Holy Family University | SCHOOL OF ARTS & SCIENCES

Bachelor of Science in Radiologic Science

STUDENT HANDBOOK

FALL 2026

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BACHELOR OF SCIENCE IN RADIOLOGIC SCIENCE/ POST-PRIMARY

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.

Holy Family University Mission Statement and Core Values

(Approved by the Holy Family University Board of Trustees, November 2000.)

Holy Family University offers education in the liberal arts and professions through graduate, undergraduate, and associate degree programs and certifications. The University's graduate programs prepare professionals to assume life-long responsibilities toward God, society, and self. The following core values inform the University as it seeks to carry out its mission. More information available on the Mission Statement webpage.

Family. Holy Family University welcomes and cares for students, faculty, and staff as members of a diverse but interconnected family. A community united by a common Mission, the University promotes an atmosphere of mutual concern and attention to the spiritual, intellectual, social, emotional, and physical needs of all those whom it serves.

Respect. Holy Family University affirms the dignity of the human person through openness to multiple points of view, personalized attention, and collaborative dialogue in the learning process and in the interaction among members of the University community. The University seeks to instill appreciation of and respect for differences so that its graduates can function successfully in multicultural contexts.

Integrity. Intent upon forming persons of integrity who recognize the importance of lifelong learning, Holy Family University advocates the free and conscientious pursuit of truth and the responsible use of knowledge. It bases education upon a foundation in the liberal arts that highlights the humanities and the natural and social sciences. In keeping with the teachings of the Catholic Church, concern for moral values and social justice guides the University in designing programs and activities.

Service and Responsibility. Holy Family University incorporates its motto, Teneor Votis ("I am

bound by my responsibilities") into curricular, co-curricular, and extracurricular programs. Reflecting this motto, educational experiences at the University apply theory to practice and course content to serving human needs. The University educates individuals to become competent professionals and responsible citizens.

Learning. Holy Family University seeks to instill in its students a passion for truth and a commitment to seeking wisdom. It promotes values-based education, creative scholarship, informed and imaginative use of research and technology, and practical learning opportunities such as co-operative education and internship programs. The University seeks to strengthen ethical, logical, and creative thinking; to develop effective communication skills; to nurture an aesthetic sense; and to deepen global, social, and historical awareness.

Vision. Holy Family University envisions learning as a dynamic and fruitful exchange between traditional sources of wisdom and contemporary developments in knowledge. Throughout the teaching and learning process, the University seeks to embody Christian philosophical and theological perspectives. It offers an education grounded in a Judeo-Christian worldview that serves as a foundation upon which to address contemporary problems and to build a vision for the future.

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 endow the radiologic health team with leaders, educators, administrators, and post-primary imaging specialists committed to the service of mankind.

1.1 Goals of the BSRS/Post-Primary Radiologic Science Program

The Bachelor of Science in Radiologic Science (BSRS) program offers degree completion on a part or full-time basis. The post-primary programs offered part-time. The curricula tracks are designed to prepare students for advanced post-primary clinical practice as *Computed Tomography* (CT), *Magnetic Resonance* (MR), Mammography (M), and *Vascular Interventional* (VI) technologists.

The BSRS *General track* promotes professional development for leadership, research and education positions. The goals of the program are as follows:

1.1.1 Program Goals & Student Learning Outcomes (BSRS/Post-Primary Tracks)

1. Develop knowledge and skills necessary for advanced clinical practice in advanced imaging technology (CT, MR, VIor Mammography).

Learning Outcomes:

- Synthesize knowledge and skills utilized for specialized post-primary clinical practice in CT, MR, Mammo, or VI.

  Related to Clinical Skills
  Related to Patient Care

2. Develop effective critical thinking skills required for advanced clinical practice.

Learning Outcomes:

- Evaluate problem-solving and critical thinking skills required for advanced

clinical practice.

3. Promote professional growth in advanced clinical

practice. Learning Outcomes:

- Integrate behaviors that promote professional growth in advanced clinical practice.

4. Analyze factors that impact clinical practice in diverse populations.

Learning Outcomes:

- Detects factors that impact clinical practice in diverse populations.
- Adjust skills according to patient-specific needs.

1.1.2 Program Goals & Student Learning Outcomes (BSRS – General Track)

1. Develop knowledge and skills utilized for professional practice.

Learning Outcomes:

- Synthesize knowledge and skills utilized for professional practice.

