



MERCY/ST. LUKE'S
SCHOOL OF
Radiologic
Technology

CLINICAL HANDBOOK
2017-2018

I hereby certify the contents of this handbook are true and accurate
at the time of publication.

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Program Director

**MERCY/ST. LUKE'S
SCHOOL OF RADIOLOGIC TECHNOLOGY
CLINICAL HANDBOOK**

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HELPFUL WEBSITES

Program Information - <https://www.isrt.org/mercyst-lukes-cedar-rapids-ia/>, click on "Mercy" or "St. Luke's".

National Certification Agency – www.arrrt.org

National Professional Society – www.asrt.org

Accrediting Agency – www.jrcert.org

State Professional Society – www.isrt.org

St. Luke's Hospital – www.unitypoint.org

Mercy Medical Center – www.mercycare.org

Financial Aid Processing – <https://mercystlukes.vfao.com>

Financial Aid Information – www.studentloans.gov

Populi - <https://mstl.populiweb.com/>

E-Value – <http://e-value.net>

Mercy mail from home – <https://mymail.mercycare.org>

Luke's mail from home – <https://webmail.ihs.org>

NetLearning-Mercy -

<http://lms.netlearning.com/MyNetLearning/Login.aspx?ID=222>

Performance Manger-Mercy -

<https://pfm.healthcaresource.com/performance/mercycare>

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CLINICAL MENTORS

| | <u>Luke's</u> | <u>Mercy</u> |
|----------|---------------------|-----------------|
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| IV lab | Jessica Thurmond | N/A |
| Cath | Erin Wagner | Michelle Meyers |
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| Therapy | Andrea Watkinson | Amy Hatfield |
| Mammo | Cindy Taylor | Tracy Mitchell |
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| Fluoro | Lynn Smith | Kim Volesky |
| Evenings | Diva Perez | Daryl Zweigle |
| Nuc Med | Danielle Hollinrake | Tom Juhl |

TABLE OF CONTENTS

| | |
|---|----|
| Clinical Hours..... | 1 |
| General Responsibilities..... | 1 |
| Clinical Guidelines..... | 2 |
| Clinical Policies..... | 4 |
| Direct Supervision..... | 5 |
| Indirect Supervision..... | 6 |
| Clinical Assessments..... | 8 |
| Clinical Competencies..... | 9 |
| Random Competencies..... | 11 |
| Room Checklists..... | 12 |
| Exam Sheets..... | 13 |
| Performance Standards..... | 15 |
| Weekend Rotations..... | 15 |
| Evenings, Late Generals, and Special Rotations..... | 16 |
| Attendance..... | 18 |
| Tardiness..... | 27 |
| Trades..... | 28 |
| Compensatory Time..... | 28 |
| Holidays/Vacation..... | 28 |
| Bereavement Leave..... | 29 |
| Dress Code..... | 30 |
| Identification Badges..... | 33 |
| Incident Reports..... | 34 |
| Lockers..... | 34 |
| Telephones..... | 35 |
| Radiation Protection Policies..... | 36 |
| Pregnancy Policies..... | 39 |
| MRI Safety Policies..... | 41 |
| Infection Control..... | 41 |
| Employee Assistance Programs..... | 42 |
| Drug/Alcohol Free Campus..... | 43 |
| Tobacco Policy..... | 44 |
| Joint Review Committee on Education in Radiologic Technology Access..... | 44 |
| Pocket Positioning Guide..... | 44 |

WELCOME TO MERCY/St. LUKE'S SCHOOL OF RADIOLOGIC TECHNOLOGY

Your clinical experiences can be wonderful and exciting experiences. We are confident these experiences will allow you to become a professional, competent technologist if you take advantage of them as such. To this end, specific policies, rules, and regulations have been established and put in this Clinical Handbook. These are not meant as restrictions, but have been developed as a guide from past experiences. The Handbook is meant as a source of information upon which accurate and responsible decisions may be made. A separate Student Handbook highlights the primary policies and rules that govern the program as a whole.

You are expected to read the Clinical Handbook in full and are entitled to have your questions satisfactorily answered. You will be asked to sign an agreement stating you understand and agree to the terms contained herein. This signed agreement will be maintained in your permanent file. You are also entitled to be notified in writing when changes are made during the academic year.

CLINICAL HOURS

Normal day time school operating hours may range from 0700 (7:00 am) to 2030 (8:30 pm) Monday through Friday. Students will be assigned clinical along with classroom education during those hours, no more than 8 hours per day and 40 hours per week total. An equal number of evening and weekend assignments will be scheduled beginning in May of the first year. The hours assigned for evenings are 1200 (12:00 pm) to 2030 (8:30 pm) Tuesday through Thursday and on Friday and Saturday, the hours assigned are 1400 (2:00 pm) to 2230 (10:30 pm). Weekend rotations also begin at this time and are from 0700 to 1530 hours.

Additional hours such as those spent attending district meetings or time spent above the normal 8 hours will be added to the students "bank" of hours providing they are properly documented on a "Documentation of Make-up and Overtime" form. Students are expected to stay beyond their shift if they are completing a patient exam. Students may stay if they are involved in a special case or one that is considered rare. In these instances, they may stay without prior permission from the faculty.

GENERAL RESPONSIBILITIES

1. Obtain competency and experience in all entry-level areas of clinical education.
2. Demonstrate personal conduct indicative of a mature, professional student radiographer.
3. Contribute to the department and hospital in such a way as to promote compassionate, effective patient care.

CLINICAL GUIDELINES

Always arrive and be in your designated areas prior to 0700. You are expected to be ready to begin your experiences at 0700, not just entering the building at that time.

When assigned to Mercy as a Junior (first-year) student, your first task is to stock your designated areas and complete the room check list in your designated area. There are check lists for all rooms. The importance of stocking your room can not be overstated. Each room contains many necessary supplies that are frequently needed quickly in emergency situations. Detailed instructions regarding room checklists appear later in this handbook. Senior (second-year) students are responsible for stocking when Junior students are absent from the clinical area. This task is not required when assigned to St. Luke's but it is always everyone's responsibilities to be aware of the contents of the exam rooms. If you see something needs stocked, you are expected to stock it!

Stay in your areas until you leave for class or are dismissed by the technologist for that area. Students are not to be dismissed prior to 1430 on any clinic day. If your area does dismiss you prior to 1430, you are expected to explain to them that you are not able to leave until that time. Early dismissal during special rotations is discussed later in this handbook.

All schedules are posted on Populi, the bulletin boards in each department and in each classroom. Except for the first semester, schedules are not issued to each student. You may download and/or print them from Populi if you choose. Please don't ask your instructors where you are supposed to be.

When in your areas, always show interest, dedication and initiative. Observe and ask questions at appropriate times for new and unfamiliar exams/experiences. Your clinical experiences will provide you with much knowledge if you take advantage of every opportunity. If you do not enjoy the clinical experiences, you should reconsider your choice of professions.

Work on Study Guides throughout the rotations/weeks, not on the Friday they are due. You will not be able to accomplish all tasks on the Study Guide if you are not working on them throughout the week. Study Guides are due on the last Friday of the rotation. For some rotations that will be one week, for others it may be several weeks. If you are not sure, ask the Clinical Coordinator. Assure all blanks are completed on each Study Guide as any blanks will result in a score of "0" for that rotation.

There is also a tech evaluation due each week for clinic. These evals are pre-assigned by the Program Director for most rotations. You will know when they are assigned by an asterisk (*) on the rotation schedule. A link to the eval is sent to the assigned tech via e-mail and they complete the eval online. You have access to view the evals once they are completed. Pay close attention to any comments presented as they are meant for growth. Weekend rotations have four evals assigned per semester.

You need to assign the evaluation to a technologist in rotations that we cannot predict who you will be working with in advance. This is true for Generals and ER (at St. Luke's) rotations only. You **MUST** assign the eval to a tech you feel you performed the most clinical time with during that week **only if you have an asterisk (*)** on the rotation schedule. You **must** assign the evaluation on Thursday before you leave clinic so it will arrive to the tech by Friday morning. This process will be demonstrated to you.

