Holy Family
UNIVERSITY

SCHOOL OF
ARTS & SCIENCES

Student Handbook
Associate of Science in Radiologic Science

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Purpose, Organization and Governance

About Holy Family University

Holy Family University is a private Catholic institution located in Philadelphia, PA. Founded in 1954, the University's mission is informed by its core values of family, respect, integrity, service and responsibility, learning, and vision. The University embraces diversity and inclusion, ensuring a welcoming and accessible learning community for all. Holy Family University educates students in liberal arts and professional studies to fulfill lifelong responsibilities toward God, society, and self. The University is composed of five schools: Arts and Sciences, Business Administration, Education, Nursing and Health Sciences, and Professional Studies. Nestled in the heart of a historic residential neighborhood in the Northeast, the University is just minutes from the excitement of Center City. Holy Family enrolls more than 3100 students at the undergraduate, graduate, and doctoral levels at its Philadelphia and Newtown campus locations.

Holy Family University is a sponsored ministry of the Sisters of the Holy Family of Nazareth.

1.0 MISSION STATEMENT

The Radiologic 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 are actively responsible in society for service to the human family. The program is designed to provide the radiologic science profession with a member who uses ionizing radiation in a diagnostic function to create images of the human body that are used to diagnose disease and injury.

1.1 Goals of the ASRS Radiologic Science Program

The Associate of Science in Radiologic Science (ASRS) degree program includes a 20-month allied health curriculum designed to prepare the student for practice as a *diagnostic* radiologic technologist. The goals of the program are as follows:

1.1.1 Program Goals and Student Learning Outcomes

1. Develop knowledge and skills necessary for competent clinical practice.

Learning Outcomes:

- Develop competence at the entry-level radiographer position

Related to Patient Care

Related to Positioning and Procedures

Related to Radiation Protection

2. Develop effective communication skills required for competent clinical practice.

Learning Outcomes:

- Demonstrate effective oral communication strategies with patients, family members, the public, and members of the healthcare team.
- Demonstrate effective written communication strategies with patients, family, members, the public, and members of the healthcare team.

3. Apply problem solving and critical thinking skills.

Learning Outcomes:

- *Utilize critical thinking skills to make appropriate adjustments to non-routine situations.*

4. Engage in behaviors that promote professional development and growth.

Learning Outcomes:

- Demonstrate the value of professional development and growth.

1.2 Enabling Activities

The goals in Section *1.1 Goals of the ASRS Radiologic Science* Program will be carried out by the following actions:

1. Students will develop technical, intellectual, information literacy/presentation, and social skills through active participation in an organized sequence of didactic instruction, laboratory and clinical education experiences provided in the curriculum;
2. Students will perform clinical procedures using patient-focused standards of care, employing effective measures of radiation protection for patient, self and others; and
3. Students will develop technical competence that improves Radiologic Science health services and advances career development.

1.3 Comprehensive Examination

1.3.1 Policy

In accordance with University policy, a required comprehensive examination is a primary indicator of knowledge integration acquired through successful completion of didactic and clinical courses. Passing the comprehensive examination is required to fulfill graduation

requirements. Graduation may be delayed in the event of earning a failing grade on the comprehensive examination.

1.3.2 Procedure

1. The comprehensive examination/project will be administered as a course requirement in RADS-205 Sophomore Seminar.
2. The nature and time of administration of the comprehensive examination is determined by program faculty.
3. A minimum passing score of 75% must be achieved on the examination.
4. Students who are not successful passing the comprehensive examination on first attempt are required to remediate prior to additional attempts.
5. Students are responsible to purchasing additional attempts if necessary.
6. Students who fail the comprehensive examination may not satisfy program/university requirements by the scheduled graduation date, and therefore, may not qualify to participate in graduation.
7. The comprehensive examination must be passed to fulfill graduation eligibility requirements.
8. Students must successfully pass the comprehensive examination for the Program Director to verify eligibility of completing ARRT Examination in Radiography application requirements.
9. All students will be scheduled to complete a mid-program evaluation during the summer semester. This will include both a written and simulation component. Failure to successfully pass the examination will require remediation with program faculty to be determined according to student need. This is designed to identify areas of knowledge and skills weaknesses in support of Program Goal 1.

1.4 Clinical Practice Competencies

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

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

1. Incorporate patient assessment and management with procedural performance and evaluation required in daily clinical practice.
2. Execute imaging procedures only under the appropriate level of clinical supervision (direct or indirect).

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 three (3) clinical education settings.
5. Perform patient-centered care for all patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin and radiologic examination prescribed.
6. Respect gender, culture, religion, 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, members of the health care team (peers, physicians, nurses, administration, etc.) and the public into the clinical environment.
9. Demonstrate competence in patient assessment skills by accurately evaluating the patient's status and condition before, during and after the radiologic procedure.
10. Evaluate the examination request and correlate to patient history for accuracy, and initiate verification procedure(s) as necessary.
11. Assess and document patient history (per clinical protocol) prior to beginning each radiologic procedure.
12. Identify contrast agent administration routes and appropriately respond to patient adverse reactions to contrast agents following facility protocol.
13. Submit imaging procedure to PACS (per clinical protocol). Document procedure completion in patient's record following established facility policy.
14. Apply *standard precautions* during all radiologic procedures in support of infection control practices.
15. Apply appropriate medical and surgical aseptic techniques while completing radiologic procedures.
16. Prepare equipment and accessories (including contrast agents) (per clinical protocol) as necessary to perform radiologic procedures.
17. Report equipment malfunctions to appropriate clinical personnel (per clinical protocol).
18. Demonstrate principles of radiation protection standards to include time, distance, shielding and radiation monitoring.
19. Comply with safe, ethical and legal practices pertaining to the completion of radiologic procedures.
20. Integrate the ASRT's *Scope of Practice and Practice Standards for Radiography* into clinical practice.
21. Demonstrate principles of patient transferring, positioning and immobilization to effectively complete radiographic procedures.