2. Develop effective problem-solving and critical thinking skills required for competent professional practice.

Learning Outcomes:

- Evaluate problem-solving and critical thinking skills required for competent professional practice.

3. Promote professional growth in professional practice.

Learning Outcomes:

- Integrate behaviors that promote professional growth and development in professional practice.

4. Identify and analyze issues that influence healthcare needs of diverse populations.

Learning Outcomes:

- *Evaluate issues that influence healthcare needs of diverse populations.*

F1.2 Enabling Activities

The goals in Section *1.1 Goals of the BSRS/Post-Primary Radiologic Science* Program will be carried out by the following actions:

1. Students will expand 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 curricula;
2. Students will develop technical proficiency that improves Radiologic Science health services and advances career fulfillment through expanded

clinical practice and theory;

3. Post-primary track students will perform clinical procedures using patient-focused, evidenced-based standards of care, effectively employing measures to control the use of electromagnetic radiations/magnetic fields for the protection of patient, self and others.

1.3 Comprehensive Examination (BSRS Only)

1.3.1 Policy

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

1.3.2 Procedure

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

1.4 Clinical Practice Examinations

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

Clinical practice shall be designed to provide experiences in patient care and assessment, competent performance of imaging procedures and image assessment.

2.0 ACADEMIC POLICIES AND PROCEDURES

2.1 Admission Procedures

Individuals interested in the BSRS/Post-Primary programs 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, including a minimum post-secondary GPA of 2.5 (BSRS only), the candidate must document ARRT (or equivalent) certification and be in compliance with CE requirements. The University awards 49 semester hour credits for course content mastered through successful completion of an accredited radiography curriculum and attainment of ARRT certification. The University accepts ARRT certification in radiography as validation of entry-level knowledge. Transfer credit of core course credit will be evaluated by the Academic Advising Office and approved by the Dean, School of Arts and Sciences and Radiologic Science Program Director.

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. Students can find their faculty advisor in Self-Service. Each student is expected to schedule rostering appointments with the Academic Advising Office (or individual academic advisors) and to actively participate in the advising process.

Once the student and academic advisor have developed a schedule 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/certificate requirements. BSRS/Post-Primary courses may only be offered once per academic year, and must be completed in sequence (see

BSRS/Post-Primary Course Sequence Sheets). 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 at a time of their choice. Day/evening/online classes or day/evening clinical assignments may be necessary depending on the availability of faculty and clinical education settings.

2.3 Eligibility to Remain in the BSRS/Post-Primary 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 any didactic concentration course is permitted to repeat this course once. This policy is permitted only one time for one didactic course. Students enrolled in a clinical course earning a grade of "fail" will be dismissed from the program (BSRS or certificate) with no option to reapply. 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 BSRS program.

A student who is academically dismissed from the BSRS or Post-Primary program is not eligible for program readmission.

2.4 Program Dismissal

2.4.1 Academic Grounds

See Section 2.3 Eligibility to Remain in the BSRS/Post-Primary Program.

2.4.2 Clinical Grounds/Clinical Suspension

Students must complete all clinical education courses in sequence with a minimum grade of "Pass" to progress forward in the program. Students earning a grade of "Fail" in a clinical education course are dismissed from the BSRS/Certificate program with no option to reapply.

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 Coordinator(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 BSRS/Certificate program for clinical misconduct is not eligible for program readmission.

2.5 Program Readmission

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

1. Readmission is dependent upon clinical space availability. Readmission will only be considered following a student's voluntary withdrawal (due to non-academic reasons) from the program/University. The student must have stopped- out having minimum cumulative and concentration GPAs of 2.3 to qualify. Students dismissed (or who withdraw) due to academic (or clinical) reasons are not eligible for readmission.
2. A written request must be submitted to the Radiologic Science Program Director at least one semester prior to the semester to which the student is seeking readmission, to provide sufficient time to assess and process the request.
3. Within 1 year of clinical activity:

   A student seeking to continue clinical progression without successfully completing a 400-level clinical education course is required to repeat all requirements of the clinical education course. The Program reserves the right to require students seeking to continue clinical progression after successfully completing the first of two 400-level clinical education courses to complete a clinical simulation prior to reestablishing clinical activities.

   After 2 years of clinical inactivity:

   The American Registry of Radiologic Technologists (ARRT) does not recognize examination procedures that are more than 24 months old. Therefore, this would necessitate the student to repeat (independent study) any clinical education course(s) successfully completed previously.
4. Students must follow the University's *Readmission to the University* policy described in the *Undergraduate Catalog*.
5. 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.

