Reviewed, Not Revised: 08/11, 9/14
Reviewed & Revised: 07/11, 07/12

Advisory Committee Reviewed, Not Revised: 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

SCHEDULE & PROGRAM HOURS

POLICY:

CLASSROOM & CLINICAL SCHEDULE					
Orientation – First Seven Weeks - Monday thru Friday 8:00 a.m. – 4:00 p.m.					
Junior Students			**Senior Students**		
ITEM	TIME	DAYS	ITEM	TIME	DAYS
Class Days	8:00 AM – 2:00 PM	T & TH	Class Days	8:00 AM – 2:00 PM	W & F
Clinical Days	7:00 AM – 3:30 PM 7:30 AM – 4:00 PM 8:00 AM – 4:30 PM *Hours depend on clinical site*	M, W, & F	Clinical Days	7:00 AM – 3:30 PM 7:30 AM – 4:00 PM 8:00 AM – 4:30 PM *Hours depend on clinical site*	M, T & TH

CLASS: Class is held in Suite 104 in the Professional Building on the Windham Hospital campus. Breaks and a lunch period are included within the six-hour day.

Monthly Class Schedules: Calendars are given to the students on the first day of each new month. These calendars are also posted on the bulletin board in the classroom.

Academic Calendar: An academic calendar for the 2014-2015 year is detailed in the Catalog.

CLINICAL: The first clinical assignment is determined in the last week of Orientation. Each student draws a clinical site randomly. The first clinical rotation **cannot** occur at a site in which the student is employed. The number of students at each site is pre-determined by Program Officials. The 22-month Program is broken down into six rotations. Each student must rotate between at least two sites and one of them must be considered a major site (Lawrence & Memorial Hospital or William W. Backus Hospital). Students cannot stay at any clinical site for 3 consecutive rotations. Drawings are held three weeks prior to that rotation. We do not accept more students than the clinical site can provide clinical competency for and proper supervision.

Not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

Clinical Site	Hours*	Contact Number
W.W. Backus Hospital	8:00 a.m. – 4:30 p.m.	(860) 823-6303
Day Kimball Hospital	7:00 a.m. – 3:30 p.m.	(860) 963-6356 Ext. 2753
Lawrence & Memorial Hospital	7:30 a.m. – 4:00 p.m.	(860) 442-0711 Ext. 2583
Windham Hospital	7:30 a.m. – 4:00 p.m.	(860) 456-6772
* Hours may vary during O.R. rotations		

Call Out Protocol
When calling out of clinical, please only call at the beginning of the shift. Do not call and leave a message with third-shift staff. If a student is unable to attend class, please call or email the instructor to notify them of your absence.

Unless extenuating circumstances prevail, students who do not show up for class or clinical without following the call out protocol will be dismissed from the Program.

Clinical Hours
Tardiness will not be tolerated. Further, students will not be permitted to begin the clinical day ahead of the scheduled start time in order to leave early.

Clinical Assignments
Specific room/procedure assignments are scheduled by the site Clinical Instructors and posted at each clinical site. No changes will be made in **any** schedule without the approval of Program Officials.

Holidays and Off-Hour Shifts
Radiology students will not be assigned to clinical rotations during holiday(s) observed by the Program. Additionally, make-up time is not permitted on observed Program holidays. Students are not required to rotate onto any off-hour (evening or weekend) shifts.

Observed Holidays Off
New Year's Day, President's Day, Good Friday, Memorial Day, 4th of July, Labor Day, Columbus Day, Thanksgiving, Day after Thanksgiving, Christmas Eve Day, and Christmas.

Break / Lunch
The clinical instructor or department supervisor will schedule break times to coincide with the department schedule. Lunch periods will be 30 minutes in length. Students may not elect to forego lunch in order to leave early.

Vacations
Students receive the following time off:

- Week off between Christmas and New Year's Day
- Week following the OSRT Quiz Bowl Competition in April
- First full week in July

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/98
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Reviewed & Revised: 12/99, 9/01, 9/02, 10/03, 9/06, 9/08, 3/09, 5/09, 03/12, 4/14, 9/14
Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/14
Advisory Committee Reviewed & Revised: 10/13

SCHOOL CLOSING/INCLEMENT WEATHER

POLICY: If inclement weather occurs on a class **or** clinical day, please follow the Eastern Connecticut State University (ECSU) schedule. If ECSU has a late opening, Windham will follow that same time schedule for both class and clinical. If ECSU is closed, then class/clinical is also cancelled.

If class/clinical has been cancelled, any scheduled test or assignment will be given/due on the next scheduled class day.

CANCELLATION BY THE PROGRAM DIRECTOR

In the event of an unexpected cancellation, the Program Director will send students text messaging and email alerts.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
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Reviewed & Revised: 8/97, 9/07, 3/09, 11/12, 05/13, 12/13, 3/14, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised: 6/07

SMOKING PROHIBITED IN THE CLINCAL SETTING

POLICY: All of the hospitals prohibit smoking anywhere within their buildings. Most of the hospitals are now banning smoking anywhere on their premises including their parking lots. If a student reports to their clinical area smelling of smoke, they will be sent home to clean up and this time will be deducted from their personal time.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

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Reviewed, Not Revised: 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised:

Advisory Committee Reviewed, Not Revised: 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

STUDENT FUND-RAISING PROJECTS

POLICY: Students may conduct fund-raising projects with the proper approval and the purpose of all such projects must be clearly stated.

PROCEDURE:

1. All plans for fund-raising projects must be discussed and approved by the Program Director.

2. All funds are considered to belong to the Class as a whole and are only to be used for the intended, stated purpose.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/04
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Reviewed, Not Revised: 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12, 9/14
Reviewed & Revised:

Advisory Committee Reviewed, Not Revised: 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

SUBSTANCE ABUSE

POLICY: Substance abuse and its sequelae, addictive illness, can lead to serious physical, psychological, and social problems for the individual. Affected student(s) may have impaired judgment and skills which can pose a serious threat to the lives of patients in their care. Substance abuse not only compromises patient care but also compromises the educational process. Windham Hospital's Program of Radiologic Technology is committed to identification of abuse, intervention, and referral for treatment of any students and faculty involved.

Drug testing of body fluids is a method of identifying recent use of alcohol or drugs. It is not a diagnosis of substance abuse or addiction. Test results will be kept confidential with access allowed only for those who "need to know." A violation of Windham Hospital's substance abuse policy is considered a violation of Program policy. Students must receive a negative drug screening for final acceptance into the Program. If clinical sites impose testing requirements that affect students, the school will uphold the clinical site's policy in requiring testing.

Identification of Abuse:

Any student:

1. All students will be required to submit to a drug screen during Orientation. The drug screen will need to be performed prior to the student attending clinical. Any student who screens positive for any illegal drug, or for any legal drug for which the student does not have a valid prescription will be dismissed from the Program without opportunity for re-admission.

2. Found to possess (consumed or carried on one's body) any alcoholic beverage, mind-altering chemical, or non-prescribed controlled substance on the Windham Hospital campus or at any clinical facility.

3. Who diverts any controlled substance from a clinical facility.

4. Whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or non-prescribed controlled substances, under the influence of chemicals that alter cognitive functions, and/or abusing prescribed medications.

Intervention is defined as:

Any student:

1. Identified according to Identification of Abuse #2 and/or #3 (as cited above) will be dismissed from the Program.

2. Identified according to Identification of Abuse #4 (as cited above) may be required to submit to a breath analysis, saliva test, urinalysis, or blood analysis.

Radiography faculty may make the determination that reasonable suspicion exists. Refusal to offer the required sample will be grounds for dismissal from the Program. A positive test indicating use of controlled substances, mind-altering chemicals, or alcoholic beverages will be grounds for dismissal from the Program. The Program will be responsible for the cost of testing.

Use of a Prescription Medication

A student who is taking a prescription medication that could impair his/her ability to work safely will not be allowed in the clinical setting.

Referral for Treatment

Individuals who have been identified will be referred to the appropriate local or state agencies for assistance. All individuals will be afforded the right of confidentiality in all contacts consistent with local, state, and federal laws and the general welfare of the Program, its students, faculty and staff.

Applicable Legal Sanctions

Description of state, local, and federal penalties can be found at the following websites:
http://www.justice.gov/dea/agency/penalties.htm

http://www.cga.ct.gov/2011/pub/Chap420b.htm#Sec21a-277.htm

http://www.cga.ct.gov/2011/pub/Chap420b.htm#Sec21a-278.htm

http://www.cga.ct.gov/2011/pub/Chap420b.htm#Sec21a-279.htm

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

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Reviewed & Revised: 9/05, 12/11

Advisory Committee Reviewed, Not Revised: 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

SUPERVISION AND REPEAT RADIOGRAPHS

POLICY: Radiation safety and quality patient care is assured by the proper supervision of radiography students. The supervision of students must be strictly adhered to. Clinical instructors and clinical staff members are required to review and acknowledge the Supervision and Repeat Radiograph Policy on an annual basis.

Direct Supervision
Until a student achieves and documents competency in any given procedure, all clinical assignments must be carried out under the *direct supervision* of a qualified radiographer.