22. Comply with institutional and departmental procedures when responding to emergencies, disasters and accidents.
23. Differentiate between emergency and non-emergency radiologic procedures.
24. Critique/evaluate diagnostic medical images for appropriate clinical information, image quality and patient demographics.
25. Critique/evaluate diagnostic medical images to determine corrective measures to improve non-diagnostic images.
26. Demonstrate accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.
27. Honor HIPAA compliance while completing all didactic and clinical education activities.

1.5 Simulation of Clinical Procedure/Competency Policy

The Radiologic Science Program permits 200-level students to perform the following two (2) simulated clinical procedures in their final fall or spring semester:

- Cross-table lateral spine
- Cross-table lateral hip

All other mandatory and elective clinical procedures required by the ARRT must be completed on a patient in the clinical setting, no exceptions. While the Program recognizes that the ARRT allows for more than 2 examinations to be simulated, students are provided with ample opportunity throughout their clinical education experience to complete all requirements in the clinical setting.

2.0 ACADEMIC POLICIES AND PROCEDURES

2.1 Admission Procedures

Individuals interested in the Radiologic Science 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*.

Once a completed application is reviewed by the Admissions Office and determined to meet the University's admission requirements and Radiologic Science prerequisite requirements, copies of application materials are forwarded to the Radiologic Science Program Office. Qualified first-time students are required to complete composition and quantitative placement tests, if applicable. After interviewing all qualified applicants, candidates are notified in writing regarding acceptance decisions. Applicants with the highest grades in the prerequisite courses and overall GPA will receive first offers of acceptance. Upon receiving an offer of acceptance and confirming placement, applicants who do not begin the program in the intended year are not guaranteed acceptance in subsequent academic years.

Prerequisite high school-level course requirements for the Radiologic Science program require a minimum grade of C (70%) and include:

1. Algebra I
2. Algebra II
3. Geometry
4. Biology
5. Chemistry
6. Physics (recommended, but not required)

Additional admission criteria include:

1. Minimum post-secondary GPA of 2.5
2. Applicants must comply with the program's Functional Abilities, Activities and Attributes. (Refer to *Appendix 2.1.1: Functional Abilities, Activities and Attributes* for additional information.)

2.2 Advisement and Rostering

All matriculated Radiologic Science students are initially advised by the Academic Advising Office. A Radiologic Science academic advisor will also be assigned to each student. Each student is expected to schedule rostering 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. Radiologic Science courses are offered only once per academic year, and must be completed in sequence. Additionally, a student planning to withdraw from a course should make an appointment with their 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. Students should log on to *Self Service* and under 'Academic Profile' select' Program Evaluation'. Click the checkbox next to your current program and submit. The report generated lists all the courses that are required for graduation and where the classes you have taken meet those requirements. This should be completed prior to meeting with academic advisors. Support of faculty advisement does not reduce the student's responsibility for academic decisions. Final responsibility for attaining all degree requirements rests solely with the student.

Students are not guaranteed that all classes, laboratory sessions and/or clinical assignments will be offered during daytime hours or online. Evening classes, laboratory sessions, and/or clinical assignments may be necessary depending on the availability of faculty, laboratory, and clinical education settings.

2.3 Eligibility to Remain in the Program

Continued enrollment requires students to achieve a minimum:

1. Grade of C+ (77%) in all radiologic science courses,
2. Concentration GPA of 2.3*, and
3. Cumulative GPA of 2.3*

Students earning less than the minimum grade of C+ in a concentration course will be academically dismissed from the ASRS program. Dismissal from the program does not constitute dismissal from the University.

*Students whose *concentration* and/or *cumulative* GPA drops below 2.3 will have one semester to improve academic performance and increase the GPA to 2.3. Students who do not achieve a cumulative GPA of 2.3 after one additional semester will be academically dismissed from the program. Students who restore the *concentration* and/or *cumulative* 2.3 GPA after one additional semester will be permitted to continue in the program. If the student's *concentration* or *cumulative* GPA falls below the minimum 2.3 at the completion of any subsequent semester, the student will be academically dismissed from the ASRS program.

To progress into the Fall semester sophomore year (200 level) students must successfully complete the following by the end of freshman year (100 level) – Summer semester:

1. Fifteen core credits (as listed in the current Course Sequence Sheet for Radiologic Science Program), and;
2. All prerequisite courses required for sophomore year (200 level).

Students must earn a minimum grade of C+ 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 ASRS program is not eligible for program readmission.

Students must be eligible to successfully complete the program within 30 months from the time they begin their first concentration course.

The Program requires students to obtain (and maintain) ASRT student membership.

2.4 Program Dismissal

2.4.1 Academic Grounds

See Section 2.3 Eligibility to Remain in the Program.

2.4.2 Clinical Grounds/Clinical Suspension

Students must complete all clinical education courses in sequence with a minimum grade of C+ to progress forward in the program. Students earning a grade <C+ in a clinical education course are dismissed from the ASRS program.

Clinical misconduct may result in a student's immediate clinical suspension and possible dismissal from the 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 Clinical Conduct Policy *Appendix 2.4.2.1: Clinical Conduct Policy*. Clinical suspension may result from any act that violates a clinical education setting's standard of conduct; or 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 immediately report to the Radiologic Science Program Office and meet with the Clinical Director (or if unavailable, a clinical instructor or 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 Radiologic Science faculty members, typically consisting of a minimum of two, within one week of the student's clinical suspension. Students under clinical suspension are strictly prohibited from contacting any staff member of the clinical site until the full review is completed. Any contact made by the student can impact the outcome of the decision and/or extend the clinical suspension.

The faculty's decision regarding review of the student's clinical suspension will be forwarded to the Program Director. The Director 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 Radiologic Science 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 the impact of clinical absence(s) on course grade will be determined prior to the student's reinstatement.