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 post-primary certification in CT, MR, or VI. The clinical curriculum is composed of two sequentially linked clinical education courses that increase in complexity and requirements. Details outlining clinical education requirements are published in individual course syllabi. Additional information pertaining to clinical policies and procedures is published in the 2026 *BSRS/Post-Primary Certificate 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 *2026 BSRS/Post-Primary Certificate Clinical Education Handbook.*

3.2 Objective of Clinical Education

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

1. Completing the required number of clinical examination procedures established for each clinical course (as defined in clinical course syllabi);
2. Integrating patient assessment and management focusing on procedural analysis,

performance and evaluation required in daily clinical practice.

3. Executing imaging procedures under appropriate levels of supervision.
4. Adhering to concepts of team practice focusing on organizational theories, roles of team members and conflict resolution.
5. Adapting to varying clinical environments by rotating to a minimum of two clinical education settings.
6. Supporting patient-centered, clinically effective care for all patients regardless of age, gender, disability, special needs, ethnicity or culture.
7. Respecting patients regardless of race, age, color, gender, religious affiliation, sexual orientation, national and ethnic origin, and radiologic examination prescribed that influence patient compliance with radiologic procedures.
8. Adapting procedures/protocols to meet age-specific, disease-specific and culture-specific needs of patients.
9. Integrating the use of appropriate and effective oral, written and nonverbal communication with patients and family, the public and members of the health care team (peers, physicians, nurses, administration, etc.) into the clinical environment.
10. Demonstrating competence in patient assessment skills by accurately evaluating the patient's status and condition before, during, and after the imaging procedure.
11. Evaluate the examination request and compare to patient history for accuracy, and initiate verification procedure as necessary.
12. Assessing and documenting patient history prior to beginning the imaging procedure.
13. Identifying and responding to patient adverse reactions to contrast agent administration and following appropriate clinical protocol in the treatment of contrast agent reactions.
14. Documenting procedure completion in patient's record following facility policy.
15. Applying *standard precautions* during all radiologic procedures in support of infection control practices.
16. Applying appropriate medical and surgical aseptic techniques while completing imaging procedures.
17. Preparing equipment and accessories (including contrast agents) as necessary to perform imaging procedures.
18. Reporting equipment malfunctions to appropriate clinical personnel.
19. Demonstrating (as appropriate) the principles of radiation protection standards to include time, distance, shielding and radiation monitoring.
20. Demonstrate (as appropriate) the principles of MR safety protocols.
21. Complying with safe, ethical and legal practices pertaining to the completion of imaging procedures.
22. Integrating the ASRT's *Scope of Practice and Practice Standards for CT, MR and VI* into clinical practice.
23. Demonstrating principles of transferring, positioning, immobilizing and restraining of patients to effectively complete imaging procedures.
24. Complying with institutional and departmental procedures when responding to

emergencies, disasters and accidents.

25. Differentiating between emergency and non-emergency imaging procedures and following appropriate protocols for completing these procedures.
26. Evaluating medical images for appropriate clinical information, image quality and patient demographics.
27. Evaluating medical images to determine corrective measures to improve non-diagnostic images.
28. Demonstrating accurate documentation and utilization of computer skills related to HIS, RIS and PACS systems.
29. Maintaining HIPAA compliance while completing all didactic and clinical education activities.