There are a few rotations for which E-Value is not used. In these instances, you will be provided with a paper evaluation to submit to the tech, office staff, or transport person responsible for completing it.

In addition, you are expected to complete an evaluation of the tech(s) you participated in the most clinical experiences with on a weekly basis. This feedback is extremely valuable to assess the techs' interactions with students so improvements can be made when needed. You will be shown how to complete this process.

After you have attempted competency on an exam with a technologist, you must fill out a comp critique form for each attempt and turn it in to the Clinical Coordinator. Turning in the comp form informs them that you have a competency to be evaluated. Please fill out the comp form by evaluating your images, not what you are taught in Procedures class that you **should see**. Just tell us what you see on the images. Details are discussed later.

Junior students will be in Pain Clinic rotations for the first three semesters of the program. Some students will rotate through surgery during AC II and some will not go until AC III (January of the first year). This is because of knowledge levels, skill levels, and infection control. You will learn about sterile fields and work around them in the Pain Clinic for the first six months, then in the OR for the rest of the program starting in January.

CLINICAL POLICIES

Violation of policies will result in discipline, with a Clinical Point deduction at minimum. This is a deduction of your clinical point by 1 point per Clinical Point.

1. Students are supervised in the clinical area by the Clinical Coordinator, Clinical Instructor and by staff radiographers (techs) and are ultimately responsible to the school faculty. It is your responsibility to immediately notify program faculty if a 1:1 student/tech ratio is not being maintained.
2. The techs will assign students a 1/2 hour lunch period on full clinic days. Lunch may not be "skipped" in order to leave early. If it is not possible to get to lunch, a "Documentation of Make-Up and Overtime" form must be submitted by the student and signed by the supervising technologist. If you are here five hours or more, you must take a lunch break, whether you eat or not.

3. Students must remain in their assigned clinical rotation area and may not leave the rotation area or department without notification and permission of the supervising staff radiographer and school faculty.
4. Students are responsible for completion of the clinical assessments (Study Guides) throughout the rotation. It is also the student's responsibility to assure timely completion of **all** portions of the assessments.
5. The accrediting agency, The Joint Review Committee on Education in Radiologic Technology (JRCERT), requires students to perform in the clinical area under the direct supervision of a registered staff radiographer for exams not yet proven competent in, during the comp attempt, during all repeats, and during all portable and surgical exams. For the procedures the students have demonstrated competence, the students must be under indirect supervision of a registered radiographer.

According to JRCERT Standards, the following conditions constitute direct supervision:

- A. The qualified staff radiographer will review the request for the radiographic examination to determine the capability of the student to perform the examination with reasonable success, or to determine if the condition of the patient contraindicates performance of the examination by the student.
- B. Closely watches the student during the performance of the examination.
- C. The qualified registered radiographer checks and approves the radiographs prior to the dismissal of the patient, by annotating their initials on the exam. Medical judgment may supersede this provision.
- D. All repeat exams must be performed under direct supervision of a technologist. Tech initials must be present to signify their supervision.

The following conditions constitute indirect supervision by staff radiographers and apply to all students:

- A. A qualified staff radiographer will review the request for the radiographic examination to determine the capability of the student to perform the examination with reasonable success, or to determine if the condition of the patient contraindicates performance of the examination by the student.
- B. If patient condition permits, the student will be allowed to perform the examination independently. A staff radiographer will be on the premises in the vicinity of the radiographic area and available for immediate assistance to the student.
- C. The qualified registered radiographer checks and approves the radiographs prior to the dismissal of the patient, again annotating the exam with their initials. Medical judgment may supersede this provision.

NOTE: Under no circumstances will students be allowed to perform repeat, portable or surgical exams unsupervised. Students who have not gained competency in portables will always be under the direct supervision of a staff radiographer. Students who have gained competency will be allowed to perform portables under indirect supervision. **The supervising radiographer must be within audible range of the student and able to provide immediate assistance if required.** Audible range means in an adjacent room on the same floor not telephone audible range.

- 6. Students are not permitted to accept gratuities or gifts from patients.
- 7. Any information that is learned regarding the diagnosis, prognosis, or personal life of any patient is classified confidential information and must not be discussed in public or with the patient.

8. Student may take textbooks and study materials into the clinic, as long as it does not interfere with clinical education. This is subject to change at the discretion of the Clinical Coordinators upon abuse of the privilege.
9. Students are to refrain from profanity, private, and intimate conversations or remarks while in clinic.
10. Students who are involved in or witness any unusual incidents during school hours are to immediately report the incident to the program faculty and complete an incident report.
11. Students shall question all female patients of childbearing age (12-55) as to the possibility of pregnancy. If there is a question of a possible pregnancy, the student is to consult a radiologist or supervisor prior to performing the exam.
12. In accordance with the NCRP Report #48, *no person shall be employed specifically to hold patients, nor shall members of the Radiology Department who are classified as radiation workers, be asked to do so.*

Students are NEVER allowed to hold patients or image receptors during routine exams. When in the course of clinical rotations it is necessary to be exposed to limited secondary radiation (i.e. fluoroscopy), a protective lead apron and gloves are required. Mobile protective shielding may also be available in fluoroscopy areas both in radiology and the surgical procedure rooms. When patient procedures require your attendance in close proximity to the patient, such additional shielding must be utilized. Questions regarding acceptable radiation practices should be referred to the Program Director or the Radiation Safety Officer.

The use of immobilization is the best method to reduce motion. Students are encouraged to employ devices such as tape, sandbags, sheets, etc. In the event these devices

fail, students are encouraged to solicit assistance from non-radiology workers such as aides, orderlies, nurses, clerical staff or members of the patient's family. Such persons shall be provided with protective apron and gloves and be instructed to position themselves away from the primary beam. Full Radiation Protection policies are found later in this Handbook.

13. The student must adhere to all policies including, but not limited to those listed in the Performance Standards, *Clinical Handbook* and *Student Handbook*.
14. No personal electronic devices allowed in clinic.
15. No gum allowed.
16. Beverages with lids allowed in designated areas only.
17. The supervising tech must initial all student images before the patient is dismissed.
18. The Internet may not be accessed for personal use.

CLINICAL ASSESSMENTS

A clinical education packet will be given out at the beginning of each grading period consisting of Study Guides specific to each area. During each rotation, the student will be required to complete all Study Guides for that area/room in the presence of a technologist. Clinical Instructors and technologists will complete evaluations regarding student performance on a regular basis using E-Value as previously discussed.

Clinical Study Guide and evaluation due dates vary slightly from semester to semester. As a general rule Study Guides for typical weekday rotations must be turned in to the Clinical Coordinator no later than 1530 hours on the Friday ending the rotation. The Clinical Coordinators will inform you where they prefer these to be

turned in.

Study Guides are not “graded”. However, if the Study Guide is turned in late, the result is a zero (0) for the technologist evaluation that is completed for that week’s rotation. Any items left blank on the Study Guide will result in a score of “0” for that entire week as well. *These are YOUR responsibility!*

CLINICAL COMPETENCIES

A procedure competency is the performance of a routine radiographic examination on an actual patient. For each procedure competency, the student will begin with 100 possible points. Any error that will result in a repeat radiograph is a 10-point deduction. Minor errors result in a 2-point deduction. Three minor errors equal a repeat. Any repeated projections automatically result in a 10 point deduction and failure of that competency. No more than 10 points will be deducted per projection per attempt. The total number of deductions subtracted from 100 will determine the procedure grade.

If any projection is repeated, the student will redo **the entire procedure on their next comp attempt**. (A procedure consists of all routine projections for that body part.) No splitting of exams on one patient for competency is allowed. On subsequent attempts, the student will begin with the score from their previous try. Students must let the technologist know ahead of time when attempting competency and have their comp book accessible to the technologist observing. The comp book NEVER leaves the department. The supervising technologist must sign competency attempts. Any special patient situations should be noted in the comp book by the tech. Students may NOT use any resources during the comp attempt such as notes or “flippy books”.

