DEPARTMENT OF RADIOLOGIC SCIENCES

MASTER OF SCIENCE IN RADIOLOGIC AND IMAGING SCIENCES

ACADEMIC POLICIES & CLINICAL EDUCATION HANDBOOK

2014-2015
Notice of Equal Opportunity
Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran’s status or any other protected characteristic. The consideration of factors unrelated to a person’s ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University’s compliance with Title VI, Title IX, the Age Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean or Human Resources – Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution’s efforts to comply with the these laws. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University’s compliance with the equal opportunity laws.

Important Notice:

Required Background Check
Students who are offered admission to Jefferson are required to have a criminal background check and child abuse clearance. The Office of Admissions will provide you with the appropriate information to complete this requirement.

Clinical rotation and fieldwork sites that require a criminal background check and/or child abuse clearance may deny a student’s participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, such as failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.

Regardless of whether a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

The Department of Radiologic Sciences reserves the right to make policy and procedure changes at any time. Such changes will be distributed for insertion into the appropriate section of the Handbook. All students enrolled in any courses sponsored by the Department must comply with such changes at the time specified by the Department

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THE HANDBOOK

This Academic Policies and Clinical Education Handbook serves as a guide for students enrolled in the Department of Radiologic Sciences, Jefferson School of Health Professions, Thomas Jefferson University.

A Thomas Jefferson University student is required to uphold a high standard of academic and nonacademic conduct. That standard is presented in this document and will be upheld by the Department of Radiologic Sciences. Academic and nonacademic misconduct at Thomas Jefferson University is subject to disciplinary action.

This handbook is given to students during orientation. The Department will obtain documentation of the receipt and review of the handbook.

Each student is responsible for maintaining his/her knowledge of the information contained in the Academic Policies and Clinical Education Handbook, as well as the Jefferson School of Health Professions Catalog, and Jefferson School of Health Professions Student Handbook.

Link to JSHP handbook:

Link to Master of Science in Radiologic and Imaging Sciences Academic Policies & Clinical Handbook:
http://www.jefferson.edu/health_professions/radiologic_sciences/publications.cfm
MISSION OF THE DEPARTMENT

The Department of Radiologic Sciences provides excellence and leadership in all aspects of Radiologic Sciences, by teaching, undertaking research and providing exemplary clinical practice skills in the broad field covered by the discipline.

The Mission of the Department of Radiologic Sciences is to provide a comprehensive education preparing students for entry-level practice into the radiologic and imaging sciences, as competent, caring professionals, cultivating professionalism, interprofessional practice and life-long learning. Through innovative pedagogy, critical thinking and problem-solving skills are developed and enhanced.

MISSION OF THE PROGRAM

The Mission of the Master of Science program in Radiologic and Imaging Sciences is to foster an environment for radiologic professionals to develop the knowledge and skills necessary to function as leaders in the areas of administration and education, promote life-long learning and establish a foundation for doctoral study.

PROGRAM GOALS

• To prepare radiologic sciences professionals who are able to function as leaders in radiologic sciences professions
• To develop radiologic sciences professionals who are prepared to contribute to the professional body of knowledge
• To provide a foundation for radiologic sciences professionals to become life-long learners who strive for continued professional growth

PROGRAM OBJECTIVES

Graduates of the MSRIS program should be able to:
• Demonstrate leadership skills in practice.
• Use critical thinking skills to resolve issues in radiologic or healthcare related problems.
• Apply evidence based research to practice
• Apply effective communication skills in professional settings to maintain collegial and collaborative relationships.
• Analyze, design, conduct research studies and disseminate research findings and methods to contribute to the radiologic sciences and to improve practice
• Implement strategies to effect change within the radiologic sciences profession.
• Evaluate the appropriate ethical standards to practice as radiologic sciences professional.
• Serve as a role model to promote professionalism within the radiologic sciences.
• Contribute to the community and radiologic sciences profession through service.
PROGRAM/COURSE REQUIREMENTS & ELIGIBILITY
PROGRAM/COURSE REQUIREMENTS

• Prerequisites for courses outlined in the curriculum must be met in order to follow the necessary educational sequence.

• Students are responsible for accessing courses through Blackboard Learn (Jefferson.blackboard.com) and downloading all course syllabi, handouts and assignments for each course every semester.

• Students are responsible for completing course evaluations for each of their courses at the end of the semester.

• Students are responsible for checking their Jefferson email accounts daily.

• Students are responsible for completing the Health Insurance Portability and Accountability Act (HIPAA) Module, Ergonomics and Safety Training Module (clinical tracts only).

CLINICAL EDUCATION ELIGIBILITY

Students entering MS tracks with clinical components must:

• Be a student in good academic standing in the Department of Radiologic Sciences.
• Maintain a cumulative grade point average of 3.00 or higher.
• Provide and maintain proof of certification in adult, child and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
• Provide a current health certificate from a licensed physician indicating that the student is in good health. The document should include a description of any physical disability that may require monitoring during the student's course of study. If a disability interrupts the student's course of study, it should be discussed with the Clinical Coordinator.
• Meet program specific technical standards (Appendix A.)
• Use personal or public transportation to clinical sites. Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
• All immunization requirements must be completed prior to commencing or resuming clinical courses. Failure to meet these health requirements will result in the delay of clinical practical or the failure of clinical courses.
• Be in compliance with the University requirements for influenza vaccination.
• Additional requirements may be needed.
• Students not in compliance are not permitted to attend clinical
ACADEMIC POLICIES
Policies on Student Progression in the Radiologic Sciences Graduate Program (RIMS)

1. A Graduate student who earns one course grade of C or below will be placed on departmental academic probation and will be required to meet with Dr. Gilman.
2. A Graduate student who earns two or more course grades of C or below will be dismissed from the program.
3. A Graduate student who earns a course grade of F will be dismissed from the program.
4. A Graduate student who does not maintain a 3.0 grade point average in any semester will be dismissed from the Master’s program.

Every student is required to meet with Dr. Gilman at least once each semester.