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

1. Demonstrating an ability to interact with others;
2. Communicating a caring (empathetic) attitude toward patients;
3. Accepting (and applying) constructive feedback, including self-evaluation, needed to foster growth and development of appropriate affective behaviors;
4. Demonstrating effective use of time management completing assignments systematically and efficiently;
5. Adhering to program (and clinical agency) policies and procedures;
6. Demonstrating ethical conduct, respecting the patient's rights, values, and confidentiality;
7. Demonstrating self-motivation necessary to complete clinical education requirements;
8. Demonstrating dependability and responsibility while fulfilling clinical education requirements;
9. Presenting an appearance and demeanor that communicates professionalism and competence;
10. Demonstrating interest in the profession of Radiologic Science by joining a professional organization such as the American Society of Radiologic Technologists (ASRT), PhilaSRT, etc.; and
11. Performing community service by attending health fairs; visiting local schools; participating in Lambda Nu Honor Society activities, 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 Examinations, 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. 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 the Radiologic Science program. * Medical review and/or retesting of the previously submitted sample will be conducted according to the policy of the approved laboratory. 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 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 enrolled in the MR concentration should obtain a copy of (and thoroughly 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. Students need to complete the Clearance for Magnetic Resonance (MR) Area & MR Rotation form (see *Appendix 3.3.1: Clearance for Magnetic Resonance (MR) Area & MR Rotation* and return it 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 the Radiologic Science Program Office required by University Health Services.
2. Submit results of a yearly PPD to the Radiologic Science Program Office. Students who have received a BCG/SSI vaccination or have had a positive PPD will be required to have a chest x-ray every two years or physician clearance prior to clinical experience.
3. Maintain current CPR for *Health Care 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, students are required to maintain continuous certification in cardiopulmonary resuscitation (CPR) for healthcare providers throughout their enrollment.
4. Submit completed criminal background, social security, and child abuse checks and drug/alcohol screening to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required.
5. Complete a physical examination and submit the Report of Health Evaluation to the University's Health Services Office prior to beginning clinical education assignments. The following should be included with the physical examination (subject to change per clinical site requirements):
    a. Documentation of two MMR immunizations or titers for measles (rubeola) and German measles (rubella).
    b. Documentation of having varicella titer and booster (if necessary).
    c. Documentation of having, at minimum, the initial complete COVID-19 vaccination (1-step or 2-step accepted).
    d. Documentation of maintenance of a tetanus immunization every 10 years.
    e. Documentation of Hepatitis immunizations or signed waiver.
    f. Document annual negative tuberculosis test, or if positive tuberculosis test in the past, a chest x-ray is required every two years.
    g. An annual flu vaccination is required by all clinical sites. Students must provide documentation to the Clinical Coordinator by the date posted in course syllabi.
    h. Documentation of Covid 19 vaccination including recommended booster(s). Exemptions are not granted for any reason.
    i. Submit documentation of personal health care insurance to the Radiologic Science Program Office prior to beginning clinical education assignments and thereafter as required.

j. 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.

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. You must have documentation of a **varicella titer** and booster (if necessary) 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. Participation in clinical will be suspended pending drug screen results.

3.4 Clinical Education Assignment

The program's Clinical Coordinatordetermines 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 two 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. The Clinical Coordinator reserves the right to adjust clinical placements at any time to accommodate program needs.

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. Clinical education assignment hours include the equivalent of 16 hours per week. Each day must be a minimum of 4 hours and not to exceed 12 hours. For example, a student may complete two 8-hour days or one 8-hour day and two 4-hour days. Additionally, the student's clinical time cannot be completed solely through overnight and weekend hours. A minimum of one clinical day must be scheduled Monday through Friday between the hours of 8:00am to 4:00pm.

Students should complete any 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 procedure.

Student clinical education assignments are developed in accordance with published University semester calendars.

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 *2026 BSRS/Post-Primary Clinical Education Handbook* and individual clinical course syllabi.

3.4.3 Schedule of Clinical Education Assignments

Students enrolled in clinical courses must complete 16 hours per week throughout the semester. The Clinical Coordinator will attempt to place students based on their desired clinical schedule but are not guaranteed requested days/times based on clinical site availability. Students will be notified by the ClinicalCoordinatorof alternate scheduling options.

Once a mutually agreed upon schedule is determined, students will be required to review, agree, and sign the *Clinical Contract* prior to the start of each semester. Once the semester begins, no changes to the schedule will be granted. Failure to comply with the schedule may jeopardize student clinical placement and/or meeting course 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 ClinicalCoordinator 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 7:15 am on that day for regularly scheduled rotations (Note: 45 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 7:15am (or as noted above), the student is in violation of the attendance policy. (Exceptional circumstances may be reviewed by the ClinicalCoordinator 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.

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 Coordinator, 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.

3.5.1 Bereavement Policy

Purpose
The Radiologic Science Program recognizes that the loss of a loved one is a difficult time for students. This policy provides bereavement leave to allow students time to grieve and manage necessary arrangements. This policy is not for attending a funeral, as that is covered under the free day given each semester.

Bereavement Leave Allowance
Students are entitled to up to three (3) days off of clinical education following the death of a loved one. This policy is reserved for students who lose a member of their immediate family. The following list is an example, but not limited to, who the program deems immediate family:
Parents
Spouses
Children
Grandparents
Other loved ones on a case-by-case basis

If more time is needed, the student will need to schedule a meeting with both the Clinical Coordinatorand Program Director for discussion.

