



Holy Family
UNIVERSITY

**POLICY MANUAL
VOLUME VIIIK**

BACHELOR OF SCIENCE IN
RADIOLOGIC SCIENCE
STUDENT HANDBOOK

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Bachelor of Science in Radiologic Science
Student Handbook

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Volume VIIIK
BACHELOR OF SCIENCE IN RADIOLOGIC SCIENCE
STUDENT HANDBOOK

8K Purpose, Organization and Governance

8K.1 Mission Statement

The Radiologic BSRS Science Program of Holy Family University is committed to the formation of integrated persons who possess knowledge and awareness of their responsibilities to God, humanity, and self. The Program seeks to cultivate professional competence in graduates who actively responsible in societal service to a diverse human family. The Program is designed to endow the radiologic health team with leaders, educators and advanced modality imaging specialists committed to the service of mankind.

8K.1.1 Goal of the BSRS Radiologic Science Program

The Bachelor of Science in Radiologic Science (BSRS) program offers degree completion on a part or full-time basis. The curricula tracks are designed to prepare students for advanced clinical practice as *Computed Tomography (CT)*, *Mammography (M)* and *Magnetic Resonance (MR)* technologists. A *general track* promotes professional development for leadership, research and education positions. The goals of the Program are as follows:

8K.1.1.1 Program Goals

1. Provide a curriculum for post-primary practice in radiologic science.
2. Develop critical thinking and problem-solving skills necessary for independent and supervisory functions in radiologic science.
3. Develop student behaviors that promote continual professional development.

8K.1.1.2 Program Outcome Objectives

At graduation from Holy Family University's BSRS program, student will:

1. Synthesize knowledge and skills utilized for specialized practice in radiologic positions.
2. Refine communication skills required for competent clinical practice.
3. Evaluate problem solving and critical thinking skills required for competent clinical practice.
4. Integrate behaviors that promote professional growth and development.
5. Analyze issues that influence health care needs of diverse populations.
6. Apply technological literacy, competency, and systems-oriented protocols through interaction with the technological world.

8K.1.2 Enabling Activities

The goals in Section 8K.1.1.1 will be carried out by the following actions:

1. Students will expand technical, intellectual, information literacy/presentation, and social

skills through active participation in the organized sequencing of classroom, laboratory, and clinical education experiences provided in the curricula;

2. Students will develop technical proficiency that improves Radiologic Science health services and advances career fulfillment;
3. Post-primary track students will perform clinical procedures using patient-focused, evidenced-based standards of care, effectively employing measures of radiation protection for patient, self and others.

8K.1.3 Comprehensive Examination

8K.1.3.1 Policy

In accordance with university policy, a required comprehensive examination or project is a primary indicator of knowledge integration acquired through successful completion of didactic and/or clinical courses. Passing the comprehensive project is required to fulfill graduation requirements. Graduation may be delayed in the event of a failing grade on the comprehensive project.

8K.1.3.2 Procedure

1. The comprehensive project will be assigned during RADS-450.
2. The nature and time of the comprehensive project assignment is determined (and outlined) in the RADS-450 course syllabus.
3. Program faculty will determine a passing score on the comprehensive project.
4. Students who are not successful passing the comprehensive project on first attempt are required to meet with the RADS-450 course instructor for guidance and direction.
5. The comprehensive project must be passed to fulfill graduation requirements.

8K.1.4 Clinical Practice Examinations

8K.1.4.1 Description

Clinical practice experiences shall be designed to include sequential development, application, critical analysis, integration, synthesis and evaluation of concepts and theories in the performance of clinical experience procedures. Using structured, sequential assignments in the clinical setting, concepts of team practice, patient-centered clinical practice and professional behaviors shall be effectively communicated, demonstrated, observed and evaluated.

Clinical practice shall be designed to provide experiences in patient care and assessment, competent performance of post-primary imaging procedures and image assessment. Progressive increases in the level of student proficiency enable the student to:

1. Incorporate patient assessment and management with procedural performance and evaluation required in daily clinical practice.
2. Execute imaging procedures under appropriate levels of clinical supervision.
3. Adhere to concepts of team practice, focusing on organizational theories, team member roles and conflict resolution.

4. Adapt to varying clinical environments by rotating to a minimum of two clinical education settings.
5. Perform patient-centered care under direct or indirect supervision for all patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin, and radiologic examination prescribed.
6. Respect gender, cultural, religious, age and socioeconomic factors that influence patient compliance with procedures.
7. Adapt procedures/protocols to meet age-specific, disease-specific and culture-specific needs of patients.
8. Integrate the use of appropriate and effective oral, written and nonverbal communication with patients and family, the public and members of the health care team (peers, physicians, nurses, administration, etc.) into the clinical environment.
9. Demonstrate proficiency in patient assessment skills by accurately evaluating the patient's status and condition before, during, and after the imaging procedure.
10. Evaluate examination requests and correlate to patient history for accuracy, and initiate verification procedure(s) as necessary.
11. Assess and document patient history prior to beginning each imaging procedure.
12. Identify and actively respond to patient adverse reactions to a contrast agent administration and follow established facility policy.
13. Submit imaging procedures to PACS. Document imaging procedures completion in patients' records following established facility policy.
14. Apply *standard precautions* during all imaging procedures in support of infection control practices.
15. Apply appropriate medical and surgical aseptic techniques while completing imaging procedures.
16. Prepare equipment and accessories (including contrast agents) as necessary to perform imaging procedures.
17. Report any equipment malfunctions to appropriate clinical personnel.
18. Demonstrate (as appropriate) the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.
19. Demonstrate (as appropriate) the principles of MR safety protocols.
20. Comply with safe, ethical and legal practices pertaining to the completion of imaging procedures.
21. Adhere to the ASRT's *Scope of Practice and Practice Standards for CT, M and MR* into clinical practice.
22. Demonstrate principles of transferring, positioning and immobilization, of patients to effectively complete imaging procedures.
23. Comply with departmental and institutional procedures when responding to emergencies, disasters and accidents.

24. Differentiate between emergency and non-emergency imaging procedures.
25. Critique/evaluate medical images for appropriate clinical information, image quality, and patient demographics.
26. Critique/evaluate medical images to determine corrective measures to improve non-diagnostic images.
27. Demonstrate accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.
28. Honor HIPAA compliance while completing all didactic and clinical education activities.

8K.2 Academic Policies and Procedures

8K.2.1 Admission Procedures

Individuals interested in the BSRS Program may request program information from either the Holy Family University Office of Admissions or the Radiologic Science Program Office.

Interested individuals should follow the application procedure as described in the University's Undergraduate Catalog (www.holyfamily.edu/academics/catalog1.shtml).

Once the application has been reviewed by the Admissions Office and found to meet the University's admission requirements, including a minimum post-secondary GPA of 2.5, the candidate must document ARRT certification and be in compliance with CE requirements. The University awards 44 semester hour credits for course content mastered through successful completion of an accredited radiography curriculum and attainment of ARRT certification. The University accepts ARRT certification in radiography as validation of entry-level knowledge. Transfer credit of core course credit will be evaluated by the Academic Advising Center and approved by the Dean, School of Nursing and Allied Health Professions and Radiologic Science Program Director.

Applicants must comply with the Program's Physical/Technical Standards plus Tattoo Policy. (Refer to *Appendix 8K.2.1.1: Technical Standards* and *Appendix 8K.2.1.2: Tattoo Policy* for additional information.)

8K.2.2 Advisement and Rostering

All matriculated Radiologic Science students are initially advised by the Academic Advising Center. A Radiologic Science academic advisor will also be assigned to each student. Students' names and assigned academic advisors are posted inside (and immediately outside) the Radiologic Science Program Office (HFH 114). Each student is expected to schedule roosting appointments with the Academic Advising Center (or individual academic advisors) and to actively participate in the advising process.

Once the student and academic advisor have developed a roster for the next academic semester, it is required that the student inform the advisor of any changes in course selection. Courses may be offered only during certain semesters, and careful planning is critical to ensure successful completion of degree requirements. BSRS radiologic science courses may only be offered once per academic year, and must be completed in sequence (see specific BSRS track Course Sequence Sheet). Additionally, a student planning to withdraw from a course should make an appointment with the academic advisor to determine the impact of the withdrawal on Program progression, full-time status, and/or financial aid eligibility. Failure to officially withdraw from a

course with the Registrar's Office can result in a student receiving a grade of F.