• Students will be assigned a faculty advisor for their capstone project. Students are required to meet with his/her capstone project advisor monthly, at a prescheduled time and location starting in OCTOBER.

Academic Policies

• Students in all tracks of the MS in Radiologic and Imaging Sciences program must achieve a minimum GPA of 3.0 in order to graduate and be awarded the MS degree.

• Students who do not maintain a minimum GPA of 3.0 will be subject to dismissal from the MS in Radiologic and Imaging Sciences program and from the Department of Radiologic Sciences.

• Part-time students must complete the MS in Radiologic and Imaging Sciences curriculum (any track) within two (2) consecutive years. Track specific courses are taught during the first year and core courses are taught during the second year.

• Classes may be subject to cancellation without notice as a result of extreme weather conditions. There will be no make-up classes, but faculty will post lectures, discussions and assignments online.

• Students who are absent from class for any reason should contact Dr. Gilman, and make arrangements with the instructors to make-up missed work.

• Late arrival at classes is not tolerated.

• Students are advised to access the RIMS Student Center on Blackboard – Community routinely for additional information concerning the MS in Radiologic and Imaging Sciences program.
ACADEMIC INTEGRITY POLICY

Students in the MS in Radiologic and Imaging Sciences program are referred to the Jefferson School of Health Professions Academic Integrity Policy published in the JSHP Student Handbook. Academic integrity should be practiced during both academic and clinical education.

Plagiarism web sites resource:
http://www.plagiarism.org/ask-the-experts/overview/

http://owl.english.purdue.edu/owl/resource/589/01/

GRADE APPEAL PROTOCOL

Students in the MS in Radiologic and Imaging Sciences program are referred to the Jefferson School of Health Professions Grade Appeal Protocol published in the JSHP Student Handbook.

STUDENT GRIEVANCE PROCEDURE

For student grievances other than grades or dismissal due to unsafe clinical performance, students are encouraged to address the problem at the point closest to the issue. In schools and/or academic departments, the student is encouraged to attempt to resolve the dispute directly with the faculty or staff member. If dissatisfied with the outcome, the student may meet with the Department Chair or School Dean, as appropriate, and then with the Assistant Vice President for Student Life, who will attempt to mediate the situation. If the student is still dissatisfied with the outcome, he/she may meet with the Senior Vice President for Academic Affairs or his or her designee. The Senior Vice President is the final authority in hearing student grievances. All parties are encouraged to address the issue promptly in writing (within three [3] business days whenever possible) so that resolution of the grievance should require no more than three weeks.

Records of the grievance are kept by the respective faculty and administrative personnel and do not become part of the student’s permanent record.
CLINICAL PRACTICES AND POLICIES
(Clinical tracks only)
CLINICAL PRACTICES AND POLICIES
COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in the Department of Radiologic Sciences programs. It is designed to permit accurate assessment of the knowledge, skills and abilities of students in the clinical education component of the program. Evaluation of students’ clinical competencies is completed by qualified technologists under the direction of the Clinical Affiliate Supervisor.

All students must complete clinical competencies in accordance with the requirement of the respective certification body (e.g., ARRT), as applicable.

CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical practical is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice is subject to review by the faculty.
4. Safe clinical or professional practice is defined as:
   a. Adheres to the Patients’ Bill of Rights - Appendix B.
   b. Performs clinical duties consistent with the professional Code of Ethics - Appendix C.
   c. Receives passing grades on clinical evaluations as evaluated by qualified personnel. See course syllabus.
   d. Adheres to the code of behavior/conduct outlined in the JSHP and Department of Radiologic Sciences handbooks.
   e. Adheres to all clinical practices and policies of the clinical site and JSHP and Department of Radiologic Sciences.
   f. Adheres to departmental radiation protection and monitoring practices where appropriate - Appendix D & E
   g. submits their TLD monitoring badge on time

A $20.00 cash fee will be collected for all unreturned or late TLD’s

VIOLATIONS OF CLINICAL PRACTICES AND POLICIES

Violations of Clinical Practices and Policies will typically be addressed through progressive discipline, as follows:

- First violation – written warning and counseling by the Program Director and Clinical Supervisor.
- Second violation – possible suspension or dismissal.
- Third violation – dismissal from the Department.

Depending on the particular circumstances, one or more progressive disciplinary steps may be skipped in instances of particularly serious violations of policies and/or practices, and some egregious violations may result in immediate dismissal from the Department.
POLICY GOVERNING CLINICAL EDUCATION SCHEDULING

The purpose of the clinical assignment is to correlate didactic knowledge with practical skills.

The total number of students assigned to any clinical site shall be determined by the Department of Radiologic Sciences and approved by the clinical site and program accreditation bodies when applicable.

The student is subject to all rules and regulations of the clinical site. The clinical education center reserves the right to suspend or terminate from the clinical site a student who does not adhere to established policies of the program or the clinical site. A student who does not maintain appropriate behavior may be suspended or dismissed immediately. (Refer to the section entitled "Responsibilities of the Student" on page 13.

If a student is suspended or dismissed from a clinical site, the Department Chair, Program Director and Clinical Coordinator will review the circumstances for this action. All parties are encouraged to address the issue promptly in writing (within five (5) class business days whenever possible) so that resolution of grievance should require no more than three (3) weeks. If the decision to dismiss is upheld, the clinical dismissal will result in a final grade of “F”. Students who have reason to believe that the grade has been inappropriately assigned may request a review of the grade in accordance with the provisions of the Grade Appeal Protocol, which is published in the JSHP Student Handbook. For dismissal due to Unsafe Clinical Performance, students will follow the Policy on Dismissal for Unsafe Clinical Performance, which is published in the JSHP Student Handbook. The JSHP Student Handbook may be found at this link: http://www.jefferson.edu/health_professions/documents/JSHP_Handbook.pdf

Should a student be dismissed from his/her clinical site, the Department of Radiologic Sciences does not guarantee replacement at an alternate site.

