

Department of Medical Imaging and Radiation Sciences

# Radiography Program

Academic Policies and Clinical Education Handbook

2020-2021

#### **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.

#### **Required Background Check**

Students who are offered admission to Jefferson in a health related program are generally required to pass a criminal background check and child abuse clearance. Please consult with the Program Director of Office of Admissions for clarification on required paperwork for admission. Additionally, some departments and/or programs within the College, as well as some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions, along with your academic program, will provide you with the appropriate information to complete these requirements.

Clinical rotation, fieldwork, and residency sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student's participation in the clinical experience, rotation, fieldwork, or residency 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, including but not limited to failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations, fieldwork, or residencies 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 or not 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 Medical Imaging and Radiation 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.

Revised 2020

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### **UNIVERSITY MISSION**

We are a university with preeminence in transdisciplinary, experiential professional education, research and discovery, delivering exceptional value for 21st century students with excellence in architecture, business, design, fashion, engineering, health science, and textiles infused with the liberal arts.

#### **ENTERPRISE MISSION**

We Improve Lives.

#### **ENTERPRISE VISION**

Reimagining health, education and discovery to create unparalleled value.

#### COMMENTMENT TO DIVERSITY & INCLUSION

We are reimagining diversity and inclusion to promote and cultivate an inclusive environment that celebrates the differences and similarities of our patients, families, students, workforce and the communities we serve to achieve an equitable culture.

# MISSION OF THE DEPARTMENT & RADIOGRAPHY PROGRAM

The Mission of the Department of Medical Imaging & Radiation Sciences and the Radiography Program is to provide a comprehensive education preparing students for entry-level practice in medical imaging and radiation sciences as competent, caring members of the health care team, cultivating professionalism and life-long learning.

#### PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

### **Goal #1: Clinical Competence:**

Students/Graduates will gain the knowledge, insight, and professional skills necessary to perform competently as an entry-level practitioner.

#### **Student Learning Outcomes:**

- 1-A. Students will demonstrate proficiency in positioning.
- 1-B. Students will provide safe and quality patient care including safe radiation practices for patient, self, and the healthcare team.

# **Goal #2: Critical Thinking:**

Students/Graduates will demonstrate critical thinking and problem-solving skills in making decisions about radiographic exams

#### **Student Learning Outcomes:**

- 2-A. Students will demonstrate the ability to formulate and implement adjustments in imaging protocols, including positioning and technical factor selection.
- 2-B. Students will critique images for diagnostic quality and determine the corrective measures for image improvements.

### Goal # 3: Professionalism:

Students/Graduates will recognize the importance of professional growth and continued development.

# **Student Learning Outcomes:**

- 3-A. Students will integrate professional ethics and behavior into clinical practice.
- 3-B. Students will demonstrate behaviors that contribute to a positive work environment.

# **Goal # 4: Communication Skills:**

Students/Graduates will communicate effectively and demonstrate caring and respectful behaviors when interacting with patients, family, and members of the healthcare team.

### **Student Learning Outcomes:**

- 4-A. Students will demonstrate effective written communication skills by gathering and documenting essential, accurate, and concise information about the patient.
- 4-B. Students will explain radiographic examinations to the patient and caregiver in simple terms.

#### THE HANDBOOK

This Academic Policies and Clinical Education Handbook serves as a guide for students enrolled in the Department of Medical Imaging & Radiation Sciences, Jefferson College 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 Medical Imaging & Radiation Sciences. Academic and nonacademic misconduct at Thomas Jefferson University is subject to disciplinary action.

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

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

See: www.jefferson.edu/handbook.

#### NATIONAL CERTIFICATION EXAMINATION

Graduates of the one-year and two-year<sup>1</sup> programs are eligible to take the associated certification examinations of the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), Medical Dosimetrist Certification Board (MDCB), and Nuclear Medicine Technology Certification Board (NMTCB), as applicable. Students who pass these examinations receive national certification.

### PROGRAM ACCREDITATION

The educational programs of the Department are approved by the University administration. Programs are programmatically accredited by their respective accreditation bodies (e.g. JRCERT, JRCNMT, and JRCDMS). All programs, including the Computed Tomography, Invasive Cardiovascular Technology and PET/CT programs, are covered under the University's accreditation by Middle States Commission on Accreditation.

#### PROGRAM COMPLIANCE

A student who believes a program is not in compliance with the accreditation standards should submit a written complaint to the Program Director, including documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, he/she has the right to contact the accreditation body<sup>2</sup>. Please refer to appendix H for the Standards for an Accredited Educational Program in Radiography

JRCERT 20 N. Wacker Drive Suite 2850 Chicago, IL 60606-3182 Phone: (312) 704-5300 Fay: (312) 704-5304

Fax: (312) 704-5304 http://www.jrcert.org/

<sup>1.</sup> Two-year students in all programs EXCEPT sonography are NOT eligible for the certification exams until they have successfully earned a degree from Thomas Jefferson University.

<sup>2.</sup> Students in the CT, ICVT, or PET/CT Program should contact the Dean of JCHP.

#### UNIVERSITY AND JCHP POLICIES AND PROCEDURES

While we have attempted to provide you with a comprehensive departmental handbook, it does not stand alone.

Students are responsible for understanding academic policies and procedures of Thomas Jefferson University and the Jefferson College of Health Professions (JCHP). Important University wide policies, including the Community Standards and Student Sexual Misconduct Policy, and information on University Services are found on the Thomas Jefferson University Center Student Handbook website at www.jefferson.edu/handbook. Students are also directed to the policies and procedures contained in the JCHP Student Catalog and the JCHP Student Handbook, which can be found at https://www.jefferson.edu/university/health-professions/student-resources.html.

If you should have any questions throughout your academic career here, we encourage you to reach out to your program director, advisor, or to the Associate Dean for Student and Academic Affairs, Ms. Nannette Fromm at Nannette.fromm@jefferson.edu.

# **ACADEMIC POLICIES**

#### POLICIES ON STUDENT PROGRESSION

#### **COURSE REQUIREMENTS**

- 1. Program curriculum is sequential in nature and each course must be taken in the prescribed semester according to the plan of study.
- 2. Students are responsible for accessing courses through Canvas, <a href="https://canvas.jefferson.edu/">https://canvas.jefferson.edu/</a> and downloading all course syllabi, handouts, and assignments for each course every semester.
- 3. Students must complete course evaluations for each of their courses at the end of the semester. A link will be provided to the students at the end of each semester.
- 4. Students must complete the University Orientation, Health Insurance Portability and Accountability Act (HIPAA) module, and Safety module prior to matriculation.
- 5. Students are responsible for checking their **Jefferson** e-mail accounts daily. All Program related correspondence will occur through this account only.

# POLICIES ON UNDERGRADUATE STUDENT PROGRESSION IN THE MEDICAL IMAGING

#### & RADIATION SCIENCES MAJOR

- 1. Students who earn one course grade of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with their assigned faculty advisor to monitor academic progress.
- 2. Students who do not maintain a minimum of a 2.0 cumulative GPA will be placed on University academic probation.
- 3. Students who earn two or more course grades of C- or below in the Medical Imaging & Radiation Sciences curriculum in any academic year will be dismissed from the Department of Medical Imaging& Radiation Sciences.
- 4. Students who earn a course grade of F in any Medical Imaging & Radiation Sciences curriculum will be dismissed from the Department of Medical Imaging & Radiation Sciences.
- 5. Two-year students who have been placed on departmental academic probation during their junior academic year, but has successfully completed their junior academic year, will be taken off departmental academic probation at the beginning of their senior academic year.
- 6. Incomplete grades for a Medical Imaging & Radiation Sciences course can be assigned only in the case of extenuating circumstances. These circumstances must be reviewed by the faculty prior to the issuance of an "Incomplete" grade. In all cases, an "Incomplete" grade is assigned only when the work already done has been of a quality acceptable to the instructor.

### **GRADUATION REQUIREMENTS**

Requirements for graduation include:

- · Completion of a graduation application
- · Completion of all clinical and didactic courses in the program's curricular plan of study
- Receiving a passing grade for all clinical and didactic courses in the program's curricular plan of study
- Being in good academic standing at the end of the final semester of the program

#### TIME TO DEGREE RESTRICTIONS

- Students are required to complete their course of study in no more than 150% of the standard time frame required by the academic program.
  - o The one-year Bachelor of Science program has a standard time frame of 12 months.
  - o The two-year Bachelor of Science program has a standard time frame of 24 months.
- O The undergraduate certificate program has a standard time from of 12 months. An extension may be granted in the event of extenuating circumstances. The death of a family member or documented medical illness is examples of unusual and extenuating circumstances.

# TRANSFER OF CREDITS/CHALLENGE EXAM, CREDIT BY EXAM, COURSE BY APPOINTMENT

Prerequisites must be completed by the time the student enters Thomas Jefferson University. Credits may be earned through standardized tests, including CLEP for non-science based courses. Thomas Jefferson University does not accept challenge exams.