A student dismissed from the ASRS program for clinical misconduct is not eligible for program readmission.

2.5 Program Readmission

Program readmission is only granted to students having stopped-out due to nonacademic reasons. Students seeking readmission must adhere to the following:

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 (due to non-academic reasons) from the program/University. Students dismissed due to academic (or clinical) reasons or who withdrew in poor academic standing are not eligible for readmission.
4. The student must have stopped-out having earned the minimum "C" in *concentration* courses and maintained minimum *cumulative* and *concentration* GPAs of 2.3 to qualify.
5. A written request must be submitted to the Radiologic Science Program Director two semesters prior to the semester to which the student is seeking readmission, to provide sufficient time to assess and process the request.

6. The student must be able to finish the program within 30 months from the time of initial enrollment. Therefore, the student must be readmitted within 12 months from the time of stop-out. After 12 months, student readmission will not be considered.
7. A clinical assessment will be administered to evaluate the student's retention of appropriate clinical knowledge and skills prior to readmission. Clinical assessments will be completed in the program's energized laboratory. A clinical assessment may reveal it necessary for the student to complete and pass a clinical independent study course to qualify for readmission. However, all students are encouraged to enroll in a clinical independent study course prior to readmission. Clinical independent study courses are sequenced for the semester preceding readmission and are administered under the supervision of the Clinical Director. Requirements specific to each clinical independent study course are described in course syllabi. Failure to successfully complete a clinical independent study course will disqualify a student's readmission request.
8. Compliance with the steps involved in this policy rests solely with the student.

2.6 Grievance Procedure

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 program's requirements.

If any student has a grievance related to University policy and non-academic in character, the student shall refer to the University's Grievance Policy, Non-Academic as published in the University's *Student Handbook*.

2.6.2 Academic Disputes and Grade 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 has an academic grievance, the student should refer to the University's *Student Handbook* and *Undergraduate Catalog* Grievance Procedures, Academic Disputes and Grade Challenges policies.

2.6.3 JRCERT Standards Grievance

If a student has a grievance that pertains to non-compliance with JRCERT STANDARDS, the student is directed to follow Policy 2.6 as described above. If, after exhausting all avenues of due process outlined in Policy 2.6, a student feels the grievance is unresolved, she/he has a right to contact the JRCERT (See Appendix 2.6.3.1:).

3.0 CLINICAL EDUCATION EXPERIENCE

3.1 Overview of Clinical Education

Holy Family University is committed to providing a comprehensive clinical education experience essential to preparing a student for entry into the radiologic science profession. The clinical curriculum is composed of five sequentially linked competency-based 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 *2023 ASRS Radiologic Science Clinical Education Handbook*.

Compliance with *University Policy Manual 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 and/or *2023 ASRS Radiologic Science Clinical Education Handbook.*

3.2 Objective of Clinical Education

Students will observe, practice and actively demonstrate professional skills required of a radiographer by:

1. Completing the required number of competency examinations 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 (direct or indirect).
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 three 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 cultural-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 radiologic procedure.
11. Evaluating the examination request and comparing to patient history for accuracy, and initiating verification procedures as necessary.
12. Assessing and documenting patient history prior to beginning the radiologic procedure.
13. Identifying and responding to adverse patient reactions to contrast agent administration and following appropriate clinical protocol.
14. Documenting procedure completion in patient's record following facility protocol.
15. Applying *standard precautions* during all radiologic procedures in support of infection control practices.
16. Applying appropriate medical and surgical aseptic techniques while completing radiologic procedures.
17. Preparing equipment and accessories (including contrast agents) as necessary to perform radiologic procedures.
18. Reporting equipment malfunctions to appropriate clinical personnel.
19. Demonstrating the principles of radiation protection standards to include time, distance, shielding, and radiation monitoring.
20. Complying with safe, ethical and legal practices pertaining to the completion of radiologic procedures.
21. Integrating the ASRT's *Scope of Practice and Practice Standards for Radiography* into clinical practice.
22. Demonstrating principles of transferring, positioning, immobilizing and restraining of patients to effectively complete radiographic procedures.
23. Complying with departmental and institutional procedures when responding to emergencies, disasters and accidents.
24. Differentiating between emergency and non-emergency radiologic procedures.
25. Evaluating diagnostic medical images for appropriate clinical information, image quality and patient demographics.
26. Evaluating diagnostic medical images to determine corrective measures to improve non-diagnostic images.
27. Demonstrating accurate documentation and utilization of computer skills related to HIS, RIS, and PACS systems.
28. 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 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 as required by joining the American Society of Radiologic Technologists (ASRT) professional organization; and
11. Performing community service by attending health fairs; visiting local schools; participating in Lambda Nu Honor Society activities, bimonthly program Information Sessions, and other Radiologic Science program events.

(See Appendix 3.2.1: American Hospital Association The Patient Care Partnership, Appendix 3.2.2: Code of Ethics of the American Society of Radiologic Technologists and Appendix 3.2.3: Eligibility for Certification by the American Registry of Radiologic Technologists.)

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) certification for **health care providers**. Students who complete a course that is not for health care providers and/or a full online course will be required to repeat the required CPR course. Students who do not meet this requirement are prohibited access to clinical assignments until recertification is obtained. The accrual of any clinical absences related to CPR recertification will be calculated into the student's clinical attendance factor.

3. Complete a criminal background, social security and child abuse check using *www.castlebranch.com*.* Students will not be validated to enter the first clinical education course unless the criminal background checks are performed with negative results. Results must indicate no records exist despite case status. All 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.** Failure to do so may impact eligibility to take the ARRT Examination in Radiography. Conviction of any offense other than a minor traffic violation will result in dismissal from the Radiologic Science Program with no option for readmission.