CLINICAL EDUCATION RESPONSIBILITIES

RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISOR/INSTRUCTOR

- Provide appropriate clinical supervision.
- Complete student clinical evaluations.
- Provide orientation to the clinical department.
- Provide feedback to the program director and clinical coordinator.
- Provide feedback to student
RESPONSIBILITIES OF THE DEPARTMENT FACULTY

• Provide clinical sites.
• Mentor, supervising and/or advising students.
• Provide guidance to clinical instructor
• Other duties as needed.

RESPONSIBILITIES OF THE STUDENT

• Displaying professional appearance.
• Establishing harmonious working relationships and earning the respect of the clinical personnel through a professional and dignified posture and attitude.
• Using all equipment and materials responsibly and safely.
• Embodying the highest standards of civility, honesty, and integrity.
• Respecting and protecting the privacy, dignity, and individuality of others.
• Observing and assisting the clinical staff.
• Consulting with clinical instructors and/or departmental faculty for help with problems.
• Maintaining an accurate record of clinical examinations/competencies.
• Striving to broaden his/her knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
• Incurring all travel costs and expense.

JSHP POLICY ON CONDUCT

All students enrolled at Thomas Jefferson University are expected to follow a code of behavior consistent with the high standards of the health professions and to uphold the reputation of the University. In addition, students must comply with the rules and regulations duly established within the School. Deviation constitutes misconduct. This includes, but is not limited to:

• Dishonesty, such as cheating, plagiarism or knowingly furnishing false information to the University
• Forgery, alteration, or misuse of University documents, such as records, time sheets, evaluation forms or identification
• Violation of public law
• Disruption of class or clinical session such as by use of abusive or obscene language or behavior
• Insubordination (defined as "unwilling to submit to authority; disobedient; rebellious")
• Inappropriate behavior at the clinic affiliate or on University premises
• Being intoxicated or under the influence of illegal drugs while on clinical assignment or on University premises
• Vandalism or stealing
• Violating TJU Social Media Policy (Appendix F)

DEPARTMENT POLICY ON CONDUCT

Students must comply with the rules and regulations of the Department of Radiologic Sciences. Deviation constitutes misconduct. This includes, but is not limited to:

• Sleeping during a clinical assignment.
• Leaving a clinical assignment or room/area assignment without the supervisor's permission.
• Failure to notify Clinical Instructor and the Program Director of absence or lateness.
• Violation of any duly established rules or regulations.

CLINICAL ATTENDANCE REGULATIONS

Clinical hours are arranged for students individually, by consultation with the Clinical Instructor.
Clinical training occurs during day night or weekend shifts, or a combination of any of these, and may take place at one or multiple clinical sites, depending on the needs of the individual student.
There are no regular hours of attendance. However, each student should endeavor to inform the Clinical Supervisor and Program Director of planned absences and schedule changes.
If a student will be absent from a scheduled clinical assignment, he or she must call the Clinical Supervisor prior to the start of the shift.

If an emergency arises requiring an early departure from the clinical site, the student must notify the Clinical Instructor.

Students are expected to arrive punctually for scheduled clinical training. A student who is going to be late must notify the Clinical Instructor prior to the start of the shift.

DRESS CODE POLICY

• Uniform required for ICVT and CT.
• Uniform with lab coat required for PET/CT.
• Name tags must be worn at all time, visible to patients and staff
• Students are required to practice good personal hygiene and present a professional appearance at all times
• Students are required to wear radiation dosimeters supplied by Thomas Jefferson University (and the Clinical Site, if provided) at all times
VENIPUNCTURE POLICY

The ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. In order to participate in the performance of venipuncture on patients, students must:

- Have completed all immunizations as required by JSHP.
- Have current CPR certification, as required by the Department of Radiologic Sciences.
- Have health insurance, as required by JSHP.
- Have a Certificate in Venipuncture by the Department of Radiologic Sciences.
- Attend and complete institutional venipuncture training, as required by clinical sites.

HEALTH INFORMATION CONFIDENTIALITY POLICY:
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students may not receive, obtain or remove from the clinical site any images or patient data that has not been de-identified.

PREGNANCY POLICY

If a student becomes pregnant during the program, she may voluntarily inform the Program Director and Radiation Safety Officer (RSO), in writing, of her pregnancy. She will be counseled regarding the government regulations as they pertain to pregnant radiation workers/students. The student may “undeclare” her pregnancy at any time, for any reason resulting in exposure limits equaling that of a radiation worker.

INCIDENT REPORTS AT THE CLINICAL EDUCATION CENTER

If a student is injured or involved in an incident during a clinical rotation, he/she must:
1. Report immediately to his/her supervisor and follow departmental protocol.
2. Report ASAP to University Health
3. Present a note to the Clinical Coordinator from the Emergency Room Physician, Student Health Physician, or family physician stating the date the student may resume normal duties.

If a patient is injured while in the student's care, the student must:
1. Make sure that the patient is safe.
2. Report the incident immediately to the supervisor and follow departmental protocol.

**INFECTION DISEASES**

Should a student be diagnosed as having an infectious disease, he/she must report such diagnosis to the Program Director and the Clinical Affiliate Supervisor. The student may be asked to leave clinical until cleared by his/her physician. The student must present a physician’s note to the Program Director stating that the student may resume normal duties.

**MEDICAL LEAVE POLICY**

For medical leaves of absence, student must proceed through University Health Services, which will notify the office of the Dean of its recommendation regarding a medical leave. No medical leaves will be reviewed or received without the endorsement of the Director of University Health Services, or other physicians designated by the Director of University Health Services.

Medical leave will be for a period of up to one year. A leave of more than one year’s duration will be granted only under the most extraordinary circumstances and only after review by the Office of the Dean. Prior to reentry, which may be applied for prior to the one year anniversary, appropriate medical screening will be arranged by the Director of University Health Services with consultation, if necessary, to provide assurance of the student’s fitness to return to class.
During clinical clerkships, students may be exposed to blood and body fluids from the patients they examine and care for. Examples include needle sticks, splashes of body fluids into the eyes, mouth or on to broken skin. These incidents are serious and should be reported.

