



Thomas Jefferson  
University



College of Health Professions

Department of Medical Imaging & Radiation Sciences

Academic Policies and Clinical Education  
Student Handbook

**Medical Dosimetry**

2025-2026



## **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 of Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean, the Title IX Coordinator, or Human Resources—Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution's efforts to comply with 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 the Office of Admissions for clarification on the 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 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.

## **Disclaimer Statement**

The Department of Medical Imaging and Radiation Sciences reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

## **Diversity Statement**

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging, and opportunity.

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## Mission

We Improve Lives.

Thomas Jefferson University is a national leader in professional education, preparing students for the future of work, while also engaging in groundbreaking research and creative discovery. Dedicated to inclusive and experiential learning, Jefferson fosters transdisciplinary collaboration, embraces social responsibility, and celebrates the value of diverse identities and perspectives.

## Vision

Reimagining health, education and discovery to create unparalleled value.

## Values

- Put People First
- Do the Right Thing
- Pursue Excellence

## Commitment to Diversity, Equity & Inclusion

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging & opportunity.

## **MISSION OF THE DEPARTMENT & MEDICAL DOSIMETRY PROGRAM**

The mission of the Department of Medical Imaging & Radiation Sciences and the Medical Dosimetry 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 lifelong learning.

## **PROGRAM GOALS AND STUDENT LEARNING OUTCOMES**

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

Students will acquire the knowledge, insight, and skills necessary to perform competently as entry level dosimetrists

Student Learning Outcomes:

1A - Demonstrate the ability to develop precise 3D treatment plans

1B - Demonstrate the ability to develop precise IMRT plans

1C – Demonstrate the ability to develop deliverable SBRT plans

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

Students will apply critical thinking and problem-solving skills in making decisions about treatment planning/calculations for the care of the radiation oncology patients

Student Learning Outcomes:

2A – Students will adequately critique the initial treatment plan and modify/develop it into an optimal treatment plan

2B – Comparison of different modalities/techniques (evaluating the effects of changing grid size matrices)

### **Goal #3: Professionalism:**

Students will demonstrate professional growth and development

Student Learning Outcomes:

3A – The students will successfully pass a quiz after reading a peer-reviewed article

3B – The students will demonstrate ethical and professional behavior in a clinical setting

3C – The students will demonstrate ethical and professional behavior in a classroom setting

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

Students will communicate effectively when interacting with patients and members of the radiation oncology team

Student Learning Outcomes:

4A – Students will demonstrate effective written communication skills

4B – Students will use effective oral communication skills



## **THE HANDBOOK**

The Academic Policies and Clinical Education Student Handbook serves to share with you certain resources, policies, and procedures that may be useful to you during your undergraduate studies in the Department of Medical Imaging and Radiation Sciences in the Jefferson College of Health Professions. While we have attempted to provide you with a comprehensive 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 Student Handbook website at [www.jefferson.edu/handbook](http://www.jefferson.edu/handbook). Students are also directed to the policies and procedures contained in the JCHP Student Handbook, which can be found at <https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/student-resources.html>

If you should have any questions throughout your academic career, we encourage you to reach out to your program director, advisor, or department chair.

## **DISCLAIMER STATEMENT**

The Department of Medical Imaging and Radiation Sciences reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

## **NATIONAL CERTIFICATION EXAMINATION**

Graduates of the one-year and two-year Bachelor of Science degree programs are eligible to take the associated certification examinations upon completion of the Bachelor of Science degree program and award of the Bachelor of Science degree. Students 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), and the Medical Dosimetrist Certification Board (MDCB), 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 and CAAHEP). All programs, including Computed Tomography and Invasive Cardiovascular Technology, are covered under the University's accreditation by Middle States Commission on Higher Education.

## **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, the student has the right to contact the accreditation body <sup>1</sup>. Please refer to appendix K for the Standards for an Accredited Educational Program in Medical Dosimetry.

The medical dosimetry program is accredited by the  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
312-704-5300  
Email: mail@jrcert.org

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<sup>1</sup> Students in the CT or ICVT Program should contact the Dean of JCHP.

## **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, <https://canvas.jefferson.edu/> 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**

- Students who earn one course grade of C- or D 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.
- Students who do not maintain a minimum of a 2.0 cumulative GPA will be placed on university academic probation.
- Students who earn two or more course grades of C- or D in the Medical Imaging & Radiation Sciences curriculum in any academic year will be dismissed from the Department of Medical Imaging & Radiation Sciences.
- 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.
- 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.