4. 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 Castlebranch. * Medical review and/or retesting of the previously submitted sample will be conducted according to the policy of the approved laboratory. Upon faculty member discretion, students may be asked to obtain an additional drug screen at any point in the semester, at the student's expense. Upon request, the drug screen must be completed immediately. Students have one hour to arrive at the testing site. Any student who does not arrive within the hour will be assumed to have a positive result and be dismissed from the program with no option to return.

5. Health packet information, including student health credentials, (provided by the Program) must be completed as directed in order to begin clinical education assignments and establish official program enrollment.

6. Document current and continuous personal healthcare insurance throughout program enrollment.

7. 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 should read the ACR MR Guidelines Document for Safe MR Practices: 2015, available from the American College of Radiology's website (*www.acr.org/Quality-Safety/Radiology-Safety/MR-Safety).*

8. All students need to complete the Clearance for Magnetic Resonance (MR) Area & MR Rotation form and if necessary, sign the MR Tattoo Policy form (see *Appendix 3.3.1: Clearance for Magnetic Resonance (MR) Area & MR Rotation* and *Appendix 3.3.2: Magnetic Resonance (*MR) & MR Rotation- Tattoo Policy*)* and return each to the Radiologic Science Program Office.

*Copies of documentation are forwarded to clinical agencies upon request.

Students are required to:

1. Submit pre-entrance health examination and immunizations to Radiologic Science Program Office.

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 Providers* 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. Complete criminal background, social security, child abuse checks, and drug/alcohol screening through Castlebranch 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 Office prior to beginning clinical education assignments. The following should be included with the physical 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.
    f. An annual flu vaccination is required by all clinical sites. Students must provide documentation to the Clinical Director by the date posted in course syllabi.
    g. Submit documentation of personal health care insurance to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required.
    h. Other university/program health compliance may be required as necessary. Any additional requirements will be communicated to students by faculty/administration.

Knowledge of the principles of body mechanics is also important to clinical practice in order to avoid back injury. Principles of proper body mechanics are incorporated into the curriculum in the orientation portion of RADS-120 Clinical Education I and in RADS-102 Patient Care in Radiologic Science.

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.

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 not required. Immunizations must be completed and documented prior to clinical placement.
5. Evidence of negative criminal background, social security, and child abuse checks and drug screening as reported by *www.castlebranch.com* are required. Students must immediately notify the Program Director of any change in legal status.
6. Upon faculty member discretion, students may be asked to obtain an additional drug screen at any point in the semester at the student's expense.

3.4 Clinical Education Assignment

The program's Clinical Director determines clinical education assignments. These assignments provide students with the volume and variety of clinical experiences necessary to successfully progress through the program. Students are expected to assume responsibility for personal transportation to all clinical education settings. Students are required to rotate to a minimum of three clinical education Settings. Assignments to clinical education settings will be based on educationally valid reasons, not proximity to students' current residence. Notifications of new clinical assignments are posted two weeks prior to the end of the student's current assignment and are considered final.

3.4 Clinical Education Assignment

3.4.1 Clinical Education Settings

A current list of recognized clinical education settings can be found in (see Appendix 3.4.1.1: Recognized Clinical Education Settings).

3.4.2 General Clinical Education Information

Recognized clinical preceptors are on-site in all clinical education settings. Normal clinical education assignment hours are 8 am to 2 pm and/or 2 pm to 8 pm. Specific clinical education assignment hours are outlined in individual course syllabi as some clinical assignment times may vary (see *Appendix 3.4.1.1: Recognized Clinical Education Settings*). Weekly didactic

and clinical education hours will not exceed 40 hours. Clinical assignment for any one day will not exceed 6 hours; however, a student should complete any radiologic procedure currently in progress prior to 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 radiologic procedure.

Student clinical education assignments are developed in accordance with published University semester calendars. Clinical rotation schedules for each semester provide detailed clinical assignments for each student and are published on Canvas prior to each semester.

Students are permitted one day (not to be subdivided) of personal time per clinical course without incurring a grade penalty. This day 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 *2023ASRS Clinical Education Handbook* and individual clinical course syllabi.

3.4.3 Schedule of Clinical Education Assignments

Clinical assignments follow the summary chart below:

Semester	***No. Days/Week***	***Day of Week***
100-level:		
Fall	2	T, TH
Spring	2	T, TH
Summer	3	T, TH, F
200-level:		
Fall	3	M, W, F
Spring	3	M, W, F

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.

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 Clinical Director 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 for regularly scheduled

rotations (Note: 15 minutes prior to start time for rotations starting at alternate times). Students are encouraged to notify the Program Office and clinical education setting 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 7:45am (or as noted above), the student is in violation of the attendance policy. (Exceptional circumstances may be reviewed by the Clinical Director on an individual basis.)

Penalties incurred for attendance policy violations are cumulative throughout the five 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 and be present in their assigned rotation at their scheduled start 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.

It is possible to accrue and use a permitted clinical absence day as a "*vacation day*" under the following conditions:

- A whole absence day (not to be subdivided) permitted for RADS-120 Clinical Education I and/or RADS-122 Clinical Education II was not used.
- A student may request to use a *vacation day(s)* only during RADS-200 Clinical Education III and the day(s) must be approved by the Clinical Director (see *Appendix 3.5.1: Vacation Day Request*).
- The absence day permitted for RADS-200 Clinical Education III can be used in conjunction with the use of a *vacation day(s)*.

Students are expected to be in their scheduled rotation according to their scheduled start time and to complete the entire assignment. If a student arrives late or needs to leave a clinical assignment early, (s)he must notify a Holy Family Radiologic Science faculty (e.g., Clinical Director, Program Director, or Clinical Instructor). Arriving late to the site/assigned rotation or leaving a clinical site/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 throughTrajecsys All students will be provided unique user names and passwords to sign-in and out of Trajecsys. Students are to keep their user names/passwords confidential and are not to sign in/out for other students. Signing in/out for other students is considered a violation of the Attendance policy for any/all students involved. Using designated computers at each clinical site only (IP addresses will be verified), 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. (Using personal devices to sign-in/out is a violation of Clinical Education Attendance policy.) Unless the Program Office and clinical setting are notified of the student's lateness beforehand, any student signing-in after their designated start time will be considered absent for the day.