If a student sustains one of the above injuries while doing a rotation at Jefferson, an accident report should be completed and the student should call or report the accident to University Health Services (UHS) as soon as possible. The source patient’s name, medical record number and attending physician’s name will be required. If the exposure occurs during off hours (after 4:00 PM on weekdays or during the weekends), the student should report to the Emergency Department at Jefferson.

If the exposure is determined to be significant and is reported within 72 hours of occurrence, UHS will test the patient for hepatitis B and C. If the student consents to a baseline HIV test, UHS, according to PA law, has the right to test the source patient even if the patient refuses to consent.

The student will be enrolled in the UHS exposure protocol, which includes testing for HIV, hepatitis B surface antibody and hepatitis C antibody at the time of the exposure, and then 3 and 6 months after the incident. HIV testing is only done if the student consents. Testing is done anonymously through a coding system. Results are kept in the student’s chart and not released for any reason unless the student gives specific consent. All expenses of the protocol are covered by UHS except for medications given for the post exposure protocol.

If the student sustains an exposure while doing a rotation at an affiliate, the student should still call or report to UHS for enrollment in our exposure protocol as soon as possible after the exposure. It is not always possible to obtain the proper source patient testing in this circumstance. UHS will coordinate all efforts with the affiliate where possible. In the past, some of the students who have reported an exposure to the affiliate’s Emergency Department as directed by their supervisors have received bills for service. All follow up done in UHS after an exposure is free of charge.
STUDENT COUNSELING
Student Personal Counseling Center (SPCC)

The SPCC offers crisis consultation, individual counseling, couples counseling, group therapy, and psychiatric consultation for students.

Common Concerns

There are many concerns that may lead a student to seek counseling:

- Stress or anxiety
- Depressed mood
- Relationship problems
- Difficulties adjusting to school or loneliness
- Personal or family crises
- Difficulties making a career decision or choice
- Academic concerns
- Eating or body image concerns
- Alcohol or drug problems
- Identity issues
- Self esteem issues
- Dealing with physical illness or disability

Confidentiality

All information shared during counseling is confidential. No one outside the SPCC may have access to the specifics of counseling sessions without the prior written permission of the student, except in situations where there is a threat or danger to life.
What to Expect

All Thomas Jefferson University students are eligible for three visits without charge at the SPCC. Students interested in making an appointment should call 215-503-2817 and leave a confidential voice mail with their name and contact number. A SPCC counselor will conduct a brief and confidential telephone screen to gather some basic information that will allow for a timely matching of services, based upon a student’s individual needs.

The SPCC staff encourages students to come in and talk, even if they are not sure that counseling is what they need. During the initial meeting, students will develop a course of action with their counselor, which may include continuing therapy on campus or receiving a referral to an off-campus provider. Some students may resolve their concerns during the initial 3 free sessions and decide that no further sessions are required. Some students decide to see a SPCC counselor on an ongoing basis.

For students who desire or need ongoing support, SPCC counselors are in network with a limited number of insurance providers. Students may call the SPCC to receive further details and information.

Making an Appointment

Students can schedule an appointment to see a counselor by calling the SPCC at 215-503-2817. Students should leave their name and contact information on the confidential voice mail and a SPCC counselor will return their call.

Location and Hours

The SPCC is located at 833 Chestnut Street, Suite 210. Hours are Monday - Friday, 9:00 a.m.—5:00 p.m. Early morning and evening appointments are sometimes available.

Urgent Situations

SPCC counselors and psychiatrists are available for in-person crisis intervention between 9:00 a.m. and 5:00 p.m. After hours, all students experiencing an emergency should call 911 or go to the nearest emergency room. On-campus students should go to the Thomas Jefferson University Hospital Emergency Room, located in the Main Hospital Building at 10th and Sansom (215-955-6060) and ask to speak to the Psychiatry Resident On-Call. Dr. Nobleza is also available after hours for urgent phone consultation for students by calling the SPCC phone number at 215-503-2817 and then dialing ‘1’ and then ‘0.’

FAQ’s about the Student Personal Counseling Center at Thomas Jefferson University
What is the Student Personal Counseling Center?

The Student Personal Counseling Center (SPCC) offers psychological & psychiatric services to the greater student population of Thomas Jefferson University.

Where is the Counseling Center located?

The SPCC is located at 833 Chestnut Street, Suite 210.

How do I know if I can use the Counseling Center?

All Thomas Jefferson University students are eligible for services at the SPCC, and the first three visits are without charge.

Why would I use the Counseling Center?

Students can come to the SPCC for any number of reasons, including relationship difficulties, the stress of academic problems, depression, anxiety, and so on. If you aren’t sure what you need, just call us and we’ll do our best to help address your concerns.

How do I make an appointment?

Call the SPCC at 215-503-2817. If we don’t pick up and it’s not an emergency, leave your name, school/program and contact information on the confidential voicemail. An SPCC counselor will return your call, typically within a day.

What should I do in an emergency?

Between the hours of 9:00 a.m. and 5:00 p.m., SPCC counselors and psychiatrists are available on-site for in-person crisis intervention. After 5:00 p.m., students in crisis should call 911 or go to the nearest emergency room.

For students who are on campus, the nearest emergency room is: Thomas Jefferson University Hospital Emergency Room, Main Hospital Building, 10th & Sansom.

What about confidentiality?

All information shared during counseling sessions is strictly confidential. No one outside the Counseling Center may have access to the information shared in counseling sessions without written permission from the student except in cases of a medical emergency when a student is at imminent risk to him/herself or others.
APPENDICIES
APPENDIX A

TECHNICAL STANDARDS FOR A NUCLEAR MEDICINE TECHNOLOGIST

In order to participate in and complete the PET portion of the PET/CT program, a student must meet the following technical standards, which are based on recommendations by the ASRT.

1. Sufficient visual acuity to accurately prepare and administer radiopharmaceuticals, and other medications, and to monitor imaging equipment as well as provide the necessary patient assessment and care.