The advisor's role is one of assisting the student in completing the program of study; therefore, it is important that a strong professional relationship be established between the student and academic advisor. Support of faculty advisement does not reduce the student's responsibility for academic decisions. Final responsibility for attaining degree requirements rests solely with the student.

Students are not guaranteed that all classes and/or clinical assignments will be offered at a time of their choice. Day/evening/online classes or day/evening clinical assignments may be necessary depending on the availability of faculty and clinical education settings.

8K.2.3 Eligibility to Remain in the BSRS Program

Continued enrollment requires students to achieve a minimum:

- Grade of C in all radiologic science courses,
- Concentration GPA of 2.5*, and
- Cumulative GPA of 2.5*.

Students earning a grade less than "C" in a didactic concentration course are permitted to repeat this course once. Students "failing" a clinical education course will be dismissed from the BSRS Program.

*Students whose *concentration* and/or *cumulative* GPA drops below 2.5 will have one semester to increase the GPA to 2.5. Students who do not achieve a *concentration/cumulative* GPA of 2.5 after one additional semester will be dismissed. Students who restore the *concentration/cumulative* 2.5 GPA after one additional semester will be permitted to continue in the BSRS Program. If the student's *concentration* and/or *cumulative* GPA falls below 2.5 in any subsequent semester they will be academically dismissed. Dismissal from the BSRS Program does not constitute dismissal from the University.

Students must earn a minimum grade of D in all core and concentration-related (i.e., BIOL-207/L & 208/L) courses to satisfy graduation requirements.

A student who is academically dismissed from the BSRS Program is not eligible for readmission.

8K.2.4 Program Dismissal

8K.2.4.1 Academic Grounds

See Section *8K.2.3 Eligibility to Remain in the BSRS Program*.

8K.2.4.2 Clinical Grounds/Clinical Suspension

Students must complete all clinical education courses in sequence with a minimum grade of "pass" to progress forward in the BSRS Program. Students who "fail" a clinical education course are dismissed from the BSRS Program.

Clinical misconduct may result in a student's immediate clinical suspension and possible dismissal from the BSRS Program. Holy Family University will not tolerate any act that violates acceptable standards of professional conduct at a clinical setting. Students are directed to review *Appendix 8K.2.4.2.1: Clinical Conduct Policy*. Clinical suspension may result from any act that violates a clinical education setting's standards of conduct, for any act that, in the opinion of

faculty, places a patient and/or clinical personnel at risk.

A student may, for any of these offenses (but not limited to), be told to leave a clinical facility at any time, and must comply immediately. Any student requested to leave a clinical facility must report directly to the Radiologic Science Program Office and meet with the Course Coordinator (or if unavailable, another Radiologic Science faculty member) to provide their account of events leading up to their clinical suspension, and to receive procedural instructions.

A student suspended from clinical education activities may not attend clinical assignments pending a decision by faculty, typically consisting of faculty members from the School of Nursing and Allied Health Professions, including a minimum of two Radiologic Science faculty members, within one week of clinical suspension.

A decision by faculty will be determined and the Program Chair will forward a written response to the student within one week of the clinical suspension. This review may result in: dismissal from the University and/or BSRS Program or clinical reinstatement to the same (or different) clinical education setting (pending clinical space availability). If reinstated, the student will be responsible for all clinical course requirements and a decision regarding clinical absence(s) (and impact on course grade) will be determined at this time.

A student dismissed from the BSRS Program for clinical misconduct is not eligible for Program readmission.

8K.2.5 Program Readmission

Program readmission is only granted to students having elected to voluntarily stop-out of the University/BSRS Program. Students seeking readmission must adhere to the following conditions:

1. Readmission may be requested only once.
2. Readmission is dependent upon didactic and clinical space availability.
3. Readmission will only be considered following a student's voluntary withdrawal from the BSRS Program/University. The student must have stopped-out having minimum cumulative and concentration GPAs of 2.5 to qualify. Students dismissed (or who withdraw) due to academic (or clinical) reasons are not eligible for readmission.
4. A written request must be submitted to the Radiologic Science Program Chair one semester prior to the semester to which the student is seeking readmission, to provide sufficient time to assess and process the request.
5. Students must follow the University's *Readmission to the University* policy described in the *Undergraduate Catalog* (www.holyfamily.edu/academics/catalog1.shtml).
6. Compliance with this policy rests solely with the student.

8K.2.6 Grievance Procedure

8K.2.6.1 Non-Academic Grievance

The policies and procedures set forth in this *Policy Manual* have been established as a guide for students to ensure a proper environment for academic, spiritual, and social growth. It is hoped that students will respond with maturity and a strong sense of individual responsibility while completing the BSRS Program's requirements.

If any student has a grievance related to University policy and non-academic in character, the student shall first discuss the complaint with the person involved.

If the problem is not resolved or the person involved is unavailable after 15 regular school days, a letter outlining the grievance may be sent to the Office of the Vice President for Student Services.

If the problem remains unresolved in the Office of the Vice President for Student Services after 15 regular school days, the student may request in writing that the Vice President for Student Services form an impartial committee of an administrator, two faculty members, and two students to settle the grievance.

8K.2.6.2 Academic Disputes or Challenges

The appeal procedure shall act as a vehicle for communication and decision-making between student and faculty and provide a process through which a grievance can be resolved. Justifiable cause for grievance shall be defined as any act that is perceived as either a prejudiced or capricious action on the part of a faculty member in the evaluation of a student's performance or an arbitrary action or imposition of sanctions without regard for due process. If a student questions a decision made by a faculty member, the first level for appealing the decision is to ask the faculty member to review the decision based on any additional information offered in writing by the student. If the issue is not resolved to the satisfaction of all parties within 15 regular school days, then a written appeal should be sent to the program director.

If the program director is unable to resolve the issue within 15 regular school days, then either party may send a written letter of grievance to the school Dean for review and action.

If the school Dean is unable to resolve the issue within 15 regular school days, a written letter of grievance may be sent to the Vice President for Academic Affairs for review and action.

The final appeal is to the Vice President for Academic Affairs. Any academic dispute or grade challenge must be presented by the conclusion of the next semester and resolved within one year. Any dispute or challenge older than one year will not be considered. (Refer to University's Undergraduate Catalog at www.holyfamily.edu/academics/catalog1.shtml for additional information regarding academic disputes/challenges.)

8K.3 Clinical Education Experience

8K.3.1 Overview of Clinical Education

Holy Family University is committed to providing a comprehensive clinical education experience essential to preparing students for post-primary certification in CT, M or MR. The clinical curriculum is composed of two sequentially linked clinical education courses that increase in complexity and requirements. Details outlining clinical education requirements are published in individual course syllabi. Additional information pertaining to clinical policies and procedures is published in the Radiologic Science *BSRS Clinical Education Handbook*.

Compliance with *University Policy Manual Vol. VIII-K BSRS Student Handbook Radiologic Science* policies and procedures is required while participating in all clinical education assignments. Specific policies outlining the lowering of clinical grades due to policy noncompliance are described in individual clinical course syllabi.

8K.3.2 Objective of Clinical Education

Students will observe, practice, and actively demonstrate professional skills required for clinical practice by:

1. Completing the required number of clinical experience procedures established for each clinical course (as defined in clinical course syllabi);
2. Integrating patient assessment and management focusing on procedural analysis, performance and evaluation required in daily clinical practice.
3. Executing imaging procedures under the appropriate level of supervision.
4. Adhering to concepts of team practice focusing on organizational theories, roles of team members and conflict resolution.
5. Adapting to varying clinical environments by rotating to a minimum of two clinical education settings.
6. Supporting patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Respecting patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin, and radiologic examination prescribed that influence patient compliance with radiologic procedures.
8. Adapting procedures/protocols to meet age-specific, disease-specific and culture-specific needs of patients.
9. Integrating the use of appropriate and effective oral, written and nonverbal communication with patients and family, the public and members of the health care team (peers, physicians, nurses, administration, etc.) into the clinical environment.
10. Demonstrating competence in patient assessment skills by accurately evaluating the patient's status and condition before, during, and after the imaging procedure.
11. Evaluating the examination request and compare to patient history for accuracy, and initiate verification procedure as necessary.
12. Assessing and documenting patient history prior to beginning the imaging procedure.
13. Identifying and responding to patient adverse reactions to contrast agent administration and follow appropriate clinical protocol.
14. Documenting procedure completion in patient's record following facility policy.
15. Applying *standard precautions* during all radiologic procedures in support of infection control practices.
16. Applying appropriate medical and surgical aseptic techniques while completing imaging procedures.
17. Preparing equipment and accessories (including contrast agents) as necessary to perform imaging procedures.
18. Reporting equipment malfunctions to appropriate clinical personnel.
19. Demonstrating (as appropriate) the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.