Direct supervision means that a qualified radiographer:

- Reviews the procedure in relation to student 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.

Indirect Supervision
After demonstrating competency, students may perform procedures with *indirect supervision.* Indirect supervision means that a qualified radiographer must be immediately available to assist students, regardless of the level of student achievement.

"Immediately available" is interpreted as the physical presence of a qualified radiographer in an adjacent room or location where the radiographic procedure is being performed. The radiographer cannot be involved in another procedure during the indirect supervision of students.

The qualified radiographer will evaluate and approve finished radiographs and determine if any images have to be repeated.

Repeat Radiographs
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. Students are evaluated continuously on bi-weekly psychomotor clinical evaluation forms to ensure compliance with this policy.

During the repeat of an unsatisfactory image, the qualified radiographer must:

- Be physically present during the conduct of a repeat image, regardless of the student's level of competency, and
- Approve the student's procedure *prior* to re-exposure.

Violations
Students who fail to perform examinations without adequate supervision levels may be dismissed from the Program.

Any student, clinical instructor, or staff member who is unclear on this policy is advised to speak to the Program Director.

Related Policies:

- Clinical Expectations
- Radiation Safety

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 5/14
Review: Annually

Reviewed, Not Revised: 6/14
Reviewed & Revised: 9/14

Advisory Committee Reviewed, Not Revised: 6/14, 10/14
Advisory Committee Reviewed & Revised:

TIME CARDS

POLICY: All students are required to use time cards to record their clinical hours. It is the student's responsibility to completely and accurately fill out the card and bring it to the appropriate personnel to verify hours. In addition, the card must be submitted to the Program Office in a timely fashion.

Any falsification or altering of time cards will result in dismissal from the Program.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

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Reviewed & Revised: 12/98, 9/14

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

TRANSFER CREDITS

POLICY: Windham Hospital's Program of Radiologic Technology does not offer an advanced placement classification for students applying to the Program nor does the Program accept transfer students. The components of the didactic and clinical education are very structured and coordinated and the aforementioned could be detrimental to achieving the goals of the Program and the desired learning outcomes.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 11/11
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Reviewed, Not Revised: 07/12, 9/14
Reviewed & Revised: 11/11

Advisory Committee Reviewed, Not Revised: 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

VALUABLES/LOST AND FOUND

POLICY:

1. Windham Hospital and its affiliate sites are not responsible for valuables. Students are encouraged to leave these items at home.

2. Any student finding items should present them to a faculty member.

3. Any student losing an article or item should report the loss immediately to a faculty member.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

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Reviewed, Not Revised: 9/02, 10/04, 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12, 9/14
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Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

WEAPONS

POLICY: All students are prohibited from carrying a weapon while on hospital or school property. In addition, students are prohibited from carrying a weapon at any Program sponsored function, whether on hospital property at the time or not and whether they are licensed to carry the weapon or not.

The Program/hospital reserves the right, based on reasonable suspicion, to authorize a search by law enforcement officials of any person on hospital/school property or hospital/school sponsored functions, or any vehicle or object that enters onto hospital/school property in which a weapon may be hidden.

Failure to abide by all terms and conditions of this Policy may result in termination from the Program.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 9/05
Review: Annually

Reviewed, Not Revised: 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 07/12, 9/12, 9/14
Reviewed & Revised:

Advisory Committee Reviewed, Not Revised: 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

WITHDRAWAL

POLICY: Any student voluntarily withdrawing from the Program should do so in letterform and submit the document to the Program Director. Students who withdraw and who have received financial aid may have to repay some of the funds received.

Depending on the nature of the voluntary withdrawal, a student may be reinstated at the discretion of Program Officials. A student requesting reinstatement must do so in letterform and submit the document to the Program Director.

Students withdrawing are required to return their classroom key, all ID badges, radiation monitoring devices and side markers.

APPROVED BY: Carrie L. Clews, M.H.S., R.R.A., R.T.(R)
Program Director

Effective Date: 10/96
Review: Annually

Reviewed, Not Revised: 9/05, 9/06, 9/07, 9/08, 9/09, 9/10, 08/11, 9/14
Reviewed & Revised: 8/97, 7/01, 9/02, 10/03, 10/04, 07/12

Advisory Committee Reviewed, Not Revised: 6/01, 11/02, 6/03, 10/08, 11/11, 11/12, 10/13, 10/14
Advisory Committee Reviewed & Revised:

APPENDIX A

Standards
for an Accredited Educational Program in Radiography

EFFECTIVE JANUARY 1, 2014

Adopted by:
The Joint Review Committee on Education
in Radiologic Technology - October 2013

Joint Review Committee on Education in Radiologic Technology
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The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

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Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **STANDARDS** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.

- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.

- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:

- Major strengths related to the standard
- Major concerns related to the standard
- The program's plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program's compliance with the STANDARDS.

Standards for an Accredited Educational Program in Radiography

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Standard One
Integrity

Standard One: **The program demonstrates integrity in the following:**

- **Representations to communities of interest and the public,**
- **Pursuit of fair and equitable academic practices, and**
- **Treatment of, and respect for, students, faculty, and staff**.

Objectives:

In support of **Standard One**, the program:

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

1.2 Provides equitable learning opportunities for all students.

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

1.15 Has procedures for maintaining the integrity of distance education courses.

1.1 Adheres to high ethical standards in relation to students, faculty, and staff.

Explanation:
High ethical standards help assure that the rights of students, faculty, and staff are protected. Policies and procedures must be fair, equitably applied, and promote professionalism.

Required Program Response:
- Describe the procedure for making related policies and procedures known.
- Provide copies of policies and procedures that assure equitable treatment of students, faculty, and staff.

Possible Site Visitor Evaluation Methods:
- Review of student handbook
- Review of employee/faculty handbook
- Review of course catalog
- Review of student records
- Interviews with faculty
- Interviews with students
- Interviews with staff

1.2 Provides equitable learning opportunities for all students.

Explanation:
The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program must provide equitable learning opportunities for all students regarding learning activities and clinical assignments. For example, if an opportunity exists for students to observe or perform breast imaging, then all students must be provided the same opportunity. If evening and/or weekend rotations are utilized, this opportunity must be equitably provided for all students.

Required Program Response:
Describe how the program assures equitable learning opportunities for all students.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of master plan of education
- Review of course objectives
- Review of student clinical assignment schedules
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.

Explanation:
Programs must have a process in place to provide timely, appropriate, and educationally valid clinical experiences to all students admitted to the program. Students must have sufficient access to clinical settings that provide a wide range of procedures for competency achievement including mobile, surgical, and trauma examinations. Clinical settings may include hospitals, clinics, specialty/imaging centers, orthopedic centers, and other facilities. With the exception of observation site assignments, students must be provided the opportunity to complete required program competencies during clinical assignments. Clinical placement must be non-discriminatory in nature and solely determined by the program.

A meaningful clinical education plan assures that activities are educationally valid and prevents the use of students as replacements for employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. The number of students assigned to the clinical setting must not exceed the number of clinical staff assigned to the radiography department. The student to radiography clinical staff ratio must be 1:1. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures.

Students assigned to advanced imaging modalities, such as computed tomography, magnetic resonance, angiography, and sonography, are not included in the calculation of the authorized clinical capacity (unless the clinical setting is recognized exclusively for advanced imaging modality rotations). Once the students have completed the advanced imaging assignments, the program must assure that there are sufficient clinical staff to support the students upon reassignment to the radiography department.

The utilization of clinical assignments such as file room, reception area, and patient transportation should be limited.

Additionally, traditional programs that require students to participate in clinical education during evenings and/or weekends must assure that:

- students' clinical clock hours spent in evening and/or weekend assignments must not exceed 25% of the total clinical clock hours.
- program total capacity is not increased through the use of evening and/or weekend assignments.

The JRCERT defines the operational hours of traditional programs as Monday - Friday, 5:00 a.m. - 7:00 p.m.

Programs may permit students to make up clinical time during term or scheduled breaks; however, they may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Program faculty need not be physically present; however, students must be able to contact program faculty during makeup assignments. Also, the program must assure that its liability insurance covers students during these makeup assignments.

Required Program Response:

- Describe the process for student clinical placement.
- Provide current student assignment schedules in relation to student enrollment.
- Describe how the program assures a 1:1 student to radiography clinical staff ratio at all clinical settings.
- Describe how the program assures that all students have access to a sufficient variety and volume of procedures to achieve program competencies.

- Submit evening and/or weekend rotation(s) calculations, if applicable.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review listing of enrolled students in relation to clinical assignments, including evening and/or weekend, if applicable
- Review of clinical placement process
- Review of student clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with students

1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.

Explanation:
This limitation helps assure that students are treated ethically. For the safety of students and patients, not more than ten (10) clinical hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined cannot exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary on the student's part.

Required Program Response:

- Describe the process for assuring that time limitations are not exceeded.
- Provide documentation that required student clinical assignments do not exceed ten (10) hours in any one day and the total didactic and clinical involvement does not exceed forty (40) hours per week.

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Review of published program materials
- Review of student schedules
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.