The student must notify the Clinical Coordinator within 7 working days utilizing the comp critique form. After approval by the school faculty, the student is considered competent in the procedure. The average of all competencies comprises a portion of the Clinical grade. The number of required procedure competencies

varies by semester. The syllabus for each semester of Applied Clinic will state the required number of comps for each semester. Generally, the following guidelines are used.

| | |
|--------|---------------|
| AC I | 1 comp |
| AC II | 5 comp |
| AC III | 8 comp |
| AC IV | 10 comp |
| AC V | 10 comp |
| AC VI | All remaining |

Failure to obtain the required number of procedure competencies will decrease the clinical grade by 6 points. The minimum number of competencies required is just that, a minimum. If the Clinical Coordinator deems it necessary, a competency may be revoked at any time. All procedure competencies listed in the Comp Book must be completed in order to graduate. Up to 8 procedure competencies may be simulated in June of the 2nd year. Fluoroscopy competencies will also be simulated. The only exams you may simulate for signatures are identified in the comp book by an asterisk. Simulations required on weekly Study Guides may not be used for exam signatures or competencies.

A competency may still be granted, with no point deductions, if the student uses the posted technique chart as appropriate for the patient, and the exposure value number does not end up in the appropriate range. If the image is such poor quality as to warrant a repeat, the repeat should be performed, documented, and still turned in to the Clinical Coordinator, and they may still achieve the comp.

Similarly, a comp may still be granted, with a five point deduction in the following circumstance. If the student performs the exam and realizes the exam is repeatable and knows the correction, they may perform the repeat with the correction. If this repeat corrects the original error and the image is acceptable, the comp will likely be granted. The student must be the one to decide what the error was and to perform the repeat. The technologist can not do this for the student if the student expects to be granted the

competency. Proper documentation from the supervising technologist must be evident on the comp form.

RANDOM COMPETENCIES

Throughout your clinical experiences you will be required to perform graded simulated exams that will demonstrate your critical thinking skills. These exams will vary by semester, becoming progressively more difficult. No resources such as notes or books will be allowed during the Random. You will be given one hour to perform these exams and they will be graded as follows:

Minor errors will result in 2 point deductions

Examples:

- forgetting to shield
- forgetting markers
- minor positioning errors that are not repeatable such as CR slightly off

Major errors will result in 6 point deductions

Examples:

- forgetting to change IR between projections
- major positioning errors causing repeats such as clipping anatomy, incorrect obliquity, or incorrect angulations

Types of Random Competencies to be performed:

AC II - The student will perform 3 exams drawn from a pool of exams taught during Radiographic Procedures I and II.

AC III - The student will perform 3 exams drawn from a pool of exams taught during Radiographic Procedures I, II, and III.

AC IV - The student will perform an exam scenario that is drawn from a pool of several specific scenarios. These scenarios will be similar to actual exams that could be ordered on any patient. These scenarios will test your

ability to perform the images in a logical order as well as your positioning skills.

AC V - The student will perform 3 exams. Two exams will be drawn from a pool of routine exams. One exam will be drawn from a pool that includes exams from Advanced Procedures and headwork exams from Procedures III.

AC VI - The student will perform an exam that is drawn from a pool of several specific scenarios. These will be of a higher level of difficulty than the ones contained in previous Random Competency situations. These exams will reflect more traumatic situations that will test your patient care abilities as well as procedural skills and order of imaging.

Exams in the pool may be modified from the typical departmental routine in order to assure a consistent number of projections for all students. The maximum number of projections per scenario is twelve.

For AC IV and VI, there will be no prior notification of the actual scenarios that will be in the pool. Sometime during these semesters, you will be called to a room to draw the scenario and perform the indicated exams. You will have one hour to complete all projections/exams listed. If you are not finished in one hour, any remaining projections will receive a score of "0".

The Random Competency will comprise a percentage of your clinical grade each semester. See the Applied Clinic syllabi for the specific percentage of the grade.

ROOM CHECKLISTS

As previously discussed, when you are assigned to Mercy, your first task when arriving in clinic is to stock your designated areas and if there is a checklist, complete the checklist. The importance of stocking your room can not be overstated. Each room contains many supplies that are needed quickly in emergency situations.

As a Junior student, it is your responsibility to assure every item is available, re-stock as necessary, initial the checklist, and assure the room is cleaned every day. If you are in class at 0700, the room checklists must be done when you arrive at clinical later in the day.

Monthly checklists are turned in to the faculty and reviewed. If any room check list is found to be incomplete, including daily initials, the person(s) assigned for the incomplete weeks will receive a clinical point for each infraction. If you simply initial the list but do not re-stock as appropriate, you will also be assigned a clinical point. You should monitor the contents of the room throughout the day and restock and clean as needed.

EXAM SHEETS

A record of the number of radiographic exams and repeat exposures that the student performs must be kept for each calendar month. This is only for documentation...you are not in trouble when you repeat exams! Students will record every exam performed on white individual exam sheets found in the clinical area. At the end of the month, the student tallies each specific exam for total number of exams, exposures, and repeat exposures. These are then written on the students' tally sheet.

All individual exam sheets and the tally sheet are then turned in to the Directors office prior to or on the 15th of each month for the preceding month. If the office is unoccupied please slide them under the door. DO NOT leave them in the mail slot as this is a violation of the confidentiality policy. If the 15th falls on a weekend (Saturday or Sunday), school closure date, or a student is scheduled to be off on that date, the exam sheets must be turned in on the last day of attendance prior to the 15th. You may NOT ask the Clinical Coordinators to take them to the Director's office. Occasionally, you may be asked to turn in exam sheet tallies prior to the 15th of the month. Ample notice will be provided.

It is expected that the exams will be tallied accurately before they are submitted. If errors are noted, they will be returned to the student to be recounted. Clinical points will be deducted if the Program Director has to issue more than one reminder. A clinical point is also deducted if exam sheets or the tally sheet are lost or destroyed to the point they can not be tallied. (ie...washing them in the pocket of your uniform) It is suggested you keep the tally sheet in your slot in clinical for ease of locating it at the end of each month. Exam statistics will be shared with each student during end of semester evaluations.

Here are a few tips for completing the exam sheets correctly.

- ***Please use pencil on the tally sheet for easier corrections. Write legibly!***
- Use standard Radiology abbreviations such as CXR, Decub CXR, S & U, C-sp, LSS, etc.
- Only document exams for which you were primarily responsible for performing, meaning the majority of, or all of, the positioning. If you merely assisted or set technique, it is not your exam.
- The same exam may not be written on two students' exam sheets.
- Make sure you enter the date of the exam and the patients' number.
- Bilateral exams count as one exam.
- If you perform an exam that does not appear on the tally sheet, simply write it in at the bottom of the sheet in the section reserved for that month.
- If you have no exams for a particular month, you must enter "0" in the "Chest" line and still turn in the tally sheet.
- A "spot" chest does count as an exposure and a repeat.
- Soft Tissue neck falls in the C-spine category.
- The "Number of Exposures" should contain ALL exposures, including the number of repeat exposures.
- All portable exams belong in the Portable category.
- All chest x-rays (decub, lordotic, etc.) go in the Chest category.
- S & U Abdomen with PA CXR should be counted as 1 abdomen with three exposures.

PERFORMANCE STANDARDS

The Clinical Coordinators will partially evaluate students' clinical performance based on the adherence to the Performance Standards. Failure to comply with these standards will result in the clinical grade being decreased one percentage point for each violation. A copy of the Performance Standards is distributed during Applied Clinic I.

WEEKEND ROTATIONS

All students are assigned an equal number of weekend rotations. Each rotation will consist of two weekend day shifts per semester starting in AC IV. The hours are 0700-1530. When assigned a weekend you will be scheduled days off during the week. Each Saturday scheduled will be given the Friday prior off, and each Sunday scheduled, the following Monday off. There are no assigned "rotations" during weekend hours. Report to generals to be assigned where needed (ie: fluoro/portables).