2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team, and to assess the health needs of people through monitoring devices such as intercom systems, blood pressure gauges, and fire alarms.

3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of NM, such as positioning, transporting and imaging patients. NM technologists must be able to lift and transport lead blocks or radionuclide generators weighing up to 50 pounds. In addition, NM technologists must perform venipuncture on a regular basis.

4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient’s interest.

5. Sufficient intellectual and emotional function to plan and implement patient care.

Examples of specific technical standards the NM student must be able to meet are:

- Lift, transfer and/or move patients from wheelchair/stretcher to imaging table
- Lift, move, reach or push NM equipment
- Manual dexterity and ability to bend/stretch
- Distinguish colors and shades of gray
- Demonstrate effective interpersonal skills, including patient instruction
- Read and extract information from the medical chart or patient requisition
- Explain the clinical study verbally and/or in writing
- Physical and mental abilities to handle moderate and frequent exposure to infectious agents (blood, urine) and moderate exposure to ionizing radiation
TECHNICAL STANDARDS FOR A COMPUTED TOMOGRAPHY TECHNOLOGIST

In order to participate in and complete the CT portion of the PET/CT program, a student must meet the following technical standards, which are based on recommendations by the ASRT.

1. Sufficient visual acuity to administer contrast agents accurately and to monitor imaging equipment as well as provide necessary patient assessment and care.
2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team, and to assess the health needs of people through the use of monitoring devices such as intercom systems, blood pressure gauges and fire alarms.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of CT, such as positioning, transporting and imaging patients. CT technologists must be able to manipulate equipment such as the scan console and power injectors. In addition, CT technologists must perform venipuncture on a regular basis.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient’s interest.
5. Sufficient intellectual and emotional function to plan and implement patient care.

Examples of specific technical standards that the CT technologist must be able to meet are:

- Lift, transfer and/or move patients from wheelchair/stretcher to scan table, including trauma patients.
- Physical agility: sitting (4-7 hours).
- Physical and mental abilities to handle moderate and frequent exposure to infectious agents (blood, urine, etc.)
- Manual dexterity and ability to bend/stretch.
- Distinguish colors and shades of gray.
- Demonstrate effective interpersonal skills, including patient instruction.
- Read and extract information from the medical chart or patient requisitions.
- Explain the clinical study verbally and/or in writing.
TECHNICAL STANDARDS FOR AN INVASIVE CARDIOVASCULAR TECHNOLOGIST (ICVT)

In order to participate in and complete the ICVT program, a student must meet the following technical standards, which are based on recommendations by the ASRT.

1. Sufficient visual acuity to read x-ray prescriptions and charts, observe conditions of the patient and evaluate x-ray images.
2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team and to assess the health needs of people through the use of monitoring devices such as intercom systems, cardiac monitors, respiratory monitors and fire alarms.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of imaging examinations, such as positioning and transporting patients. X-ray technologists must be able to manipulate equipment such as the x-ray tube, table and control panel.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient’s/client’s interest.
5. Sufficient intellectual and emotional function to plan and implement patient care.

Examples of specific technical standards the ICVT student must be able to meet are:

• Lift, transfer and/or move patients from wheelchair/stretcher to x-ray table. Lift, move, reach or push equipment.
• Manual dexterity and ability to bend/stretch.
• Be able to stand or walk for 75% of clinical time.
• Distinguish colors and shades of gray.
• Demonstrate effective interpersonal skills, including patient instruction.
• Read and extract information from the medical chart or patient prescriptions.
• Explain the clinical study verbally and/or in writing.
• Physical and mental abilities to handle moderate and frequent exposure to infectious agents (blood, urine) and moderate and limited exposure to ionizing radiation.
• Carry 12-30 pounds (lead aprons) while working.
APPENDIX B

PATIENTS’ BILL OF RIGHTS

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

While you are a patient in the hospital, your rights include the following:

• You have the right to considerate and respectful care.
• You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with your doctor. You have the right to know the names and roles of people treating you.
• You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
• You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
• You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
• You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
• You have the right to review your medical records and to have the information explained except when restricted by law.
• You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
• You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
• You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
• You have the right to be told of realistic care alternatives when hospital care is no longer appropriate.
• You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital
resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.

- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of lifestyle on your personal health.
- A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.
APPENDIX C
ASRT CODE OF ETHICS

1. The radiologic technologist conducts himself/herself in a professional manner, responds to patient needs and supports 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 have been designed, and employs procedures and techniques appropriately.

5. The radiologic 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 the 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 the 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 confidences 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 educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice.

APPENDIX D

RADIATION PROTECTION PRACTICES

1. A student is required to exercise sound radiation protection practices at all times. At no time may a student participate in a procedure utilizing unsafe protection practices.

2. A student must be aware of and enforce the policies and procedures of radiation safety in keeping with institutional, state, and national standards.

3. A student will always wear radiation dosimeters in the Clinical Site.

4. A student will wear the radiation film badge outside the clothing, on the torso. A ring badge will be worn when handling radioactive materials.

5. A student will always remove personal radiation dosimeters while having diagnostic medical or dental radiographs taken.

6. A student who deliberately exposes his/her radiation dosimeter will be suspended and/or dismissed from the program.

7. A student will use appropriate shielding.

8. Radiation protection of the patient and others within the examination room is the student's responsibility when he/she is performing the study.

9. A student may not procedures utilizing ionizing radiation on other students or staff at their request without a prescription for the exam by a physician. The student will be dismissed from the program for this violation. *

10. A technologist or physician may not procedures utilizing ionizing radiation on a student without a prescription for the exam from the student’s physician. The student will be dismissed from the program for this violation. *

*(PA Code, Title 25. Environmental Protection. Department of Environmental Protection, Chapter 211.11.)
APPENDIX E

PERSONNEL RADIATION MONITORING

1. Each student is responsible for wearing properly dated radiation dosimeters (body and ring badges) at Clinical Sites.

2. Dosimeters will be mailed to students each month.

3. Each student is responsible for mailing used dosimeters back to the Faculty Advisor.

4. Dosimeter loss or accident must be reported immediately to the Faculty Advisor.

5. The Faculty Advisor receives radiation dose reports from the RSO, and informs each student of his/her exposures.

6. Monthly radiation exposures for students must not exceed the maximum permissible dosage to occupationally exposed persons as established by state and federal agencies for radiologic health.