#### COURSE REPEAT POLICY

Programs in the Department follow a sequential prescribed curricular plan of study. Courses are only offered one time in a particular semester. If a course is failed with a grade of "F", the student is dismissed from the Department. The Department readmission policy should be followed if a student wishes to seek readmission. An individual plan of study would be created, that includes, but not limited to repeat of the full program's curricular sequence.

#### READMISSION POLICY

Students who are dismissed from the Department of Medical Imaging & Radiation Sciences due to unsatisfactory academic and clinical performance may, within one-year of the dismissal, apply for re- admission by submitting a written request directly to the Department Chairperson. After a one- year time period, all applications for readmission must be made through the Office of Admissions with a review by the Department Chair. How to let admissions know.

#### RETENTION OF STUDENT WORK

Student records are maintained by the Department for a minimum period of three years after graduation.

#### STUDENT ADVISEMENT

All students are required to meet with their faculty advisor at least once during each semester.

COMPETENCY BASED CLINICAL EDUCATION

#### COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in the Department of Medical Imaging & Radiation Sciences programs. It is designed to permit accurate assessment of the knowledge, skills, and attitudes of students in the clinical education component of the program.

Evaluation of students' clinical competencies must be completed by registered technologists under the direction of the Clinical Affiliate Supervisor.

All students must attend the scheduled clinical education rotations (see clinical syllabus). All students must complete the minimum number of clinical competencies in accordance with the requirement of their certification and/or accreditation body. Individual clinical course syllabi will detail the clinical competency requirements to successfully pass the clinical course.

#### CLINICAL EDUCATION ELIGIBILITY

To be assigned to a Clinical Affiliate, the student must meet the following requirements or obligations:

- Provide and maintain proof of certification in adult, child, and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
- · Meet program specific technical standards **Appendix A**.
- Complete all immunization requirements prior to commencing or resuming clinical courses..
- Be in compliance with the University requirements for influenza vaccination.
- Complete any additional requirements mandated by the clinical site, department, or university as indicated at the time of the clinical course.

Failure to meet the clinical education eligibility requirements will result in the delay of clinical practical or the failure of clinical courses. Students not in compliance with the eligibility requirements are not permitted to attend clinical and possibly in-person classes.

# 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 may be removed from their clinical rotation and clinical site.
- 4. Safe clinical or professional practice is defined as:
  - a. Adhering to the Patients' Bill of Rights Appendix B.
  - Performing clinical duties consistent with the professional standards of ethics Appendix C
  - c. Adhering to the code of behavior/conduct outlined in the University, College and Department of Medical Imaging & Radiation Sciences handbooks.
  - d. Adhering to all clinical practices and policies of the clinical site, and as outlined in the University, College, and Department policies and procedures
  - e. Adhering to departmental radiation protection and monitoring practices where appropriate\*.See Appendix D, E, F & G (\*only applicable to modalities that use ionizing radiation)
  - **f.** Adhering to the Radiographer's scope and practice standards, **appendix I.**

#### 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/or Clinical Coordinator.
- Second violation possible suspension, at the discretion of the Program Director, 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 and attitudes. The total number of students assigned to any clinical site shall be determined by the Department of Medical Imaging & Radiation Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical affiliate. The clinical affiliate reserves the right to suspend or terminate from the site a student who does not adhere to established policies of the program or the clinical affiliate. 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 15.)

Due to the limited number of clinical sites, should a student be asked to leave the assigned clinical site for any disciplinary reason, the Department cannot guarantee the student a new clinical placement. This would result in a failure for the clinical course and dismissal from the Department.

If a student is suspended or dismissed from a clinical affiliate, 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) 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 TJU Student Handbook.

#### CLINICAL AFFILIATE ASSIGNMENT

The Program Director and/or Clinical Coordinator determines student schedules and assignments at clinical affiliates. Assignments at the clinical affiliates are intended to provide the student with a comprehensive clinical education as deemed appropriate by the faculty, and serves to correlate didactic knowledge with practical skills. Students are not guaranteed specific clinical affiliates, however, student input is considered.

Please see appendix J and K for the policy regarding students in clinical mammography rotations or other imaging procedures performed by professionals who are of the opposite gender of the patient.

Students have the opportunity to select multiple imaging modalities to observe beginning in the first semester of the program. Students may visit or revisit any modality of their choice during the radiography program.

The program provides equitable learning opportunities for all students regarding learning activities and clinical assignments. Any student requesting changes in the clinical schedule must submit written justification for the change to the Program Director and/or Clinical Coordinator. A decision will be made based on the student's educational needs and site availability.

# RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISORS/INSTRUCTORS

The clinical affiliate supervisors/instructors are available to students whenever they are assigned to a clinical setting. Responsibilities include:

- Providing appropriate clinical supervision. Refer to the section entitled "Supervision policy" on page 28
- · Providing student clinical evaluation and feedback.
- · Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- · Being knowledgeable of program goals.
- · Understanding the clinical objectives and clinical evaluation system.
- · Understanding the sequencing of didactic instruction and clinical education.
- · Providing students with clinical instruction and supervision.
- Evaluating students' clinical competence.
- Maintaining competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

# RESPONSIBILITIES OF CLINICAL STAFF

Responsibilities of the clinical staff include:

- · Understanding the clinical competency system
- · Understanding requirements for student supervision
- · Supporting the educational process
- · Maintaining current knowledge of program policies, procedures, and student progress
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials

# RESPONSIBILITIES OF THE DEPARTMENT/CLINICAL COORDINATOR

The Department of Medical Imaging & Radiation Sciences/Clinical Coordinator coordinates the daily operations of clinical education. Duties include, but are not limited to:

- Providing clinical education placements.
- Mentoring students.
- · Supervising students.
- Advising students.
- Providing guidance to clinical instructors.
- Reviewing program policies and procedures with clinical affiliate supervisor/ instructors.
- · Visiting clinical sites each semester to observe and evaluate student performance.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

#### RESPONSIBILITIES OF THE STUDENT

The student is responsible for:

- · Displaying professional appearance in compliance with the dress code policy.
- Establishing harmonious working relationships and earning the respect of the Medical Imaging & Radiation Sciences personnel and other members of the health care team 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.
- · Attending and participating in all scheduled clinical activities.
- Consulting with clinical affiliate supervisors and/or departmental faculty for help with problems.
- · Participating in the development of an individualized clinical education plan.
- · Maintaining an accurate record of clinical examinations/competencies.
- Recording the number and types of evaluations required during each academic semester.
- 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 expenses. Use personal or public transportation to clinical affiliates. Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
- · Meeting with advisor at least once per semester.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials
- Providing safe and quality patient care including safe radiation practices for patient, self, and the healthcare team.
- Demonstrating clinical progression
- · Corresponding in a timely fashion with all program faculty and administration.
- Adhering to all policies and procedures of the clinical affiliate, the Department, the College, and the University

**CLINICAL POLICIES** 

#### DEPARTMENT POLICY ON CONDUCT

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

- · Sleeping during a clinical assignment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff's permission.
- Failure to notify Clinical Affiliate and the Program Director/Clinical Coordinator of absence or lateness.
- Failure to accurately document completion of scheduled clinical rotations (time of start of day's rotation, lunch break, time of end of day's rotation).
- Failure to accurately document competencies in accordance with department regulations.
- · Using any personal electronic devices in the patient-care/clinical education setting.
- · Using the hospital computer for any reason EXCEPT hospital business.
- · Violation of the supervision policy.
- · Violation of any duly established rules or regulations.

# FAMILY MEMBERS/FRIENDS WORKING AT CLINICAL AFFILIATE POLICY

It may be deemed a conflict of interest for a student to be supervised or evaluated by family members or friends employed at his/her clinical affiliate. If this situation arises, the student should inform his/her Program Director/Clinical Coordinator so that alternative arrangements can be considered.

# FAMILY MEMBERS/FRIENDS CLASSROOM, LAB, & CLINICAL POLICY

#### At the Clinical Affiliate

- Family and friends are not permitted to visit the student at the clinical affiliate during clinical hours. In particular, unsupervised children are not permitted.
- Family and friends must wait in a public area, and are **not** permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- · Students may not ask clinical affiliate staff to baby-sit for them.
- TJU's liability insurance does not extend to students' family and friends.

### In the Medical Imaging & Radiation Sciences (MIRS) Department

- The University teaching and learning environment is not an appropriate setting for children.
- Faculty and students shall refrain from bringing children to classrooms, studios, laboratories and other instructional settings except in the event of unanticipated emergencies and in those instances, only with appropriate approval.
- When unanticipated emergencies do arise and an exception is being sought, the
  procedure for seeking approval can be found at
  <a href="https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/children-in-instructional-settings.html">https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/children-in-instructional-settings.html</a>

### In the Medical Imaging & Radiation Sciences (MIRS) laboratories

Only Medical Imaging & Radiation Sciences students with proper Jefferson ID are permitted in the laboratories.