Absences which occur on weekends must be reported as described in the "Attendance" section. Weekend absences that are not made up will result in an evaluation score of "0" for each day not present and not made up.

Use of personal time on weekends is **strongly** discouraged as these rotations are very beneficial in your clinical instruction. If you need an assigned weekend off, you are encouraged to trade your weekend rotation with another student. You may trade one day (ie: Saturday for a Saturday) or the entire weekend (Saturday & Sunday). If you trade a Saturday for a Saturday, you also trade the day off (Friday). If you trade the entire weekend you trade both days off (Friday & Monday). Trade forms are available in the clinical area and trade slips must be signed by **both** students involved and approved by the Clinical Coordinator(s). Always attempt first to trade with students on your side, however trading between hospitals is allowed. In this instance, a signed trade slip must be turned in at each hospital.

All clinical rules remain in effect for weekends as during other scheduled hours. One weekend Study Guide will be required each semester and can only be completed during assigned weekend shifts. These are due to the Clinical Coordinator on Sunday afternoon when you leave your **last** assigned weekend rotation. There will be one evaluation assigned to the weekend techs for **each** of the four days of weekend rotations scheduled.

EVENINGS, LATE GENERALS, AND SPECIAL ROTATIONS (AC IV – VI)

1. Evening rotation hours are Tuesday – Thursday 12-2030 and Friday and Saturday 1400-2230. All students are assigned an equal number of evening and late general rotations. Lunches are to be taken after class on class days during the week, and as assigned by evening techs on non-class days. A specific Study Guide is designated for the evening rotation which is due to the Clinical Coordinator on Saturday evening when you leave your last evening rotation for the semester.
2. Late Generals rotations are from 1200-2030 Monday through Friday. Lunches are treated the same as they are for evenings. (See #1 above)
3. Special Rotations:
 - A. Radiation Therapy is an optional observation only rotation. Hours are 0800 to 1530.
 - B. Ultrasound, Mammography, and Nuclear Medicine are also optional observation only rotations. See #5 below for detailed policy regarding Mammography.
 - C. CT is an area you are expected to learn how to scan patients; possibly including non-contrast heads, appendix and non-contrast abdomens.

- D. MRI is a required area that you will be allowed to scan in if you show good initiative. Possible exams to scan are heads and spines.
 - E. RCI Rotation: This is an OBSERVATION rotation only! This means students are NOT able to perform ANY patient care activities. All students will have this rotation. When at RCI, do not wear your picture IDs from either hospital. You are to wear only your school name tag. This rotation will be from 0800-1130 on Tuesday, Wednesday, and Thursday. If you are unable to attend clinic, please call the Clinical Coordinator. Do not call RCI or Ashley. We will take care of informing the area regarding your absence.
4. If dismissed from any clinical area prior to 1430, you must report to generals. The Clinical Coordinator will determine whether or not you may leave for the day. If you are dismissed from your area prior to 1430 and you leave without going to Generals and contacting the Clinical Coordinator, a Clinical Point will be deducted.
 5. Effective July 2016, the policy regarding Mammography rotations has been revised. All students, male and female, will be offered the opportunity to participate in observational mammography rotations. The program will make every effort to place a male student in this rotation if requested; however, the program is not in a position to override Mercy Medical Center or St. Luke's Hospital policies that may prohibit this. Male students are advised that placement in this rotation is not guaranteed and is subject to the determination of Mercy Medical Center and St. Luke's Hospital policies and procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in the position statement on student mammography clinical rotations adopted by the Board of Directors of the JRCERT at its April 2016 meeting. The JRCERT position statement is available on the JRCERT Web site at www.jrcert.org, Programs & Faculty, Program Resources.

This same policy is applied to any/all imaging procedures performed by professionals who are of the opposite gender of the patient, such as hysterosalpingograms.

ATTENDANCE AND ADMISSIBLE ABSENCE

PURPOSE

It is recognized that students must be away from the education program for brief periods of time due to illness, personal business and bereavement. In anticipation of these inevitable instances, specific policies and guidelines have been developed. In accordance with the School's philosophy, this time is granted in addition to vacation leave. Specific guidelines that address vacation are set forth in a separate policy.

Attendance in both classroom and clinical instruction is a requirement of the utmost importance in the education program. If you are not present, you cannot learn, and if you are frequently absent, you will quickly fall behind. Additionally, attendance reflects highly on professionalism and work ethic.

GENERAL ATTENDANCE

If you are unable to come to school in the morning, **all** absences must be verbally reported to the Clinical Coordinator of the side you are assigned to prior to the start time of your rotation. See sections below for specific time guidelines. You must call their office and leave a voice mail if they are not in their office. **YOU MAY NOT TEXT MESSAGE CLINICAL COORDINATORS TO REPORT ABSENCES.** Messages left with office staff, techs, etc.

are not acceptable and will result in the loss of a clinical point. You do **not** need to call the Program Director for absences except as noted in #4 of the "Personal Time" section. You **must** always call regarding absences before the start time of your scheduled rotation. All absences must be reported to the Clinical Coordinator via hospital e-mail upon your return to school. This is discussed in each of the following sections of this Attendance Policy section.

1. **ATTENDANCE PROBATION is reserved for major infractions of the attendance policy.** One example is if you do not call and do not show up at all. In this scenario, you will immediately be placed on Attendance Probation for six (6) months. During this type of probation, **any** two (2) additional attendance infractions within the six months will result in probable termination. Additionally, at the time you are placed on probation, a clinical point will be deducted, and for each of the two following infractions, you will also lose a clinical point.
2. All students are assigned an equal number of late generals, weekend, and evening clinical rotations. Total scheduled clinical involvement will never exceed forty (40) hours per week. There may be special circumstances when a student may voluntarily perform more than forty hours per week in the program. In these instances, compensatory or make-up time will be awarded.
3. All classroom and clinical objectives must be achieved at an acceptable level of mastery to insure student competence. Absence that exceeds more than 10% of a course may inhibit the achievement of the objectives in a satisfactory manner. In this instance, a student may be required to repeat the course, placed on probation, issued a grade of "Incomplete", and/or dismissed from the program. The Program Director will make the final decision in conjunction with the Governing Committee. Every consideration will be given to the student's level of progress prior to the absence(s) and to the student's capability to accept the increased study load after falling behind.

4. If you need to leave early without prior approval for illness or an emergency situation, you must speak to a faculty member if they are available. If they are not available, you must leave a voice mail in the Clinical Coordinator's office in addition to notifying your area. You must also send the Clinical Coordinator an e-mail upon your return to school, indicating the absence. This must be completed by the end of the next day of attendance to avoid having a clinical point deducted. You do not need to leave a voice mail on the Clinical Coordinators' phones if the techs dismiss you early.
5. Doctor and dentist appointments are to be made at a time that does not interfere with classes or clinic. Exceptions may be made with prior approval of the faculty.
6. Use of personal time during the last six weeks of the program is strongly discouraged as it is an extremely busy and important time in terms of graduation preparation. However, use of personal time for job interviews is expected and reasonable.
7. If the faculty feels that a student is abusing the attendance policy to avoid educational opportunities, this will be discussed with the student and an improvement plan created.

WEATHER RELATED ABSENCE

Each student will receive an extra four (4) hours of personal time during the Spring semester each year (for a total of twenty (20) hours), due to the potential for severe winter weather and the inability to travel safely. These additional "weather hours" will simply remain in the student's "Bank" of personal hours if not used for weather related absences. If school is canceled due to inclement weather, no extra time will be given to students who end up in clinic more days than others for that week, due to weekend or evening rotations.

Students are advised to personally observe weather conditions before they make a decision whether they will attempt to come or stay home. Remember that area elementary, secondary, and post-secondary schools may close at the slightest hint of weather problems and that hospitals never close. Your personal safety is our primary concern and should be considered when making this decision.