### **PROBATION/RETURNING TO GOOD ACADEMIC STANDING**

Students who achieve the minimum standards to return to good academic standing (2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year) will be removed from probation at the end of the academic year. Two-year students who have been placed on departmental academic probation during their junior academic year, but have successfully completed their junior academic year, will be taken off departmental academic probation at the beginning of their senior academic year.

At the end of the probationary period:

1. The student achieves: the minimum 2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year is reinstated in good standing, or

2. The student fails to achieve: the minimum 2.0 cumulative GPA, no additional course grades of C, D, or F in the academic year at the end of the probationary period and is dismissed from the College for academic underachievement.

### **ACADEMIC INTEGRITY POLICY**

Academic Integrity is the foundation of all Jefferson teaching, learning, and professional endeavors and is vital to advancing a culture of fairness, trust and respect. All members of the University community must maintain respect for the intellectual efforts of others and be honest in their own work, words, and ideas. The University Academic Integrity Policy can be found [Graduate Policies](#)

### **GRADUATION REQUIREMENTS**

In order for students to be eligible for graduation, the student must:

- Fulfill the specific credit hour and course requirements for their specific program in accordance with the academic standards criteria outlined in DegreeWorks and confirmed by Graduation Pre-Certification
- Be in good academic standing within their respective programs and achieve a minimum grade point average of at least a 2.0 for undergraduates or 3.0 for graduates on all attempted work; (Please note that departmental/cumulative GPA requirement may exceed these minimums. Refer to your program/departmental guidelines)
- Have resolved all incomplete/IP grades
- Met University Residency Requirement which identifies the number of required credits earned at the university (See Residency Requirement Policy)

**Please note:** No official transcripts will be granted to any person who has any unadjusted indebtedness to the University.

### **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.

- The one-year Bachelor of Science program has a standard time frame of 12 months.
- The two-year Bachelor of Science program has a standard time frame of 24 months.
- The undergraduate certificate program has a standard time frame of 12 months.

An extension may be granted in the event of extenuating circumstances. The death of a family member or documented medical illness are 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, repeating of the full program’s curricular sequence.

## **READMISSION AFTER DISMISSAL**

Matriculated students who have been dismissed from the Department of Medical Imaging & Radiation Sciences may petition, in writing, for readmission within 1 year of dismissal directly to the Department Chair. Students interested in applying for readmission should contact the Department Chair for program-specific readmissions procedures.

Students who have not been enrolled within JCHP for greater than a 1-year period of time must re-apply for admission through the Office of Admissions.

Please note: All readmitted students are subject to the academic and curricular requirements in place at the time of readmission. Additionally, start terms for the readmitted students will be determined by the program and based on the student’s plan of study; readmitted students cannot assume that they will start in the next immediate term after readmission has been granted.

The student’s Department Chair will indicate any requirements that the student must meet upon readmission. The student will be held responsible for fulfilling these special criteria of academic performance established with the program upon readmission, in addition to the overall program and College requirements for achieving good academic standing.

## **RETENTION OF STUDENT WORK**

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

## **CONTINUOUS ENROLLMENT**

The Department of Medical Imaging & Radiation Sciences curriculum was designed to be delivered sequentially, where concepts and skills are introduced, expanded upon, and mastered across the program and where competencies are enhanced at different points across the curriculum. To be most effective at delivering the requisite competencies in accordance with accreditation standards, students must be continuously enrolled from the point of matriculation until graduation unless a leave of absence is approved. If a personal or medical leave of absence is required, the leave must be approved and must not exceed one calendar year.