- The students are not permitted to bring family members or friends in the laboratory at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of the Medical Imaging & Radiation Sciences department are not permitted in the MIRS laboratory unless they have signed a waiver to be used as a student volunteer.
- TJU's liability insurance does not extend to students' family and friends.

Failure to comply with the above policy may result in disciplinary action up to and including dismissal from the department.

#### PERSONAL ELECTRONIC DEVICES POLICY

Students may not carry or use any type of personal electronic device during clinical hours. These devices must be placed with your personal belongings. The use of any type of recording device (camera, video, etc.) is strictly prohibited. Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent for that day. It is the student's responsibility to notify the Program Director and/or Clinical Coordinator of any absence.

For exceptional circumstances necessitating immediate personal communication by phone or text, students should ask the Clinical Affiliate Supervisor to be excused, attend to the personal business, and return to duty as quickly as possible.

#### **COMPUTER POLICY**

Students may not use computers for personal business during clinical hours. Personal business includes (but is not limited to) internet surfing, shopping, emailing, instant-messaging, texting, and printing.

Personal storage devices (USB, flash drives, CDs) are not permitted in the clinical setting.

Students in violation of this policy may be asked to leave the clinical affiliate and will be marked absent. It is the student's responsibility to notify the Program Director and/or Clinical Coordinator of any absence.

#### STUDENT WORK POLICY

If a student is employed at any clinical affiliate, they must abide by the following policies:

- · Students must notify Program officials that they are working at the clinical affiliate.
- Students are not permitted to work during scheduled clinical hours.
- Students may **not** wear student uniforms or Jefferson ID.
- · Students may not accrue competencies during non-clinical hours.
- Students may not apply work time to make-up time.
- · Students are not covered by Jefferson liability insurance during non-clinical hours.

**Non-compliance:** Students who do not maintain compliance with the aforementioned clinical policies are subject to disciplinary action, including removal from the clinical affiliate and potential dismissal from the department.

Any clinical time missed due to a violation of these policies will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time. Further disciplinary action may be taken for habitual violations of policies. Refer to the section entitled "Violations of Clinical Practices and Policies" on page 14.

#### 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 JCHP.
- Have current BLS certification, as required by the Department of Medical Imaging & Radiation Sciences.
- · Have health insurance, as required by JCHP.
- Have completed a venipuncture certification course, as required by the Department of Medical Imaging & Radiation Sciences.
- Attend and complete institutional venipuncture training, as required by clinical affiliates.

# 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 must be familiar with and adhere to their clinical affiliate's HIPAA policy. Jefferson's HIPAA/Patient Privacy Policy can be found at,

https://tjuh.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/10329. Please note that this link will only function from within the University's Intranet.

#### PREGNANCY POLICY

A student who becomes pregnant during a component of the program may voluntarily inform the Program Director, in writing, of their pregnancy.

- Option 1: The student may continue in the program if they choose, without modifications to any component of the program.
- Option 2: The student may take a leave of absence from clinical education, but continue their didactic studies. Clinical assignments will be completed when the student returns.
- Option 3: The student may withdraw from the program and reapply in accordance with College policies.
- Option 4: The student, in writing, may withdraw their declaration of pregnancy at any time and/or for any reason.

Due to the need for special radiation protection education, counseling by the Radiation Safety Officer (RSO) is available.

Please refer to appendix G that includes appropriate information regarding radiation safety for the student and fetus.

# MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY

An MR room has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, mechanical implants, devices, or objects. Therefore, all Medical Imaging and Radiation Sciences students are required to undergo an MRI Safety lecture and MRI Safety Screening prior to MRI rotations or observations.

- 1. Students will attend an MRI Safety lecture and be screened for MRI Safety clearance in the fall semester by the MRI Clinical Coordinator.
- 2. Students will abide by clinical affiliate MRI Safety Protocols during their clinical rotations and/or observations.
- 3. Students will notify the MRI Clinical Coordinator and be re-screened for MRI Safety clearance, should their status change during the academic year, with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations.

#### N95 RESPIRATOR POLICY

Medical Imaging & Radiation Sciences students will be fit tested for a N95 respirator mask. Although students will be fit tested for a N95 respirator mask, the following patient care restrictions must be followed:

- Students will not participate in direct in-person contact with patients who have known, suspected, or presumed COVID-19 infections. Students can, however, follow the clinical course of these patients and participate in their care without direct contact.
- Students will not enter rooms with droplet precaution restrictions.
- Students will not participate in high-risk aerosol-generating procedures (such as endotracheal intubations), even if proper PPE is available.

# INCIDENT REPORTS AT THE CLINICAL AFFILIATE

Students who become ill, injured, or involved in an incident during a clinical rotation must:

- 1. Report immediately to their Clinical Affiliate Supervisor and follow departmental protocol.
- 2. Immediately contact the Program Director and/or Clinical Coordinator.
- 3. Student must contact Jefferson Occupational Health Network (JOHN) for Employees & Students as soon as possible (215-955-6835) and follow all instructions given to them by JOHN.
- 4. Present a note to the Program Director and/or Clinical Coordinator from the Emergency Room Physician, Jefferson Occupational 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 Clinical Affiliate Supervisor and follow departmental protocol.
- 3. Immediately contact the Program Director and/or Clinical Coordinator.

### **COMMUNICABLE DISEASES**

Should students be diagnosed as having an infectious disease, they must report such diagnosis to the Program Director and/or Clinical Coordinator and the Clinical Affiliate Supervisor. The

student may be asked to leave clinical until cleared by his/her physician and Jefferson Occupational Health Network for Employees

& Students. The student must present a physician's note to the Program Director and/or Clinical Coordinator stating that the student may resume normal duties.

# OCCUPATIONAL EXPOSURES TO INFECTIOUS DISEASE AND/OR BLOOD BORNE PATHOGENS

#### **Needlesticks**

Get more information on occupational exposures from needlesticks, sharps injuries, splashes, etc. (accessible by Jefferson staff and students only)

What to Do for an Occupational Exposure to Body Fluids (Needlestick or Splash)

If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

- 1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
- 2. If a fluid splashed in your eye, rinse with tap water or with sterile saline.
- 3. If a fluid splashed in your eye, remove your contacts immediately.
- 4. Advise your supervisor that you have been exposed.
- 5. Complete the accident report online through PeopleSoft Employee Self-serve System if you are an employee. Students will complete an accident report in OHN.
- 6. Report to JOHN at 833 Chestnut Street, Suite 204 (when OHN is closed report to the Emergency Department) as soon as possible.
- 7. Know your patient's name, DOB and MR# as well as the name of the attending physician of the source patient.
- 8. Source patient testing (hospitalized) can be ordered through Epic by selecting: "Needlestick Inpatient Evaluation" on the drop down menu. (Includes STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen)
- 9. Source patient testing (outpatient population) should include: STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen.

OHN will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. A student's insurance may be billed for services resulting from occupational exposure. Please call 215-955-6835 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible. You may opt to be seen at an emergency department, and the visit will be billed to your insurance. Follow up in OHN is recommended on the next business day. Questions may be directed to Dr. O'Connor at ellen.oconnor@jefferson.edu.

Detailed information on Occupational Health Network for Employees & Students may be viewed on the JOHN website: <a href="https://hospitals.jefferson.edu/departments-and-services/occupational-health-network.html">https://hospitals.jefferson.edu/departments-and-services/occupational-health-network.html</a>

Contact Occupational Health Network for Employees & Students

Phone: 215-955-6835Fax: 215-923-5778

• E-mail: jeffuhs@jefferson.edu

# Hours of Operation:

- · Monday through Friday, 7:30 a.m. to 4 p.m.
  - o Closed every Thursday from noon to 1 p.m.

#### Office Location:

• 833 Chestnut Street, Suite 205, Philadelphia, PA 19107

# ATTENDANCE REGULATIONS

#### DIDACTIC/LABORATORY INSTRUCTION

Each course syllabus details the individual course's attendance policy.

#### CLINICAL ATTENDANCE RECORDS

EXXAT software will be used for the documentation of clinical attendance. Each student must personally document the required attendance "in" and "out" time. Students must document the time and have the designated program official (clinical coordinator, clinical preceptor, or clinical staff) approve the documented time. Time not documented must be made up. Under no circumstances is it permissible to document clinical attendance for another student. Any student found guilty of such an offense is subject to disciplinary action including dismissal from the department.

#### **CLINICAL EDUCATION HOURS**

Total clinical assignments will not exceed 40 hours per week. Assignments on any one day will not exceed 8 hours, unless otherwise requested by the student and approved by the Program Director and/or Clinical Coordinator in conjunction with the Clinical Affiliate Supervisor, or if patient care responsibilities dictate otherwise. No student will be permitted to leave a patient during the course of an examination, even if such completion requires remaining on duty beyond the end of the shift.