   The Office of Radiation Safety maintains a history of each individual’s exposure and anyone may examine his/her own radiation exposure record, or obtain a copy by sending a signed, written request to the Radiation Safety Office.

7. “High” Radiation Dosimeter Readings
   Thomas Jefferson University’s Radiation Safety Officer investigates high or unusual radiation dosimeter readings. Readings above designated “Investigation Levels” are evaluated with regard to workload and type of duties performed by the dosimeter wearer; adherence to proper work practices; proper care and use of the dosimeter; and possible exposure of the dosimeter to “non-occupational” radiation sources. In cases where it appears that the high readings may be due to inadequate safe work practices or improper use or storage of the dosimeter(s), the wearer is counseled by Radiation Safety Officer and/or the wearer’s supervisor(s).

TJUH DEPARTMENT POLICIES & PROCEDURES

DEPARTMENT NAME: Radiation Safety

Policy No: RSO-053
Effective Date: 11/02/2000
Revision Date: 08/07/2014

Category: Operations - Programmatic
Title: Radiation Dosimeter Use
PURPOSE

To assess employee occupational radiation dose from ionizing radiation sources external to the body.

POLICY

Radiation dosimeters ("individual monitoring devices" as defined in 10 CFR 20.1203) are to be issued for the purpose of assessing occupational radiation dose as follows:

1. Radiation dosimeters are to be issued to anyone (employee/student/volunteer) whose assigned duties involve potential exposure to ionizing radiation and whom the Radiation Safety Officer has determined meets the requirements for individual monitoring devices as described in applicable federal or state regulations.

2. Radiation dosimeters may also be required for individuals in specific work areas or performing designated tasks, even if not required by state or federal regulations.

3. Radiation dosimeters may be offered as an option to individuals in areas where use of individual monitoring devices is not required by regulations, but where employees may have concerns about their level of radiation exposure. Optional use must be approved by the appropriate Department and/or Division Head and the RSO.

4. Radiation dosimeter readings are routinely reviewed by Radiation Safety Staff and appropriate follow-up action taken as may be indicated by the results.

Definitions:

For the purposes of this Policy and related procedures, the following terms are defined.

“ALARA Investigation Levels” are pre-set dosimeter reading values that trigger formal reviews by Radiation Safety Staff. [ALARA stands for “as low as reasonably achievable” and is a and is a radiation protection philosophy whereby
the objective is to keep radiation doses to individuals and populations as far below (maximum) regulatory limits “as is reasonably achievable”.

“ALARA Investigation Level 1” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:

- Effective Dose Equivalent (EDE) [“whole body”] above 125 mrem
- Lens Dose Equivalent (LDE) above 375 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 1250 mrem
- Extremity Dose reading above 1250 mrem

“ALARA Investigation Level 2” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:

- Effective Dose Equivalent (EDE) [“whole body”] above 375 mrem
- Lens Dose Equivalent (LDE) above 1125 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 3750 mrem
- Extremity Dose reading above 3750 mrem

“Dose Equivalent” means the absorbed radiation dose to a human being, modified by appropriate radiation weighting factors, depending on the type of
ionizing radiation source, or tissue/organ weighting factors (as may be necessary).

“Effective Dose Equivalent” (for the purposes of this policy) means the deep dose equivalent (tissue dose from external radiation sources at 1 cm below the surface of the skin) as measured by a radiation dosimeter, adjusted where appropriate by mathematical formulas to take into account the wearing of protective lead garments in the presence of diagnostic energy x-ray radiation.

“Extremity Dose” means the dose equivalent (tissue dose from external radiation sources) to the hands or forearms (below the elbows), or to the feet or lower legs (below the knees) determined for a tissue depth of 0.007 cm, as measured by a radiation dosimeter (e.g., ring dosimeter).

“Lens Dose Equivalent” means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 0.3 cm, as measured by a radiation dosimeter.

“Millirem (mrem)” is a unit of measure for any “dose equivalent” terms.
“Radiation dosimeters (individual monitoring devices”) means devices designed to be worn by a single individual for the assessment of dose equivalent such as film badges, thermoluminescence dosimeters (TLDs), pocket ionization chambers, etc.

“Shallow ("Skin") Dose Equivalent” means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 0.007 cm, as measured by a radiation dosimeter.

Procedures:

[The following procedures and/or requirements have been approved by the Jefferson Radiation Safety Committee and instituted by the Radiation Safety Officer under his authority as established by federal and state regulations and institutional policy.]

Dosimeter Wearer Responsibilities

1. Regardless of whether the dosimeters are issued as required or optional, any employee who is issued any dosimeter is responsible for:

   a. Wearing the dosimeter while on duty in those areas where there is a potential for radiation exposure.

   b. Exchanging worn dosimeters for new ones on the first workday of each wear period (e.g., first day of month or calendar quarter, depending on assigned wear period), unless the new replacement dosimeters' arrival has been delayed, in which case the exchange may be made as soon as possible after the arrival of the new dosimeters.

   c. Taking proper care of dosimeters, as described by Office of Radiation Safety instructions, to avoid damaging or contaminating the dosimeters.
d. Not storing dosimeters near radiation sources when not being worn.

e. Not wearing dosimeters when being exposed to radiation sources for personal medical purposes (Notify Radiation Safety if this inadvertently occurs or you are administered a radiopharmaceutical).

f. Notifying Radiation Safety immediately whenever dosimeters are lost, accidentally damaged, name change is required, place of work has changed, or any reason why accidental exposure may have occurred (i.e., dosimeter accidentally left near source when not worn).

g. Returning all dosimeters and holders upon termination of duties with/near radiation sources.

h. Notifying Radiation Safety/dosimeter distributor of pending employment termination.

i. Otherwise wearing assigned dosimeters in accordance with any other Office of Radiation Safety instructions.