Explanation:
Appropriately maintaining the security and confidentiality of student records and other program materials protects the student's right to privacy. Student records must be maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). If radiation monitoring reports contain students' dates of birth and/or social security numbers, this information must be maintained in a secure and confidential manner.

Required Program Response:
Describe how the program maintains the security and confidentiality of student records and other program materials.

Possible Site Visitor Evaluation Methods:
- Review of institution's/program's published policies/procedures
- Review of student academic and clinical records
- Tour of program offices
- Tour of clinical setting(s)
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.

Explanation:
A grievance is defined as a claim by a student that there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation. The program must have procedures to provide students an avenue to pursue grievances. The procedure must outline the steps for formal resolution of any grievance. The final step in the process must not include any individual(s) directly associated with the program (e.g., program director, clinical coordinator, clinical instructors, diagnostic imaging department director). The procedure must assure timely resolution. The program must maintain a record of all formal grievances and their resolution. Records must be retained in accordance with the institution's/program's retention policies/procedures. The records must include information on how the grievance was resolved and assurance that there are no trends that could negatively affect the quality of the educational program.

Additionally, the program must have a procedure to address any complaints apart from those that require invoking the grievance procedure. The program must determine if a pattern of complaint exists that could negatively affect the quality of the educational program (e.g., cleanliness of the classroom).

Required Program Response:
Describe the nature of any formal grievance(s) that would jeopardize the program's ability to meet its mission.
Describe the nature of any complaint(s) that would jeopardize the program's ability to meet its mission.
Provide a copy of the grievance procedure.
Provide a copy of any formal grievance(s) resolution.

Possible Site Visitor Evaluation Methods:
- Review of institutional catalog
- Review of student handbook
- Review of formal grievance(s) record(s), if applicable
- Review of complaint(s) record(s), if applicable
- Interviews with faculty
- Interviews with students

1.7 Assures that students are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of non-compliance with the STANDARDS.

Explanation:
The program must assure students are cognizant of the **STANDARDS** and must provide contact information for the JRCERT.

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Contact of the JRCERT should not be a step in the formal institutional/program grievance procedure. The individual must first attempt to resolve the complaint directly with institution/program officials by following the grievance procedures provided by the institution/program. If the individual is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

Required Program Response:
- Describe the procedure for making students aware of the **STANDARDS**.
- Describe how students are provided contact information for the JRCERT.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Interviews with faculty
- Interviews with students

1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.

Explanation:
Maintaining published information regarding the program's current policies, procedures, and offerings provides interested parties with an accurate overview of program requirements and expectations.

Required Program Response:
Provide program publications that reflect program policies, procedures and offerings.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student handbook
- Interviews with faculty
- Interviews with students

1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.

Explanation:
The institutional and/or program policies must be published and made readily available to students, faculty, and the general public on the institution's/program's Web site to assure transparency and accountability of the educational program. For example, requiring the general public to contact the institution/program to request program information is not adequate. Policy changes must be made known to students, faculty, and the general public in timely fashion. It is recommended that revision dates be identified on program publications.

The institution and/or program must establish and publicly disclose the criteria used when determining the transfer of credit earned from other institutions and/or programs. Also, programs must publicly disclose a list of institutions with which the program has established an articulation agreement.

The program's academic calendar must be published and, at a minimum, identify specific start and end dates for each term, holidays recognized by the sponsoring institution, and breaks.

Student clinical obligations (e.g., drug screening, background checks, and associated fees) must be clearly identified in appropriate program publications. Additionally, if evening and/or weekend clinical assignments are required or if students must travel to geographically-dispersed clinical settings, this information must also be included.

Required Program Response:
- Describe how institutional and/or program policies are made known to students, faculty, and the general public.
- Provide publications that include these policies.

Possible Site Visitor Evaluation Methods:
- Review of institutional materials
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with Registrar
- Interviews with students

1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.

Explanation:
Program accountability is enhanced by making its mission statement, goals, and student learning outcomes available
to the program's communities of interest on the institution's/program's Web site to assure transparency and
of the educational program. Requiring the general public to contact the institution/program to request program information is not adequate.

Example:

Mission:
The mission of the radiography program is to prepare competent, entry-level radiographers able to function within the healthcare community.

Goal: Students will be clinically competent.
Student Learning Outcomes: Students will apply positioning skills.
Students will select technical factors.
Students will utilize radiation protection.

Goal: Students will demonstrate communication skills.
Student Learning Outcomes: Students will demonstrate written communication skills.
Students will demonstrate oral communication skills.

Goal: Students will develop critical thinking skills.
Student Learning Outcomes: Students will adapt standard procedures for non-routine patients.
Students will critique images to determine diagnostic quality.

Goal: Students will model professionalism.
Student Learning Outcomes: Students will demonstrate work ethics.
Students will summarize the value of life-long learning.

Required Program Response:
- Describe how the program makes its mission statement, goals, and student learning outcomes available to students, faculty, administrators, and the general public.
- Provide copies of publications that contain the program's mission statement, goals, and student learning outcomes.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of institutional and/or program Web site
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.

Explanation:
Communities of interest are defined as institutions, organizations, groups, and/or individuals interested in educational activities in radiography. Obtaining formal feedback on program operations, student progress, employer needs, etc. from communities of interest allows the program to determine if it is meeting expectations and assures continuous program improvement. The program can use a variety of tools to obtain this feedback.

Required Program Response:
- Describe the process of obtaining feedback.
- Provide representative samples of appropriate meeting minutes, evaluations (e.g., course and faculty), and surveys (e.g., graduate and employer).

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes
- Review of evaluations
- Review of surveys
- Interviews with members of various communities of interest

1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Non-discriminatory practices assure applicants have equal opportunity for admission. Statistical information such as race, color, religion, gender, age, disability, national origin, and any other protected class may be collected; however, this information must be voluntarily provided by the student. Use of this information in the student selection process is discriminatory.

Required Program Response:
- Describe how admission practices are non-discriminatory.
- Provide institutional and/or program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

Explanation:
Defined admission practices facilitate objective student selection. In considering applicants for admission, the program must follow published policies and procedures.

Required Program Response:
- Describe the implementation of institutional and program admission policies.
- Provide institutional and program admission policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Interviews with faculty
- Interviews with Admissions personnel
- Interviews with students

1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.

Explanation:
Recruitment and employment practices that are non-discriminatory assure fairness and integrity. Equal opportunity for employment must be offered to each applicant. Employment practices must be applied equitably to all faculty.

Required Program Response:
- Describe how non-discriminatory employment practices are assured.
- Provide copies of employment policies and procedures that assure non-discriminatory practices.

Possible Site Visitor Evaluation Methods:
- Review of employee/faculty handbook
- Review of employee/faculty application form
- Review of institutional catalog
- Interviews with faculty

1.15 Has procedures for maintaining the integrity of distance education courses.

Explanation:
Programs that offer distance education must have processes in place that assure that the students who register in the distance education courses are the same students that participate in, complete, and receive the credit. Programs must verify the identity of students by using methods such as, but not limited to: secure log-ins, pass codes, and/or proctored exams. These processes must protect the student's privacy. Student costs associated with distance education must be disclosed.

Required Program Response:
- Describe the process for assuring the integrity of distance education courses.
- Provide published program materials that outline procedures for maintaining integrity of distance education courses.
- Provide published program materials that identify associated fees for students enrolled in distance education courses.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review the process of student identification
- Review of student records
- Interviews with faculty
- Interviews with students

Summary for Standard One

1. List the major strengths of **Standard One**, in order of importance.

2. List the major concerns of **Standard One**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Two:
Resources

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives:

In support of **Standard Two**, the program:

Administrative Structure

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

2.3 Provides faculty with opportunities for continued professional development.

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

2.5 Assures JRCERT recognition of all clinical settings.

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

2.8 Provides access to student services in support of student learning.

Fiscal Support

2.9 Has sufficient ongoing financial resources to support the program's mission.

2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.

Explanation:
The program's relative position in the organizational structure helps facilitate appropriate resources and assures focus on the program. To operate effectively, the program must have sufficient institutional administrative support. Both organizational structure and administrative support enable the program to meet its mission and promote student learning.

Required Program Response:

- Describe the program's relationship to the organizational and administrative structures of the sponsoring institution and how this supports the program's mission.
- Provide institutional and program organizational charts.

Possible Site Visitor Evaluation Methods:

- Review of organizational charts of institution and program
- Review of meeting minutes
- Review of published program materials
- Review of master plan of education
- Interviews with faculty and institutional officials
- Interviews with clinical instructor(s)

2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.

Explanation:
An adequate number of faculty promotes sound educational practices. A full-time program director is required. Faculty teaching loads and release time must be consistent with those of comparable faculty in other health science (allied health) programs in the same institution.

Additionally, a full-time equivalent clinical coordinator is required if the program has more than five (5) active clinical settings or more than thirty (30) students enrolled in the clinical component. The clinical coordinator position may be shared by no more than four (4) appointees. If a clinical coordinator is required, the program director may not be identified as the clinical coordinator. The clinical coordinator may not be identified as the program director.

The program director and clinical coordinator may perform clinical instruction; however, they may not be identified as clinical instructors.