1. If you do not anticipate needing extra time due to weather conditions and you are late arriving, this will count as a tardy. If, however, you plan to leave home later than normal to allow for daylight or plowing, etc., **and you call before the start** of your rotation this will not be counted as a tardy. In this case, the time absent will simply be deducted from the personal bank of hours.
2. Your absence or tardy time must be reported to the Clinical Coordinator via hospital e-mail to avoid receiving a clinical point. Tardy time must be reported in this manner before the end of the day that the tardy occurred and absence time must be reported in this manner by the end of the day that you are next in attendance.

WEEKEND ROTATION ABSENCE

Non-scheduled absences which occur on weekends must be reported to a technologist in the clinical area **in addition to a voice mail in the Clinical Coordinator's office**. These calls must take place prior to the start time of your rotation. Students may **not** leave a message with office staff. Upon return to school, the absence must be reported via e-mail to the Clinical Coordinator. Failure to correctly report the weekend absence will result in loss of a clinical point.

ILLNESS POLICY

1. If you are ill, you must call the Clinical Coordinator as discussed in the "General Attendance" section. If you are very ill the night before, simply call at that time!

2. Upon return to school, all absences must be reported to the Clinical Coordinators **via hospital e-mail. The e-mail must be sent prior to the end of the next day** the student is in attendance. Failure to report the absence during the next day of attendance, or not using the proper method of notification will result in the loss of a clinical point.
3. If a student calls in sick for clinical in the morning, he/she may not come to class later in the day. **You should not be in class or clinical if you are ill!** This will count as eight hours of sick time and you have the options listed in #6 below.
4. Extensive illnesses or injuries and special circumstances will be dealt with on an individual basis.
5. If you are ill/injured and are gone five (5) days or more, you **must** have documentation of a doctors' visit with diagnosis and any restrictions listed, before you are allowed to return to school. You will also be required to be assessed by Employee Health or Work Well prior to returning and you must take your physician's documentation with you or have it sent to Employee Health/Work Well prior to your "fit for duty" evaluation. More information on this topic may be found in the *Student Handbook*.
6. Any time you are ill or you must be absent for the illness of a child, spouse, or family member whom you are responsible for providing care to, you have three options:
 - a. Make up the missed time per the make-up policy explained in the following "Make-up" section of this handbook,
 - b. Use time from your personal time bank, or
 - c. Provide documentation that you (or your dependent child/spouse, etc.) were seen by a physician. This will excuse the absence.

7. The option of having the time excused with physicians' documentation does *not* include chiropractic, dental, or routine doctors' appointments. Documentation that is acceptable as proof includes items on a letterhead-type stationary or business form and includes specific items such as a payment receipt, a "check-out" sheet, or discharge instructions. A typed "excuse" indicating you were seen in the office is acceptable **only** if it contains a "wet" signature and is on facility letterhead. You may white out the reason for the visit before providing it to the Clinical Coordinator. We do not need/want to have access to your specific diagnosis. A handwritten note from a healthcare provider is NOT acceptable, nor is any note handwritten or typed note on a prescription pad. Simply ask them at the desk to print off a record of your visit or to copy the check-out sheet they use, which includes the date.

PERSONAL TIME POLICY (Bank of hours)

1. At the beginning of the first semester, each student is given 8 hours of personal time to use during that first semester. Any time left unused will be carried over to the next semester. At the beginning of the second semester, and each subsequent semester, each student will be given 16 additional hours of personal time. (Spring semester has an additional four (4) hours added due to the potential for severe winter weather.) Personal time is cumulative, meaning any time not used in each semester will "carry over" to the next semester. Students may use any/all of their personal time for any reason they need to be absent from school. **Use this time very wisely!**
2. This time may be used in increments of 30 minutes or more. Requests for personal time must be made via e-mail to the Clinical Coordinator, using hospital e-mail. **At minimum**, the request must be made before the end of your scheduled rotation the day before the requested day off.

3. **Weekend time off** requests must be submitted by the end of the day on Thursday prior to your weekend. When you request a full scheduled weekend off, you will still have the Friday before and Monday after off and you must use 16 hours of personal time. In addition, you will receive a grade of "0" each for Saturday AND Sunday. If you request only Saturday off, you will remain scheduled off the Friday before, 8 hours will be deducted from your personal bank of hours and you will receive a grade of "0" for the Saturday evaluation. If you request only Sunday off, you will remain scheduled off the Monday after, 8 hours will be deducted from your personal bank of hours and you will receive a grade of "0" for the Sunday evaluation. Emergencies will be dealt with on an individual basis. Failure to follow these policies will result in the loss of a clinical point.
4. When the request for personal time results in **missing any class other than clinic**, you **MUST** notify the Program Director **in addition to the instructor of the course**. This must be done in advance of the scheduled absence and may be accomplished via e-mail. Failure to notify the Program Director of personal time used during class will result in the loss of a clinical point.
5. If the student uses all of their accumulated personal time and then needs additional time off prior to the beginning of a new semester and the receipt of additional time, they must make up the personal time requested **prior** to the day of their absence.
6. You must **always** notify your area that you have requested time off via e-mail with a copy to the Clinical Coordinator. If you are taking a Saturday evening off, you must notify **the evening tech and the weekend tech**. Failure to do so will result in the loss of a Clinical Point.

MAKE-UP FOR ABSENCE

GENERAL POLICIES

1. All make-up must be scheduled in advance with the Clinical Coordinator. This is to assure 1:1 supervision ratios are maintained in the clinical setting.
2. If you choose, you may make up time on regularly scheduled days off. **Be advised** this will result in you being involved in school more than forty (40) hours for that week. **You may not perform any clinical activities on a hospital-recognized holiday.** The following guidelines will be used to schedule make-up time.
 - a. Students in Applied Clinic I and II: opportunities are limited as you are not prepared to be assigned to weekend and evening rotations. Therefore, the only options for make-up are the Friday before Labor Day, weekdays of the fall (October) recess, the day after Thanksgiving, and during Winter Break.
 - b. Students in Applied Clinic III: You may not perform make-up on weekends or evenings. Opportunities are limited to the Mid-Winter Recess (February), Spring Break, and the late spring Junior Recess.
 - c. Students in Applied Clinic IV – VI: opportunities include weekends, evenings, and school recesses.
3. All make-up time must also be performed in two (2), four (4) or eight (8) hour blocks unless the amount of make-up time is less than two hours.
4. All make-up time **MUST** be performed within the same semester in which the time off was used, assuming there are days available. If there are days available and you fail

to perform the make-up at these times, you will be placed on Attendance Probation as outlined in the General Attendance policies. If there are no days available, the time must be made up on the next school recess, if not a regularly scheduled day off to avoid being placed on Attendance Probation.

5. Once you schedule the make-up time, it is YOUR responsibility to remember that you are scheduled. You will not be reminded by the Clinical Coordinator.
6. All make-up time must be properly documented by a technologist using the yellow "Documentation of Make-Up and Overtime" form.
7. Special circumstances will be handled on an individual basis.

ADVANCE MAKE-UP FOR PERSONAL TIME

In addition to the General Policies above, if you do not perform make-up time for advance personal time off as scheduled, and you do call to report the absence, you may choose to either forfeit the personal time requested off or be placed on Attendance Probation. If you choose the probation option you still need to perform the make-up time for the time off. This will be scheduled for the next school recess. Exceptions are made for documented illness only as outlined in the section below titled "When you are ill on your scheduled make-up day".

MAKE-UP FOR ILLNESS

1. If you/your dependent are ill but you choose to not see a doctor, the time missed may be made up.
2. Upon return to school from these undocumented illnesses, you must e-mail the Clinical Coordinator indicating your absence before the end of the day of your return. Within five (5) working days, you must arrange the dates you

plan to make up the time with the Clinical Coordinator. This must also be done via e-mail and requires the Clinical Coordinator's approval. Failure to meet these time requirements will result in the loss of a clinical point.

WHEN YOU ARE ILL ON YOUR SCHEDULED MAKE-UP DAY

If you schedule your make-up time and then you are ill on the scheduled make-up day, you must provide medical documentation of the illness and you are required to reschedule again, per the same process listed above. If you do not have medical documentation you will be placed on Attendance Probation.