2. Failure to comply with guidelines and responsibilities listed above may result in forfeiture of (optional) dosimeters and/or disciplinary action.

3. Any inquiries related to dosimeter use should be directed to the individual's supervisor, dosimeter distributor, or Radiation Safety.

Dosimeter Issuance:

Dosimeters are issued and distributed in accordance with internal Radiation Safety Department Procedure RSO-041: “Badging and Distribution”

Review of Dosimetry Readings

1) Dosimetry reports from Jefferson’s dosimetry provider (currently Mirion Technologies) are to be reviewed by Radiation Safety staff within 5 business days of receipt.

2) The purposes of such reviews are to:
   a) Determine if the reading is valid (accurately represents occupational radiation dose)
   b) Identify possible opportunities for intervention to reduce future dose
3) The reviewer is to examine readings for the following:
   a) Individual readings substantially above others doing similar work
   b) Individual readings substantially above the wearer’s past recorded readings
   c) Evidence of misuse or damage to the dosimeter
   d) Evidence of radioactive contamination to the dosimeter
   e) Calendar quarter total dose readings above “ALARA Investigation Levels” (see definitions)
   f) Evidence that the wrong analysis algorithms were applied by the vendor in generating the reported reading
   g) Evidence that the dosimeter had not been properly designated (e.g., “whole body” instead of “collar w/ EDE”)
   h) Any other contributing factor as may be identified in the vendor’s report notes.

4) The reviewer is to look for possible causes for high or unusual readings including:
   a) Badges not being properly worn (wrong location, wrong orientation, worn outside of holder, etc.)
   b) Sub-optimal work practices by the wearer
   c) Dose to the dosimeter while not being worn (dosimeter left in room during procedures, dose stored near a radiation source or otherwise in a high background area, etc.)
   d) Dose due to the wearer undergoing a medical procedure involving radiation (e.g., wearer administered a Nuclear Medicine radiopharmaceutical as a patient)
   e) Dosimeter exposed to unusual environmental conditions (e.g., excessive heat)
   f) Any other potential cause

5) Regarding the review/investigation process:
   a) Reviews/investigations may require personal contact with the wearer and/or wearer’s supervisor in order to perform an evaluation as per the preceding item 4.
   b) All total readings above “ALARA Investigation Levels” are to be performed and documented. “Level 2” investigations should include direct contact with the wearer and evaluation of work practices where feasible, unless the readings are consistent with an historical pattern previously determined to be reasonable for the workload and practices employed.
   c) All ALARA Level Investigations are to be documented.
   d) Summary reports of readings above ALARA Investigation Levels are reported to the Radiation Safety Committee at its regular quarterly meetings.
6) Readings for dosimeters issued to specifically assess radiation dose to embryo/fetus of a pregnant individual are to be closely scrutinized with regard to cumulative dose being acquired through the gestation period, in case intervention (e.g., job reassignment) is necessary to assure that applicable dose limits are not exceeded.

**Dose History Adjustments:**

1) Readings determined to be due to non-occupational radiation sources, or to be inaccurate due to some identifiable cause may be adjusted.

2) Adjustments to the wearer’s occupational dose history are made after review by the Radiation Safety Officer by notifying the dosimetry vendor in writing, in accordance with the vendor’s procedures.

**Reports to Wearers:**

1. Dosimeter wearers will be notified of radiation doses as obtained as per the criteria specified in regulations contained in 10 CFR 19 or any other applicable state or federal regulation.

2. Individuals may be notified if their cumulative readings in any calendar quarter exceed pre-established ‘investigation levels’, or if any unusual or apparently ‘high’ dosimeter reading(s) are identified by Radiation Safety personnel.

3. Regular dose reports [excised of personal information other than dosimeter wearer id number] are provided to the dosimeter distribution group distributor for availability to wearers.

4. Individuals may also obtain their dosimeter results by making proper request to the Radiation Safety Department. Such requests generally are required to be made in writing to protect the individual’s personal information from release to unauthorized personnel.

**Confidentiality:**

1. Individual radiation dose readings are considered as protected information and access to this information is limited to Radiation Safety personnel, supervisors, program directors, management personnel, members of the Radiation Safety Committee, regulatory inspectors, or others (with RSO approval) with a legitimate need-to-know,
2. Release of individual dose information in any circumstances is limited to the minimum necessary.

3. Any other personal information obtained by the Radiation Safety Department in the administration of the dosimeter program is treated as confidential.

Attachment(s): na

References and Citations:

Internal Radiation Safety Department Procedure RSO-041 “Badging and Distribution”

[Copies of the above references may be obtained by contacting the Office of Radiation Safety, 215-955-7813.]

Original Issue Date: 11/01/2000
Revision Date(s): 07/31/2012; 08/07/2014
Review Date(s): 11/08/06, 05/16/2011, 07/31/2012, 7/01/14; 08/07/2014
Responsibility for maintenance of policy: John C. Keklak

[Signature on File]

Approved by:

_____________________
John C.Keklak

Department Director

Thomas Jefferson University Hospitals, Inc.

Departmental Policy Template/January 2010
APPENDIX F

Policy No: 102.43
Effective Date: 3/25/2011

UNIVERSITY POLICIES AND PROCEDURES

Category: Administration
Title: SOCIAL MEDIA
Applicability: Thomas Jefferson University, Jefferson University Physicians

PURPOSE and POLICY

Thomas Jefferson University and its affiliated entities (“Jefferson”) respects the rights of its students, faculty, staff, employees, contractors, consultants, temporary employees, guests, volunteers and other members of the Jefferson community (“Jefferson Users”) to use social networking sites (e.g., Face Book, My Space, and You Tube), personal Web sites, Weblogs, and Wikis such as Wikipedia and any other site where text can be posted (“Social Media”).