20. Demonstrate (as appropriate) the principles of MR safety protocols.
21. Complying with safe, ethical and legal practices pertaining to the completion of imaging procedures.
22. Integrating the ASRT's *Scope of Practice and Practice Standards for CT, M, MR* into clinical practice.
23. Demonstrating principles of transferring, positioning, immobilizing, and restraining of patients to effectively complete imaging procedures.
24. Complying with departmental and institutional procedures when responding to emergencies, disasters and accidents.
25. Differentiating between emergency and non-emergency imaging procedures.
26. Evaluating medical images for appropriate clinical information, image quality, and patient demographics.
27. Evaluating medical images to determine corrective measures to improve non-diagnostic images.
28. Demonstrating accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.
29. Maintaining HIPAA compliance while completing all didactic and clinical education activities.

The student will observe, practice, and demonstrate application and synthesis of professional behaviors by:

1. Demonstrating an ability to interact with others;
2. Communicating a caring (empathetic) attitude toward patients;
3. Accepting (and applying) constructive feedback (including self-evaluation) needed to foster growth and development of appropriate affective behaviors;
4. Demonstrating an effective use of time management completing assignments systematically and efficiently;
5. Adhering to Program (and clinical agency) policies and procedures;
6. Demonstrating ethical conduct, respecting the patient's rights, values and confidentiality;
7. Demonstrating self-motivation necessary to complete clinical education requirements;
8. Demonstrating dependability and responsibility while fulfilling clinical education requirements;
9. Presenting an appearance and demeanor that communicates professionalism and competence;
10. Demonstrating interest in the profession of Radiologic Science by joining a professional organization such as PhilaSRT, and/or American Society of Radiologic Technologists (ASRT); and
11. Performing community service by attending health fairs; visiting local schools;

participating in Lambda Nu Honor Society activities, monthly Program Information Sessions, campus Blood Drive and other Radiologic Science Program events.

(See Appendix 8K.3.2.1: American Hospital Association Patient's Bill of Rights, Appendix 8K.3.2.2: Code of Ethics of the American Society of Radiologic Technologists and Appendix 8K.3.2.3: Eligibility for Certification by the American Registry of Radiologic Technologists.)

8K.3.3 Eligibility for Clinical Placement

Eligibility for clinical placement requires that each student meet the following criteria:

Personal health information shall include: preadmission health examination and immunization record and cumulative student health records be maintained throughout the student's enrollment.

Prior to beginning clinical education experiences and subsequently thereafter, students are required to:

1. Meet the ethics eligibility requirements of the American Registry of Radiologic Technologists Examination in Radiography, as well as standards required by clinical agencies to which students are assigned.
2. Maintain current cardiopulmonary resuscitation (CPR) competency for health care professionals. Students who do not meet this requirement will not be able to attend clinical education assignments and will accrue clinical absences that will be calculated into the clinical attendance factor.
3. Complete a criminal background check using CertifiedBackground.com (www.certifiedbackground.com), and obtain a report from the PA Child Abuse Registry. Students will not be validated to enter the first clinical education course unless the criminal background check and PA Child Abuse Registry report are performed with negative results. Both must be repeated if enrollment has been discontinued for more than one semester. Students are responsible for notifying the Radiologic Science Program Office immediately following any change in legal status.
4. Conviction of any offense other than a minor traffic violation may impair one's ability to continue in the Radiologic Science Program or meet ethics eligibility requirements for the American Registry of Radiologic Technologists Examination in Radiography.
5. A drug screening is required, completed within three months prior to the Program's start date. Students will not be validated to enter the first clinical education course unless a drug screen is performed with negative results. The sample for screening will be obtained and tested by a certified laboratory approved by the Radiologic Science Program. Medical review and/or retesting of the previously submitted sample will be conducted according to the policy of the approved laboratory.
6. Health packet information must be completed as directed to avoid delaying the start of clinical education assignments. Student health credentials must also be up to date to begin clinical education assignments.
7. Document current and continuous personal healthcare insurance throughout Program enrollment.

Students are required to:

1. Submit pre-entrance health examination and immunizations to Radiologic Science Program Office required by the University and Health Services.
2. Submit results of a yearly PPD to the Radiologic Science Program Office. Students who have received a BCG/SSI vaccination or have had a positive PPD will be required to have a chest x-ray every two years or physician clearance prior to clinical experience.
3. Maintain current CPR for Health Care Professionals and submit documentation to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required. [In any healthcare assignment, it is imperative that healthcare providers, at all levels, be proficient in basic life-saving techniques, therefore, Radiologic Science students are required to maintain continuous certification in cardiopulmonary resuscitation (CPR) for healthcare providers throughout their enrollment.]
4. Submit completed Request for Criminal Record Check, PA child abuse clearance, and drug/alcohol screening to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required.
5. Complete a physical examination and submit the Report of Health Evaluation to the University's Health Services prior to beginning clinical education assignments. The following should be included with the examination:
 - a. Documentation of two MMR immunizations or titers for measles (rubeola) and German measles (rubella).
 - b. Documentation of having had chicken pox, varicella vaccine, or titer for chickenpox.
 - c. Documentation of maintenance of a tetanus immunization every 10 years.
 - d. Documentation of Hepatitis immunizations or signed waiver.
 - e. Document annual negative tuberculosis test, or if positive tuberculosis test in the past, a chest x-ray is required every two years.
6. Submit documentation of personal health care insurance to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required.
7. Annually, provide Radiologic Science Program Office an updated copy of ARRT certification card, specifically indicating compliance with CE credit.

Utilizing proper principles of body mechanics is also important to clinical practice in order to avoid back injury.

8K.3.3.1 Health Insurance Policy

Students completing clinical education assignments are required to have continuous healthcare insurance. This is a requirement of all clinical education settings. Neither the clinical education setting nor the University is financially responsible for care provided to a student who becomes ill or injured during clinical education activities. Proof of current health insurance (a copy of healthcare insurance card) must be provided annually.

8K.3.3.2 Clinical Credentials Policy

1. Submit results of an annual negative tuberculosis test to the Radiologic Science Office. If you have had a positive tuberculosis test in the past, a chest x-ray is required every two years.
2. If you have not had chicken pox or the vaccine, you must have a **varicella titer** and documentation filed with the Radiologic Science Office.
3. If, as an internal transfer student, you already completed the University's Report of Health Evaluation, you have met this requirement. However, please read #4 below, as dates of immunizations are required, not a checkmark indicating completion.
4. The Report of Health Evaluation form has a section on immunizations that must be completed as directed. Dates of immunizations are extremely important. If the physician is unable to document the date of your Rubella or the two dates of your Rubeola and "mumps" immunizations, you will need a **Rubella titer** and/or **Rubeola titer** that indicates these immunizations are now required. Immunizations must be completed and documented prior to clinical placement.
5. Evidence of a negative *Criminal Record Check* and drug screening as reported by www.CertifiedBackground.com and PA child abuse clearance is required. Students are responsible for immediately notifying the Program Director of any change in legal status.

8K.3.4 Clinical Education Assignment

The Course Coordinator determines clinical education assignments. These assignments provide students with the volume and variety of clinical experiences necessary to successfully progress through the BSRS Program. Students are expected to assume responsibility for personal transportation to clinical education settings. Students are required to rotate to a minimum of two Clinical Education Settings prior to completing the BSRS Program. Assignments to clinical education settings will be based on educationally valid reasons, not proximity to students' current residence. Clinical assignments for the next semester are posted two weeks prior to the end of the current semester and are considered final.

8K.3.4.1 Clinical Education Settings

A current list of recognized clinical education settings can be found in *Appendix 8K.3.4.1.1: Recognized Clinical Education Settings*.

8K.3.4.2 General Clinical Education Information

Recognized clinical preceptors are on-site in all clinical education settings. Clinical education assignment hours include the equivalent of 16 hours per week. Clinical assignment for any one day will not exceed 8 hours; however, a student should complete an imaging procedure currently in progress before leaving. This includes having images checked for accuracy, decisions on the need for additional images (if necessary), and assurance that the patient is properly dismissed following completion of the imaging procedure.

Student clinical education assignments are developed in accordance with published University semester calendars. The clinical rotation schedules for each semester provide detailed clinical assignments for each student. Clinical rotation schedules are posted on Blackboard® and other locations prior to each semester.