## **ACCOMMODATIONS – GENERAL**

Thomas Jefferson University does not discriminate on the basis of disability, in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. The University provides accommodations for students with disabilities, who are eligible for accommodations and who seek accommodations. All students interested in receiving accommodations must contact the Office of Accessibility Services below. Students requesting accommodations in the classroom must present a current accommodation letter from the Office of Accessibility Services to the instructor before accommodations may be provided. Thomas Jefferson University works with students with disabilities regarding equal access to all services and programs. Requests for accommodations may be made at any time (although accommodations are not retroactive). The University encourages all students who have any inquiries to contact Accessibility Services. More information on disability accommodations can be found at <https://www.jefferson.edu/life-at-jefferson/student-resources-services/academics-career-success/accessibility-services.html>

To request an accommodation, please contact the <https://www.jefferson.edu/life-at-jefferson/student-resources-services/academics-career-success.html>

## **TECHNICAL STANDARDS - ACCOMMODATIONS**

If a student cannot demonstrate the skills and abilities listed in the technical standards for the program, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodations provided that such accommodations do not fundamentally alter the nature of the program and/or do not impose an undue hardship such as those that cause significant expense, difficulty or are unduly disruptive to the educational process.

## **TECHNICAL STANDARDS**

A Medical Dosimetrist is typically employed in a hospital or outpatient oncology center. Clinical and laboratory assignments for the Dosimetry program require certain physical demands that are the technical standards of admission. These standards are based upon Standards of Practice for the Medical Dosimetrist. Listed below are the technical standards which all applicants must meet in order to participate and complete the dosimetry program.

1. Sufficient visual acuity to read x-ray prescriptions & charts, observe conditions of the patient & evaluate images.
2. Sufficient auditory perception to receive verbal communication from patients and members of the healthcare team and to assess the health needs of people through the use of monitoring devices such as intercom systems, cardiac monitors, respiratory monitors, fire alarms, etc.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of imaging exams and treatments. Dosimetrists must be able to manipulate equipment to construct required patient accessories, such as immobilization and shielding devices, compensators, and Brachytherapy equipment as needed.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient's/client's interest.
5. Sufficient intellectual and emotional function to plan and implement patient care.

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

- Lift, transfer and/or move patients from wheelchair/stretchers to simulation or treatment table
- Stand and reach to make measurements of patients
- Manual dexterity and ability to bend/stretch
- Distinguish color and shades of gray
- Grasp complex 3-D spatial relationships
- Demonstrate effective interpersonal skills, including patient instruction
- Read and extract information from the medical chart or patient prescriptions
- Explain the clinical study and treatment verbally and/or in writing
- Physical and mental abilities to handle moderate and frequent exposure to infectious agents (blood, urine etc.) and moderate and limited exposure to ionizing radiation
- Ability to type and use a computer keyboard and mouse and read or draw contours on screen
- Ability to lift 30 pounds of weight (treatment aids)
- Interact compassionately with the sick or injured.

### **IMPLICATIONS OF PROBATION-CREDENTIALING**

Many accrediting and credentialing bodies require notification that a student was placed on probation. By requesting that the Program complete the appropriate paperwork, a student affirmatively consents to release of such information. This means that if accrediting or credentialing bodies require verification from the University, instances of professionalism, probations, and academic probations will be reported. This may or may not affect a student's job placement or ability to gain credentialing for a particular institution.

### **STUDENT GRIEVANCE**

All members of the Thomas Jefferson University Community have the right to express concerns when they perceive that they have been treated in a manner not consistent with the standards of conduct at the University. The student grievance procedure is intended to allow students this mode of expression. For academic grievances within the program, students should refer to the Student Grievance Procedure outlined in the JCHP Student Handbook. For grievances external to the academic program, students should consult the Grievance Procedure outlined in the Rights and Responsibilities section of the TJU Student Handbook.

### **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 a credentialed practitioner 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.
- 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 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. Any missed time from clinical due to not meeting any of the above requirements must be made up.

## CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical 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 A.**
  - b. Performing clinical duties consistent with the professional standards of ethics – **Appendix B.**
  - 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 C, D, E, F, G, H, I, J, K (only applicable to modalities that use ionizing radiation).
  - f. Adhering to the scope and practice standards, **appendix L.**

## **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 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”)

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 (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 serve to correlate didactic knowledge with practical skills. Students are not guaranteed specific clinical affiliates; however, student input is considered.