A minimum of one clinical instructor must be designated at each recognized clinical setting. The same clinical instructor may be identified at more than one site as long as a ratio of one full-time equivalent clinical instructor for every ten (10) students is maintained.

Required Program Response:
- Provide, if available, institutional policies in relation to teaching loads and release time.
- Describe faculty teaching loads and release time in relation to a comparable health science (allied health) program within the institution.
- Describe the adequacy of the number of faculty and clinical staff to meet identified accreditation requirements and program needs.

Possible Site Visitor Evaluation Methods:
- Review institutional policies in relation to teaching loads and release time
- Review of master plan of education
- Review of position descriptions
- Review of clinical settings
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

2.3 Provides faculty with opportunities for continued professional development.

Explanation:
Continued professional development results in more knowledgeable, competent, and proficient faculty. Opportunities that enhance and advance educational, technical, and professional knowledge must be available to program faculty.

Required Program Response:
Describe how continued professional development opportunities are made available to faculty.

Possible Site Visitor Evaluation Methods:
- Review of institutional and program policies
- Review of program budget or other fiscal appropriations
- Review of evidence of faculty participation in professional development activities
- Interviews with administrative personnel
- Interviews with faculty

2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Explanation:
Clerical support services necessary to assist in meeting educational, program, and administrative requirements of the program must be provided as appropriate.

Required Program Response:
Describe the availability and use of clerical support services.

Possible Site Visitor Evaluation Methods:
- Review of program's staffing plan
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

2.5 Assures JRCERT recognition of all clinical settings.

Explanation:
JRCERT recognition helps assure an appropriate learning environment for student clinical education. All clinical settings must be recognized by the JRCERT. Recognition of a clinical setting must be obtained prior to student placement. A minimum of one (1) clinical instructor must be identified for each recognized clinical setting.

An observation site is used for student observation of the operation of equipment and/or procedures. If the program uses observation sites, these sites do not require recognition by the JRCERT. These sites provide opportunities for observation of clinical procedures that may not be available at recognized clinical settings. Students may not assist in, or perform, any aspects of patient care during observational assignments.

Facilities where students are participating in service learning projects or community-based learning opportunities do not require recognition.

Required Program Response:
- Assure all clinical settings are recognized by the JRCERT.
- Describe how observation sites, if used, enhance student clinical education.

Possible Site Visitor Evaluation Methods:
- Review of JRCERT database
- Review of clinical records
- Interviews with faculty
- Interviews with clinical instructors
- Interviews with clinical staff
- Interviews with students

2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.

Explanation:
Learning environments are defined as places, surroundings, or circumstances where knowledge, understanding, or skills are studied or observed such as classrooms and laboratories. Learning environments must be consistent with those of comparable health science programs in the same institution. Provision of appropriate learning environments facilitates achievement of the program's mission. Although a dedicated classroom and/or laboratory are not required, scheduled accessibility to facilities conducive to student learning must be assured. Faculty office space should be conducive to planning and scholarly activities. Space should be made available for private student advisement.

Required Program Response:
Describe how classrooms, laboratories, and administrative and faculty offices facilitate the achievement of the program's mission.

Possible Site Visitor Evaluation Methods:
- Tour of the classroom, laboratories, and administrative and faculty offices
- Interviews with faculty
- Interviews with students

2.7 Reviews and maintains program learning resources to assure the achievement of student learning.

Explanation:
The review and maintenance of learning resources promotes student knowledge of current and developing imaging technologies. The program must provide learning resources to support and enhance the educational program. These resources must include:

- a print or electronic library with a variety of materials published within the last five years,
- computer access, and
- additional learning aids (e.g., educational software, classroom/laboratory accessory devices, etc.).

The JRCERT does not endorse any specific learning resources.

Required Program Response:

- Describe the available learning resources.
- Describe the procedure for review and maintenance of learning resources.

Possible Site Visitor Evaluation Methods:

- Tour of learning facilities
- Review of learning resources
- Review of surveys
- Review of meeting minutes
- Interviews with faculty
- Interviews with students

2.8 Provides access to student services in support of student learning.

Explanation:
The provision of appropriate student services promotes student achievement. At a minimum, the program must provide access to information for:

- personal counseling,
- requesting accommodations for disabilities as defined by applicable federal (Americans with Disabilities Act) and state laws, and
- financial aid.

Additional student services may be provided at the discretion of the program. These services should be sufficient to assure student learning.

All services provided must be made known to students and the general public.

Required Program Response:

- Describe the students' access to student services.
- Provide published program materials that outline accessibility to student services.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Interviews with faculty
- Interviews with students

2.9 Has sufficient ongoing financial resources to support the program's mission.

Explanation:
Adequate, ongoing funding is necessary to accomplish the program's mission and to support student learning. The sponsoring institution must demonstrate ongoing financial commitment to the program and its students by providing adequate human and physical resources.

Required Program Response:
- Describe the adequacy of financial resources.
- Provide copies of the program's budget and/or expenditure records.

Possible Site Visitor Evaluation Methods:
- Review of program budget and/or other fiscal appropriations
- Interviews with administrative personnel
- Interviews with faculty

2.10 For those institutions and programs for which the JRCERT serves as gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Explanation:
A gatekeeper is defined as an agency holding responsibility for oversight of the distribution, record keeping, and repayment of Title IV financial aid. The program must comply with USDE requirements to participate in Title IV financial aid.

If the program has elected to participate in Title IV financial aid and the JRCERT is identified as the gatekeeper, the program must: maintain financial documents including audit and budget processes confirming appropriate allocation and use of financial resources, have a monitoring process for student loan default rates, have an appropriate accounting system providing documentation for management of Title IV financial aid and expenditures, and inform students of responsibility for timely repayment of Title IV financial aid.

Required Program Response:
- Provide evidence that Title IV financial aid is managed and distributed according to the USDE regulations to include:
    - recent student loan default data and
    - results of financial or compliance audits.
- Describe how the program informs students of their responsibility for timely repayment of financial aid.

Possible Site Visitor Evaluation Methods:
- Review of records
- Interviews with administrative personnel
- Interviews with faculty
- Interviews with students

Summary for Standard Two

1. List the major strengths of **Standard Two**, in order of importance.

2. List the major concerns of **Standard Two**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Three
Curriculum and Academic Practices

Standard Three: The program's curriculum and academic practices prepare students for professional practice.

Objectives:

In support of **Standard Three**, the program:

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

3.6 Maintains a master plan of education.

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.

Explanation:
The program's mission statement should be consistent with that of its sponsoring institution. The program's mission statement should clearly define the purpose or intent toward which the program's efforts are directed. Periodic evaluation assures that the program's mission statement is effective.

Required Program Response:
- Provide a copy of the program's mission statement.
- Provide meeting minutes that document periodic reevaluation of the mission statement.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of meeting minutes
- Review of master plan of education
- Interviews with faculty

3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.

Explanation:
The well-structured curriculum must be comprehensive, appropriately sequenced, include current information, and provide for evaluation of student achievement. A competency-based curriculum allows for effective student learning by providing a knowledge foundation prior to performance of procedures. Continual refinement of the competencies achieved is necessary so that students can demonstrate enhanced performance in a variety of situations and patient conditions. In essence, competency-based education is an ongoing process, not an end product.

Programs must follow a JRCERT-adopted curriculum. An adopted curriculum is defined as:

- the latest American Society of Radiologic Technologists professional curriculum and/or
- another professional curriculum adopted by the JRCERT Board of Directors following review and recommendation by the JRCERT Standards Committee.

Use of a standard curriculum promotes consistency in radiography education and prepares the student to practice in the professional discipline. At a minimum, the curriculum should promote qualities that are necessary for students/graduates to practice competently, make good decisions, assess situations, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession. Expansion of the curricular content beyond the minimum is at the discretion of the program.

The program must submit the latest curriculum analysis grid (available at www.jrcert.org).

Required Program Response:

- Describe how the program's curriculum is structured.
- Describe the program's competency-based system.
- Submit current curriculum analysis grid.
- Describe how the program's curriculum is delivered, including the method of delivery for distance education courses.
- Identify which courses, if any, are offered via distance education.
- Describe alternative learning options, if applicable (e.g., part-time, evening and/or weekend curricular track).

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Review of didactic and clinical curriculum sequence
- Review of analysis of graduate and employer surveys
- Interviews with faculty
- Interviews with students
- Observation of a portion of any course offered via distance delivery
- Review of part-time, evening and/or weekend curricular track, if applicable

3.3 Provides learning opportunities in current and developing imaging and/or therapeutic technologies.

Explanation:
The program must provide learning opportunities in current and developing imaging and/or therapeutic technologies. It is the program's prerogative to decide which technologies should be included in the didactic and/or clinical curriculum. Programs are not required to offer clinical rotations in developing imaging and/or therapeutic technologies; however, these clinical rotations are strongly encouraged to enhance student learning.

Required Program Response:
Describe how the program provides opportunities in developing technologies in the didactic and/or clinical curriculum.

Possible Site Visitor Evaluation Methods:
- Review of master plan of education
- Interviews with faculty
- Interviews with students

3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.

Explanation:
Program length must be consistent with the terminal award. The JRCERT defines program length as the duration of the program, which may be stated as total academic or calendar year(s), total semesters, trimesters, or quarters.