The 2021 Radiography standards will be effective January 1, 2021, as set forth by the JRCERT. The 2021 radiography standards can be found at <a href="https://www.jrcert.org/accreditation-information/accreditation-standards-2021/">https://www.jrcert.org/accreditation-information/accreditation-standards-2021/</a>

Students will be assigned a lunch period each day, which they are required to take. The lunch break will be commensurate with the practice of the department and area/rotation assignment. The lunch break may not be used to make-up or accrue time.

Clinical Affiliate Supervisors may re-schedule students (within an assigned eight hours) to provide complete exposure to the unique learning opportunities in Medical Imaging & Radiation Sciences. The Clinical Affiliate Supervisor must notify the Program Director and/or Clinical Coordinator of these changes.

Students will participate in designated procedures during their clinical assignments under the guidance of a supervising technologist in the areas to which they are assigned.

#### PERSONAL DAYS

Students are allocated one personal day each semester. This time cannot be taken in half-days. Time off must be taken in full days (8.5 hours [8 clinical hours plus 30 minute break]). It is not accruable nor is it transferable. A personal time request form must be submitted to the Program Director or Clinical Coordinator via the EXXAT software or other designated method. The Clinical Affiliate Supervisor and Program Director and/or Clinical Coordinator must be notified when a student is out of clinical. This notification must occur via email or phone call per the Clinical Affiliate, Program Director, and Clinical Coordinator instructions.

#### ABSENCE POLICY

Attendance is required for all scheduled clinical education sessions. The standard clinical day rotation for students is eight (8) hours of clinical activity and a half hour meal break. The start time and end time of the clinical shift will be determined by the Clinical Affiliate, Program Director, and Clinical Coordinator so as to be beneficial to the student's clinical education. Any change in an individual student's start time and end time must be discussed and approved by the Clinical Affiliate and the Program Director and Clinical Coordinator prior to any change.

Students absent from a clinical assignment, for any reason, must call or email the Clinical Affiliate Supervisor and call or email the Program Director and/or Clinical Coordinator prior to the start of the shift. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements.

If an emergency arises requiring an early departure from the clinical affiliate, the student must notify both the Clinical Affiliate Supervisor and the Program Director and/or Clinical Coordinator. It is the responsibility of the student to make these calls. An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements. The attendance record must accurately reflect the early departure time from the clinical setting

Students receive one personal day per semester. Requests must be submitted via the mechanism set by the Clinical Coordinator. Requests for a personal day should be pre-approved by the Clinical Coordinator. Students are responsible for informing the Clinical Affiliate Supervisor of personal days. Personal days are per semester and do not accrue.

For time out of clinical, other than the one personal day, an individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of clinical requirements.

Students who are feeling generally unwell, who are symptomatic of COVID 19 (e.g., fever, cough, shortness of breath, loss of taste or smell), who believe they have had recent possible exposure to COVID-19, or who have a confirmed diagnosis of COVID-19 should not attend clinical. Students should contact Jefferson Occupational Health Network (JOHN) for guidance on steps to take. Students must maintain contact with the Program Director and Clinical Coordinator and all parties must be kept up-to-date with any absences and requirements and recommendations for the return to clinical.

Students may be asked to utilize other methods of learning while not in clinical such as, but not limited to, completing assignments that support the clinical course objectives.

Students may also consult the Medical Leave of Absence policy as a certain level of absenteeism will disrupt the continuity of learning and achievement of clinical requirements, including, but not limited to the completion of clinical competencies. Students may be assigned a grade of "I" incomplete in extenuating circumstances.

# **PUNCTUALITY**

Students not in the assigned clinical area at the assigned time will be considered late. Three late arrivals in one semester count as one day's absence. Habitual lateness could lead to dismissal from the Department.

It is the policy of the Department of Medical Imaging & Radiation Sciences that any student

who is going to be late must notify both the Clinical Affiliate Supervisor and the Program director/Clinical Coordinator prior to the start of the assigned time. All lost time due to lateness from the clinical area must be made up by the student. Failure to abide by these policies could lead to dismissal from the department.

Students will be advised in writing concerning their habitual lateness or violation of the Department of Medical Imaging & Radiation Sciences lateness policies by the Clinical Coordinator and/or Program Director.

Disciplinary actions including suspensions from the clinical affiliate or dismissal from the Department may be taken against students who persist in habitual lateness or violations of the Departmental of Medical Imaging & Radiation Sciences lateness policies, after previously having been counseled in writing by the Clinical Coordinator and/or Program Director and/or Department Chair at an Advisement Conference.

#### **MAKE-UP TIME**

Arrangements must be made with the Clinical Affiliate Supervisor and approved by the Program Director and/or Clinical Coordinator. Make up time may not be assigned to clinical settings on holidays that are observed by the sponsoring institution. Make up time may not be assigned during non-traditional hours of clinical assignments such as weekends. Jefferson's liability insurance covers students during make up time assignments. All clinical absences must be made up at the clinical affiliate where the time was missed, consistent with the room assignments in effect when the absence occurred.

The make-up time form is signed upon fulfillment of the time missed. The form will be submitted via EXXAT or other means determined by the Clinical Coordinator as required.

The lunch break may not be used to make-up or accrue time.

#### POLICY CONCERNING DEATH IN THE FAMILY

Upon notification to the Program Director, students will be allowed up to three (3) days of leave of absence for death in the immediate family. Immediate family members include parents, grandparents, spouse, brother, sister or child. Leaves of absence requested because of the death of someone other than an immediate family member may be granted by special permission.

#### HOSPITAL JOB ACTIONS OR STRIKES

Whenever a strike or job action occurs at an assigned clinical site, students must leave the assignment immediately and report to the Program Director or Clinical Coordinator for further directions. Missed clinical time must be made up.

At no time should a student attempt to cross a picket line to enter a Clinical Affiliate.

#### **JURY DUTY**

Being selected for jury duty is a civic responsibility in which the Department encourages students to participate.

Please be advised that the College cannot intervene on the student's behalf should a student be summoned for jury duty.

STUDENT ACTIVITIES

#### STUDENT ACTIVITIES

Students are encouraged to participate in campus activities, e.g., orientation programs, recruitment functions, social and cultural events, interprofessional activities and the Class Day Pinning Ceremony. Students have the opportunity to represent the students' viewpoints on Department, College, and University committees. The University and Thomas Jefferson University Hospital sponsor many volunteer and mentoring programs. Professional organizations, Jefferson Alumni Association, and the College sponsor many programs that focus on career and professional development.

#### CLASS DAY PINNING CEREMONY

Graduating students are invited to participate in the Department's Class Day Pinning Ceremony. During the ceremony graduating student names are announced and a pin is given to each graduate by their program faculty. The pin symbolizes the welcoming into the profession. Honors and awards of the graduates, along with clinical educators, are also announced. Friends and family of the graduates are invited to participate in the celebration. The Class Day Pinning Ceremony is a special time to celebrate and acknowledge the hard work and achievements of the Department graduates, faculty, and administrative personnel.

#### HONORS AND AWARDS

- Department awards for outstanding overall performance
- Awards for clinical excellence

Awards are presented during the Class Day Pinning Ceremony.

#### PROFESSIONAL SOCIETIES

Students are strongly encouraged to participate in professional activities and to seek memberships in national, state, and local societies. These organizations sponsor competitions for students and several offer scholarships and educational grants.

#### PROFESSIONAL ORGANIZATIONS

- American Society of Radiologic Technologists (ASRT) <a href="https://www.asrt.org/">https://www.asrt.org/</a>
- Philadelphia Society of Radiologic Technologists (PhilaSRT) <a href="https://philasrt.org/">https://philasrt.org/</a>
- Association of Collegiate Educators in Radiologic Technology (ACERT) <a href="https://acert.org/">https://acert.org/</a>

#### HONOR SOCIETIES

- Lambda Nu Society (Honor society for radiologic and imaging science professionals) <a href="http://www.lambdanu.org">http://www.lambdanu.org</a>
  - Information to join Jefferson's PA Gamma Chapter of Lambda Nu is posted in the Canvas page, STUDENTS- Department of Medical Imaging and Radiation Sciences

# ADDITIONAL POLICIES

#### SUPERVISION POLICY

Until the student achieves and documents competency in any given procedure, that procedure must be carried out under the direct supervision of a registered technologist.

#### **Direct Supervision**

**<u>Direct supervision</u>** assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- · reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- · is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or

image. Students must be directly supervised until competency is achieved.

#### **Indirect Supervision**

**Indirect supervision** promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

#### Repeat of an unsatisfactory image

The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure. A repeat form MUST be submitted for a repeat of an unsatisfactory image.

# DRESS CODE AND APPEARANCE POLICY

Dress and appearance standards promote a consistent professional image and help patients and employees feel safe, confident, and comfortable. One must present a professional appearance at all times. The following charts list the acceptable and unacceptable dress and appearance standards.