Please see **Appendix M** 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 will 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 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 changes 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 SUPERVISOR/PRECEPTORS**

The clinical affiliate supervisors/preceptors 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"
- Providing student clinical evaluation and feedback.
- Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- Maintaining knowledge of program mission and 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.
- Participating in the assessment process, as appropriate
- 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.
- Monitoring and enforcing program policies and procedures
- 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.
- Evaluating students' clinical competence, as appropriate
- Supporting the educational process.
- Maintaining current knowledge of program clinical 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.
- Maintaining current knowledge of program policies, procedures, and student progress
- Correlating and coordinating clinical education with didactic education and evaluating its effectiveness
- Participating in didactic and/or clinical instruction
- Supporting the program director to assure effective program operations
- Participating in the accreditation and assessment processes
- Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development

## **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 their knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
- Incurring all travel costs and expenses.
- Understanding that commuting time and costs are not determining factors for clinical assignments.
- Use personal or public transportation to clinical affiliates.

- Attending a formal advisement meeting with their 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 patients, 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.
- Report any clinical incidents, unprofessional clinical behaviors, or adverse events to the Program Director/Clinical Coordinator

## **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 assessment.
- 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, lateness, early departure, and daily change in schedule.
- 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. 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 institutional 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 [Children in Instructional Settings](#)



### **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 into the laboratories 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 a signed 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, including but not limited to smart watches and cell phones. 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 students' 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 personal or clinical facility 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 facility, 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 OF CLINICAL POLICIES**

Students who do not maintain compliance with the 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. 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”.

## **VENIPUNCTURE POLICY**

The CAAHEP/ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. 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 INSURANCE 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. Refer to policy #134.01 – Privacy and Confidentiality of Health Information Policy. Jefferson’s HIPAA/Privacy and Confidentiality of Health Information Policy can be found at, [tjuh3.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/262636](http://tjuh3.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/262636). 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 & Radiation Sciences students are required to undergo an MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. or observations, **Appendix N**.

1. Students will attend an MRI Safety lecture and be screened for MRI Safety clearance in the fall semester by the MRI Program Director/Clinical Coordinator.
2. Students will abide by the clinical affiliate MRI Safety Protocols during the clinical rotations and/or observations.
3. Students will notify the MRI Program Director/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 an N95 respirator mask. Although students will be fit tested for a N95 respirator mask, the following patient care restrictions must be followed:

- Jefferson students participating in clinical education may engage in the direct care of patients suspected of and confirmed to be infected with COVID-19.
  - Jefferson is NOT REQUIRING students to participate in the direct care of patients suspected of and confirmed to be infected with COVID-19.

- If a clinical site says that students cannot engage in the direct care of patients suspected of and confirmed to be infected with COVID-19, students must continue to follow the clinical site instruction.
- If a clinical site says that students must engage in the direct care of patients suspected of and confirmed to be infected with COVID-19, and students do not want to engage in the direct care of patients suspected of and confirmed to be infected with COVID-19 immediately contact the MIRS Department Chair, the program director and clinical coordinator.
- The MIRS Department is stocked and can and will provide all students with PPE that includes ear loop masks, face shields, and N95 respirators, in addition to any other needed and required PPE.
- Such care shall be provided in accordance with federal, state, and local health and safety requirements. This includes, but is not limited to, ensuring that students have appropriate personal protective equipment and are advised of necessary precautions.
- Students who have concerns about engaging in the treatment of COVID-19 positive patients should inform their college or program and the Office of Student Affairs.
- If a student requires an accommodation pursuant to the Americans with Disabilities Act, the Office of Student Affairs can facilitate the accommodation process.
- Students shall be advised that if they are unable to engage in the care of COVID-19 positive patients, their academic progress may be impacted.
- 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. Students must contact Jefferson Occupational Health Network (JOHN) for Employees & Students as soon as possible (215-955-6836) 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 a diagnosis to the Program Director and/or Clinical Coordinator and the Clinical Affiliate Supervisor. The student may be asked to leave the clinical setting 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, sharp 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 splashes in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashes 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 JOHN.
6. Report to JOHN at 833 Chestnut Street, Suite 204 (when JOHN 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.