Required Program Response:
Describe the relationship between the program length and the terminal award offered.

Possible Site Visitor Evaluation Methods:
- Review of course catalog
- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.

Explanation:
Defining the length of didactic and clinical courses facilitates student transfer of credit and the awarding of financial aid. The formula for calculating assigned clock/credit hours must be consistently applied for all didactic and all clinical courses, respectively.

Required Program Response:

- Describe the method used to award credit hours for lecture, laboratory and clinical courses.
- Provide a copy of the program's policies and procedures for determining credit hours and an example of how such policy has been applied to the program's coursework.
- Provide a list of all didactic and clinical courses with corresponding clock or credit hours.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of class schedules
- Interviews with faculty
- Interviews with students

3.6 Maintains a master plan of education.

Explanation:
A master plan provides an overview of the program and allows for continuity among, and documentation of, all aspects of the program. In the event of new faculty and/or leadership to the program, the master plan provides the information needed to understand the program and its operations.

The plan should be evaluated annually, updated, and must include the following:

- course syllabi (didactic and clinical courses) and
- program policies and procedures.

While there is no prescribed format for the master plan, the component parts should be identified and readily available. If the components are not housed together, the program must list the location of each component. If the program chooses to use an electronic format, the components must be accessible by all program faculty.

Required Program Response:

- Identify the location of the component parts of the master plan of education.
- Provide a Table of Contents for the program's master plan.

Possible Site Visitor Evaluation Methods:

- Review of master plan of education
- Interview with program director
- Interviews with faculty

3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.

Explanation:
Appropriate advisement promotes student achievement. Student advisement should be formative, summative, and must be shared with students in a timely manner. Programs are encouraged to develop written advisement procedures.

Required Program Response:
- Describe procedures for advisement.
- Provide sample records of student advisement.

Possible Site Visitor Evaluation Methods:
- Review of students' records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- Full-time Program Director:

  Assures effective program operations,

  Oversees ongoing program assessment,

  Participates in budget planning,

  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

  Assumes the leadership role in the continued development of the program.

- Full-time Clinical Coordinator:

  Correlates clinical education with didactic education,

  Evaluates students,

  Participates in didactic and/or clinical instruction,

  Supports the program director to help assure effective program operation,

  Coordinates clinical education and evaluates its effectiveness,

  Participates in the assessment process,

  Cooperates with the program director in periodic review and revision of clinical course materials,

  Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- Full-time Didactic Program Faculty:

  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process,

  Supports the program director to help assure effective program operation,

  Cooperates with the program director in periodic review and revision of course materials, and

Maintains appropriate expertise and competence through continuing professional development.

- Part-time Didactic Program Faculty:

  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process, when appropriate,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.

- Clinical Instructor(s):

  Is knowledgeable of program goals,

  Understands the clinical objectives and clinical evaluation system,

  Understands the sequencing of didactic instruction and clinical education,

  Provides students with clinical instruction and supervision,

  Evaluates students' clinical competence,

  Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and

  Maintains current knowledge of program policies, procedures, and student progress.

- Clinical Staff:

  Understand the clinical competency system,

  Understand requirements for student supervision,

  Support the educational process, and

  Maintain current knowledge of program policies, procedures, and student progress.

Explanation:
The clear delineation of responsibilities facilitates accountability. Faculty and clinical staff responsibilities must be clearly delineated and must support the program's mission.

Full- and part-time status is determined by, and consistent with, the sponsoring institution's definition. At all times when students are enrolled in didactic and/or clinical components, the program director and/or clinical coordinator must assure that their program responsibilities are fulfilled.

Required Program Response:
Provide documentation that faculty and clinical staff positions are clearly delineated.

Possible Site Visitor Evaluation Methods:

- Review of position descriptions
- Review of handbooks
- Interviews with faculty and clinical staff to assure responsibilities are being performed
- Interviews with students

3.9 Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

Explanation:
The performance of program faculty and clinical instructor(s) must be evaluated minimally once per year. Evaluation assures that instructional responsibilities are performed and provides administration and faculty with information to evaluate performance. Evaluation promotes proper educational methodology and increases program effectiveness. Evaluation results must be shared minimally once per year with the respective program faculty and clinical instructor(s) being evaluated to assure continued professional development. Any evaluation results that identify concerns must be discussed with the respective individual(s) as soon as possible.

Required Program Response:
- Describe the evaluation process.
- Describe how evaluation results are shared with program faculty and clinical instructor(s).
- Provide samples of evaluations of program faculty.
- Provide samples of evaluations of clinical instructor(s).

Possible Site Visitor Evaluation Methods:
- Review of program evaluation materials
- Review of clinical instructor evaluation
- Interviews with administrative personnel
- Interviews with program faculty
- Interviews with clinical instructor(s)
- Interviews with students

Summary for Standard Three

1. List the major strengths of **Standard Three**, in order of importance.

2. List the major concerns of **Standard Three**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Four
Health and Safety

Standard Four: The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of **Standard Four**, the program:

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- Written notice of voluntary declaration,
- Option for student continuance in the program without modification, and
- Option for written withdrawal of declaration.

4.3 Assures that students employ proper radiation safety practices.

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

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.

Explanation:
Appropriate policies and procedures help assure that student radiation exposure is kept as low as reasonably achievable (ALARA). The program must maintain and monitor student radiation exposure data. This information must be made available to students within thirty (30) school days following receipt of data. The program must have a published protocol that identifies a threshold dose for incidents in which dose limits are exceeded. Programs are encouraged to identify a threshold dose below those identified in NRC regulations.

Required Program Response:
- Describe how the policies are made known to enrolled students.
- Describe how radiation exposure data is made available to students.
- Provide copies of appropriate policies.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with students

4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:

- **Written notice of voluntary declaration,**
- **Option for student continuance in the program without modification, and**
- **Option for written withdrawal of declaration.**

Explanation:
Appropriate radiation safety practices help assure that radiation exposure to the student and fetus are kept as low as reasonably achievable (ALARA). The policy must include appropriate information regarding radiation safety for the student and fetus. The program must allow for student continuance in the clinical component of the program without modification. The program may offer clinical component options such as: (1) clinical reassignments and/or (2) leave of absence.

Required Program Response:
- Describe how the pregnancy policy is made known to accepted and enrolled female students.
- Provide a copy of the program's pregnancy policy.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

4.3 Assures that students employ proper radiation safety practices.

Explanation:
The program must assure that students are instructed in the utilization of imaging equipment, accessories, optimal exposure factors, and proper patient positioning to minimize radiation exposure to patients, selves, and others. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

Students must understand basic radiation safety practices prior to assignment to clinical settings. Students must not hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.

The program must also assure radiation safety in energized laboratories. Students' utilization of energized laboratories must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. Programs are encouraged to develop policies regarding safe and appropriate use of energized laboratories by students.

Required Program Response:
- Describe how the curriculum sequence and content prepares students for safe radiation practices.
- Provide the curriculum sequence.
- Provide policies/procedures regarding radiation safety.

Possible Site Visitor Evaluation Methods:
- Review of program curriculum
- Review of radiation safety policies/procedures
- Review of student handbook
- Review of student records
- Review of student dosimetry reports
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

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

Explanation:
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.

Required Program Response:

- Describe how the direct supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program's direct supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:
Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that 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.

Required Program Response:
- Describe how the indirect supervision requirement is enforced and monitored in the clinical setting.
- Provide documentation that the program's indirect supervision requirement is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

Required Program Response:

- Describe how the direct supervision requirement for repeat images is enforced and monitored in the clinical setting.
- Provide documentation that the program's direct supervision requirement for repeat images is made known to students, clinical instructors, and clinical staff.

Possible Site Visitor Evaluation Methods:

- Review of published program materials
- Review of student records
- Review of meeting minutes
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with clinical staff
- Interviews with students

4.7 Assures sponsoring institution's policies safeguard the health and safety of students.

Explanation:
Appropriate sponsoring institutional policies and procedures assure that students are protected. These policies must, at a minimum, address emergency preparedness, harassment, communicable diseases, and substance abuse. Policies and procedures must meet federal and/or state requirements as applicable. Enrolled students must be informed of policies and procedures.

Required Program Response:
Provide program policies that safeguard the health and safety of students.

Possible Site Visitor Evaluation Methods:
- Review of published program materials
- Review of student records
- Interviews with faculty
- Interviews with students

4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

Explanation:
Appropriate orientation assures that students are cognizant of clinical policies and procedures. The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

Required Program Response:
- Describe the process for orienting students to clinical settings.
- Provide documentation that students are apprised of policies and procedures specific to each clinical setting.

Possible Site Visitor Evaluation Methods:
- Review of orientation process
- Review of student records
- Interviews with faculty
- Interviews with clinical instructor(s)
- Interviews with students

Summary for Standard Four

1. List the major strengths of **Standard Four**, in order of importance.

2. List the major concerns of **Standard Four**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Five
Assessment

Standard Five: The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Objectives:

In support of **Standard Five**, the program:

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
- Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
- Program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Explanation:
Assessment is the systematic collection, review, and use of information to improve student learning and educational quality. An assessment plan helps assure continuous improvement and accountability. Minimally, the plan must include a separate goal in relation to each of the following: clinical competence, critical thinking, professionalism, and communication skills. The plan must include student learning outcomes, measurement tools, benchmarks, and identify timeframes and parties responsible for data collection.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
Provide a copy of the program's current assessment plan.