Students are permitted one day (eight hour) of personal time per clinical course without incurring a grade penalty. This time is available for sickness, doctor visits, bereavement, and emergency situations. (See clinical attendance factor policy published in all clinical course syllabi.)

For additional information pertaining to clinical education experiences, students are directed to the *BSRS Clinical Education Handbook* and individual clinical course syllabi.

8K.3.4.3 Schedule of Clinical Education Assignments

Clinical assignments may follow the summary chart below:

<i>No. Days/Week</i>	<i>Day of Week</i>	<i>Hours</i>
2	M, W	8 am - 4 pm
2	T, TH	8 am - 4 pm
4	M-TH	4 pm - 8 pm

Alternative scheduling may be available on an individual basis. Course coordinators will determine, and approve, all clinical education schedules.

Clinical education assignment times are published on all clinical education schedules. *Note:* Paid clinical employment or other activity by the student has no influence on the structured clinical experience and is not accepted as a rationale for any change in clinical education requirements.

8K.3.5 Clinical Education Attendance

Students are expected to attend all scheduled clinical assignments. Attendance during all scheduled clinical assignments is necessary to ensure successful completion of clinical course requirements. The Course Coordinator keeps a record of each student's attendance, absence, and lateness for every clinical course. If a student is unable to attend a clinical assignment, (s)he must notify the Radiologic Science Program Office using the "call-out extension" (267-341-3561) **and** current clinical education setting by 7:45 am on that day (Note: by 3:45 pm if scheduled for 4 pm to 8 pm rotation). Students are encouraged to notify the Program Office **and** clinical education center the evening before in the event of an anticipated absence (be sure to obtain the name of the person you speak to if voicemail is not available at the clinical site). If a student fails to notify either the program office or clinical education setting of an absence **OR** notifies either of these settings after 7:45 am (or as noted above), the student is in violation of the attendance policy. (Exceptional circumstances may be reviewed by the Course Coordinator on an individual basis.)

Penalties incurred for attendance policy violations are cumulative throughout the two clinical education courses. Violation of the attendance policy results in the following:

- 1st offense: written warning
- 2nd offense: student's clinical grade is lowered one whole letter grade
- 3rd offense: student's clinical grade is lowered two whole letter grades
- 4th offense: dismissal from the Radiologic Science Program

- Students are permitted one absence per clinical course without grade penalty. Accrual of additional absences in a clinical course may result in clinical failure.

Details describing grade calculations for each clinical course are included in individual syllabi.

- Lateness reflects unprofessional and irresponsible behavior. If a student is unable to arrive at a clinical assignment on time, (s)he must follow the Attendance Policy as outlined above. Failure to comply is considered a violation of the Attendance Policy. Three late (or leaving early) occurrences per semester will be counted as one absence in the clinical attendance factor. Any student who arrives more than two hours late for a clinical assignment will be considered absent for that day. All lateness (or leaving early) time will be calculated in the clinical attendance factor.

A student who begins a clinical assignment is expected to complete the entire assignment. If a student needs to leave a clinical assignment early, (s)he must notify a Holy Family Radiologic Science faculty (e.g., Course Coordinator, Program Chair, or Clinical Instructor) prior to leaving the clinical setting. Leaving a clinical assignment early without notifying Radiologic Science faculty is considered an attendance policy violation. In addition, time missed will be calculated into the student's clinical attendance factor as absence time.

Clinical preceptors (or others employed by clinical agencies) do not have authorization to dismiss students early from clinical assignments.

Record of student attendance will be kept through www.ontheclock.com. All students will be provided unique user names and passwords to sign-in and out of www.ontheclock.com. Students are to keep their user names/passwords confidential and are not to sign in/out for other students. Using designated computers at each clinical site, students are responsible for signing-in at the time of their arrival and signing-out prior to leaving for the day. If computer access is not available at an assigned clinical education setting, students must sign-in and out by leaving a message on the "call-out extension" (267-341-3561). Any student signing-in after their designated start time will be considered absent for the day, unless the Program Office and clinical setting were notified of the student's lateness beforehand.

An early release option from clinical education assignments is not supported.

Violations of the Attendance Policy relating to signing-in/out are outlined on the Attendance Policy Flowchart*.

*The Attendance Policy Flowchart is included in the Radiologic Science *BSRS Clinical Education Handbook*.

8K.3.6 Emergency University Closing

Day Classes: School Closing Number 124

Evening Classes: School Closing Number 2124

In the event of inclement weather or other emergencies, University closings will be announced on KYW 1060-AM radio or online at www.kyw1060.com. Students are not expected to attend class or clinic in the event of University closing, **but should notify the clinical site by 8 am (or 4 pm) that the University is closed**. There is no need to notify the Program Office, as the office will already have this information. (See University Policy Manual Volume II Section 2.7.12 for additional information. Policy Manual II is only accessible from within Holy Family

University's "intranet.") If impending inclement weather causes the Northeast campus, Newtown, or Woodhaven to close, the opening message on the University telephone system (215-637-7700) will be changed to indicate the closures.

To ensure the security of Holy Family's three locations, the University has implemented an "emergency alert" system. This voluntary system is designed to immediately notify the campus community, via cell phone or email, when an emergency situation occurs on campus. Up to two cell phone numbers and one email address may be registered per person. In addition to emergency situations, the new system will alert registered members when the University is closed due to snow or other weather-related events. To register, visit: www.holyfamily.edu/security/emergencytext.shtml.

8K.3.7 Use of Controlled Substances

8K.3.7.1 Alcohol and/or Drugs

Use of alcohol and/or drugs at clinical education settings is prohibited. Such use is also in violation of University student policies and will result in immediate clinical suspension and/or dismissal from the Program/University. For further information, please see section [8K.2.4](#) and University Policy Manual Volume II, Section 2.6.2 for Campus Community Policies.

8K.3.7.2 Smoking at Clinical Education Settings

Clinical education settings are smoke-free environments. Smoking is discouraged and may be permitted only in restricted areas officially designated by each clinical education setting.

8K.3.8 Dress Code

Students are required to present a professional appearance during all scheduled clinical assignments.

It is the patient's right to be treated with dignity and care by individuals who practice appropriate personal hygiene. Therefore, each student is required to practice appropriate personal hygiene when participating in clinical education assignments.

The dress code for students attending clinical assignments includes:

1. Cleanliness and neatness without offensive odor are required.
2. Solid navy blue scrub pants correctly sized and fitting at waist, and navy blue scrub top, clean, neat, pressed, and unstained. All-white socks. Uniforms will be purchased through Dove Apparel.
3. A plain white turtleneck or crew neck long sleeve (non-thermal type) shirt under scrub top is also acceptable.
4. Clean white uniform shoes, or entirely white sneakers (used only for clinical education purposes).
5. Lab jackets/coats (purchased through Dove Apparel) are recommended if clinical assignment area necessitates additional clothing for warmth.
6. Holy Family student identification patch (purchased through Dove Apparel) must be sewn onto the upper left sleeve of each scrub top and lab coat (or jacket).

7. Holy Family issued Radiation Monitor at waist or collar level (collar if lead apron is worn). If a clinical education setting issues a second radiation monitor, students should follow institutional guidelines regarding how to wear the monitor.
8. Simple *post* earrings (two maximum in earlobe only), wedding ring, and a watch are acceptable. Any exposed body jewelry (including tongue), other than that worn in the ear or on the finger is prohibited.
9. Identification (ID) badges issued by clinical education settings must be visibly displayed. If no clinical agency ID is issued, the student's Holy Family ID must be visibly displayed.
10. Name tag (purchased through Dove Apparel) must be pinned to the upper left side of uniform top (or jacket).
11. Hair must be neat in appearance, worn up or secured off the face and of a natural color. A single solid white, navy, tan or black headband may be worn.
12. 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.
13. All tattoos must be sufficiently covered as to not be visible.
14. Fingernails must be short and neatly trimmed. Artificial nails or nail tips are not permitted. Nail polish, if worn, must be clear or light in color. Hand washing, following contact with each patient is required.

Any student not in uniform as described above will have the violation documented (in writing) and may be sent home and considered absent for that day. Repeated violations of the dress code (>3) will result in clinical suspension with recommendation for dismissal from the BSRS Program.

In the event of unexpected uniform soiling during the day, a Holy Family faculty (e.g., Clinical Instructor, Course Coordinator) will provide guidance.

8K.3.9 Emergency Situations

In case of an emergency situation involving a student, the student *must* contact the Course Coordinator immediately. If the Course Coordinator cannot be reached, the Program Office can be reached at 267-341-3360 (between 7 am & 3 pm).