#### **Dress standards**

	Acceptable	Unacceptable
Tops	Navy scrub top.	Tight, clingy, over-sized, or
ТОРЅ	Jefferson branded embroidery	excessively baggy-fitting tops.
	Tops in good condition, wrinkle-free and fit appropriately.	Wrinkled, shrunk, faded, stained (including under arms), or worn-out tops.
	A solid color white or black crew tee shirt may be worn under the scrub top. Sleeves should not extend beyond the scrub top sleeves.	Tops that reveal the abdomen when standing, lifting or bending over. Tops that expose the cleavage, bra, back, shoulder, chest, lower back or under garments is not allowed.
		Shirts under the scrub top that extend beyond the scrub top sleeve. Shirts under the scrub top that are not solid white or black or have graphics or other patterns.
Jackets	Navy scrub jacket. Jefferson branded embroidery	Tight, clingy, over-sized, or excessively baggy-fitting jacket.
	Jacket in good condition, wrinkle-free and fits appropriately.	Wrinkled, shrunk, faded, stained (including under arms), or worn-out jacket.
	This jacket is optional but it is the only approved jacket.	Sweatshirts, hoodies, fleece jackets, or any other type of covering.
Pants	Navy scrub pant.  Pants in good condition, wrinkle-free and fit appropriately.	Tight, clingy, over-sized, or excessively baggy-fitting pants. Baggie pants worn below the hips or that expose underwear.
	appropriately.	Wrinkled, shrunk, faded, stained, or worn-out pants.
		Pants that reveal the lower back or undergarments when standing, lifting or bending over.
		Pant hemlines that touch or drag on the ground.
Undergarments	Must be worn at all time.	These items are not to be visible or show through clothing.

Footwear	Solid white, leather, low-top sneaker footwear with laces that tie. Closed toe and closed heel with a solid upper covering (no holes on the top or side of the shoe)	Clogs, sandals, flip-flops, slippers or open-toed shoes are not permitted.  Colors other than solid white.
	Shoestrings should be properly tied.	Dirty or odor-ridden footwear.
	Shoes and laces must be clean and in good condition with no holes or tears	
G 1		
Socks	Worn at all times.  Socks should be solid color in black or white.	Colors other than solid black or solid white. Print styles other than solid color.
		Ornamentation such as beads, bells, etc.
		Dirty or odor-ridden socks.
Jewelry	Earrings should be of the small post type (no hoops).	More than one post earring per ear.
	Only one (1) post earring per ear.	Excessive rings, bracelets, necklaces.
	Rings, necklaces, bracelets are not recommended.	
	Wedding band is acceptable.	
	Wristwatch with a second hand and that is water resistant is recommended.	
Body piercings	Any body piercing besides the ears should not be evident.	Visible or evident body piercings.
	Tongue rings are unacceptable and are not allowed to be worn.	
Tattoos	Any visible tattoos must be appropriately covered.	Visible tattoos on the body.
Identification badges	ID badges and name tags must be worn at collar/eye-level at all times.	Badges worn at or below the bottom of the sternum or that are not visible to staff and patients.
	ID badges must be free from distracting stickers, pins, etc.	Pins, stickers and other distracting
		adhesives.
	Photo ID must be legible and visible at all times.	Lanyards used to hold ID badges are not permitted.
Radiation dosimeter	Radiation dosimeters are to be worn during all clinical and lab assignments.	Not wearing a properly dated and properly placed radiation dosimeter
	The radiation dosimeter is to be worn outside of protective apparel with the label facing the radiation source at the level of the thyroid.	

Operating	Specific operating room scrubs, hair, face, and	Wearing hospital approved OR
room (OR)	shoe attire will be provided by the operating	attire outside of the OR.
attire	room/radiology department. The OR attire are	
	to be worn ONLY when physically present in	
	the OR.	
	The full Jefferson clinical uniform is required	
	at all other times.	

**Grooming standards** 

	Grooming standards	1
Body odor	Must practice personal hygiene and be free of	Perfume, lotion, or cologne that
	offensive odor.	might interfere with those who are
		ill or allergic to such odors or
		fragrances.
		Clothing and body with smoke
		odor.
Hair-head	Must practice personal hygiene and hair must	Extreme trends are not acceptable.
	be neat, clean, and well groomed.	_
		Non-natural colors such as pink,
	Long hair must be neatly tied back away from	blue, green, orange etc. are not
	face, neck, and shoulders to avoid patient and	acceptable.
	equipment contact.	
	Hair colors must be of natural, traditional	
	tones.	
Hair- face	Nose and ear hair must be trimmed and	Excessive beard or mustaches
	maintained.	styles.
	Facial hair including mustache and beard must	
	be neatly maintained.	
	Facial hair is not permitted when fit testing for	
	or wearing a N95 respirator mask. Consult	
	JOHN for further advisement.	
Makeup	Makeup should be worn conservatively.	Frosted, bright colored eye shadow
		(i.e., bright green, purple, pink,
	If worn, makeup must appear professional and	etc.).
	natural and should be conservative in styles	,
	and colors.	Bright or excessively dark, thick
		eye liner worn under the eye or on
		top of the eyelid.
Hair accessories	Solid white, black or navy blue hair bands or	Ornamentation such as beads, bells,
	ties.	excessive bows, etc.
Fingernails	Nail length must be less than ¼ inches.	
8	No artificial nails.	
	No nail polish.	
Gum	Chewing gum is not permitted.	

# Non-compliance

Students not complying with the dress code and appearance policy will be removed from the

clinical affiliate. Any clinical time missed due to a dress and appearance standards violation will be made up by the student at a later date. The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time if the site is willing to resume the clinical experience.

#### CONFIDENTIALITY OF STUDENT RECORDS

Appropriately maintaining the security and confidentiality of student records and other program materials protects the student's right to privacy. Student records are maintained in accordance with the Family Education Rights and Privacy Act (Buckley Amendment). Student records at the clinical sites are maintained by the student/ and or clinical supervisor and are not to be placed in open, public areas of the department.

#### Appendix A

### TECHNICAL STANDARDS FOR THE RADIOGRAPHY PROGRAM

#### **Physical Demands**

Clinical and laboratory assignments for the Radiography program require certain physical demands that are the minimum technical standards for admission. Listed below are the technical standards that all students must meet in order to enter and complete the Radiography program.

### The student must be able to routinely:

- Bend, stoop, reach, and stretch the arms and body, often utilizing awkward and non- ergonomically correct positions.
- Possess the manual dexterity and ability to bend/stretch.
- · Lift, move, reach, or push equipment.
- Lift, transfer, assist, and/or move patients to/from wheelchair/stretcher to/from x-ray tables.
- Work standing or walking 80% of the time.
- Manipulate heavy radiography equipment, such as for portable examinations, move patient beds, and must be able to assist patients that are unable to assist themselves.
- Possess 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 apron) while working.
- Have sufficient visual acuity to distinguish colors and shades of gray, view grayscale on a computer monitor, and read written reports, chart orders, etc.
- Read and extract information from the medical chart or patient prescriptions.
- Have sufficient auditory perception to receive verbal communication from patients and members of the healthcare team.
- Explain the clinical study, including patient instruction, verbally and /or in writing.
- Perform proper steps in a procedure in an organized manner and in a specific sequence.
- Communicate effectively with patients and other health care providers. This includes verbal, reading and writing skills.
- Demonstrate effective interpersonal skills.
- Interact compassionately with the sick or injured.

# Appendix B

# PATIENTS' BILL OF RIGHTS

# https://www.americanpatient.org/aha-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 you 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 you 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, you 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 you 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 you 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 you 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 life-style 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/ARRT CODE OF ETHICS**

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

- 1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patientcare.
- 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 the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
- 4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes 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 healthcare 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 continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- 11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

# 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. Students must not hold image receptors during any radiographic procedure.
- 9. Students must not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
- 10. As students progress in the program, they must become increasingly proficient in the application of radiation safety practices.
- 11. Radiation protection of the patient and others within the examination room is the student's responsibility when he/she is performing the study.
- 12. 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.\*
- 13. 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

# PERSONAL RADIATION MONITORING

- 1. Each student is responsible for wearing properly dated radiation dosimeter(s) (body and ring badges) at Clinical Affiliate Sites and in laboratory classes. No student will be allowed in clinical or the laboratory class without properly dated radiation dosimeter(s) appropriately worn.
- 2. Any student who does not have the properly dated radiation dosimeter(s) will be suspended from his or her clinical area until he/she has the properly dated radiation monitor. Time lost from the clinical area must be made up.
- 3. Dosimeters will be given to students each month.
- 4. Each student is responsible for exchanging the radiation dosimeter(s) on the designated day of each month. Radiation dosimeters are exchanged with the Program Director or Clinical Coordinator
- Dosimeter loss or accident must be reported immediately to the Program Director or Clinical Coordinator. The cost of lost radiation dosimeters is the responsibility of the student.
- 6. Each student is responsible for submitting their dosimeter(s), on time.
  - A \$20.00 cash fee will be collected for all unreturned or late radiation dosimeters.
- 7. The Program Director or Clinical Coordinator receives monthly radiation dose reports from the Radiation Safety Officer, and informs each student of his/her exposures.
- 8. 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.
- 9. 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.