Possible Site Visitor Evaluation Methods:
- Review of assessment plan
- Review of assessment tools
- Interviews with faculty

5.2 Documents the following program effectiveness data:

- **Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,**
- **Five-year average job placement rate of not less than 75 percent within twelve months of graduation,**
- **Program completion rate,**
- **Graduate satisfaction, and**
- **Employer satisfaction.**

Explanation:
Credentialing examination, job placement, and program completion data must be reported annually to the JRCERT. Graduate and employer satisfaction data must be collected as part of the program's assessment process.

Credentialing examination pass rate is defined as the number of student graduates who pass, on first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination or an unrestricted state licensing examination compared with the number of graduates who take the examination within six months of graduation.

Job placement rate is defined as the number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences. The JRCERT has defined not actively seeking employment as: 1) graduate fails to communicate with program officials regarding employment status after multiple attempts, 2) graduate is unwilling to seek employment that requires relocation, 3) graduate is unwilling to accept employment due to salary or hours, 4) graduate is on active military duty, and/or 5) graduate is continuing education.

Program completion rate is defined as the number of students who complete the program within 150% of the stated program length. The program must establish a benchmark for its program completion rate. The program specifies the entry point (e.g., required orientation date, final drop/add date, final date to drop with 100% tuition refund, official class roster date, etc.) used in calculating program's completion rate.

Graduate and employer satisfaction may be measured through a variety of methods. The methods and timeframes for collection of the graduate and employer satisfaction data are the prerogative of the program.

Required Program Response:
Provide actual outcome data in relation to program effectiveness.

Possible Site Visitor Evaluation Methods:

- Review of program effectiveness data
- Interviews with faculty

5.3 Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Explanation:
Program accountability is enhanced by making its effectiveness data available to the program's communities of interest and the general public. In efforts to increase accountability and transparency, the program must publish, at a minimum, its five -year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data on its Web site to allow the public access to this data. The program effectiveness data should clearly identify the sample size associated with each associated measure (i.e., number of first time test takers, number of graduates actively seeking employment, number of graduates).

Additionally, the JRCERT will post five-year average credentialing examination pass rate, five-year average job placement rate, and program completion rate data at www.jrcert.org. The program must publish the JRCERT URL (www.jrcert.org) to allow the public access to this data.

Required Program Response:
- Provide copies of publications that contain the program's program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate).
- Provide samples of publications that document the availability of program effectiveness data via the JRCERT URL address from the institution's/program's Web site.

Possible Site Visitor Evaluation Methods:
- Review of program publications
- Review of institutional and/or program Web site
- Interviews with faculty
- Interviews with students

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

Explanation:
Analysis of student learning outcome data and program effectiveness data allows the program to identify strengths and areas for improvement to bring about systematic program improvement. This analysis also provides a means of accountability to communities of interest. It is the program's prerogative to determine its communities of interest.

The analysis must be reviewed with the program's communities of interest. One method to accomplish this would be the development of an assessment committee. The composition of the assessment committee may be the program's advisory committee or a separate committee that focuses on the assessment process. The committee should be used to provide feedback on student achievement and assist the program with strategies for improving its effectiveness. This review should occur at least annually and must be formally documented.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:

- Describe how the program analyzes student learning outcome data and program effectiveness data to identify areas for program improvement.
- Describe how the program shares its student learning outcome data and program effectiveness data with its communities of interest.
- Describe examples of changes that have resulted from the analysis of student learning outcome data and program effectiveness data and discuss how these changes have led to program improvement.
- Provide a copy of the program's actual student learning outcome data since the last accreditation award. This data may be documented on previous assessment plans or on a separate document.
- Provide documentation that student learning outcome data and program effectiveness data has been shared with communities of interest.

Possible Site Visitor Evaluation Methods:

- Review of student learning outcome data and program effectiveness data to support the assessment plan
- Review of representative samples of measurement tools used for data collection
- Review of aggregate data
- Review of meeting minutes related to the assessment process
- Interviews with faculty

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Explanation:
Identifying and implementing needed improvements in the assessment plan leads to programmatic improvement and renewal. As part of the assessment cycle, the program should review its assessment plan to assure that assessment measures are adequate and that the assessment process is effective in measuring student learning outcomes. At a minimum, this evaluation must occur at least every two years and be documented in meeting minutes.

For additional information regarding assessment, please refer to www.jrcert.org.

Required Program Response:
- Describe how this evaluation has occurred.
- Provide documentation that the plan is evaluated at least once every two years.

Possible Site Visitor Evaluation Methods:
- Review of meeting minutes related to the assessment process
- Review of assessment committee meeting minutes, if applicable
- Interviews with faculty

Summary for Standard Five

1. List the major strengths of **Standard Five**, in order of importance.

2. List the major concerns of **Standard Five**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Standard Six

Institutional/Programmatic Data

Standard Six: The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Objectives:

In support of **Standard Six**, the program:

Sponsoring Institution

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

6.2 and/or Documents that the program's energized laboratories are in compliance with applicable state federal radiation safety laws.

Personnel

6.3 for Documents that all faculty and staff possess academic and professional qualifications appropriate their assignments.

Clinical Settings

6.4 Establishes and maintains affiliation agreements with clinical settings.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

6.1 Documents the continuing institutional accreditation of the sponsoring institution.

Explanation:
The goal of accreditation is to ensure that the education provided by institutions meets acceptable levels of quality. The sponsoring institution must be accredited by:

- an agency recognized by the United States Department of Education (USDE) and/or Council for Higher Education Accreditation (CHEA),
- The Joint Commission (TJC), or
- equivalent standards.

Required Program Response:
Provide documentation of current institutional accreditation for the sponsoring institution. This may be a copy of the award letter, certificate, or printout of the institutional accreditor's Web page.

6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for the program's energized laboratories.

Required Program Response:
Provide certificates and/or letters for each energized laboratory documenting compliance with state and/or federal radiation safety laws.

6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

- Full-time Program Director:

  Holds, at a minimum, a master's degree,

  Is proficient in curriculum design, program administration, evaluation, instruction, and academic advising,

  Documents three years clinical experience in the professional discipline,

  Documents two years of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Clinical Coordinator:

  Holds, at a minimum, a baccalaureate degree,

  Is proficient in curriculum development, supervision, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline,

  Documents a minimum of one year of experience as an instructor in a JRCERT-accredited program, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Full-time Didactic Program Faculty:

  Holds, at a minimum, a baccalaureate degree,

  Is qualified to teach the subject,

  Is knowledgeable of course development, instruction, evaluation, and academic advising,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the program is located).

- Part-time Didactic Program Faculty

  Holds academic and/or professional credentials appropriate to the subject content area taught and

  Is knowledgeable of course development, instruction, evaluation, and academic advising.

- Clinical Instructor(s):

  Is proficient in supervision, instruction, and evaluation,

  Documents two years clinical experience in the professional discipline, and

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

- Clinical Staff:

  Holds American Registry of Radiologic Technologists current registration in radiography or equivalent (i.e., unrestricted state license for the state in which the clinical setting is located).

Explanation:
Appropriate knowledge, proficiency, and certification (if appropriate) provide a foundation that promotes a sound educational environment.

Faculty and staff must possess academic and professional qualification(s) appropriate for their assignment. Clinical instructors and clinical staff supervising students' performance in the clinical component of the program must document ARRT registration (or equivalent) or other appropriate credentials. Appropriate credentials, other than ARRT registration (or equivalent), may be used for qualified health care practitioners supervising students in specialty areas (e.g., registered nurse supervising students performing patient care skills, phlebotomist supervising students performing venipuncture, etc.).

Required Program Response:
- For all program officials not previously identified on the program's database , submit a request for recognition of program officials including a current curriculum vitae and documentation of current registration by the American Registry of Radiologic Technologists* or equivalent.
- For all currently recognized program officials [program director, educational coordinator (if applicable), full-time didactic faculty, and all clinical preceptors], submit a current registration by the American Registry of Radiologic Technologists* or equivalent.

*These may be copies of current registration cards or "ARRT Identification" page available at www.arrt.org.

6.4 Establishes and maintains affiliation agreements with clinical settings.

Explanation:
Formalizing relations between the program and the clinical setting helps assure the quality of clinical education by delineating appropriate responsibilities of the program and the clinical setting. An appropriate termination clause assures that students will have an opportunity to complete the clinical education component. The JRCERT defines an affiliation agreement as a formal written understanding between an institution sponsoring the program and an independent clinical setting.

An affiliation agreement must identify the responsibilities of all parties and, specifically, must address student supervision, student liability, and provide adequate notice of termination of the agreement. An affiliation agreement is not needed for clinical settings owned by the sponsoring institution; however, a memorandum of understanding between the clinical setting and the sponsoring institution is recommended. At a minimum, the memorandum should address responsibilities of both parties and student supervision.