TARDINESS

1. Tardiness includes reporting late for clinical assignments and being late for class for any reason except performing exams. If you know you will not be able to arrive by your designated start time you must call ahead. If you do call before your start time, you will not receive a clinical point, but the time will be deducted from your bank and it will be recorded as a "tardy". If you do not call but show up late, you will receive a clinical point for not calling, the time will be deducted from your bank of hours, and you will receive a "tardy" notation. You must also send the Clinical Coordinator an e-mail documenting your tardiness prior to the end of the day.
2. The amount of time that a student is late to a clinical or classroom assignment will be deducted from the student's bank of hours. Students are allowed 2 tardies in any twelve (12) month period without penalty. The 3rd tardy in any 12 month span or less will result in the loss of a clinical point and the student will be placed on probation for 6 months. Each additional tardy during the probation period will then result in the loss of a clinical point and the time absent will be doubled. Failure to report tardiness will result in being placed on Attendance Probation.

TRADES

1. Trading clinical assignments is permitted only with Clinical Coordinator approval. Appropriate forms must be completed for submission.
2. When trading assignments with a student from the other hospital, a trade slip must be submitted at each hospital and both slips must be signed by both students.
3. When requesting weekend, late generals, or evening trades, they must be late generals for late generals, weekend for weekend, and evening for evening trades.

COMPENSATORY TIME OFF (OVERTIME)

Compensatory time off may be accrued for such things as staying late in the clinic after the end of assigned shift or for attending district meetings. However, you may NOT stay late just to accumulate time. You must be legitimately involved in an exam or otherwise assisting the technologists. Compensatory time will be added to personal time providing a "Documentation of Make-up and Overtime" form is completed within 24 hours and signed by the supervising technologist.

Compensatory time will not be awarded for increments of time less than 15 minutes or for missed lunches, unless the workload does not allow for the scheduled thirty (30) minute lunch.

HOLIDAYS AND VACATIONS

1. Students will not be assigned clinical or class on the following seven holidays:
 - A. New Year's Day
 - B. Memorial Day
 - C. Independence Day

- D. Labor Day
 - E. Thanksgiving Day
 - F. Christmas Day (Winter vacation)
 - G. Easter Sunday
2. Three weeks of vacation are assigned each year:
- A. The dates of winter vacation will typically be from December 24th to January 2nd.
 - B. Both Junior and Senior students will have a one-week Spring break in March.
 - C. Junior students will be scheduled for one week of summer vacation during June. Requests for specific vacation weeks can not be granted.
3. Vacation time will not be granted during regularly scheduled class time without the approval of the Program Director.

BEREAVEMENT LEAVE

1. Bereavement leave is for funerals or to take care of personal business related to a death in the immediate family. One to three days off may be authorized.
- A. Immediate family is defined as the student's spouse, domestic partner, children, parents, brother, sister, grandparents, grandchildren, legal guardian, step-children, step-parents, step-brother, step-sister, step-grandchildren, mother-in-law or father-in-law.
 - B. Time will be granted for other funeral attendance, but the time will be deducted from the student's personal time.
2. In cases where a longer absence is needed, the student may request the additional time as admissible absence.

DRESS CODE

Inappropriate dress, grooming and manners can be offensive and disturbing to patients, visitors, and the public, as well as present a health hazard. For this reason a substantial degree of conformity to accepted professional standards is required of all personnel while on hospital premises. Students whose uniform and appearance do not conform to policy will be sent home to change, will lose 1 clinical point for each occurrence, and time needed to change will be deducted from personal time. Many of the following policies are hospital policies, not just School policies.

UNIFORM

1. Students are expected to maintain a professional appearance at all times (clean, pressed, free of stains and odors, no fraying or major fading evident).
2. Cost of uniforms, shoes and lab coats are the responsibility of the student.
3. Proper uniforms must be worn in all clinical assignments. Only students rotating through portables, surgery, cardiovascular lab or other areas requiring scrubs may wear hospital scrubs. You are expected to change into **respectable** street clothes for class and lab. This is the only time street clothes are permitted in the classroom. Senior students may wear street clothes to class but hair must remain "up".
4. The School uniform should not be worn in social situations after school. Running errands is acceptable, but wearing the uniform to a restaurant, bar, etc., is not acceptable.
5. If you go to the cafeteria between class and clinic, you must either be completely in uniform, or completely out of uniform. **You may not wear your uniform with street shoes to the cafeteria unless you remove your ID badges.**

6. Uniform Requirements-**ALL NAVY BLUE:**

(1) Shirts: "Surgery style" scrub tops are prohibited for female students. Other scrub uniform-style tops are acceptable, as are polo-style shirts. Necklines should not be low and revealing.

(2) Undershirts: Only navy blue undershirts may be worn. If you wear a different color undershirt and it shows in the clinical environment, you will be assigned a Clinical Point. This shirt should not contain any writing or logos that may be visible while in the clinic. "Waffle-weave" or thermal underwear may not be worn under uniforms. Sleeves of short-sleeved T-Shirts should not be visible below the sleeves of the uniform top. Long sleeve navy blue under shirts or turtlenecks may be worn.

(3) Lab Coats: At least one navy blue lab coat is recommended to provide additional warmth during cooler seasons. No sweatshirts are allowed.

(4) Pants: "Surgery-style" scrub uniform pants with a drawstring *only* are prohibited. Pants should be well-fitting and must sit at or slightly below the natural waist. Loose, baggy uniforms are hazardous in the clinical environment while tight uniforms do not look professional. Pant legs must be worn full length and not rolled up. They should not drag the floor/ground or be frayed.

(5) Shoes: white shoes, with white shoelaces; leather or vinyl. Safety dictates the shoe should be impervious to fluids and sharps. Shoes may contain no more than 10% color in the form of a stripe or logo. Sandals, Crocs, or open toed shoes are NOT permitted. Shoes and shoelaces must be replaced or cleaned when dirty. Shoelaces must remain tied while in the clinic setting. Students may change into street shoes prior to departing for class.

(6) Undergarments: Underwear must not be visible during routine bending and lifting. Socks must be worn.

(7) Name tags/ID badges: A school nametag, hospital picture ID badge, and dosimeter must be worn. Two sets of lead markers will be provided to each student at the beginning of the program. They are also considered part of the uniform and one set must be on your person at all times. Students must always have one complete set of spare markers. If you lose a marker, you must notify the school Secretary immediately to order a replacement set. The cost is \$9.00 per set and is payable by the student.

RELATED DRESS CODE POLICIES

1. Hair: Must be kept clean, well groomed and professional in appearance. Long hair (touching the shoulder or longer) must be pulled back and fastened with a non-sharp clasp *at all times, class or clinic*. All hair must be pulled back in a *complete ponytail, braid, or bun*. This means no hair may be hanging loose, such as simply pulling back the sides. No exceptions! Hair colors may not be of unusual shades such as orange, yellow, pink, or blue. Beards and moustaches should be neatly trimmed. Headbands may be worn.
2. Fingernails: Nail polish (including clear), designs, artificial nails and nail tips are prohibited. This is an infection control standard.
3. Jewelry: Restricted to watches, award pins, engagement/wedding rings, or promise rings. Small beads or posts may be worn in pierced ears. Hoops less than the size of a quarter are allowed. Lip, tongue, eyebrow, nose or other facial rings or posts are not allowed. Small, short chain necklaces are permitted. Dangling earrings and loose chains are not permitted. Patients may easily grab these items possibly causing injury to the student. The wearing of expensive jewelry, is

NOT RECOMMENDED while in clinic. There are too many ways that rings or necklaces can be lost or damaged. The school or the clinical sponsors assume no responsibility for lost or damaged jewelry.

4. Visible tattoos: Not permitted and must be covered at all times.
5. Colognes: Heavy use of colognes, perfumes, after shave lotions, or other scented products are offensive to patients and staff and is not allowed.