# 10. "High" Radiation Dosimeter Readings

High or unusual radiation dosimeter readings are investigated by Thomas Jefferson University's Radiation Safety Officer. 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).

On completion of the clinical rotation students must return their radiation dosimeter(s) to the Program Director or Clinical Coordinator. Students will be billed for unreturned badges.

# Appendix F

# RADIATION DOSIMETER USE

Policy Owner: John C. Keklak Contributors/Contributing Departments:

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:

- 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 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).
- "Deep Dose Equivalent" ("DDE") means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 1.0 cm, as measured by a radiation dosimeter.
- "Effective Dose Equivalent" ("EDE") [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" ("LDE") 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" term.
- "Radiation dosimeters" (aka "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" ("SDE") 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 (The wearer should notify Radiation Safety if this inadvertently occurs or if 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) should be reviewed by designated Radiation Safety staff within 5 business days of receipt.
- 2) Review of dosimetry results by the Radiation Safety Officer or Senior Health Physicist are to be performed at least quarterly.
- 3) 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
- 4) 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.

- 5) The reviewer is to specifically review the DDE, EDE, SDE, LDE, and extremity readings for the dosimeter wear period and the calendar quarter-to-date and year-to-date totals for compliance with occupational dose limits and for any trending that may indicate that annual dose limits could potentially be exceeded.
- 6) 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
- 7) 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.
- 8) 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 Office of Radiation Safety. 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 Office of Radiation Safety in the administration of the dosimeter program is treated as confidential.

# Attachment(s): na References and Citations:

Internal Office of Radiation Safety Procedure RSO-041 "Badging and Distribution"

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

Title 10, Code of Federal Regulations (10 CFR) as incorporated by reference in Title 25 Pa. Code Chapter 219; specific sections as follows:

10 CFR 20.1003 (definitions)

10 CFR 20.1201; 20.1207; 20.1208 (re occupational dose limits)

10 CFR 20.1502 (requirements for use of individual monitoring devices)

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; 06/08/15

Responsibility for maintenance of policy: John C. Keklak

# Appendix G

#### RADIATION WORKERS WHO BECOME PREGNANT

# **PURPOSE**

To minimize ionizing radiation dose to the embryo/fetus of any radiation worker, arising from the occupational radiation exposure of the worker.

To comply with pertinent Federal (NRC) and Pennsylvania regulations. [Note: Pennsylvania incorporates the NRC regulations reference.]

To conform to Regulatory Guidance as contained in US Nuclear Regulatory Commission Regulatory Guide 8.13, Revision 3, issued June 1999, regarding prenatal radiation exposure.

# **POLICY**

Individuals whose occupational duties may include tasks that involve exposure to ionizing radiation are classified as "radiation workers"1. Female radiation workers who become pregnant have the right to voluntarily "declare" their pregnancy in accordance with Federal and Pennsylvania regulations (See 10 CFR 20.1003 Definition "declared pregnant woman", below). It is the policy of Thomas Jefferson University/Thomas Jefferson University Hospital (TJU/TJUH) to:

Provide instruction and otherwise make information available to potentially pregnant workers about the health effects of ionizing radiation on the embryo/fetus [as required under 10 CFR 19.12],

establish procedures to ensure that the dose limits to the embryo/fetus of the declared pregnant worker are within the levels specified in Federal regulations (contained in 10 CFR 20.1208), and

establish procedures to minimize ionizing radiation doses to the embryo/fetus of any pregnant worker (declared or undeclared) in accordance with the ALARA ("as low as reasonably achievable") principle [as required by 10 CFR 20.1101(b)].

1 Note: Students whose curriculum involves clinical training in the medical uses of ionizing radiation are also considered to be "radiation workers" for the purpose of this policy. Definitions:

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

"Declared pregnant woman" means a woman who has voluntarily informed Thomas Jefferson University or Thomas Jefferson University Hospital (through Notification to the institutional Radiation Safety Officer), in writing, of her pregnancy and the estimated date of conception (month and year only). The declaration remains in effect until either the declared pregnant woman voluntarily withdraws the declaration in writing or is no longer pregnant. [Definition derived from that in Federal regulation 10 CFR 20.1003.]

"Declaration of pregnancy" for the purpose of this Policy and related procedures, means a

declaration as described under the definition of "declared pregnant woman", which is made solely for the purpose of requiring TJU/TJUH to takeany measures that may be necess ary to ensure that the embryo/fetus does not receive a radiation dose due to the occupational radiation exposure of the declared pregnant woman in excess of the limits set in 10 CFR 20.1208.

"Radiation worker" means a Jefferson employee and/or student whose assigned duties or clinical training requirements involve reasonable likelihood of exposure to ionizing radiation sources such that the individual might receive an annual total effective dose equivalent greater than 50 millirem, and/or the individual actively handles radioactive materials as part of those duties or requirements.

#### Procedures:

Information on radiation and pregnancy is to be incorporated into the radiation safety training provided to those whose duties may routinely involve exposure to ionizing radiation such that they are considered to be "radiation workers".

Pregnant workers may voluntarily "declare" pregnancy by notifying the Radiation Safety Officer in writing. The information to be included in this notice must include the individual's name, the fact that she is pregnant, the approximate (month and year only) date of conception, and the date the written statement is provided to the RSO. A recommended form letter is attached. The form letter provided in USNRC Regulatory Guide 8.13 (Instructions Regarding Prenatal Radiation Exposure) or a self-composed letter may also be used.

The woman may withdraw her declaration of pregnancy in accordance with regulations by providing a written statement to the RSO to this effect. The woman's status will revert to that in effect prior to her initial declaration without discrimination or repercussion with respect to her job status or work environment. Withdrawal of the declaration does not preclude the woman from subsequently re-declaring her pregnancy.

Jefferson will take any necessary steps to ensure that the embryo/fetal dose limits specified in 10 CFR 20.1208 (500 millirem for the duration of the pregnancy; or no more than 50 millirem for the remainder of the pregnancy if it is found that the dose to the embryo/fetus had already exceeded 450 millirem by the time the pregnancy was declared) are not exceeded. An additional operational goal is to permit radiation doses to the embryo/fetus of no more than 50 millirem in any one month. In most cases, no change in job assignments will be necessary, since few Jefferson radiation workers ever exceed these dose levels. Where required, workers may be reassigned to other areas or duties involving lower potential for occupational radiation exposure; or may have some tasks involving radiation exposure reduced in frequency. For any declared pregnant woman whose normal job duties are unlikely to result in embryo/fetal doses above 500 mrem/gestation period any job/task reassignment will be at the discretion of the individual's supervisor and/or department manager or director and will be subject to the availability of other personnel to perform those tasks being reassigned. [It should be emphasized that these dose limits apply only to radiation doses resulting from the occupational radiation exposure of the woman, and would not include any radiation

doses arising from any medical diagnostic or therapeutic procedures performed on the woman or the embryo/fetus; nor would it apply to radiation exposure occurring from background radiation sources.]

The Radiation Safety Officer (RSO) or the Senior Health Physicist with the Office of Radiation Safety are available to provide one-to-one counseling to radiation workers who are pregnant (or who are contemplating becoming pregnant) to answer questions and provide additional information based on the woman's specific work situation. Appointments can be made by contacting the Radiation Safety Office.

Radiation Safety will issue any radiation dosimeters as may be warranted to track radiation doses to the embryo/fetus of the declared pregnant woman. Information from radiation dosimeter(s) that may have already been assigned to the woman would be sufficient for tracking fetal dose in most cases, except that the woman will be instructed to wear the dosimeter at the level of the abdomen (as opposed to, for example, the collar or shirt pocket area).

The Office of Radiation Safety will treat any information obtained related to an individual's pregnancy as "confidential", and such information will be shared only on a "need to know" basis (e.g., with the individual's supervisor) as may be necessary to ensure compliance with the prenatal radiation dose limits and other regulatory requirements.

A "Declaration of Pregnancy" for the purpose of invoking the dose limit requirements as specified in 10 CFR 20.1208 is for that purpose only, and is distinct and separate from any other information that a pregnant woman may provide to representatives of Thomas Jefferson University or Thomas Jefferson University Hospital related to the woman's pregnancy and its relevance to the performance of her other (i.e. not involving radiation exposure) job duties. Notice to representatives of TJU/TJUH, Inc. other than as specified in Item No. 2 above will not be considered as a formal "Declaration of Pregnancy" for radiation protection purposes.

#### References:

Title 10, Code of Federal Regulations; Parts 19 and 20.