Required Program Response:
Provide copies of current, signed affiliation agreements with each clinical setting.

6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

Explanation:
Compliance with applicable laws promotes a safe environment for students and others. Records of compliance must be maintained for each clinical setting. Clinical settings may be recognized by The Joint Commission (TJC), DNV Healthcare, Inc., Healthcare Facilities Accreditation Program (HFAP), or an equivalent agency, or may hold a state-issued license.

Required Program Response:
Provide letters, certificates, or printouts of Web pages demonstrating the current recognition status of each clinical setting.

6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

Explanation:
Programs must comply with JRCERT policies and procedures to maintain accreditation. JRCERT accreditation requires that the sponsoring institution has primary responsibility for the educational program and grants the terminal award.

Sponsoring institutions may include educational programs established in vocational/technical schools, colleges, universities, hospitals, or military facilities. The JRCERT also recognizes a consortium as an appropriate sponsor of an educational program. A consortium is two or more academic or clinical institutions that have formally agreed to sponsor the development and continuation of an educational program. The consortium must be structured to recognize and perform the responsibilities and functions of a sponsoring institution.

The JRCERT does not recognize branch campuses. The JRCERT requires that each program location have a separate accreditation award.

Additionally, the JRCERT will not recognize a healthcare system as the program sponsor. A healthcare system consists of multiple institutions operating under a common governing body or parent corporation. A specific facility within the healthcare system must be identified as the sponsor.

The JRCERT requires programs to maintain a current and accurate database. Updates should be reflected within thirty (30) days of effective change date. Additionally, the JRCERT requires notification of substantive changes within thirty (30) days of implementation.

Required Program Response:
- Report any database changes.
- Report any substantive change not previously submitted.

Summary for Standard Six

1. List the major strengths of **Standard Six**, in order of importance.

2. List the major concerns of **Standard Six**, in order of importance.

3. Provide the program's plan for addressing each concern identified.

4. Describe any progress already achieved in addressing each concern.

5. Describe any constraints in implementing improvements.

Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182

2. Administrative Requirements for Maintaining Accreditation

a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

d. Paying JRCERT fees within a reasonable period of time.

e. Returning, by the established deadline, a completed Annual Report.

f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.

B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the **Standards for an Accredited Educational Program in Radiography**.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation:
Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

curriculum:
American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

certification:
American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

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JRCERT
20 North Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
mail@jrcert.org (e-mail)
www.jrcert.org



APPENDIX B

WINDHAM HOSPITAL
PROGRAM OF RADIOLOGIC TECHNOLOGY
Declaration of Pregnancy & Program Option Form

To: Director, Program of Radiologic Technology

I, _____, in accordance with the NRC's
(Printed Name)
regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus", I am voluntarily declaring that I am pregnant. I believe the date of conception to be _____.
(month/year)

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 500 mrem (5 mSv) and that this limit includes exposure I have already received while pregnant.

I am declaring myself to be pregnant as of the date shown above. In accordance with the Program's Pregnancy Policy which I have reviewed, I elect one of the following options:

☐ Take a *leave of absence* from the Program and return the following year at the beginning of the semester I am currently in.

☐ Continue in the Program, but with *clinical reassignments* during my pregnancy. Restrictions also apply to nuclear medicine rotations and the radiography of nuclear medicine patients. All deferred clinical competency evaluations must be completed prior to graduation.

☐ Continue in the Program *without any modifications, restrictions, or clinical reassignments* under the provisions of 10 CFR 20.1208 described above and commensurate with the Program's Pregnancy Policy.

I also understand that the lower dose limit is in effect until I have (1) given birth, (2) informed you that I am no longer pregnant or (3) chosen to revoke this declaration of pregnancy, in writing.

_____ _____
Student Signature Date

Please return this form to the Program Director. Thank you.

For Program Use Only

Date Declaration Letter Received: _____

Date Fetal Badge *Ordered:* _____ *Received:* _____ *Given to Student:* _____

Radiation Counseling Date: _____

_____ _____
Program Director Date

APPENDIX C

WINDHAM HOSPITAL
PROGRAM OF RADIOLOGIC TECHNOLOGY

Withdrawal of Declaration of Pregnancy Form

To: Director, Program of Radiologic Technology

I, _____, submit this written withdrawal of
(Printed Name)
declaration of pregnancy to the Director of Windham Hospital's Program of Radiologic Technology. I understand that all precautions associated with pregnancy declaration will be lifted and my fetal dosimeter will be discontinued.

_____ _____
Student Signature Date

_____ _____
Program Director Signature Date

APPENDIX D

Revision 3
JUNE 1999



U.S. Nuclear Regulatory Commission

REGULATORY GUIDE

Office of Nuclear Regulatory Research

REGULATORY GUIDE 8.13
(Draft was issued as DG-8014)

INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

A. INTRODUCTION

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

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

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, "Records of Individual Monitoring Results," the licensee must maintain

records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

B. DISCUSSION

As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies "are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult" (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION

1. Who Should Receive Instruction

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

2. Providing Instruction

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the

contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208.

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. Duration of Lower Dose Limits for the Embryo/Fetus

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

5. Substantial Variations Above a Uniform Monthly Dose Rate

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

D. IMPLEMENTATION

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide.

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

REFERENCES

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.

2. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

APPENDIX

QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

1. Why am I receiving this information?

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?

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

3. If I declare my pregnancy in writing, what happens?

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

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5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

8.13-8.13-6

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?

No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?

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

13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you

inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" which is an article in the journal *Radiation Protection Management*.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

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

8.13-8.13-8

REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

2. International Commission on Radiological Protection, *1990 Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.

3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.[11] (Electronically available at www.nrc.gov/NRC/RG/index.html)

4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation* (BEIR V), National Academy Press, Washington, DC, 1990.

5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.

6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology*, 70, 130-139, 1997.

7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" *Radiation Protection Management*, *11,* 41-49, January/February 1994.

8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.

9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.

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

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10. National Radiological Protection Board, *Advice on Exposure to Ionising Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.

11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty-Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.[22]

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

FORM LETTER FOR DECLARING PREGNANCY

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

DECLARATION OF PREGNANCY

To:_____

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in_____ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

_____

(Your signature)

_____

(Your name printed)

_____

(Date)

8.13-8.13-11

REGULATORY ANALYSIS

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

8.13-8.13-12

APPENDIX E

Patient's Bill of Rights

I.) Information Disclosure
You have the right to receive accurate and easily understood information about your health plan, health care professionals, and health care facilities. If you speak another language, have a physical or mental disability, or just don't understand something, assistance will be provided so you can make informed health care decisions.

II.) Choice of Providers and Plans
You have the right to a choice of health care providers that is sufficient to provide you with access to appropriate high-quality health care.

III.) Access to Emergency Services
If you have severe pain, an injury, or sudden illness that convinces you that your health is in serious jeopardy, you have the right to receive screening and stabilization emergency services whenever and wherever needed, without prior authorization or financial penalty.

IV.) Participation in Treatment Decisions
You have the right to know all your treatment options and to participate in decisions about your care. Parents, guardians, family members, or other individuals that you designate can represent you if you cannot make your own decisions.

V.) Respect and Nondiscrimination
You have a right to considerate, respectful, and nondiscriminatory care from your doctors, health plan representatives, and other health care providers.

VI.) Confidentiality of Health Information
You have the right to talk in confidence with health care providers and to have your health care information protected. You also have the right to review and copy your own medical record and request that your physician amend your record if it is not accurate, relevant, or complete.

VII.) Complaints and Appeals
You have the right to a fair, fast, and objective review of any complaint you have against your health plan, doctors, hospitals, or other health care personnel. This includes complaints about waiting times, operating hours, the conduct of health care personnel, and the adequacy of health care facilities.

APPENDIX F

ARRT Exam Security

Information from https://www.arrt.org/Examination/Exam-Security.

Why Does Exam Security Matter So Much?

It's a matter of public health.

Ask yourself: Would you want a loved one to receive care from someone who "passed" the ARRT exam because they got a sneak peek at questions and memorized answers, rather than having learned all the critical content that the questions scientifically sample?

Individuals who successfully complete an examination and meet other requirements may obtain ARRT certification, which is a valuable credential in the profession and required by certain employers. The exam is also used by many states as a basis for issuing licenses to practice. Security is critical to ensure that exam scores are valid and reliable measures of the critical knowledge and cognitive skills underlying the tasks typically required at entry level for the practice of radiologic technology.

In fact, subverting the integrity of ARRT's exams is illegal, based on a law that went into effect on August 1, 2010. Check out the news release and read the full text of the law for details.

Rule 2 of the *Standards of Ethics* spells out some of the behaviors that are considered breaches of exam security, for which R.T.s and certification candidates can be held liable. They include:

- disclosing or receiving information using language that is substantially similar to questions and/or answers from ARRT exams;
- reconstructing, reproducing, or transmitting any portion of exam materials;
- using, selling, buying, offering to buy, or distributing any portion of exam materials;
- test center violations such as impersonating a candidate, communicating during the exam, or copying or permitting copying of answers.

Review several exam-security scenarios to see the difference between what's OK and what's not.