3.6 Emergency University Closing

In the event of inclement weather or other emergencies, University closings will be 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/Vaping at Clinical Education Settings

Clinical education settings are smoke-free environments. Smoking/vaping 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 navy blue 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 the clinical assignment area necessitates additional clothing for warmth.
6. I thought no patches for post primary students
7. If applicable, a 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. (MR students must comply with MR safety requirements).
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 (see *Appendix 2.1.2 Tattoo Policy*).
13. 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.
14. 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. If it is discovered that a student took OR scrubs from a clinical setting, the student will be dismissed for theft.
15. 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: student's clinical course grade is lowered one whole letter grade

2nd offense: student's clinical course grade is lowered two whole letter grades

3rd 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 Coordinator) will provide guidance.

3.9 Emergency Situations

In case of an emergency situation involving a student, the student *must* contact the Clinical Coordinator immediately by calling 267-341-3296. If the Clinical Coordinator 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

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. The total amount of radiation exposure the embryo/fetus can receive throughout the entire duration of the pregnancy is 500 mrem and must stay below 50 mrem per month. 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 (1) "declare" (see Appendix 3.13.1: Declaration of Pregnancy Form **.**) to the Program Director; (2) continue in the program without a declaration of pregnancy; or (3) "retract" or withdraw a declaration of pregnancy (in writing) (seeAppendix 3.13.2: Retracting Pregnancy *).*

3.13.1 Declaring Pregnancy

A student may voluntarily declare their pregnancy to the Program Director. Declaration allows the student to make an informed decision about their progress in the program during pregnancy based on the student's individual needs and preferences.
A student who chooses to declare their pregnancy must do so in writing. The written notice must have the estimated date of conception.
After declaring their pregnancy, the "declared" student will be required to meet with the Radiologic Science Program's Radiation Safety Officer (RSO) for counseling on fetal risk factors associated with radiation exposure. The RSO will also provide a copy of the USNRC Regulatory Guide 8.13 Instruction Concerning Prenatal Radiation Exposure (https://www.nrc.gov/docs/ML0037/ML003739505.pdf). The declared pregnant student will also be required to meet with the Program Director to discuss options for a course of action.
After meeting with the RSO and Program Director, the declared pregnant student must:

1. Continue their progression through the program, fulfilling all didactic and clinical education responsibilities as scheduled, with reasonable modifications, for the duration of the pregnancy.

   OR

2. Take a leave of absence for the longer of one year or for the period of time deemed medically necessary by the student's licensed healthcare provider. After a leave of absence, the student will be reinstated to the academic status they held before the leave began. A leave of absence will change the date of graduation, which will take place following the fulfillment of all didactic and clinical education course requirements.

Also, after a student declares pregnancy and opts to continue in the program, the program will encourage the student to notify appropriate individuals at the student's current clinical

education setting (and any future setting(s) assigned to during pregnancy) in an effort to ensure the safety of both the pregnant student and the embryo/fetus.

3.13.2 Monitoring

A declared pregnant student who opts to continue progression through the program during pregnancy will meet with the RSO to review acceptable radiation protection practices. The student will be expected to adhere strictly to all radiation safety requirements, including the wearing of personal and fetal monitoring devices.

Consistent with NRC regulations, action will be taken to limit total radiation exposure for the embryo/fetus to no more than 50mrem/mo and no more than 500mrem for the period of the pregnancy. A declared pregnant student will be issued a fetal monitor to be worn at the waist level, in addition to their standard radiation monitor. When scheduled for clinical education assignments including fluoroscopy and/or mobile radiography, the student is required to wear a lead apron containing a minimum lead equivalency of 0.25mm and must wear the fetal monitor under the lead apron.

Monthly radiation exposure dose will be documented via Trajecsys® online documentation system and a copy will be kept electronically in the student's file. The RSO will review monthly readings with the student. If at any time during gestation, the cumulative fetal monitor exposure value exceeds 500mrem or a fetal monitor monthly exposure value exceeds 50mrem, the student will be removed from the clinical setting, as well as energized laboratory courses for the remainder of the pregnancy.

3.13.3 Decision to Not Declare, or Retract Declaration, of Pregnancy

Declaration of pregnancy is strictly voluntary. As noted above, a pregnant student may choose not to declare pregnancy, or the declared pregnant student may choose to retract a declaration of pregnancy, in writing, at any time.