JOHN will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. All testing in JOHN is performed free of charge for Jefferson employees and students. Please call 215-955-6836 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible for further guidance and information. You must be seen emergently (either at the affiliate health center or affiliate emergency department). The visit will be billed to your insurance. Follow up at JOHN should occur on the next business day. Detailed information on Occupational Health Network for Employees & Students may be viewed on the JOHN website: <https://www.jeffersonhealth.org/clinical-specialties/occupational-health-network>

Contact Jefferson Occupational Health Network for Employees & Students

Hours of Operation:

- Monday through Friday, 7:30 am to 4:30 pm
- Closed every Thursday from 12:00 pm to 1:00 pm

33 South Ninth Street

Suite 204

Philadelphia, PA 19107

Phone: [215-955-0152](tel:215-955-0152)

Fax: 215-503-9440

E-mail: [JOHN-CenterCity@jefferson.edu](mailto:JOHN-CenterCity@jefferson.edu)

University Health Services- Center City

Hours of Operation:

- Monday through Friday, 7:30 am to 4:30 pm
- Closed every Thursday from 12:00 pm to 1:00 pm

33 South Ninth Street

Suite 205

Philadelphia, PA 19107

Phone: [215-955-6836](tel:215-955-6836)

Fax: 215-923-5778

E-mail: [JOHN-CenterCity@jefferson.edu](mailto:JOHN-CenterCity@jefferson.edu)

## **ATTENDANCE REGULATIONS**

## **DIDACTIC/LABORATORY INSTRUCTION**

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

## **CLINICAL ATTENDANCE RECORDS**

EXXAT software and/or time sheets 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. Attendance records must accurately reflect the time attended on each day of clinical attendance.

## **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.

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 and student 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]). The personal day 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 to be beneficial to the student's clinical education. Any change in an individual students' start time and end time must be discussed and approved by the Program Director and Clinical Coordinator and Clinical Affiliate 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 up 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 have any symptoms that are associated with infectious diseases (e.g., cold, flu or viral infection) should not attend in-person classes, clinical experiences or other activities that put them in close contact with other students, faculty, staff or patients. These symptoms can include but are not limited to sneezing, coughing, fever, gastrointestinal pain, and diarrhea

Students who have these symptoms are responsible for notifying their instructors, program or college using the usual mechanisms before missing any scheduled course/clinical education activity, for staying current with course/clinical requirements, and for complying with any other course/clinical attendance policies. Students may be asked to provide documentation that they are under the care of a medical provider (without disclosure of any medical condition).

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 Department 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 and approved by the Program Director and/or Clinical Coordinator in coordination with the Clinical Affiliate Supervisor. 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 of 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.

### **RELIGIOUS OBSERVANCE DURING CLINICAL ROTATIONS**

The Program Director and Clinical Coordinator must be notified by the student, in writing, of any days they will miss from clinical rotations because of religious observation. Students must provide this notice within three days of the course start date. Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

### **HOLIDAYS/CLOSURES OBSERVED BY CLINICAL AFFILIATES**

The Program Director and Clinical Coordinator must be notified by the student, in writing, if a clinical affiliate/rotation is closed for an observed holiday or reason specific to that clinical affiliate/rotation. Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

## **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 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.

## **PINNING CEREMONY**

Graduating students are invited to participate in the Department's Pinning Ceremony. During the ceremony, graduating students' names are announced and a pin is given to each graduate by their program faculty. The pin symbolizes welcoming the graduate 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 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**

Students are eligible for:

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

Awards are presented during the 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) <https://asrt.org>
- Philadelphia Society of Radiologic Technologists (PhilaSRT) <http://philasrt.org/>
- Association of Collegiate Educators in Radiologic Technology (ACERT) <https://acert.org/>

## **HONOR SOCIETIES**

- Lambda Nu Society (Honor Society for radiologic and imaging science professionals) <https://www.lambdanu.org>
  - 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**

Direct patient contact procedures (e.g., simulation, fabrication of immobilization devices, etc.) are performed under the direct supervision of a credentialed practitioner

The JRCERT defines direct supervision as student supervision by a credentialed practitioner 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.

This document is to be placed in all areas at a clinical site where Medical Dosimetry students would be under the supervision of a Medical Dosimetrist, Physicist, Oncologist, certified Radiation Therapist Simulation Technologist, Nurse, etc.

This includes, but not limited to, the Treatment Planning area, Treatment Room and Console, Nursing Station, Mold Room, Brachytherapy Suites or any other area where students would be participating in the care of a patient.

### **Direct Supervision**

Students are to be directly supervised by qualified personnel. Direct supervision is defined as student supervision by a qualified personnel who is physically present during the procedure and/or operation of equipment used in the treatment planning process.