USNRC Regulatory Guide 8.13, Revision 3 (June 1999), "Instruction Concerning Prenatal Radiation Exposure".

Radiation and Radioactivity, A Guide for the Radiation Worker (TJUH, Inc/TJU internal training booklet), Revision 4, September 4, 2002.

USNRC Regulatory Guide 8.29, Revision 1, February 1996, "Instruction Concerning Risks from Occupational Exposure".

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

#### Attachment

Attachment(s):

References and Citations:

Original Issue Date: 07/08/2004

Revision Date(s): 03/08/2005; 05/03/2010

Review Date(s): 04/22/2011, 07/30/2012, 01/15/14, 03/30/15 Responsibility for maintenance of policy: John C. Keklak

Policy Owner: John C. Keklak Contributors/Contributing Departments:

# FORM LETTER FOR DECLARING PREGNANCY

(For use within Thomas Jefferson University/Thomas Jefferson University Hospital only.)

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 containing the required information. Letters should be sent in a confidential envelope or hand delivered to John C. Keklak, Radiation Safety Officer, Suite 820, 919 Walnut St. (Nevil Bldg.)

·					
To:	John C. Keklak Radiation Safety Officer				
Emb preg	In accordance with the NRC regulations contained in 10 CFR 20.1208, "Dose to an Embryo/Fetus", and corresponding Pennsylvania regulations, I am declaring that I am pregnant. I believe that I became pregnant in(only the month and year need be provided).				
my milli subr char	I understand that the radiation dose (resulting from my occupational radiation exposure) to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (500 millirem) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in my job or job duties during my pregnancy. I further understand that I may revoke this declaration at any time for any reason, without fear of reprisal on the part of Jefferson.				
(You	ur signature)				
(You	ur name printed)				
(Dat	e of submission)				

# Appendix H RADIOGRAPHY SCOPE OF PRACTICE & PRACTICE STANDARDS

The ASRT Practice Standards for Medical Imaging and Radiation Therapy define the practice and establish general and specific criteria to determine compliance. The document includes a number of professional practice resources and can be found at <a href="https://www.asrt.org/main/standards-and-regulations/professional-practice/practice-standards-and-regulations/professional-practice/practice-standards-and-regulations/professional-practice-standards-and-regulations/professional-practice-standards-and-regulations/professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-standards-and-regulations-professional-practice-practice-standards-and-regulations-professional-practice-practice-standards-and-regulations-professional-practice-practice-standards-and-regulations-professional-practice-practice-standards-and-regulations-professional-practice-practice-standards-and-regulations-professional-practice-pr

Practice standards are authoritative statements established by the profession for judging the quality of practice, service and education. Professional practice constantly changes as a result of a number of factors including technological advances, market and economic forces, and statutory and regulatory mandates.

Scopes of practice delineate the parameters of practice, identify the boundaries for practice and typically are formatted as lists of tasks that are appropriate to include as part of the work of an individual who is educationally prepared and clinically competent for that profession. Each scope of practice is limited to that which the law allows for specific education, experience and demonstrated competency. Many states have laws, licensing bodies and regulations that describe requirements for education and training and define scopes of practice for professions.

Advisory opinion statements are interpretations of the practice standards. They are intended for clarification and guidance for specific practice issues.

# Appendix I

# Students in clinical mammography rotations or other imaging procedures performed by professionals who are of the opposite gender of the patient

The radiography program sponsored by Thomas Jefferson University has a policy, effective 9/1/2017, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging. Additionally, this policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.

Under this policy, all students, male and female, will be offered the opportunity to participate in clinical mammography rotations or other imaging procedures performed by professionals who are of the opposite gender of the patient. The program will make every effort to place a male student in a clinical mammography rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students or other imaging procedures performed by professionals who are of the opposite gender of the patient. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student clinical mammography rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is included as Addendum A to the program's policy and is also available on the JRCERT Web site, <a href="https://www.ircert.org">www.ircert.org</a>, Programs & Faculty, Program Resources.

Please also refer to the JRCERT Position Statement on Mammography Clinical Rotations, appendix J.

#### Appendix J

# Position Statement on Mammography Clinical RotationsAddendum A Adopted by the JRCERT Board of Directors (April 2016)

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

**Standard One - Objective 1.2** of the JRCERT Standards requires a program to document that it "provides equitable learning opportunities for all students."

The JRCERT does not provide legal advice to program officials. Nevertheless, the JRCERT has received numerous inquiries regarding the placement of students in mammography clinical rotations. The JRCERT understands that there have been significant concerns regarding the interpretation of the JRCERT Standards regarding equitable learning opportunities for all students. As a point of clarification, the JRCERT notes that equitable means dealing fairly with all concerned. It does not necessarily mean equal.

The JRCERT has analyzed statistical data that indicates current imaging practices in mammography have resulted in minimal employment opportunities for males. Certification demographic data indicates that less than 1% of the approximately 50,000 technologists registered in mammography by the American Registry of Radiologic Technologists (ARRT) are males. Overwhelmingly, clinical site policies prohibit male students from participation in mammography rotations. Such participation is limited due to liability concerns, as well as consideration for the interests of the patient. These policies are established not only for mammography exams, but also for other gender-specific examinations performed by professionals who are the opposite gender of the patient.

With regard to mammography, the JRCERT has determined programs must make every effort to place a male student in a mammography clinical rotation if requested; however, programs will not be expected to attempt to override clinical site policies that restrict mammography rotations to female students.

Male students should be advised that placement in a mammography rotation is not guaranteed and, in fact, would be very unlikely. To deny mammography educational experience to female students, however, would place those students at a disadvantage in the workforce where there is a demand for appropriately educated professionals to address the needs of patients. It is noted that the same clinical site policies that are in place during the mammography educational rotations are most likely applicable upon employment, thus limiting access for males to pursue careers in mammography.

The JRCERT reiterates that it is the responsibility of each clinical site to address any legal challenges related to a program's inability to place male students in a mammography rotation. All students should be informed and educated about the various employment opportunities and potential barriers that may affect their ability to work in a particular clinical staff position.4/8/16

# Appendix K



# **Magnetic Resonance (MR) Environment Screening Form**

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room.

# Please indicate if you have any of the following:

Yes	No	Brain aneurysm clips/ Brain surgery
Yes	No	Cardiac pacemaker
Yes	No	Implanted cardioverter defibrillator (ICD)
Yes	No	Electronic/Magnetically-activated implant or device
Yes	No	Heart surgery/Heart valve prosthesis
Yes	No	Shunts (Spinal or intraventricular)
Yes	No	Shunts/Stents/Filters/Intravascular Coil
Yes	No	Spinal cord stimulator
Yes	No	Neurostimulator/Biostimulator
Yes	No	Insulin or other infusion pump
Yes	No	Implanted drug infusion device
Yes	No	Internal electrodes or wires
Yes	No	Ear Surgery/Cochlear Implants/Stapes Prosthesis
Yes	No	Hearing aid (Remove before entering MR scan room)
Yes	No	Eye Surgery/Implants/Eyelid Spring/Wires/Retinal Tack
Yes	No	Have you ever worked in a metal or machine shop
Yes	No	Injury to the eye involving metal or metal shavings
Yes	No	Artificial or prosthetic limb
Yes	No	Orthopedic Pins/Screws/Rods
Yes	No	Joint replacement
Yes	No	Endoscopic video capsule
Yes	No	Endoscopy or Colonoscopy clips
Yes	No	Metal Mesh Implants/Wire Sutures/Wire Staples or Clips/Internal Electrodes
Yes	No	IUD, diaphragm or pessary
Yes	No	Tattoo's/Permanent Make-up/Body Piercing/Patches
Yes	No	Metallic Foreign Bodies - Bullets/Shrapnel/BB
Yes	No	Any other internal/external implant or device

# If you answered yes to any of the above, please explain:

I attest that the above information is correct to the best of my knowledge. I read and understand the entire contents of this form.

Appendix L Standards for an Accredited Educational Program in Radiography Effective January 1, 2021 Adopted April 2020

#### Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The Standards require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT Standards incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the Standards as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- · Explanation provides clarification on the intent and key details of the objective.
- Required Program Response requires the program to provide a brief narrative and/or
  documentation that demonstrates compliance with the objective.
- Possible Site Visitor Evaluation Methods identifies additional materials that may be examined
  and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in
  determining compliance with the particular objective. Review of supplemental materials and/or
  interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- · Identify strengths related to each standard
- · Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- · Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

# Standards for an Accredited Educational Program in Radiography

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Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement 44 The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.
Glossary
Awarding, Maintaining, and Administering Accreditation

#### Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

#### Objectives:

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4 The program assures the confidentiality of student educational records.
- 1.5 The program assures that students and faculty are made aware of the JRCERT Standards for an Accredited Educational Program in Radiography and the avenue to pursue allegations of noncompliance with the Standards.
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

#### Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

#### Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

#### Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

#### Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

#### Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

#### Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

# Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

#### Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.
- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

# Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

#### Objectives:

- 6.1 The program maintains the following program effectiveness data:
  - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
  - five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
  - · annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.