3.6 Emergency University Closing

In the event of inclement weather or other emergencies, University closings will be posted on the Holy Family University website. Students are not expected to attend class or clinic in the event of University closing, **but should notify the clinical site by 8 am that the University is closed**. There is no need to notify the Program Office, as the office will already have this information.

The University has implemented an emergency alert system. This voluntary system is designed to immediately notify the campus community, via text message or email, when an emergency situation occurs on campus. In addition to emergency situations, this system will alert registered members when the University is closed due to snow or other weather-related events. To register, visit:

Campus Safety & Security | Holy Family University

3.7 Use of Controlled Substances

3.7.1 Alcohol and/or Drugs

Use of (and/or suspected to be under the influence of) alcohol and/or drugs at clinical education settings is prohibited. Such influence/use is also in violation of University student policies and will result in immediate clinical suspension and/or dismissal from the program/University.

3.7.2 Smoking at Clinical Education Settings

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

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. This includes perfume/cologne.
2. Solid navy blue scrub pants correctly sized and fitting at waist, and white scrub top, clean, neat, pressed, and unstained. All-white socks. Uniforms must be purchased through the University's Book Store.
3. A plain white turtleneck or crew neck long sleeve shirt (non-thermal type) under scrub top is also acceptable. Performance/athletic material is not permitted.
4. Clean white uniform shoes, or entirely white sneakers (used only for clinical education purposes). Sneakers with mesh or canvas materials are not permitted.
5. Lab jackets/coats are recommended if clinical assignment area necessitates additional clothing for warmth.
6. Holy Family student identification patch (purchased through the Bookstore) 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), one flat ring/band and a watch (no smart watches) 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. Hair must be neat in appearance, worn up or secured off the face (a ponytail if chin length or longer) and of a natural color. A single solid white, navy, tan or black headband may be worn.
11. 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.
12. All tattoos must be completely covered by a secured means at all times.
13. Lead markers: "R" and "L" with student initials must be on the student's person during all scheduled clinical assignments. Students not having a both a left & right side marker during clinical assignments will be dismissed from clinical. Time missed due to lack of side markers will be included in the clinical attendance factor for that semester.
14. Fingernails must be short and neatly trimmed. Artificial nails, nail tips, dips, or gel manicures are not permitted. Nail polish, if worn, must be clear or light in color. Hand washing, following contact with each patient is required.

15. O.R. scrubs issued by clinical education settings are only to be worn in the O.R. Students are expected to follow clinical education settings' policies on attire in between O.R. cases. Students are expected to wear regular uniform clothing to clinical, change into O.R. scrubs when completing O.R. assignments and change back into regular uniform when O.R. cases are completed. At no time is it acceptable for O.R. scrubs issued by clinical agencies to be in the student's possession outside of the clinical agency.
16. False eyelashes/eyelash extensions are not permitted in the clinical setting. Students with false eyelashes/eyelash extensions will be sent home and not permitted to return until the eyelashes are removed.

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. Dress code violations are cumulative throughout the five clinical education courses. Violation of dress code 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.

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

3.9 Emergency Situations

In case of an emergency situation involving a student, the student *must* contact the Clinical Director immediately by calling 267-341-3698. If the Clinical Director cannot be reached, the Program Office can be reached at 267-341-3330 (between 7 am and 3 pm).

3.10 Hospital Visiting Privileges

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

3.11 Infectious Diseases

Students receive extensive instruction in the mechanisms of disease transmission and infection control in RADS-102 & 120. "Standard 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.

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.

3.13 Pregnancy Policy

A student enrolled in our Radiologic Science program will be required to participate in clinical education activities that include performing radiographic 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 3.13.1: Declaration of Pregnancy Form*) and "retract" her pregnancy (in writing) (see *Appendix 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 required to purchase a second "fetal" radiation monitor at $44.00/month. 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.

3.14 Radiation Protection Practices

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. Leaded apparel shall be worn by students when performing fluoroscopic and portable (mobile) radiographic examinations.

Under no circumstances will a student be allowed to hold a patient or image receptor (IR) during a radiographic exposure, as stated in current radiation safety guidelines (NCRP Report No. 105 pp.48). If a patient needs support to maintain a specific radiographic 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 the radiographic room with a patient during a radiographic 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 five 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

3.14.2 Patient Protection

Protection of the patient and performance of the correct radiographic procedure is the student's responsibility. 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 Clinical Director on the day of this event; and
4. Meet with the Clinical Director 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.

3.14.3 Supervision of Students – Direct/Indirect

In accordance with the Joint Review Committee on Education in Radiologic Technology "STANDARDS," the policy for Direct and Indirect Supervision is as follows and is to be followed without exception by every student:

<u>Direct Supervision</u>

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

Direct student supervision is required *with no exceptions*:

- whenever the student is *repeating* an unsuccessful radiologic image(s);
- during *all* mobile radiographic/fluoroscopic procedures, regardless of the student's level of progression or competency; and
- if the student has *not* previously demonstrated successful competency on the radiologic procedure being performed.

<u>Indirect Supervision</u>

Occurs when the student performing a radiologic procedure has a supervising technologist within “normal voice call” distance away from the radiographic room where the radiologic procedure is being performed.

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

- when a student is performing non-mobile radiographic/fluoroscopic procedures that (s)he has *previously* demonstrated to be competent to perform.