- During any procedure involving direct patient contact, such as Fabrication of Immobilization devices, Simulation, Mold Room, Brachytherapy Procedure, Set-up in a Treatment Planning Room, etc.
- All use of the treatment planning computers, record and verify systems, and any databases which contain patient data may not be accessed unless under direct supervision of qualified Dosimetrists/Personnel.
- Any treatment plans and calculations which are to be used directly for patient care, MAY NOT be presented to the Radiation Oncology Physician UNLESS they have been FIRST approved by a qualified physicist or dosimetrist.
- All approved dosimetry calculations and treatment plans are to be implemented for patient care ONLY under Direct Supervision by a qualified dosimetrist/physicist.
- Any shielding devices or Bolus to be used for a patient, MUST be constructed under the direct supervision of the qualified personnel.

## **CONFIDENTIALITY OF STUDENT RECORDS**

Appropriately maintaining the security and confidentiality of student records and other program materials protects the students' right to privacy. Student records are maintained in accordance with the Family Education Rights and Privacy Act (FERPA). 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.

## 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 always present a professional appearance. The following charts list the acceptable and unacceptable dress and appearance standards.

### Dress Standards

	Acceptable
<b>Tops</b>	Navy scrub top. Jefferson branded embroidery. Tops must be in good condition, wrinkle-free and fit appropriately. 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.
<b>Jackets</b>	Navy scrub jacket. Jefferson branded embroidery. The jacket must be in good condition, wrinkle-free and fit appropriately. This jacket is optional, but it is the only approved jacket.
<b>Pants</b>	Navy scrub pants. Pants must be in good condition, wrinkle-free and fit appropriately.
<b>Undergarments</b>	Must be worn at all times.
<b>Footwear</b>	Solid white, leather, low-top sneaker footwear with laces that tie. Closed toe and closed heel with a solid upper covering.. Shoestrings should be properly tied. Shoes and laces must be clean and in good condition with no holes or tears.
<b>Socks</b>	Must be worn at all times. Socks should be solid color in black or white.
<b>Jewelry</b>	Earrings should be of the small post type (no hoops). Only one (1) post earring per ear. Rings, necklaces, and bracelets are not recommended. Wedding bands are acceptable. A wristwatch with a second hand and one that is water resistant is recommended.
<b>Body Piercings</b>	Any body piercing besides ears should not be evident. Tongue rings are unacceptable and are not allowed to be worn.
<b>Tattoos</b>	Any visible tattoos must be appropriately covered.
<b>Identification badges</b>	ID badges and name tags must be always worn at collar/eye-level. ID badges must be free from distracting stickers, pins, etc. Photo ID must be always legible and visible.
<b>Radiation dosimeter</b>	Radiation dosimeters are to be worn during all clinical and lab assignments. The radiation dosimeter is to be worn outside of protective apparel with the label facing the radiation source at the level of the thyroid.
<b>Operating room (OR) attire</b>	Specific operating room scrubs, hair, face, and shoe attire will be provided by the operating room/radiology department. The OR attire is to be worn ONLY when physically present in the OR. The full Jefferson clinical uniform is required at all other times.



### Grooming Standards

<b>Body odor</b>	Must practice personal hygiene and be free of offensive odor. Perfume, lotion, or cologne that may interfere with those who are ill or allergic to such odors or fragrances are not acceptable.
<b>Hair – head</b>	Long hair must be neatly tied back away from face, neck, and shoulders to avoid patient and equipment contact.
<b>Hair – face</b>	Nose and ear hair must be trimmed and maintained. 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.
<b>Makeup</b>	Makeup should be worn conservatively.
<b>Fingernails</b>	Nail length must be less than ¼ inches. No artificial nails. No nail polish.
<b>Gum</b>	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. 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.

## NOTES

[illegible]

## Appendix A

### 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 your doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about your future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
- You have the right to privacy. The hospital, your doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is

no longer appropriate.

- You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and your visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of 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 B

### **Ethical Standards and Ethics Complaint Procedures (Complaint procedures amended August 14, 2021)**

#### **Preamble**

The Medical Dosimetrist Certification Board (“the MDCB”) seeks to promote the provision of safe, competent medical care for all patients requiring Medical Dosimetry services. To that end, the MDCB administers a certification program, leading to the Certified Medical Dosimetrist credential. The certification program includes experience requirements, a certification examination and periodic re-certification, and compliance with these Ethical Standards.