#### B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

#### Accreditation Actions

Consistent with JRCERT policy, the JRCERT defines the following as accreditation

Accreditation, Probationary Accreditation, Administrative Probationary Accreditation, Withholding Accreditation, and Withdrawal of Accreditation (Voluntary and Involuntary).

For more information regarding these actions, refer to JRCERT Policy 10.200.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

Accreditation: Joint Review Committee on Education in Radiologic Technology

20 North Wacker Drive, Suite 2850 Chicago, IL 60606-3182 (312) 704-5300 www.jrcert.org

Curriculum: American Society of Radiologic Technologists

15000 Central Avenue, S.E. Albuquerque, NM 87123-3909 (505) 298-4500 www.asrt.org

Certification: American Registry of Radiologic Technologists

1255 Northland Drive St. Paul, MN 55120-1155 (651) 687-0048 www.arrt.org

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20 North Wacker Drive
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Chicago, IL 60606-3182
(312) 704-5300
(312) 704-5304 (fax)
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www.jrcert.org



# Appendix M



TECHNOLOGISTS<sup>1</sup>

Last Revised. September 1, 2018 Published: September 1, 2018

#### PREAMBLE

The Standards of Ethics of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascularinterventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

#### STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the Standards of Ethics is evidence of the possible lack of appropriate professional values.

The Standards of Ethics provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

#### A. CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

 The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

# ARRT STANDARDS OF ETHICS

- 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.
- The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis
- The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
- The radiologic technologist assesses situations, exercises care, discretion, and judgment, assumes responsibility for professional decisions, and acts in the best interest of the patient.
- 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.
- 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 healthcare team.
- The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- 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.
- 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.
- 11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

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#### B. RULES OF ETHICS

The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients.

The Rules of Ethics are enforceable. R.T.s are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the procurrence.

Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, after or interpret the language of any Rule

#### Fraud or Deceptive Practices

#### Fraud Involving Certification and Registration

- 1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.
  - Fraudulent Communication Regarding Credentials
- 2 Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

### Fraudulent Billing Practices

 Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

#### Subversion

#### Examination / CQR Subversion

 Subverting or attempting to subvert ARRT's examination process, and/or the structured self-assessments that are

- part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:
- (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
- soliciting and/or receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
- (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
- (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or
- selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
- (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room; and/or
- (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT;
- (viii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT;
- (ix) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate's, or CQR participant's answers, permitting another Candidate or a CQR participant to copy one's answers, or possessing unauthorized materials including, but not limited to, notes; and/or
- impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf,

(xi) using any other means that potentially afters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

#### **Education Subversion**

- 5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's education requirements, including but not limited to, Continuing Education Requirements (CE), clinical experience and competency requirements, structured education activities, and/or ARRT's Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's education or CQR Requirements includes, but is not limited to:
  - providing false, inaccurate, altered, or deceptive information related to CE, clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
  - (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized recordkeeper, and/or
  - (iii) conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
  - (iv) conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the posttests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

#### Failure to Cooperate with ARRT Investigation

- Subverting or attempting to subvert ARRT's certification and registration processes by:
  - making a false statement or knowingly providing false information to ARRT; or
  - (ii) failing to cooperate with any investigation by ARRT.

#### **Unprofessional Conduct**

# Failure to Conform to Minimal Acceptable Standards Engaging in unprofessional conduct, including, but not limited to:

- a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice, or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology
- practice; (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or

Actual injury to a patient or the public need not be established under this clause

#### Sexual Misconduct

 Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

#### **Unethical Conduct**

 Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

#### Scope of Practice

#### Technical Incompetence

 Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

#### Improper Supervision in Practice

 Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

#### Improper Delegation or Acceptance of a Function

12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

#### Fitness to Practice

# Actual or Potential Inability to Practice

 Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

# Inability to Practice by Judicial Determination

 Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

#### Improper Management of Patient Records

#### False or Deceptive Entries

15. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law, or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

#### Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

#### **Knowingly Providing False Information**

 Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

#### Violation of State or Federal Law or Regulatory Rule

#### Narcotics or Controlled Substances Law

 Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

#### Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

#### **Criminal Proceedings**

- Convictions, criminal proceedings, or military courtsmartial as described below.
  - conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or
  - (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
  - (iii) military courts-martial related to any offense identified in these Rules of Ethics.

#### **Duty to Report**

#### Failure to Report Violation

 Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to ARRT.

#### Failure to Report Error

22. Failing to immediately report to the Certificate Holder's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

#### C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. All Certificate Holders and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding involving a challenge or ethics review may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

#### 1. Ethics Committee

#### (a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

#### (b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

# (c) Preliminary Screening of Potential Violations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair. (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics, or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each

#### 3. Appeals

Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of \$250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.arrt.org. The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to the Certificate Holder's or Candidate's attorney or other representative, immediate superior, or employer

#### 4. Adverse Decisions

#### (a) Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

#### (b) Public Reprimands

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

#### (c) Conditional

Conditional status may be given for continued certification and registration in those cases where there are minimal conditions of the court that need to be met before the court case is closed (e.g., court ordered supervised probation).

#### (d) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

#### (e) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes. (1) the summary suspension; (2) the reason or reasons for it, and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the Certificate Holder's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

#### (f) Ineligible

An individual may be determined ineligible for certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

#### (g) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

#### (h) Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT Ethics Committee that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Certificate Holder or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

#### (i) Voluntary Surrender of Credentials

At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender ARRT credentials and accept permanent revocation of ARRT certification and registration. To request a voluntary surrender, the Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the Standards of Ethics. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

#### (j) Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the Standards of Ethics, ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

#### 5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands) that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner, a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

#### 6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of \$250. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder's or Candidate's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the ARRT Rules and Regulations.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee

#### 7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the Standards of Ethics following the procedures under Article XI, Section 11.02 of the ARRT Rules and Regulations.

# Appendix N

# PROGRAM CALENDAR 2020 – 2021

Highlighted areas denote the program's clarification from the JCHP academic calendar

Highlighted areas denote	the program's clarification from the JCHP academic calendar			
	Fall Semester			
Various	Orientation/Registration (Entering Class)			
August 31, Monday	Welcome Date/Department Boot Camp/Orientation/ Classes begin			
September 7, Monday	Labor Day Holiday			
September 7, Monday	Last day to add online			
September 10, Thursday	Last date to drop without a grade of "W"/ Online Registration Closes			
October 3, Saturday	Last date to remove an "I" grade from Summer 2020 term			
October 8, Thursday	Radiography fall clinical rotations begin			
October 23, Friday	Last day for course withdrawal			
November 2, Monday	On-line Registration for Spring 2021 Semester begins (anticipated)			
November 20, Friday	Preliminary second year concentration forms submitted to education coordinator			
November 25, Wednesday- November 29, Sunday	Thanksgiving break / No classes scheduled			
November 30, Monday	Classes resume. Note all labs will move to online format until the end of the			
December 11, Friday	Classes end			
December 12, Saturday	Final Examinations Begin (Clinical rotations continue)			
December 18, Friday	Final Examinations End (Clinical rotations end)			
TBD	Last date to file Application for Graduation			
	Spring Semester			
January 4, Monday	Classes begin			
January 8, Friday	Second year concentration form submitted to education coordinator			
January 11, Monday	Last day to add online			
January 14, Thursday	Last Day to Drop Without "W" Grade - Online Registration Closes			
January 18, Monday	Martin Luther King Holiday/No classes scheduled			
January 29, Friday	Last date to remove an "I" grade from previous term			
March 1, Monday -March 7, Sunday	Spring Break			
March 4, Thursday	Last day for course withdrawal			
April 5, Monday	On-line Registration for Summer/Fall Semester begins (anticipated)			
April 23, Friday	Classes end (Last day of spring clinical rotations)			
April 24, Saturday	Final Examinations Begin (Clinical rotations continue)			
April 30, Friday	Final Examinations End (Clinical rotations end)			
TBD	Department Class Day (Graduating students excused from clinical to			
TBD	Commencement Exercises			
Summer Semester				
May 3, Monday	Classes begin			
May 10, Monday	Last day to add online			
May 14, Friday	Last Day to Drop Without "W" Grade - Online Registration Closes			
May 31, Monday	Memorial Day Holiday			
June 11, Friday	Last date to remove an "I" grade from previous term			
June 17, Thursday	Last Day for Course Withdrawal			
July 5, Monday	Independence Day holiday observed (no classes)			

August 13, Friday	Classes end (Last day of summer clinical rotations)
August 14, Saturday	Final Examinations Begin (Clinical rotations continue)
August 20, Friday	Final Examinations End (Clinical rotations end)
August 16, Monday	Radiography clinical rotations resume for any required make-up time
August 31, Tuesday	Radiography program officially ends