8K.3.10 Hospital Visiting Privileges

Students are to follow existing hospital policies when visiting any hospital patient.

8K.3.11 Infectious Diseases

“Standard (Universal) Precautions” are to be practiced at all clinical education settings. All institutional policies regarding isolation and material disposal must be followed.

Students are discouraged from engaging in patient care activities when they themselves have an active and potentially contagious illness. Their responsibility is to protect not only patients on reverse precautions, but also vulnerable individuals, including all patients and staff members.

Regardless of the nature or cause of the patient's illness, Radiologic Science students may not

elect to limit participation in the care of any patient. Students who have questions regarding potentially contagious patient illnesses are advised to contact Program faculty or clinical preceptor/supervisor for guidance.

8K.3.12 Malpractice Insurance

Liability insurance through Holy Family University's insurer is mandatory for all students registered for clinical education courses. The fee (\$40 per year) is included in the student's tuition and fees associated with clinical education courses. Liability coverage is for scheduled clinical education assignments only. Students who are employed by affiliated clinical education settings or other radiology-related facilities are not covered under this policy as an "employee" or volunteer.

8K.3.13 Pregnancy Policy

A student enrolled in our Radiologic Science program will be required to participate in clinical education activities that include performing imaging examinations that require the use of *ionizing radiation*. The curriculum will include courses in *radiation protection and biology*; however, all clinical education activities include the potential for students to receive "occupational exposure" to *ionizing radiation* when participating in the performance of radiographic examinations. Occupational exposure is unavoidable when participating in the completion of radiographic examinations. Occupational exposure will be monitored on a bimonthly (or monthly) basis and federal laws place limits on the amount of bimonthly (monthly for fetal) occupational exposure an individual can receive. Federal regulations further regulate the amount of "occupational exposure" a pregnant student can receive throughout her pregnancy. Therefore, all educational programs, as well as the profession of Radiologic Sciences, have been required to adopt "pregnancy policies" for female students (and employees). The Pregnancy Policy of the Radiologic Science program of Holy Family University is described below.

A pregnant student has the option to "declare" (see *Appendix 8K.3.13.1: Declaration of Pregnancy Form*) and "retract" her pregnancy (in writing) (see *Appendix 8K.3.13.2: Retracting Pregnancy*) to the Program Director. The declaration of "pregnancy" will allow a student to receive counseling regarding fetal radiation protection practices. If a student declares her pregnancy, she is required to meet with the Radiologic Science Program's Radiation Safety Officer (RSO) for counseling on fetal risk factors associated with radiation exposure incurred while she is completing her clinical education (and radiographic exposure laboratory) assignments. Following counseling, she will be issued a second "fetal" radiation monitor. The fetal monitor will be issued and collected monthly during the entire gestational time period and the effective dose equivalent to the fetus, from radiation exposure received during educationally-related activities, shall be monitored to inhibit exceeding a 500 mrem gestational dose. The fetal monitor will be worn at waist level and under lead apparel when lead apparel is required to be worn. When the student is scheduled for clinical education assignments including fluoroscopy and/or mobile radiography, she is required to wear a lead apron containing a minimum lead equivalency of 0.25 mm and wear her fetal monitor under the lead apron. If at any time during gestation, her cumulative fetal monitor exposure value exceeds 500 mrem or a fetal monitor's monthly exposure value exceeds 50 mrem, she will be prohibited from completing any further educationally related activities until she has given birth.

The "declared" pregnant student will also be required to meet with the Program Director to discuss the didactic and clinical education implications of her pregnancy. She will be informed

that her clinical education assignments and activities will not be restricted in an effort to control her fetal exposure level. She will also be informed that her didactic and clinical education responsibilities cannot be waived during her pregnancy. Also, if she declares pregnancy, the Program will notify individuals at her current clinical education setting (and any future setting(s) assigned to during pregnancy) it deems should be informed regarding her pregnancy, in an effort to ensure her safety and the safety of her fetus. She will then elect one of the following two options:

1. Continue her progression through the Program, fulfilling all didactic and clinical education responsibilities as scheduled for the duration of her pregnancy

OR

2. Completely withdraw from the Program in good standing for the duration of her pregnancy.† She will have the option to follow the Program’s Readmission Policy after pregnancy. Graduation will take place following fulfillment of all didactic and clinical education course requirements.

†This option will delay her date of graduation, due to the interruption in academic progression.

8K.3.14 Radiation Protection Practices

8K.3.14.1 Protection Practices

It is every student’s personal responsibility to employ radiation hygiene practices whenever and wherever ionizing radiation is being employed. This practice includes employing TIME, DISTANCE (Inverse Square Law), SHIELDING, and BEAM RESTRICTION (collimation) to reduce overall radiation exposure to patients, self and others.

Under no circumstances will a student be allowed to hold a patient during an imaging exposure, as stated in current radiation safety guidelines (NCRP Report No. 105 pp.48). If a patient is in need of support to maintain a specific imaging position, mechanical immobilization should be employed. Only when mechanical immobilization fails should a human be used as a means of patient support/immobilization during a radiographic exposure. In the event that a human is employed for patient support/immobilization, the person should be a non-pregnant relative, guardian, or friend of the patient. Anyone present in an imaging room with a patient during a radiation exposure should be provided with a lead apron and positioned to avoid exposure by the “primary” radiation beam.

Penalties incurred for protection practice policy violations are cumulative throughout the two clinical education courses. Violation of protection practice policy results in the following:

- 1st offense: written warning
- 2nd offense: student’s clinical course grade is lowered one whole letter grade
- 3rd offense: student’s clinical course grade is lowered two whole letter grades
- 4th offense: dismissal from the Radiologic Science Program

8K.3.14.2 Patient Protection

Protection of the patient is the student’s responsibility when performing all imaging procedures. Students must be aware of and enforce the policies and procedures pertaining to beam limitation (collimation) and patient shielding at each clinical education setting.

In support of appropriate patient radiation protection practices, it is imperative that the correct

patient and/or body part be examined. To this end, if any patient (or body part) is wrongfully exposed, the following steps must be followed:

1. Report occurrence immediately to an assigned technologist and supervisor;
2. Fill out an *Incident Report* at the clinical education setting, describing the accident or injury;
3. Notify the-Radiologic Science Program Office on the day of this event; and
4. Meet with the Course Coordinator for conferencing.

Additionally, this situation is treated as a severe violation of the patient protection policy, resulting in the following:

- 1st offense: student's clinical grade is lowered one whole letter grade
- 2nd offense: student's clinical grade is lowered two whole letter grades
- 3rd offense: dismissal from the Radiologic Science Program

Penalties incurred for patient protection policy violations are cumulative throughout the five clinical education courses.

8K.3.14.3 Supervision of Students – Direct/Indirect

Direct Supervision-

Occurs when a student is directly observed by a supervising technologist while performing an imaging procedure. Direct observation of the student MUST occur both in the imaging room and at the operator's control panel.

Direct student supervision is required *with no exceptions*:

- whenever the student is *repeating* an unsuccessful imaging procedure;
- if the student has *not* previously demonstrated to be competent to perform a clinical experience procedure.

Indirect Supervision-

Occurs when the student performing an imaging procedure has a supervising technologist within "normal voice call" distance away from the imaging room where the imaging procedure is being performed.

Indirect supervision of a student may be practiced *with no exceptions*:

- when a student is performing a clinical experience procedure that (s)he has *previously* demonstrated to be competent to perform.

8K.3.14.3.1 Repeating Imaging Procedures

Due to many influencing factors, repeating a patient's imaging procedure has the potential to compromise the safety and welfare of that patient, the student and other health care workers. Therefore, it is this Program's policy that any student repeating any part of an imaging procedure for any reason, must perform the repeat(s) under the Direct Supervision of a registered technologist/preceptor/faculty, *with no exceptions*.

8K.3.14.4 Personal Radiation Monitoring and Report

It is the student's personal responsibility to employ sensible radiation hygiene practices whenever and wherever ionizing radiation is being employed. This practice includes employing

TIME, DISTANCE (Inverse Square Law), SHIELDING, and BEAM RESTRICTION (collimation) to reduce overall radiation exposure to patients, self, and others.

Personal Radiation Monitoring Policy

A radiation monitor (Luxel®) will be issued to each student and *must* be worn at all times during clinical education assignments and RADS laboratory. The monitor is to be worn at the collar level (outside the lead apron) when leaded shielding is worn and either at the collar or waist level when no shielding is worn.