3.14.3.1 Repeating Radiographs

Due to many influencing factors, repeating a patient’s radiographic image(s) has the potential to compromise the safety and welfare of that patient, the student and other health care workers. At no time is a student permitted to accept or reject any image without a technologist’s explicit instruction. Therefore, it is this program’s policy that any student repeating radiographic image(s), for any reason, must perform the repeat(s) under the Direct Supervision of a registered technologist/clinical preceptor/program faculty, with no exceptions.

3.14.4 Mobile/Portable Radiography/Fluoroscopy (C-arm)

The performance of mobile radiographic/fluoroscopic procedures has the potential to compromise the safety and welfare of the patient, student, and other health care workers. Therefore, it is this program’s policy that any student performing mobile radiographic/fluoroscopic procedures *must* perform the procedures under the Direct Supervision of a registered technologist/preceptor/faculty.

- A student may begin to observe, assist and perform mobile operating room (O.R.) radiographic/fluoroscopic procedures in RADS-122 Clinical Education II.

It is required that all students practice appropriate self-protection by wearing a lead apron during all mobile/portable radiologic procedures.

Penalties incurred for *Supervision of Students*, *Repeating Radiographs*, or *Mobile/Portable Radiography/Fluoroscopy* policy violations are cumulative throughout the five clinical education courses. Violation of any of these policies 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

3.14.5 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. Leaded apparel *shall* be worn when performing all mobile/portable radiographic/fluoroscopic procedures.

Personal Radiation Monitoring Policy

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

A lost or damaged Luxel® 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 Program will order a replacement Luxel® 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 of or damage to a Luxel® monitor 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 those course grades.

Luxel® monitors will be exchanged for new monitors in the Radiologic Science Office (HFH room 114) *every other month*. Notification for radiation monitors to be exchanged will be *announced* on Canvas in clinical education courses. Students will also receive email notification from the Program. Any monitor exchanged late will be considered a violation of the Personal Radiation Monitoring Policy. A $15 co-pay will be charged to ship a late monitor back to Landauer. Loss of (or damage to) a Luxel® monitor will require the student to pay a $50 co-pay to replace the monitor. Penalties incurred for the loss of or damage to a Luxel® monitor violates the Program's Radiation Monitoring Policy. Policy violations 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 Personal Radiation Monitoring 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 50 mrem. The RSO will investigate with the student to determine how (and why) her/his radiation exposure exceeded 50 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 50 mrem in the future.

3.14.6 Radiation Safety in the Energized Laboratory

1. Students must wear radiation monitors during laboratory sessions requiring the use of the energized radiographic equipment in Holy Family Hall, room 110 to participate in making radiographic exposures.
2. Under no condition is a student permitted to expose a fellow student, health care worker, member of the general public, or any "living entity" to ionizing radiation using the radiographic equipment owned by Holy Family University.
3. Each student is responsible for practicing appropriate radiation hygiene. This includes:
    a. Making radiographic exposures only under the direct supervision of a program faculty.
    b. Assuring that the laboratory room's doors are closed prior to making every radiographic exposure.
    c. Utilizing proper radiation beam restriction (collimation) techniques.
    d. Alerting (orally) classmates/room occupants that an x-ray exposure will be made.
    e. Assuring that all room occupants are fully shielded behind the control booth barrier prior to making radiographic exposures.
    f. Making accurate exposure technique selections prior to every radiographic exposure, reducing the need for repeat exposures.

ENERGIZED LABORATORY POLICIES:

1. Appropriate radiation hygiene techniques must be practiced at all times.
2. Experiments involving x-ray exposures that have not been approved by program faculty are not permitted under any circumstances.
3. The radiographic equipment shall be turned ON and OFF in proper sequence.
4. Do not attempt to resolve problems with laboratory equipment (e.g., CR system, or radiographic equipment). Report any laboratory equipment problems to the Radiologic Science Office.
5. At the end of each laboratory session, all supplies and/or equipment shall be returned to their proper places. The radiographic x-ray equipment shall be turned OFF in proper sequence.
6. Students are encouraged to utilize laboratory equipment outside of scheduled laboratory sessions, but must receive approval from the Program Office to do so.

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.

1. 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.

        i. 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 Clinical Director prior to attending any further clinical assignments. The Clinical Director 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.

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 Clinical Director will discuss the student's situation with the clinical education setting's office of infection control. Following contraction of an infectious disease, the student must be cleared (in writing) by her/his family physician and/or the clinical education setting to resume clinical education assignments. 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.

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.

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. An additional PPD test is also required during the summer preceding fall 200-level courses. Documentation of the second PPD test must be provided to the Radiologic Science Program Office prior to beginning RADS-222 Clinical Education IV assignments. 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.

3.17 Electronic Communication Devices

Policies regarding electronic communication devices in the classroom are addressed in individual course syllabi. The devices include but are not limited to smart watches, cell phones, and tablets.

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. Students are only permitted to use personal electronic communication devices during lunch.

Penalties incurred for electronic communication devices policy violations are cumulative throughout the five 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

3.18 Policy on Employment as a Student Radiographer

Radiologic Science faculty do not condone the practice of students being employed as radiographers since students have not completed entry-level educational requirements to practice competently; nor do they qualify for ARRT Certification as radiographers.

The University and its faculty are not liable for any incident that occurs during the course of a student's employment. Students' clinical education must be kept separate from employment responsibilities. Competency examinations may only be performed during program-scheduled clinical education assignments. The Clinical Director 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. The student's employer is responsible for providing the employee with a radiation monitor in accordance with institutional policies.

Failure to abide by the above policies will result in and possible dismissal from the Radiologic Science program.

4.0 WITHDRAWAL POLICIES

4.1 Course Withdrawal

The student must schedule a meeting with their assigned academic advisor to withdraw from any academic course. Students must maintain full-time status (≥12 credits) to remain enrolled in the Associate of Science in Radiologic Science program.