The revocation of pregnancy declaration notifies the program of the student's choice to revoke a previous election to apply federal radiation dose limits to an embryo/fetus as a condition of the student's radiation related clinical experiences in the program.

The monitoring described above will only be required of a declared pregnant student.
Any pregnant student who chooses to either not declare or withdraw declaration of pregnancy assumes all risks associated with radiation exposure during pregnancy and must continue through the program with no adjustments.

3.14 Radiation Protection Practices (if applicable)

3.14.1 Protection Practices

It is every student's personal responsibility to employ radiation hygiene practices whenever and wherever ionizing radiation is being employed. This practice includes employing **time**, **distance** (Inverse Square Law), **shielding** and **beam restriction** (collimation) to reduce overall radiation exposure to patients, self and others.

Under no circumstances will a student be allowed to hold a patient during an imaging

exposure, as stated in current radiation safety guidelines (NCRP Report No. 105 pp.48). If a patient needs support to maintain a specific position, mechanical immobilization should be employed. Only when mechanical immobilization fails should a human be used as a means of patient support/immobilization during an 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 imaging room with a patient during an 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: student's clinical course grade is lowered one whole letter grade

2nd offense: student's clinical course grade is lowered two whole letter grades

3rd offense: **dismissal** from the Radiologic Science program

3.14.2 Patient Protection

Protection of the patient and performance of the correct 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 Coordinator on the day of this event; and
4. Meet with the Clinical Coordinator for conferencing.

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

1st offense: student's clinical grade is lowered one whole letter grade

2nd offense: student's clinical grade is lowered two whole letter grades

3rd offense: **dismissal** from the Radiologic Science program

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

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:

Direct Supervision

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

Direct student supervision is required *with no exceptions*:

- whenever the student is *repeating* an unsuccessful image(s) or procedure;
- if the student has *not* previously demonstrated successful competency on the radiologic procedure being performed.

Indirect Supervision

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

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

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

3.14.3.1 Repeating Images/Procedures

Due to many influencing factors, repeating a patient's image(s) can have 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 supervisor's explicit instruction. Therefore, it is this program's policy that any student repeating images or procedures, for any reason, must perform the repeat(s) under the Direct Supervision of a department supervisor/clinical preceptor/program faculty, with no exceptions.

Penalties incurred for *Supervision of Students* or *Repeating Images/Procedures* policy violations are cumulative throughout the two clinical education courses. Violation of any of these policies results 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

3.14.5 Personal Radiation Monitoring and Report (if applicable)

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

employing **time**, **distance** (Inverse Square Law), **shielding** and **beam restriction** (collimation) to reduce overall radiation exposure to patients, self, and others.

Personal Radiation Monitoring Policy

A radiation monitor (Luxel®) will be issued to each student (CT, Mammo, and VI tracks) 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 $20 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: 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

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.. Radiation monitor reports are reviewed and maintained by the program. Each student is required to acknowledge via signature their radiation exposure report on Trajecsys within 1 week of entry by the RSO. In addition, 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.

3.14.5 MR Safety Information

There are potential risks in the MR environment, not only for the patient but also for the accompanying family members, attending health care professionals and others who find themselves only occasionally or rarely in the magnetic fields of MR scanners, such as security or housekeeping personnel, firefighters, police, etc. There have been reports in the medical literature and print media detailing magnetic resonance imaging (MRI) adverse incidents involving patients, equipment, and personnel. To this end all students enrolled in the MR concentration should obtain a copy of (and thoroughly read) the ACR MR Guidelines Document for Safe MR Practices: 2015, available from the American College of Radiology's website. *http://www.acr.org/Quality-Safety/Radiology-Safety/MR-Safety*.

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.

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 Coordinator prior to attending any further clinical assignments. The Clinical Coordinator will determine if/when a student is permitted to resume clinical education activities. A note (or other documentation) provided by the student's physician approving the student's return to unrestricted clinical activities is necessary.

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 Coordinator 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 their first clinical semester. 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, laptops 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: student's clinical course grade is lowered one whole letter grade

2nd offense: student's clinical course grade is lowered two whole letter grades

3rd offense: **dismissal** from the Radiologic Science program

3.18 Policy on Employee vs. Student Status

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

Failure to abide by the above policies will result in and possible dismissal from the BSRS/Post- Primary 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.