A lost or damaged radiation monitor *must* be reported to the Program Office *immediately*. The student must write a brief letter, addressed to the Holy Family University Radiologic Science Program's Radiation Safety Officer (RSO) stating when the monitor was lost or damaged. The RSO will order a replacement radiation monitor for the student. The student is responsible for all costs associated with replacing a monitor. The student will not be permitted to resume clinical education and/or laboratory assignments until a replacement monitor is obtained. Any clinical education time missed due to loss or damage to a monitoring device will be considered as absence time and deducted from the student's permitted absent time. The Clinical Attendance Factor will also reflect any missed time due to radiation monitor policy violation. Students are referred to didactic course syllabi to determine how laboratory absences may impact course grades.

Radiation monitors are exchanged every other month, according to the exchange policy used by the Radiologic Science Program. Notification to exchange radiation monitors will be made as an *announcement* on Blackboard® in clinical education courses. Any monitor returned late requiring separate shipping will be subject to a \$5 co-pay to cover shipping charges. Loss of or damage to a monitor will require a \$35 co-pay to replace the monitor. Penalties incurred for the loss of, damage to, or late exchange of a radiation monitor violates the Program's Radiation Monitoring Policy and are cumulative throughout the five clinical education courses. Violation of the Radiation Monitoring Policy results in the following:

- 1st offense: written warning
- 2nd offense: student's clinical grade is lowered one whole letter grade
- 3rd offense: student's clinical grade is lowered two whole letter grades
- 4th offense: dismissal from the Radiologic Science Program

Any student violating the radiation monitor policy is required to meet with the RSO to develop a plan of action to ensure this policy is not violated in the future.

Radiation monitor reports are reviewed and maintained by the Program. Each student is required to initial a copy of the current radiation monitor report, indicating (s)he has reviewed the report of his or her radiation exposure incurred during the past two months. The RSO will notify the student in the event that her/his radiation monitor reading exceeds 100 mrem. The RSO will investigate with the student to determine how (and why) her/his radiation exposure exceeded 100 mrem. A plan of action will then be developed and presented to the student (a copy to be placed in the student's RADS file) to ensure the student's radiation monitor exposure for a bimonthly time period does not exceed 100 mrem in the future.

8K.3.14.5 MR Safety Information

There are potential risks in the MR environment, not only for the patient but also for the

accompanying family members, attending health care professionals, and others who find themselves only occasionally or rarely in the magnetic fields of MR scanners, such as security or housekeeping personnel, firefighters, police, etc. There have been reports in the medical literature and print media detailing magnetic resonance imaging (MRI) adverse incidents involving patients, equipment, and personnel. To this end all students enrolled in the MR concentration should obtain a copy of (and thoroughly read) the ACR MR Guidelines Document for Safe MR Practices: 2007, available from the American College of Radiology's website. www.acr.org/SecondaryMainMenuCategories/quality_safety/MRSafety/safe_mr07.aspx.

Students enrolled in the MR concentration should also complete the forms found in Appendix 8K.2.1.2: Tattoo Policy and Appendix 8K.2.1.3: Magnetic Resonance Clearance Form and submit to the MR clinical course coordinator.

8K.3.15 Injury/Illness at Clinical Education Settings

1. Students must provide documentation of current (and continuous) health insurance coverage. Any changes in coverage must be reported immediately to the Radiologic Science Program Office.
2. If a student is injured or becomes ill at a clinical education setting the student must:
 - a. Report immediately to the supervisor or go directly to the Emergency Room if necessary;
 - b. Notify Holy Family University Radiologic Science Program Office as soon as possible; and
 - c. Fill out an Incident Report at the clinical education setting, describing the accident or injury;
 - d. Report to the supervisor concerning the outcome of the Emergency Room visit;
 - e. Present a note to the Program Office from the Emergency Room physician (or family physician) stating when the student may resume normal clinical activities.

The student, or student's healthcare insurance provider, will be billed for any medical treatment received in the clinical education setting as a result of accident/injury/illness.

3. If a patient under a student's care, is injured in any way, the following steps must be followed:
 - a. Report occurrence immediately to a supervisor and/or supervising preceptor/technologist;
 - b. Fill out an Incident Report at the clinical education setting, describing the accident or injury; and
 - c. Notify the Radiologic Science Program Office on the day of the event.

Students sustaining injuries/illnesses outside clinical education assignments that compromise completion of clinical education activities and/or jeopardize safe patient care must schedule a meeting with the Course Coordinator prior to attending any further clinical assignments. The Course Coordinator will determine if/when a student is permitted to resume clinical education activities. A note (or other documentation) provided by the student's physician approving the student's return to unrestricted clinical activities is necessary.

8K.3.16 Exposure to Infectious Disease at the Clinical Education Setting

During clinical education, students may be exposed to infectious diseases prior to the institution's awareness that an infectious disease situation exists in a patient, employee, or visitor.

The student will be treated according to the clinical education setting's infection control policy. To determine if clinical attendance should be interrupted, the Course Coordinator will discuss the student's situation with the clinical education setting's office of infection control. The student must be cleared (in writing) by her/his family physician and/or the clinical education setting to resume clinical education assignments following contraction of an infectious disease. Clinical absences incurred as a result of exposure to an infectious disease occurring during completion of clinical assignments will be reviewed on an individual basis.

8K.3.16.1 Hepatitis B

It is strongly recommended that students complete the Hepatitis B immunization series prior to beginning clinical education. Those students who elect not to be immunized against Hepatitis B will be required to sign a waiver form.

8K.3.16.2 Tuberculosis

It is the student's responsibility to have tuberculosis screening (i.e., PPD or chest x-ray) completed and documented by the student's family physician prior to entering the fall semester. Documentation of additional PPD tests must be provided to the Radiologic Science Program Office annually. Students are not permitted to attend clinical education assignments if tuberculosis screening is incomplete and/or documentation has not been provided to the Radiologic Science Program Office.

8K.3.17 Electronic Communication Devices

Policies regarding electronic communication devices in the classroom are addressed in individual course syllabi.

Students are not permitted to carry or use electronic communication devices during clinical assignments. The device must be turned off (or placed on mute) and left in a remote location away from patient care areas (e.g., car or locker). Students are not permitted to make, or receive personal calls while completing clinical education assignments except in cases of emergency. Public phones may be available in clinical education settings for personal use during lunch.

Penalties incurred for electronic communication devices policy violations are cumulative throughout the two clinical education courses. Violation of protection practice policy results in the following:

- 1st offense: written warning
- 2nd offense: student's clinical course grade is lowered one whole letter grade
- 3rd offense: student's clinical course grade is lowered two whole letter grades
- 4th offense: dismissal from the Radiologic Science Program

8K.3.18 Policy on Employee vs. Student Status

Students' clinical education must be kept separate from employment responsibilities. Students' clinical education assignments will not be made around the student's work schedule. The

University and its faculty are not liable for any incident that occurs during the course of a student's employment. Clinical experience procedures may only be performed during Program-scheduled clinical education assignments. The Course Coordinator may choose to assign a student to a clinical education setting that does not currently employ the student. The University's liability insurance only covers students during Program-scheduled clinical education activities. Therefore, it is the responsibility of the student to investigate the availability of liability insurance during the course of employment. Any insignia or badge that represents Holy Family University may not be worn during student employment. A University issued radiation monitor may not be worn during the course of a student's employment.

Failure to abide by the above policies will result in and possible dismissal from the BSRS Program. (see 8K.2.4.2)

8K.4 Withdrawal Policies

8K.4.1 Course Withdrawal

The student must schedule a meeting with their assigned academic advisor to withdraw from any academic course.

8K.4.2 Program Withdrawal

The Program Chair must be informed, in writing, of intent to withdraw from the BSRS Program and/or from the University.

An exit interview is to be scheduled with the Program Chair.

The Program-issued radiation monitor and ID issued by a clinical education setting must be returned to the Program Office.

Formal withdrawal from all courses must be completed with the University's Academic Advising Center and/or Registrar's Office in accordance with University policy.

**8K.5 Holy Family University Radiologic Science Program
Acknowledgement of Receipt**

**HOLY FAMILY UNIVERSITY
RADIOLOGIC SCIENCE PROGRAM**

Acknowledgement of Receipt:

**POLICY MANUAL VOLUME VIII-K
BSRS STUDENT HANDBOOK RADIOLOGIC SCIENCE**

I have received, thoroughly read, and understand the **POLICY MANUAL VOLUME VIII-K STUDENT HANDBOOK RADIOLOGIC SCIENCE JULY, 2011** for students enrolled in Holy Family University's Radiologic Science Program. I understand the policies and procedures contained therein, including my responsibilities and requirements as a student in said Program.