4.2 Program Withdrawal

The Program Director must be informed, in writing, of intent to withdraw from the Radiologic Science program and/or from the University.

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

The program-issued radiation monitor must be returned to the Program Office or a lost monitor charge will be incurred.

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.

5.0 HOLY FAMILY UNIVERSITY RADIOLOGIC SCIENCE PROGRAM ACKNOWLEDGEMENT OF RECEIPT

HOLY FAMILY UNIVERSITY

RADIOLOGIC SCIENCE PROGRAM

Acknowledgement of Receipt:

POLICY MANUAL

STUDENT HANDBOOK RADIOLOGIC SCIENCE

I have received, thoroughly read, and understand the POLICY MANUAL STUDENT HANDBOOK RADIOLOGIC SCIENCE 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 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 Director.

Name: _____ Date: _____

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

Appendix 2.1.1: Functional Abilities, Activities and Attributes

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

Functional abilities and activities	Description	Frequency*
Stoop:	Bending body downward and forward by bending legs and spine. *To lift radiographic image receptors; to help sit a patient up in bed.*	F
Kneel:	Bending legs at knee to come to a rest on knee or knees. *To perform CPR; to assist a patient lying on the floor who may have fainted.*	O
Crouch:	Bending the body downward and forward by bending legs and spine. *To place a radiographic image receptor under a patient in an operating room setting.*	O
Reach:	Extending hand(s) and arm(s) in any direction. *Extend to least 6 feet from floor to an overhead x-ray tube suspended from ceiling.*	F
Grasp:	Applying firm pressure to an object with the fingers and palm. *Equipment such as overhead x-ray tubes, portable x-ray machines, c-arm units, control panel knobs, patient extremities.*	F
Push:	Using upper extremities and legs to press against something with steady force in order to thrust forward, downward or outward. *To perform CPR; equipment such as overhead x-ray tubes, portable machines, c-arm units; patient stretchers and wheelchairs.*	F
Pull:	Using upper extremities and legs to exert a force on an object toward the mover. *To move a patient from bed to stretcher and/or stretcher to radiographic table.*	F
Lift:	Raising objects from a lower to a higher position or moving objects horizontally from one position to another. *To help move a patient from wheelchair to radiographic table; to pick up radiographic image receptors.*	F/C
Stand:	Maintaining an erect (or upright) position on both feet, particularly for sustained periods of time. *To provide patient care and/or observation for a sustained period of time.*	C
Walk:	Moving about on foot to accomplish tasks, particularly for long distances (or times).	C

Functional abilities and activities	Description	Frequency*
	To complete a clinical education assignment for the duration of up to 8 hours.	
Climb:	Ascending or descending using feet, legs, hands, and arms. Body agility is emphasized. *Using stairs to reach patient care areas throughout a multilevel hospital.*	F
Balance:	Maintaining body equilibrium to prevent falling when walking, standing or crouching. *To transfer a patient from wheelchair to radiographic table and back.*	C
Hear:	Ability to receive detailed information through oral communication and to make fine discriminations in sound (i.e., obtaining a blood pressure) when applicable. *Blood pressure sounds through a stethoscope; verbal communication from patients, physicians, radiographers, and other healthcare providers.*	C
Talk:	Expressing or exchanging ideas by means of the spoken word to other healthcare workers accurately, loudly, and efficiently. *Speak to patients, physicians, radiographers, and other healthcare providers.*	C
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. Be able to observe and assess patient behavior Read printed and hand written material, meters, gauges, and computer monitors Assess patients non-verbally to include changes in respiratory rate and effort and changes in skin tone Evaluate radiograph images in shades of gray for adequate: Spatial resolution, Positioning, Image receptor exposure, Required anatomy and other related information.	C
Medium Work:	Exerting up to 75 lb. of force *occasionally (O)*, and/or up to 35 lb. of force *frequently (F)*, and/or up to 10 lb. of force *constantly (C)* to move objects.	O/F/C

*Frequency Key:

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

Appendix 2.4.2.1: Clinical Conduct Policy

CLINICAL CONDUCT POLICY

At the core of Health Sciences are professional and ethical standards including the, 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. Health Science 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.

All questions related to clinical education should be directed to program faculty (Clinical Director, Clinical Instructor, or Program Director). Students and program applicants are not permitted to contact clinical sites directly related to many matters involving clinical education. This includes but is not limited to exceptions to clinical/program requirements, exceptions to program or university policy, during any investigation related to violations or continued program progression, etc. Violation of this policy can result in program dismissal or rescindment of acceptance offer at the discretion of the Program Director and/or Clinical Director.

Appendix 2.6.3.1: JRCERT Standards for an Accredited Educational Program in Radiologic Sciences

20 North Wacker Drive, Suite 2850
Chicago, IL 6060-3183
312-704-5300

http://www.jrcert.org/

http://www.jrcert.org/students/

http://www.jrcert.org/programs-faculty/jrcert-standards/

Appendix 3.2.1: American Hospital Association The Patient Care Partnership

These expectations, rights and responsibilities 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.

The Patient Care Partnership

Understanding Expectations, Rights and Responsibilities

What to expect during your hospital stay:

- **High quality hospital care.**
- **A clean and safe environment.**
- **Involvement in your care.**
- **Protection of your privacy.**
- **Help when leaving the hospital.**
- **Help with your billing claims.**

American Hospital Association

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.

http://www.aha.org/advocacy-issues/communicatingpts/pt-care-partnership.shtml

Appendix 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 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* website, or you may request a copy by phoning ARRT at 651-687-0048, ext. 544.

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Appendix 3.3.1: Clearance for Magnetic Resonance (MR) Area & MR Rotation

CLEARANCE FOR MAGNETIC RESONANCE (MR) AREA & MR ROTATION

The following items may be hazardous and/or prohibit your ability to visit a Magnetic Resonance (MR) imaging area and/or complete a MR clinical rotation.