IDENTIFICATION BADGES

Students will receive two (2) ID badges when they enter the program. Mercy Medical Center and St. Luke's Hospital will each issue the student a photo ID badge to be used when working as a Radiographer's Assistant or other jobs as well as during normal School clinic time for identification purposes. **ID badges may not be used for any charges.**

Appropriate ID badges for the hospital to which you are currently assigned must be displayed while in clinic at either institution. It is recommended that an ID badge pin be used rather than a lanyard. Pictures and names must be visible at all times and not obstructed by markers, stickers, stars, etc.

Lanyards used should be short enough to insure that the Picture ID badge is displayed in the area between the shoulder and elbow. Students are cautioned to wear breakaway lanyards to avoid choking injuries if patients grab them.

Upon graduation or termination from the program, the badges become invalid and must be returned to the Program Director.

Lost badges must be reported to the Program Director promptly. A \$10.00 charge will be assessed for replacement at St. Luke's and a \$25.00 charge at Mercy. Lost or damaged school nametags will be replaced for a fee of \$5.00.

INCIDENT REPORTS

A report is to be made using the appropriate hospital incident reporting mechanism for any incident which adversely affects or threatens to affect:

1. The comfort, health, or life of a patient, visitor, associate, student or volunteer.
2. The quality or promptness of any service.
3. Patient, personnel, or public relations.
4. Hospital or personal property.

There does not have to be injury before a report is completed. These reports are safeguards, not punitive in nature. Any student observing or involved in an incident, or the first one on a scene following an incident, should notify his/her supervisor as promptly as possible. The student should then complete the electronic Incident Report form during the work period in which the incident occurred. Instructions on the use of this electronic reporting requirement will be demonstrated within the first month of the program. At Mercy, the Midas system is used and at St. Luke's, a Peminic report is initiated.

LOCKERS

Storage space within the Radiology Departments is provided for storage of students' books and personal effects. Lockers are issued during the first week of the program. A record of the locker assignment is made. It is important to cooperate at all times in keeping the storage and locker areas clean. Lockers are the property of the hospital and as such are subject to inspection at any time for compliance with safety, security, and sanitary requirements. Locker space is provided as a convenience. The School or hospitals assume no liability for loss or damage of personal property. The student may be required to provide a lock.

TELEPHONES

Students are required to have a phone at their place of residence, although this may be a cell phone. Hospital telephones must be kept open at all times for hospital business. You may not use hospital phones for personal calls unless absolutely necessary. You are requested to discourage friends and relatives from calling you except in an emergency. Students may not use hospital telephones to make long distance calls without permission from the school faculty.

The Program Director may be contacted at any time via cell phone call or text message. The Director's phone is a "work phone" and is for that purpose. However, Clinical Coordinators do not have "work phones", therefore; you should not contact them via their personal cell phones for routine questions. You will see them every day and any attendance related issues should be called to their work voice mail.

Personal electronic devices (cell phones, Fitbit, smart watches and pagers, etc.) must be ***turned off, removed from your body and not visible*** during all academic class times. These devices may be used **outside the classrooms**. The only time they are allowed in the classroom is when you are eating lunch in the classroom.

During clinical assignments, you are forbidden to carry your cell phone or a pager. If you are found to be carrying these items during clinic, you will be required to take it to your locker and you will lose a clinical point. Personal electronic devices that go off during class time or in the clinical area will result in the loss of 1 clinical point. If they go off during an exam when a patient is present or during a classroom test, a 2 clinical point deduction will occur.

Any sound from the device indicating any type of message such as voicemail, text, or low battery **does** constitute the device "going off". **Turn devices off!** You may wear Fitbit and smart watches that are incapable of accessing the internet during clinical

assignments. Any audible alerts must be disabled so as to not interrupt patient care experiences. Since these devices typically communicate with your phone, it is essential that your phones are shut off and secured in your locker. Upon entering the classroom, Fitbit and smart watches must be placed inside your purse or backpack/book bag.

RADIATION PROTECTION POLICIES

1. The physical facilities at St. Luke's and Mercy Hospitals meet all existing standards as outlined by the Iowa Department of Public Health, The Joint Commission, the Nuclear Regulatory Commission and other regulatory bodies as well. These standards will be incorporated into the curriculum of the School of Radiologic Technology, so that students are aware of these various standards.
2. An assigned member of the medical staff will serve as radiation safety officer. He/she will be in charge of the various safeguards used to protect the staff, students and the patients. He/she will function as chairman of all radiation activities of employees and students in regards to patients and procedures, as defined by the Radiation Safety Committee.
3. All students shall wear a personnel dosimeter.
 - A. Students are required to wear the dosimeter at chest level, under a lead apron (as prescribed by Iowa law) when applicable. You may not be in the clinical area without it.
 - B. If the student damages or loses a dosimeter, he/she should report it immediately to the Program Director and necessary actions will be taken. Any damaged or lost dosimeter not returned to Landauer, Inc. will result in the loss of a clinical point.

- C. If a dosimeter is accidentally left in a radiographic room during a patient exam, a Dosimeter Incident Report should be obtained from the Clinical Coordinator, completed, and given to the Program Director.
 - D. If a student fails to turn in his/her dosimeter within one week after the arrival of a new month's supply, the student will have 1 clinical point deducted from the clinical grade. Readings from the dosimeter will not be available.
 - E. Dosimetry reports are posted in the classroom each month. It is your responsibility to review the report on a monthly basis. All current and historical dosimetry reports are available in the Program Director's office.
4. All students will have didactic education in Radiation Protection prior to being assigned in the clinical setting, a protection course in the third semester, and a more extensive biology and protection course in the second year of the program. Instructions concerning the proper care and wearing of the dosimeter will be discussed within the first two days of the program, prior to attending clinical experiences, as will basic protection methods.
5. Students are NEVER allowed to hold patients or image receptors during routine exams. When in the course of clinical rotations it is necessary to be exposed to limited secondary radiation (i.e. fluoroscopy), a protective lead apron and gloves are required. Mobile protective shielding may also be available in fluoroscopy areas both in radiology and the surgical procedure rooms. When patient procedures require your attendance in close proximity to the patient, such additional shielding must be utilized. Questions regarding acceptable radiation practices should be referred to the Program Director or the Radiation Safety Officer.

6. Any students involved with radioactive materials (Nuclear Medicine Rotation) will comply with standards written in the Radiology Department's manual.
7. A quarterly dosimeter review is completed at the Radiation Safety Committee meetings of Mercy and St. Luke's. Any outlying dosimetry results are discussed. The dose limits (deep dose, lens of the eye and skin dose limits) for internal investigational review are as follows:
 Quarterly: ALARA Investigational Limits

| | <u>Level I</u> | <u>Level II</u> |
|-----|----------------|-----------------|
| DDE | 125 | 375 |
| LDE | 375 | 1125 |
| SDE | 1250 | 3750 |

Monthly: ALARA Investigational Limits

| | <u>Level I</u> | <u>Level II</u> |
|-----|----------------|-----------------|
| DDE | 200 | 400 |
| LDE | 600 | 1200 |
| SDE | 2000 | 4000 |

These limits are half the limits set by state regulations. The departments/school keeps their internal limits lower than state regulations in order to identify individuals who might be at risk of exceeding their yearly limits. This gives a chance to correct any bad habits, incorrect badge placement, etc. The state requires individuals with Level I violations to receive a notice from the Radiation Safety Committee.

Level II violations require a formal written investigation. All violations are discussed with the Program Director and follow-up is performed with the student to determine the rationale for the reading such as lengthy surgery rotations, etc. Education is provided to assure students understand policies, placement, work habits, etc. All investigation findings are relayed to the Radiation Safety Committee to determine if further follow-up, education, etc. is required.

RADIATION PROTECTION POLICIES DURING PREGNANCY

If a student becomes pregnant during the program, "customary radiation safety practices for pregnant radiation workers shall be followed". While the school does not place restrictions on student pregnancy, it is felt that if a student becomes pregnant before graduation, she may place herself in an extremely high stress situation. This level of stress may affect her grades as well as her health.