I understand that my failure to comply with the established policies and policies set forth in the **POLICY MANUAL VOLUME VIII-K STUDENT HANDBOOK RADIOLOGIC SCIENCE** may result in my suspension or dismissal (academic and/or non-academic) from said Program.

I agree to comply with all policies and procedures as written and agree to immediately discuss any questions or concerns with the Radiologic Science Program Chair.

Name: _____

Date: _____

Please print this page, sign it, and submit to the Radiologic Science Program Office.

Appendix 8K.2.1.1: Technical Standards

In addition to the academic standards, the following technical standards are required for admission to the radiography curriculum.

TECHNICAL STANDARDS FREQUENCY*

STOOP:	To lift imaging cassettes; to help sit a patient up in bed.	F
KNEEL:	To perform CPR; to assist a patient lying on the floor who may have fainted.	O
CROUCH:	To place radiographic imaging cassettes under a patient in an operating room setting.	O
REACH:	Extend to at least 6 feet from floor to an overhead x-ray tube suspended from the ceiling.	O
GRASP:	Equipment such as overhead x-ray tubes, portable x-ray machines, c-arm units, control panel knobs, patient extremities.	F
PUSH:	To perform CPR; equipment such as overhead x-ray tubes, portable machines, c-arm units; patient stretchers and wheelchairs.	O/F
PULL:	To move a patient from bed to stretcher and/or stretcher to radiographic table.	F
LIFT:	To help move a patient from wheelchair to radiographic table; to pick up radiographic film cassettes.	F/C
STAND:	To provide patient care and/or observation for a sustained period of time.	F
WALK:	To complete a clinical education (or work) assignment for the duration of 8 hours.	C
CLIMB:	Using stairs to reach patient care areas throughout a multilevel hospital.	F
BALANCE:	To transfer a patient from wheelchair to radiographic table and back.	F
HEAR:	Blood pressure sounds through a stethoscope; verbal communication from patients, physicians, radiographers, and other healthcare providers.	O/C
TALK:	Speak to patients, physicians, radiographers, and other healthcare providers.	C

***Frequency Key:**

O = occasionally (1 - 25%); **F** = frequently (25 - 75%); **C** = constantly (75 - 100%)

TECHNICAL ACTIVITIES DEFINED

- CLIMBING:** Ascending or descending using feet, legs, hands, and arms. Body agility is emphasized.
- BALANCING:** Maintaining body equilibrium to prevent falling when walking, standing or crouching.
- STOOPING:** Bending body downward and forward by bending legs and spine.
- KNEELING:** Bending legs at knee to come to a rest on knee or knees.
- CROUCHING:** Bending the body downward and forward by bending legs and spine.
- REACHING:** Extending hand(s) and arm(s) in any direction.
- STANDING:** Maintaining an erect (or upright) position on both feet, particularly for sustained periods of time.
- WALKING:** Moving about on foot to accomplish tasks, particularly for long distances (or times).
- PUSHING:** Using upper extremities and legs to press against something with steady force in order to thrust forward, downward or outward.
- PULLING:** Using upper extremities and legs to exert a force on an object toward the mover.
- LIFTING:** Raising objects from a lower to a higher position or moving objects horizontally from one position to another.
- GRASPING:** Applying firm pressure to an object with the fingers and palm.
- TALKING:** Expressing or exchanging ideas by means of the spoken word to other healthcare workers accurately, loudly, and efficiently.
- HEARING:** Ability to receive detailed information through oral communication and to make fine discriminations in sound (i.e., obtaining a blood pressure) when applicable.
- VISUAL ACUITY:** This is a minimum standard for use with those whose work deals largely with preparing and analyzing data and figures, accounting, transcription, computer terminal, monitors, extensive reading, visual inspection, using measurement devices, assembly or fabrication of parts at distances close to eye.
- MEDIUM WORK:** Exerting up to 50 lb. of force *occasionally*, and/or up to 20 lb. of force *frequently*, and/or up to 10 lb. of force *constantly* to move objects.

Appendix 8K.2.1.2: Tattoo Policy

Holy Family University Bachelor & Certificate Programs in Science in Radiologic Science Magnetic Resonance Track

Dear Applicant:

During completion of your application for admission to Holy Family University's Radiologic Science Program Magnetic Resonance (MR) track, you declared having a tattoo. Certain types of tattoo materials contain metal. Be advised, MR units utilize moving magnetic fields that create electromagnetic induction (electrical current) in conductive materials (e.g., metal in tattoo ink) that may lead to skin irritation and/or injury in the area of the tattoo(s). No methods are available to pretest your tattoo, and therefore, of ensuring your safety while completing MR clinical rotations.

I assume all responsibility for any injuries incurred as a result of tattoo-related skin irritation and/or injury incurred while completing MR clinical education activities as assigned by Holy Family University's Radiologic Science Program.

For more information, applicants are advised to visit the American College of Radiology web site on MR Safety:

http://www.acr.org/SecondaryMainMenuCategories/quality_safety/MRSafety.aspx

Date: _____

Applicant Name:

(Print)

Applicant Signature:

(Signature)

Appendix 8K.2.1.3: Magnetic Resonance Clearance Form

CLEARANCE FOR MAGNETIC RESONANCE STUDENTS

The following items may be hazardous and/or prohibit your ability to complete the MR Program at Holy Family University.

Do you have, or have you ever had any of the following?

	YES	NO
1) Pacemaker		
2) Cerebral (brain) Aneurysm clips		
3) Cardiac (heart) valve replacement(s)		
4) Neuro, Cardiac or Bone stimulator		
5) Infusion pump for medication		
6) Ear surgery/implant. If yes, describe		
7) Hearing Aid/Dentures		
8) Artificial limb or joint		
9) Do you have any of the following: shunt, stents, port, orbital implants, metal mesh, surgical clips/staples, bone/joint pins?		
10) Wearing a medication patch (for delivery of nitroglycerin, nicotine, birth control, etc.)		
11) Any prosthesis (eye, penile) If so, describe:		
12) Metallic fragments (bullets, shrapnel, BB's, or braces on teeth) in your body?		
13) EVER have metal penetrate your body?		
14) EVER perform work which would have exposed you to metal fragments (shaving, silver)?		
15) Have you had any surgeries that are not listed above? If so, please describe:		
16) Implant held in place by magnet		
17) Magnet or magnetic device used for therapy, pain reduction, or to aid circulation?		

☐

Do you have, or have you ever had any of the following?

	YES	NO
1) Do you have any other metallic items or devices attached or inserted in your body or in/on your clothes or skin? Tattoos or permanent makeup? If so, please describe:		
2) Do you have temporary pacemaker wires?		
3) Do you have a Harrington rod?		
4) Do you have carotid artery clips?		
5) Do you have wire sutures?		
6) Do you have an artificial heart valve?		
7) Do you have an ear implant?		
8) Do you have a penile implant?		
9) Have you ever gotten metal or rust in your eyes?		
FEMALE PATIENTS ONLY: Do you have a Diaphragm, IUD or Pessary?		

☐

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and I have had the opportunity to ask questions regarding the information on this form.

Student Signature

Date

Print Student Name

Faculty Signature

Date

Appendix 8K.2.4.2.1: Clinical Conduct Policy

HOLY FAMILY UNIVERSITY SCHOOL OF NURSING & ALLIED HEALTH PROFESSIONS CLINICAL CONDUCT POLICY

At the core of Nursing and Allied Health Professions are professional and ethical standards including the ANA Code of Ethics for Nurses, ASRT Code of Ethics, and ARRT Standards of Ethics that outline appropriate professional conduct. Professional and ethical standards define the core of professional conduct so vital to clinical success – promoting the protection, safety, and comfort of the general public. Nursing and Allied Health Professions students should be committed to learning and accepting the ethical standards of conduct of their respective professions.

The objective of the Clinical Conduct Policy is to ensure optimum patient care during the completion of clinical assignments by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate (to the extent possible) conduct that:

- disrupts and/or obstructs routine operation of the clinical education setting;
- affects the ability of others to perform job responsibilities competently;
- creates an unfriendly clinical environment for clinical education setting's employees, Program faculty, and/or other students; and
- adversely affects or impacts community confidence in the clinical education setting's ability to provide quality patient care.

Below is a partial list of improper professional conduct that will result in a student's removal from a clinical education setting, failure of the course, and/or dismissal from the Program.