Do you have, or have you ever had any of the following?	Yes	No
Pacemaker?		
Cerebral (brain) Aneurysm clips?		
Cardiac (heart) valve replacement(s)?		
Neuro, Cardiac or Bone stimulator?		
Infusion pump for medication?		
Ear surgery/implant? If yes, describe: _____		
Hearing aid/Dentures/Dental implants?		
Artificial limb or joint?		
Do you have any of the following: shunt, stent, mediport, orbital implant, metal mesh, surgical clips/staples, bone/joint pins?		
Wearing a medication patch (for delivery of nitroglycerin, nicotine, birth control, etc.)?		
Any prosthesis (i.e., eye, penile, etc.)? If so, describe: _____		
Metallic fragments in your body (i.e., bullets, shrapnel, BB's, or braces on teeth?		
EVER have metal penetrate your body?		
EVER perform work that would have exposed you to metal fragments (i.e., shavings, sliver)?		
Have you had any surgeries that are not listed above? If so, describe: _____		
Implant held in place by magnet?		

Do you have, or have you ever had any of the following?	Yes	No
Magnet or magnetic device used for therapy, pain reduction, or to aid circulation?		
Do you have any other metallic items or devices attached or inserted in your body or in/on your skin? Tattoos or permanent makeup? If so, describe: _____		
Do you have a temporary pacemaker wires?		
Do you have a Harrington rod or other form of vertebral stabilizer/fixation?		
Do you have carotid artery clips?		
Do you have wire sutures?		
Do you have an artificial heart valve?		
Do you have an ear implant?		
Do you have a penile implant?		
Have you ever gotten metal or rust in your eyes?		
FEMALES ONLY: Do you have/use a Diaphragm, Pessary, or IUD?		

Appendix 3.3.2: Magnetic Resonance (MR) & MR Rotation- Tattoo Policy

Dear Radiologic Science Student:

You identified on Holy Family University Radiologic Science Program's *Appendix 3.3.1: Clearance for Magnetic Resonance (MR) Area &* MR Rotation form that you have 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.

For additional information, you are advised to visit the American College of Radiology's web site on MR Safety:

http://www.acr.org/Quality-Safety/Radiology-Safety/MR-Safety

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

Date: _____

Print Student Name _____

Student Signature _____

Appendix 3.4.1.1: Recognized Clinical Education Settings

HOLY FAMILY UNIVERSITY

RADIOLOGIC SCIENCE PROGRAM

CLINICAL EDUCATION SETTINGS

Holy Redeemer Hospital 1648 Huntingdon Pike Meadowbrook, PA 19007	Jeanes Hospital 7600 Central Avenue Philadelphia, PA 19111 †7:30ampm - 1:30pm rotation (OR) †1:00pm - 7:00pm rotation	St. Mary Medical Center Langhorne-Newtown Roads Langhorne, PA 19047
Episcopal Hospital 100 E. Lehigh Avenue Philadelphia, PA 19125	Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152	Roxborough Memorial Hospital 5800 Ridge Avenue Philadelphia, PA 19128
Jefferson Health Frankford Campus Frankford Avenue & Wakeling St. Philadelphia, PA 19124	Northeastern Ambulatory Care Center 2301 E. Allegheny Ave. Philadelphia	Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104
Jefferson Health Torresdale Campus Knights & Red Lion Roads Philadelphia, PA 19114	Lower Bucks Hospital 501 Bath Road Bristol, PA 19007 †7:15 am – 1:15 pm O.R. †1:00pm - 7:00pm rotation	Children's Hospital of Pennsylvania 3401 Civic Center Blvd Philadelphia, PA 19104
Corporal Michael J. Crescenz Department of Veteran Affairs Medical Center	Penn Radiology: Radnor 145 King of Prussia Rd Floor 1, Suite 111 Radnor, PA 19087	Penn Radiology: Valley Forge 1001 Chesterbrook Blvd Berwyn, PA 19312
Penn Radiology: Bucks 777 Township Line Road Yardley, PA 19067	Vybe Urgent Care: Bensalem 3626 Street Road Bensalem, PA 19020	Vybe Urgent Care: Roxborough 6060 Ridge Ave Ste 100 Philadelphia, PA1918
Patient First: Feasterville 75 E Street Road Feasterville-Trevose, PA 19053	Patient First: Langhorne 100 Lincoln Hwy Fairless Hills, PA 19030	Concentra Urgent Care 2010 Levick Street Philadelphia, PA 19149
Rothman Orthopaedic Institute 9501 Roosevelt Blvd 4th Floor Philadelphia, PA 19114		

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 three (3) clinical education settings.

Students are assigned to the same clinical setting for Clinical Education I & II (fall & spring 100-level).

Students' clinical assignments routinely change before Clinical Education III (summer I) and again before Clinical Education IV (fall 200-level).

A standard clinical day is 8 am – 2 pm.

† Minimum one (1) two-week rotation may be required at designated settings.

Clinical education settings may be added or deleted as necessary.

Appendix 3.5.1: Vacation Day Request

Holy Family University
School of Radiologic Science
Clinical Education III

Vacation Day Request

Name: _____

Date(s) of requested *vacation day*: _____

Student's signature: _____

Today's date: _____

This section to be filled out by the Clinical Director

Approved: Yes No

Clinical Director: _____ Date: _____

****REMINDER****

It is possible to accrue and use a permitted clinical absence day as a "*vacation day*" under the following conditions:

A whole (6 hr.) absence day permitted for RADS-120 Clinical Education I and/or RADS-122 Clinical Education II that was not used.

A student may request to use a *vacation day* only during RADS-200 Clinical Education III and the day(s) must be approved by the Clinical Director. The *vacation day* must be used as a whole (6 hr.) day.

The absence day permitted for RADS-200 Clinical Education III can be used in conjunction with the use of a *vacation day*.

Appendix 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 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)