Use of Jefferson owned or provided computer hardware, software and other equipment, which support and facilitate voice mail, electronic mail and access to the Internet (“Electronic Communications”) are the property of Jefferson. Accordingly, Jefferson Users must adhere to the Electronic Communications and Information Policy, Number 102.27, when using Electronic Communications to post text on social networking sites.

If a Jefferson User chooses to identify himself or herself as an employee/student/faculty/guest/volunteer/temporary employee/or other member of the Jefferson community when using Social Media for personal use, others may view the Jefferson User as a representative or spokesperson of Jefferson. In light of this possibility, Jefferson recommends that Jefferson Users not refer to Jefferson.

If the use of Social Media by a Jefferson User relates to the business/mission of Jefferson, this Policy requires the Jefferson User to observe the following guidelines.

• To create Social Media related to the business/mission of Jefferson, please obtain prior written approval from your Dean, JUP Executive Director, Hospital Senior Vice President, or Kimmel Cancer Center Director. Please be aware that this type of Social Media is not an open forum and postings must be related to Jefferson’s mission. Assign one or more administrator(s) who are the only person(s) in charge of reviewing and approving content to be posted to the Social Media. To obtain approval for use of the Jefferson name or logo on Social Media, follow the Trademark Policy and include the name(s) of the administrator(s) for the Social Media on the Trademark Request Form.

• Jefferson Users should be respectful in all communications related to or referencing Jefferson and its community. Be clear in any references to Jefferson that you are speaking for yourself and not on behalf of Jefferson, unless it is Jefferson created Social Media.
• If not otherwise publicly available, obtain the prior written approval of others of whom you wish to cite, reference and/or post a picture.

• Jefferson Users should discuss internal matters directly with a manager, Human Resources, or through other appropriate, internal channels, such as the University Omnibudsman, or Office of Student Affairs.

• Remember that all Jefferson Policies apply to the use of Social Media. Jefferson Users should review the appropriate Code of Conduct, Student Handbook, Operating Policy, Hospital Procedure and/or School/College Bylaw to ensure the use of Social Media is compliant.

• Remember that all applicable federal, state or local laws, such as (but not limited to) patient privacy laws or copyright laws, apply to the use of Social Media.

• Jefferson Users may not post or disclose confidential or other proprietary information of Jefferson.

• Jefferson Users who are contacted by a Social Media page/channel/site for comments or authorization to use Jefferson owned or controlled material, must: (i) contact Public Relations at 5-6300, (ii) follow Public Relations’ policies and (iii) secure the necessary approvals for comments and/or authorization to use Jefferson owned or controlled material.

ENFORCEMENT
Any Jefferson User found to have violated this Policy may be subject to appropriate disciplinary action, up to and including dismissal.

MODIFICATION OF POLICY
Jefferson reserves the right to revise this Policy at any time.

INTERPRETATION AND ADMINISTRATION
The Office of University Counsel shall be responsible for the interpretation of this Policy and the Office of the University President and the Office of the Director of Communications shall be responsible for the administration of this Policy.

Original Issue Date: 3/24/2011
Revision Date(s):
Review Date(s):

Responsibility for maintenance of policy: University Counsel

(Signature on File)

Approved by:
Robert L. Barchi, MD., PhD
President
Emergency Procedures

NUMBERS TO KNOW!
- Emergency (from any campus phone) ............... 811
- Emergency (two campus phones) ....... 215-955-8888
- Personal Counseling Center .. 215-503-2817
- Security Confidential ......... 215-955-5678
- Security Administration .... 215-955-6182
- Non-Emergency Services .... 215-955-8888
- Security Escort Service .... 215-955-8888
- Security Investigations ........ 215-955-8175

EMERGENCY LOCATIONS

Building Area Of Refuge
A location in a building designed to hold occupants in the event of a fire or other emergency in the building when evacuation is not possible.

Recommended Relocation Site
Designated building away from the effected area.

This Building’s Shelter Area
Area within the building where occupants can go in order to escape from exterior hazards or other outside emergency.

Rally Point
The initial gathering point upon exiting a building.

WHAT TO DO...

Fire
- R – Rescue or remove anyone who may be in immediate danger.
- A – Alarm: activate the nearest fire alarm pull station, dial 811, report Code Red, and give the location of the fire.
- C – Confine or contain the fire and close doors.
- E – Evacuate: know the location of all fire exits should an evacuation become necessary.
- Extinguish: Use the proper fire extinguisher to extinguish or control a fire.
- Do not enter the building until authorized to do so by emergency personnel.

Building Evacuation Procedures
- When the fire alarm is activated, evacuation is mandatory.
- DO NOT use elevators.
- Take personal belongings (ID, keys, purses, wallets, etc.) and dress appropriately for the weather.
- Upon exiting, proceed to your building’s rally point to begin the accountability process.

Suspicious Behavior
- Do not physically confront the person exhibiting the behavior.
- Do not let anyone into a locked room/building.
- Do not block a person’s access to an exit.
- Call the emergency phone number above immediately.

Bomb Threat
- Remain calm.
- Get as much information as possible from the threatening caller.
- Call the emergency phone number above.
- Follow the instructions of emergency personnel.

Suspicious Packages
- Any package found or received that arouses concern.
- Do not touch or disturb the object or package.
- Isolate the package and evacuate the immediate area.
- Call the emergency phone number.
- Notify your Building Administrator.

Active Shooter / Lock Down
- If possible, exit the building immediately and call the emergency phone number above.
- If you cannot exit, clear the hallway immediately and/or remain behind closed doors in a locked or barricaded room, if possible, and stay away from all windows. Remain calm and quietly call the emergency phone number above.
- Evacuate the room only when authorities have arrived and instructed you to do so.
- DO NOT leave or unlock the door to “see what is happening.”
- DO NOT attempt to confront or apprehend the shooter, except as a last resort.
- Upon exiting, proceed to your building primary relocation site and begin your accountability process.

JeffALERT
Register to receive emergency alerts or update your information
Visit http://jefferson.edu/jeffalert

THOMAS JEFFERSON UNIVERSITY