1. Dishonesty, falsification, misrepresentation, or providing misleading or incorrect information in connection with any university, hospital or agency requirement and record.
2. Stealing or sabotaging of equipment, tools or supplies belonging to a faculty, patient, visitor, or employee.
3. Damage, abuse or destruction of hospital or agency property.
4. Possession, sale or use of intoxicating beverages or drugs on hospital or agency property.
5. Unauthorized use, possession, conveyance or storage of any firearms, explosive or other dangerous weapons on hospital or agency premises.
6. The use of profane, threatening or inappropriate language toward faculty, employees, patients or visitors or other students.
7. Fighting, bodily injury, unsafe negligent behavior, directed toward faculty, employees, patients, visitors or other students.
8. Disclosure of confidential patient, clinical agency, or program information.
9. Deliberately gaining unauthorized access to restricted information.
10. Unauthorized entry into or use of clinical agency facilities.
11. Display of unprofessional demeanor when responding to constructive feedback; verbally hostile, abusive, dismissive or inappropriately angry.
12. Violation of the University's (or clinical agency's) sexual harassment policy.

13. Violation of the University's (or clinical agency's) HIPAA policy.

A student's action(s) may be reviewed for continuation in the Program if he or she has displayed a lack of professionalism with respect to patients, clinical agency and staff, faculty, students or any member of the public. The Program reserves the right to dismiss a student when actions/behavior does not justify continuation in the Program.

Appendix 8K.3.2.1: American Hospital Association Patient's Bill of Rights

These rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker if the patient lacks decision-making capacity is legally incompetent, or is a minor.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers' relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.

Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits.

Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.

3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospital provides or transfers to another hospital. The hospital should notify patients of any policy that might affect patient choice within the institution.
4. The patient has the right to have an advance directive (such as a living will, health care proxy, or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.
5. The patient has the right to every consideration of privacy. Case discussion, consultation examination and treatment should be conducted so as to protect each patient's privacy.
6. The patient has the right to expect that all communications and records pertaining to the patient's care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to the patient's medical care and to have the information explained or interpreted as necessary, except when restricted by law.
8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.
9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, other health care providers, or payers that may influence the patient's treatment and care.
10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.
11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.
12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

The collaborative nature of health care requires that patients, or their families/surrogates, participate in their care. The effectiveness of care and patient satisfaction with the course of treatment depends, in part, on the patient fulfilling certain responsibilities. Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status. To participate effectively in decision-making, patients must be encouraged to take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions. Patients are also responsible for ensuring that the health care institution has a copy of their written advance directive if they have one. Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.

Patients should also be aware of the hospital's obligation to be reasonably efficient and equitable in providing care to other patients and the community. The hospital's rules and regulations are designed to help the hospital meet this obligation. Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees. Patients are responsible for providing necessary information for

insurance claims and for working with the hospital to make payment arrangements, when necessary.

A person's health depends on much more than health care services. Patients are responsible for recognizing the impact of their life-style on their personal health.

CONCLUSION:

Hospitals have many functions to perform, including the enhancement of health status, health promotion, and the prevention and treatment of injury and disease; the immediate and ongoing care and rehabilitation of patients; the education of health professionals, patients and the community; and research. All these activities must be conducted with an overriding concern for the values and dignity of patients.

Appendix 8K.3.2.2: Code of Ethics of the American Society of Radiologic Technologists

1. The radiologic technologists conduct themselves in a professional manner, respond to patient needs and support colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient; and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidence entrusted in the course of professional practice respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

Appendix 8K.3.2.3: Eligibility for Certification by the American Registry of Radiologic Technologists

Our pledge to promote high standards of patient care includes enforcing high standards of ethics among Registered Technologists – and among candidates for examination. All candidates must comply with the Rules of Ethics contained in the *ARRT Standards of Ethics*.

The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered technologists and applicants. The Rules of Ethics are intended to promote the protection, safety and comfort of patients. Registered Technologists and candidates engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of such conduct or activities, have violated the Rules of Ethics and are subject to sanctions.

One issue addressed by the Rules of Ethics is the **conviction of a crime** – which includes *felony*, *gross misdemeanor* or *misdemeanor*, with the sole exceptions of speeding and parking violations. All alcohol and/or drug related are included. “Conviction,” as used in this provision includes a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere.

The Application for Primary Examination asks: “Have you ever been convicted of a felony or misdemeanor?” If your answer is “No” you move on to the next question. Anyone who answers “Yes” is asked to provide a detailed explanation and official court documentation of the charges. Court documentation must verify the nature of the conviction, the sentence imposed by the courts, and the current status of the sentence. If a candidate’s status changes due to a conviction after applying but before taking the exam, the candidate must inform ARRT immediately.

Rules of Ethics also address military court-martials that involve substance abuse, sex-related infractions or patient-related infractions. Candidates with court-martials must provide a detailed personal explanation, documentation verifying the reasons for the court-martial, the conditions of the sentence and the status of the sentence.

Pre-Application Review

If a candidate is concerned about whether his or her conviction record will affect exam eligibility, there is a way to find out in advance.

ARRT investigates all potential violations in order to determine eligibility, and such investigations can cause delays in processing exam applications. Candidates can avoid delay by requesting a pre-application review of the violation before or during training, rather than waiting until completing the educational program. ARRT will rule on the impact of the violation on eligibility for ARRT examination. Once eligibility is established, the candidate proceeds with application.

The pre-application review form is downloadable from the ‘Ethics’ section of our www.arrt.org web site, or you may request a copy by phoning ARRT at 651-687-0048, ext. 544.

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Appendix 8K.3.4.1.1: Recognized Clinical Education Settings

HOLY FAMILY UNIVERSITY RADIOLOGIC SCIENCE PROGRAM

CLINICAL EDUCATION SETTING

American Open MRI & CT Center* 100 North Presidential Blvd. Suite 301 Bala Cynwyd, PA 19004	Jeanes Hospital 7600 Central Avenue Philadelphia, PA 19111
Episcopal Hospital 100 E. Lehigh Avenue Philadelphia, PA 19125	Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152
ARIA Health Frankford Campus Frankford Avenue & Wakeling St. Philadelphia, PA 19124	Lower Bucks Hospital 501 Bath Road Bristol, PA 19007
Holy Redeemer Hospital 1648 Huntingdon Pike Meadowbrook, PA 19007	St. Mary Medical Center Langhorne-Newtown Roads Langhorne, PA 19047
	Roxborough Memorial Hospital 5800 Ridge Avenue Philadelphia, PA 19128

- It is the student's responsibility to secure transportation to and from clinical education settings.
- Radiologic Science faculty determine students' clinical education assignments. Clinical assignments are not made to correspond to students' geographic locations.
- All students rotate to a minimum of two clinical education settings.
- Students' clinical assignments routinely change after one semester.
- Standard clinical rotations include: MW or TTH 8 am – 4 pm, MW 4 – 8 pm & F 8 am – 4 pm or M-TH 4 – 8 pm.

Clinical education settings may be added or deleted as necessary.

Appendix 8K.3.13.1: Declaration of Pregnancy Form

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 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 month and year need be provided).

I understand the radiation dose to my fetal monitor (embryo/fetus) during my entire pregnancy will not be permitted to exceed 500 mrem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter) or a single monthly exposure value exceeds 50 mrem (0.5 millisievert), I will be prohibited from completing any further clinical education assignments and/or participating in RADS course laboratories that require radiation exposures to be made until I have given birth. I understand that my clinical education assignments and activities *will not* be restricted in an effort to control my fetal exposure level. I understand that individuals in my clinical education setting (and any future setting(s) I may be assigned to during my pregnancy) will be notified regarding my pregnancy, in an effort to ensure my safety and the safety of my fetus. I also understand that my didactic and clinical education responsibilities *will not* be waived during my pregnancy.

(Your Signature)

(Your Name Printed)

(Date)

Appendix 8K.3.13.2: Retracting Pregnancy

FORM LETTER FOR *RETRACTING* PREGNANCY

This form letter is provided for your convenience. To make your written *retraction* of pregnancy, you may fill in the blanks in this form letter or you may write your own letter.

RETRACTION OF PREGNANCY

To: _____

In a previous letter dated _____ I made a declaration of my pregnancy. I now request on this day _____ to retract my declaration of pregnancy.

I understand that I *forfeit* the opportunity to continue using a fetal monitor. I understand that my clinical education assignments and activities *will not* be restricted in an effort to control my fetal exposure level. I also understand that my didactic and clinical education responsibilities *will not* be waived during my pregnancy.

(Your Signature)

(Your Name Printed)

(Date)