ARRT is Vigilant, Enlists Courts to Help

In its ongoing efforts to eliminate opportunities for cheating, ARRT aggressively enforces exam security.

In cases where exam security is compromised, ARRT retires the compromised questions, pursues legal action through the courts and pursues ethics investigations against any candidates or Registered Technologists (R.T.s) involved.

Here are a couple of recent examples of ARRT's enforcement efforts that led to court victories:

In 2013, ARRT obtained a final judgment and permanent injunction in favor of ARRT and award of $87,000 in monetary damages, including recovery of its attorneys' fees and costs, against Diane Bennett and $300,000 in monetary damages against her company, Limited X-Ray Licensure Course Providers, LLC, in the U.S. District Court for the Western District of Texas.

The court found that the defendant had committed several illegal acts involving two of ARRT's exams used by states for licensing purposes:

- Willfully committing copyright infringement and disseminating questions that were substantially similar to ARRT's copyrighted test questions;
- Breaching the Ethical Standards portion of the defendant's ARRT annual contract upon renewal of registration by "disclosing information concerning any portion of a future, current or previously administered examination";
- Committing tortuous interference by asking recent examinees to disclose ARRT's confidential examination questions even though those same examinees had themselves signed non-disclosure contracts with ARRT; and
- Misappropriating ARRT's trade secrets by improperly acquiring ARRT's examination questions and then providing those questions to the students of the defendant's exam preparation course.

Click here for more information on the case.

In 2008, ARRT shut down a "Radiation Therapy Registry Review" course that revealed some of ARRT's exam questions – questions that they had offered to pay exam candidates for disclosing.

The U.S. District Court for the Central District of California entered a Final Judgment and Permanent Injunction in favor or ARRT and against the course provider, RTR Review, Inc. It authorized ARRT to seize the assets of RTR Review in satisfaction of the $250,000 judgment.

Click here for more information on the case.

Reporting Security Concerns

ARRT encourages anyone who may have knowledge of exam security breaches to alert ARRT by submitting a report. Individuals have the option of either identifying themselves (helpful if ARRT needs additional clarification) or submitting anonymously.

- Individuals who are willing to reveal their identities should go online to submit a report. They may be asked to provide clarifications or other information about the incident.
- Individuals who are unwilling to reveal their identities should submit a report by mail to: ARRT, Attn: Exam Security, 1255 Northland Drive, St. Paul MN 55120.

Reports should include as much information as possible about the possible violation (e.g., if describing an incident at a test site, include the location, date, time of the event and individual involved).

For More Information

Watch ARRT's video on exam security. Click here to submit questions about exam security.

APPENDIX G

WINDHAM HOSPITAL
Class of 2016

PROGRAM OF RADIOLOGIC TECHNOLOGY

Catalog and Policy & Procedure Manual Acknowledgement

I have read the Catalog and Policy & Procedure Manual for the Program of Radiologic Technology in its entirety. I understand its content and agree to abide by the policies and procedures and any future changes in these policies and procedures set forth during my 22-month training period. In addition, I understand that information contained within the Catalog and Policy & Procedure Manual is subject to change without notice when deemed necessary by the Program Director or appropriate personnel.

_____ _____

Student's Printed Name **Student's Signature**

_____

Date

Revised: 8/14

APPENDIX H

Windham Hospital's Program of Radiologic Technology
Incident Report

Student Involved: _____

Date of Incident: _____ Time: _____am/pm

Incident Location: _____

Incident Involved (check appropriate box):

☐ Equipment/property
☐ Hazardous material
☐ Biologic exposure
☐ Patient
☐ Another student
☐ Visitor
☐ Other: _____

Description of incident:

- Please describe the nature of the incident (exactly what happened, when, where, and why).
- If a fall, state if floor was wet/dry, lights on/off.
- If an injury, state part of body injured and any other pertinent details.
- If equipment/property damaged, describe damage.
- Who/when incident was reported to.
- Immediate corrective action taken after the incident.

_____

_____

_____

_____

_____

Witness(es) to the incident (name and position):

Was the student involved seen by a physician? ☐ no ☐ yes
Was a hospital incident report filled out? ☐ no ☐ yes

_____ _____
Student Signature Date

_____ _____
Clinical Instructor Signature Date

_____ _____
Program Director Signature Date

APPENDIX I

Windham Hospital
Class of 2016

Understanding the Radiation Safety Policy

Windham Hospital's Program of Radiologic Technology assures radiation exposure to patients, students, and others is kept as low as reasonably achievable (ALARA). In order to achieve this, all radiographic procedures must be performed with a student to radiography clinical staff ratio of 1:1 at all times. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures. Further, all radiographic procedures are performed under the **direct supervision** of a qualified radiographer, until a radiography student achieves and documents competency. Once a student has achieved competency, all radiographic procedures may be performed under the **indirect supervision** of a qualified radiographer. **All unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer.**

The JRCERT defines direct and indirect supervision as:

Direct Supervision – 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 present during the procedure, and reviews and approves the procedure. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.

Indirect Supervision – a qualified radiographer is immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner 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.

Repeat Radiographs – a qualified radiographer must be physically present during the conduct of a repeat image, regardless of the student's level of competency. The qualified radiographer must approve the student's procedure prior to re-exposure.

My signature below indicates that I have read, had the opportunity to ask questions, and understand all aspects of the Radiation Safety policy. Non-compliance will result in probation and continued non-compliance with any aspect of this policy will result in dismissal from the Program of Radiologic Technology.

_____ _____
Signature of Student Date

_____ _____
Program Director Date

APPENDIX J

WINDNET NETWORK AGREEMENT/CONFIDENTIALITY AGREEMENT

Program of Radiologic Technology
Class of 2016

Due to the confidential nature of the data contained on WindNet electronic communications, electronic, paper, or otherwise, measures must be taken to ensure that any such computerized systems as are in use on WindNet can only be accessed by authorized users. WPHO has a legal and ethical responsibility to safeguard the privacy of all patients and users and to protect the confidentiality of all confidential information.

DEFINITIONS:

WINDNET – A Windham Communities Health Information Network owned and operated by Windham PHO, Windham Community Memorial Hospital (WCMH) and Select Physicians Network (SPN).

Health Information Technology Committee (HIT Committee) – The governing body of the Wide Area Network (WAN). The Hit Committee established protocols, regulations, and security regulations for the WAN.

Wide Area Network (WAN) – The interconnection of multiple local area networks.

Your User ID and password are your unique identifiers for the system(s) you are authorized to use only pursuant to your employment or medical staff status. You must not allow others to use your User ID/Password.

I, _____, understand and agree to the following:

1. I understand that the confidentiality of network records is required by law, and that there are statutes or policy reasons specifically mandating the confidentiality of such records.
2. I understand that the WindNet conducts and maintains an audit trail of accesses to information that records the machine name, user, date, and patient identification of all accesses to data that is electronically maintained.
3. My User ID/Password is the equivalent of my signature. I am the only person authorized to use my User ID/Password.
4. I will safeguard and will not disclose my password or any other authorization I have that allows me access to confidential information. I accept responsibility for all activities undertaken using my password.
5. I will use confidential information only as needed by me to perform my legitimate duties. This means, among other things, that:
    a.) I will not attempt to access confidential information that I have no legitimate need to know.
    b.) I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any confidential information except as properly authorized within the scope of my employment or duties.
    c.) I will not misuse or carelessly care for or fail to safeguard confidential information.
6. I understand that I have no right or ownership interest in any confidential information referred to in this agreement, except any and all information pertaining to my medical practice as a physician.

7. I will retrieve or attempt to retrieve from the computer system only medical data that is directly related to the treatment of patients for whom I have a clinical relationship, or those patients for whom I have been asked to provide a consultation, or for approved educational or research purposes. I agree to maintain the confidentiality of all such patients, and/or fiscal data. I will access fiscal data only as required by my employment or medical staff responsibilities.
8. I will retrieve or attempt to retrieve from the computer system only data that is relevant to my job function. I agree to maintain the confidentiality of all information.
9. It is my responsibility to log out of the system. I will not, under any circumstances, leave unattended a computer terminal to which I have logged on.
10. If I have reason to believe that the confidentiality of my password has been compromised, I will change my password. I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to my immediate supervisor or the Department of Information Management, Security Administrator.
11. I understand that my User ID will be inactivated upon notification that I am no longer employed, or no longer participate in WindNet, or when my job duties do not require access to the computerized systems.
12. My signature below indicates my understanding of the above noted requirements for the use of any User ID/Password I am assigned, pursuant to my employment, or medical staff responsibilities with the independent networked practices of the WPHO.
13. Any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including termination of access to the system, up to and including termination of my affiliation with the WPHO.
14. I read and agree to all of the above as conditions of being granted a User ID/Password.
15. This agreement will be on file in the WPHO Business Office/Windham Hospital Personnel file. I may review the agreement by contacting the office or Personnel Services.
16. I will only use access to the Internet for the gathering of data as it pertains to my job functions. Any violation of this access will be a violation of this Network Agreement.

RADIOLOGY STUDENT: (Please Print Clearly)

Name: _____

First Middle Initial Last

Signature: _____ Date:_____