4.2 Program Withdrawal

The Program Director must be informed, in writing, of intent to withdraw from the BSRS/Post-Primary program and/or from the University.

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

The program-issued radiation monitor (if applicable) 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.

Appendix 2.1.1: Functional Abilities, Activities and Attributes

In addition to the academic standards, the following technical standards are required for admission to all Radiologic Science programs/tracks.

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 at 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 Coordinator, 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 rescinding of acceptance offer at the discretion of the Program Director and/or Clinical Coordinator.

I agree to comply with the Clinical Conduct Policy as written and understand that my failure to adhere to the established policy may result in my suspension or dismissal from the Radiologic Science program.

_____
Student Signature

_____
Date

_____
Faculty Signature

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.

	Yes	No	Don't know
1. Do you have a pacemaker, wires, stents, defibrillator, or implanted heart valves?			
2. Have you ever had any head surgery requiring aneurysm clips?			
3. Have you ever had any type of surgery?			
4. Do you have any surgically implanted metal of any type in your body?			
5. Have you ever been exposed to metal fragments that could be lodged in your eyes or body? (if yes, please describe below to include what type of metal and if they have been removed)			
6. Do you have a hearing aid, middle/inner ear prosthesis or dentures?			
7. Do you have any metal pin, joint, prosthesis or metallic objects in, or attached to, your body?			
8. Do you have any type of electric device (stimulator or pump) implanted in your body?			
9. If you are a woman- are you pregnant, or is it possible that you might be pregnant? The biological effects of strong magnetic fields on the developing fetus are unknown.			
Is there any other item or device you believe that could affect you working in a strong magnetic field environment, do you have any concern working with MRI? If you, please describe below.			

I understand that I am not to enter any magnet area without supervising technologist approval. I will NOT bring ant metallic objects into the MRI area. I will remove my wallet, watch, jewelry, electronics, and other materials from my person before I enter the MRI area.

Date:

Print Student Name

Student Signature

Appendix 3.4.1.1: Recognized Clinical Education Settings

HOLY FAMILY UNIVERSITY

RADIOLOGIC SCIENCE

PROGRAM CLINICAL EDUCATION

SETTINGS

CT	MR	MAMMO	VI
Holy Redeemer Hospital 1648 Huntingdon Pike Meadowbrook, PA 19007	Jefferson Health Roosevelt Boulevard 2451 Grant Avenue Philadelphia, PA 19114	TBD	Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104
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	Holy Redeemer Hospital 1648 Huntingdon Pike Meadowbrook, PA 19007		
Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104	Holy Redeemer Healthcare at Warminster 201 Veterans Way Warminster, PA 18974		
Nazareth Hospital 2601 Holme Avenue Philadelphia, PA 19152	Hospital of the University of Pennsylvania 3400 Spruce Street Philadelphia, PA 19104		
St. Mary Medical Center Langhorne-Newtown Roads Langhorne, PA 19047			
Northeastern Ambulatory Care Center 2301 E. Allegheny Ave. Philadelphia			
Jeanes Hospital 7600 Central Avenue Philadelphia, PA 19111			

It is the student's responsibility to secure transportation to and from clinical education settings.

The Clinical Coordinator determines students' clinical education assignments. Clinical assignments are not made to correspond to students' geographic locations.

All students rotate to a minimum of two (2) clinical education settings. Clinical assignments routinely change after one semester.

The Clinical Coordinator will attempt to place students based on their desired clinical schedule but are not guaranteed requested days/times based on clinical site availability. Students will be notified by the ClinicalCoordinatorof alternate scheduling options.

Clinical education settings may be added or deleted as necessary.

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 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) and/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 individuals in my clinical education setting (and any future setting(s) I may be assigned to during my pregnancy) may be notified regarding my pregnancy, in an effort to ensure my safety and the safety of my fetus.

_____

(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 DECLARATION OF PREGNANCY

To: Radiologic Science Program Director

In a previous letter dated _____ I made a declaration of my pregnancy. I am now voluntarily retracting my declaration of pregnancy.

I understand that as a result of signing and submitting this letter, any restrictions and monitoring requirements that have been imposed by the program as a result of my earlier declaration will be lifted.

I understand that by choosing to withdraw my declaration of pregnancy, I assume all risks associated with radiation exposure during pregnancy and must continue through the program with no adjustments.

_____

(Your Signature)

_____

(Your Name Printed)

_____

(Date)