A student who becomes pregnant has the option of formally declaring her pregnancy or not declaring her pregnancy. This written voluntary declaration may be revoked, in writing, at any time by the student. If a student does not declare her pregnancy, no extra radiation protection procedures will be initiated and the school and the clinical sponsors assume no liability for the protection of the embryo/fetus.

If a student declares her pregnancy and chooses to remain in the program:

1. The declaration must be in writing.
2. An estimated date of conception (month and year) must be given.
3. The student will observe proper radiation safety practices.
4. A fetal dosimeter will be provided which is to be worn under the protective apron to monitor dose to the embryo/fetus.
5. The student will obtain a declaration from her physician approving her continuation in the program and detailing any restrictions he/she feels are necessary.
6. The potential risks of radiation exposure to the embryo/fetus will be reviewed with the student by the

Program Director. No modification to the program will occur, unless the students' physician and/or Medical Director agree this is necessary.

7. The Medical Director will review any restrictions placed on the student by her physician. If the restrictions will interfere with normal clinical education, the Medical Director, in consultation with the student's own physician, may suggest that the student take a Leave of Absence.
8. If the student does take a LOA, she will be phased back into the program at a point consistent to where she was prior to the LOA. See LOA policy for more explanation.
9. During the entire gestation period, the embryo/fetus should not exceed a dose equivalent of 0.5 rem (5 mSv), not to exceed 0.05 rem (0.5 mSv) in any 1 month period. This will be monitored and recorded monthly.
10. Any injury or illness associated with the pregnancy at any time in the pregnancy will be accepted at the student's own risk.
11. The student is encouraged to return to classroom activities as soon after delivery as she and her physician feels appropriate. She may return to clinical only with the signed permission of her physician.
12. Record of the time taken off and incomplete objectives during any time off will be maintained. The student will need to meet all the clinical/class objectives that she was unable to complete during her time off. This may mean the student will be required to complete missed objectives after graduation ceremonies are held. This will result in the student not being granted a diploma until all objectives are met.

13. Each year, all female employees and students receive a copy of the U.S. Nuclear Regulatory Commission Regulatory Guide 8:13 memo, "Instruction Concerning Prenatal Radiation Exposure" and are asked to read it thoroughly and document by signature that they have complied. A copy of the guideline is maintained in the St. Luke's classroom for students to review.

MAGNETIC RESONANCE IMAGING SAFETY POLICIES

Every student must complete an MRI Safety and Screening Form and will view an MRI safety presentation prior to obtaining access to the area. An MRI technologist shall be present in the MR suite at all times when a student is present.

The MRI scan room door will be locked at all times unless an MRI technologist with Level 2 training or previously approved personnel, such as an MR Service engineer, are present. Level 2 MRI personnel are defined as those who have been more extensively trained and educated in the broader aspects of MR safety issues including, for example, issues related to the potential for thermal loading or burns and direct neuromuscular excitation from rapidly changing gradients.

It is the responsibility of the MR medical director, Dr. Brian Randall, not only to identify the necessary training, but also to identify those individuals who qualify as Level 2 MR personnel. It is understood that the medical director will have the necessary education and experience to MR safety to qualify as Level 2 MR personnel. The MRI medical director has been appointed by MR associates and is responsible for implementing and enforcing safety procedures in the MRI suites at all facilities.

INFECTION CONTROL

Students with suspected infectious/communicable diseases will be required to leave the clinical area and seek the advice of their physician. If diagnosed with an infectious/communicable disease, students must complete the treatment plan prescribed by their

physician, obtain release from their physician, then obtain an appointment for a “fit for duty” evaluation at the Work Well Clinic, prior to being allowed back in clinic. This process is to establish if a student is “fit for duty” after having been treated and released by their own physician. This same evaluation must be performed under the following circumstances:

- a. There are work restrictions from the attending physician.
- b. Restrictive appliances are needed (i.e., crutches, slings, etc.)
- c. There has been an absence of five or more calendar days
- d. A procedure has been performed (i.e., angioplasty, lithotripsy)
- e. The student has been treated as an inpatient within a hospital
- f. The student has had either conscious sedation or general anesthetic for a procedure

Infectious/Communicable diseases include but are not limited to conditions such as cold sores, chicken pox, shingles, hepatitis, staph infections, skin rashes, eye infections, pink eye, strep throat, etc. Students must call St. Luke’s Employee Health at 369-7863 to schedule an appointment for the “fit for duty” evaluation. The Program Director or Clinical Coordinators may insist a student leave the class/clinic in cases of suspected infectious diseases.

Students prescribed antibiotics must be on the medication for 24 hours prior to returning to school. Students with a fever or diarrhea must be diarrhea or fever-free for 24 hours as well prior to returning. Our goal is to reduce the number of patients, staff, and other students infected.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Students may take advantage of the services provided by the EAP of both hospitals. These services include counseling and psychiatric services. Initial appointment and some additional sessions are free of charge to the student. Telephone numbers: St. Luke’s, 369-8152 and Mercy, 398-6694.

Both Mercy Medical Center and St. Luke's Hospitals have pastoral care departments that are available to all M/StL students. Pastoral care counseling covers both spiritual and personal needs of the students and is available free of charge.

Referrals to the EAP may be made by the faculty prior to initiating, or as part of any disciplinary procedure. If EAP counseling is required by the School, the EAP staff are only allowed to verify the student did attend the session, and will not reveal any other information regarding the session, unless authorized by the student.

DRUG AND ALCOHOL FREE CAMPUS STATEMENT

Mercy/St. Luke's School of Radiologic Technology maintains a drug and alcohol free campus. Because of the serious nature of the health risks inherent in the use of illicit drugs and the abuse of alcohol, the School urges all students to refrain from these activities in the off-duty hours.

Due to the serious risk to our patients' lives, health and peace of mind, the School requires all students to be free of the influence of intoxicants or illicit drugs while on the school campus. This includes but is not limited to the possession, distribution and/or use of any intoxicant or any substance listed on the Controlled Substance Act. Violation of the above is grounds for immediate dismissal, as called for in the school policies, and possible reporting to the proper state, local or federal authorities for their action. Violators are not subject to re-instatement.

An exemption to the above policy is medications taken under the order of a physician. Any student who feels they may have an alcohol or substance abuse problem may utilize the Employee Assistance Programs of either sponsoring institution. School employees should refer to the appropriate sponsoring institution policy manual for policies concerning the possession, distribution and/or use of alcohol or illicit drugs on hospital property.

This statement is distributed in compliance with the Higher Education Act of 1965 as amended by the Drug Free Schools and Committees Act Amendments of 1989 (Pub. L. 1101-226) (20 U.S.C. section 1145 g).

TOBACCO POLICY

Both hospitals are tobacco-free campuses. The use of tobacco at any hospital-owned facility or on hospital grounds is banned. This policy affects employees, visitors and patients alike. A tobacco-free campus sends a clear message of the two hospitals' commitment to create and sustain healthy communities.

STUDENT ACCESS TO THE JRCERT

Students have the right to contact the JRCERT if they believe that the school is not following or adhering to JRCERT Standards as contained in the "Standards for an Accredited Educational Program in Radiologic Sciences". A copy of this may be found in both classrooms, on the School webpages, and online at www.jrcert.org. It is assumed if a student has a concern, this has been made known to the Program Director prior to contacting the JRCERT, although it is not required. Any allegations of non-compliance will be documented by the Program Director, as well as any documentation concerning the allegation, including the resolution. The JRCERT may be contacted at:

Joint Review Committee on Education in Radiologic
Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: 312-704-5300

POCKET POSITIONING GUIDES (FLIPPY BOOKS)

Pocket positioning guides will be created as part of the Radiographic Anatomy & Procedures courses and include information about all general projections presented in class. The

guide must be updated by the date of the test for each unit. If the book is not updated, the student will receive a clinical point. If the positioning guide is not in the clinical area each day, a clinical point will also be given.

You may prepare the pages of the guide on the computer. Any information indicating one student prepared the information and simply re-printed it for other students will be considered subversive behavior (attempting to be deceitful) and dishonest. Disciplinary action will be taken.