The Ethical Standards apply to persons holding certification credentials from the MDCB and to persons applying for examination and certification by the MDCB in order to become certified medical dosimetrists. These Ethical Standards are intended to be consistent with the MDCB’s Mission, Purposes and Objectives.

The Certified Medical Dosimetrist or candidate for certification (hereinafter collectively referred to as “CMD”) shall comply with, and bear responsibility for demonstrating compliance with, all existing and future rules and Ethical Standards of the MDCB. An individual is eligible to apply for certification or re-certification only when in compliance with all MDCB rules and Ethical Standards.

From time to time the MDCB may make changes to these Ethical Standards. In the event of such changes, the MDCB will notify the medical dosimetrist community through newsletters, the appropriate journals or electronic means. Copies of the current version of these Ethical Standards may be obtained by visiting the MDCB website at [www.mdcb.org](http://www.mdcb.org) or by contacting the MDCB.

#### **Ethical Standards**

1. A CMD shall always promote the safety and welfare of his or her patients by performing Medical Dosimetry procedures safely and with reasonable skill. A CMD shall not engage in conduct likely to deceive, defraud, or harm the public. Irrespective of whether a patient is actually injured or otherwise harmed, a CMD shall not demonstrate a willful or reckless disregard for the health, welfare, or safety of a patient.
2. A CMD may not be convicted of, or enter a plea of nolo contendere to, regardless of adjudication, a crime, in any jurisdiction, which crime either directly relates to the provision of patient care or involves fraud, dishonesty or moral turpitude, including without limitation in the context of the CMD’s employment.
3. A CMD shall not, without the express, prior written consent of the MDCB, use or reproduce, in whole or in part, or aid another in using or reproducing, in any manner or fashion, any MDCB examination materials (or the contents thereof), certificates, logos, abbreviations, emblems or other documents or property of the MDCB.
4. A CMD shall not misuse the MDCB name or any MDCB certificate, title, logo or emblem.
5. A CMD may not be under suspension, revocation or other disciplinary action by any professional Medical Dosimetry organization, certifying body, licensing Board or credentialing agency.
6. A CMD shall not, without authorization to do so, possess, use or have access to any MDCB examination documents or materials, nor shall a CMD receive any unauthorized assistance prior to or during the conduct of any portion of a CMD examination. A CMD shall not divulge to others information gained from his or her CMD examination experience.

7. A CMD shall not make any material misrepresentation of fact during application for MDCB certification or re-certification and shall not fail to disclose any material fact the disclosure of which is necessary to avoid having other statements be misleading. A CMD shall not engage in any act or omission to obtain or assist another in obtaining MDCB certification or re-certification by fraud, misrepresentation or deception.
8. A CMD having knowledge and evidence of a violation of any Ethical Standard by another CMD shall report such violation promptly by filing a written complaint with the MDCB. Any such complaint shall include specific detail and documentation regarding the identity of the person(s) involved in the alleged ethical violation. The identity of the complainant must be disclosed, as well as the identities of others known to have knowledge of the facts and circumstances surrounding the alleged ethical violation.
9. A CMD shall not, knowingly, falsely accuse another CMD of violating these Ethical Standards.
10. A CMD shall not make or file any report in connection with patient care, which report he or she knows to be false.
11. A CMD's ability to practice Medical Dosimetry with reasonable skill and safety shall not be materially impaired by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.
12. A CMD shall not practice beyond the scope he or she is competent to perform as defined in the Medical Dosimetry Scope and Standards of Practice Document.
13. A CMD shall cooperate with, and shall not obstruct, the MDCB in connection with any investigation or hearing under the Ethical Standards.

## **Sanctions**

The MDCB may deny, revoke or suspend certification or re-certification when a CMD is found to be not in compliance with MDCB rules, regulations and/or the foregoing Ethical Standards. In addition, the MDCB may censure a CMD, issue public or private reprimands, place a CMD on probation for up to 5 years, or impose other sanctions related to the ethical violation. A CMD placed on probation may continue to use the certification credential, but shall be subject to revocation of his or her certified status in the event of another ethical violation during the period of probation. If an applicant for certification is not in compliance with these Ethical Standards, the MDCB may refuse to allow the applicant to sit for the certification examination, or, in the event that the examination has been taken, the MDCB may refuse to release the examination results.

## **Ethics Complaint Procedures**

These Ethics Complaint Procedures provide for the structure and operation of the MDCB Ethics Committee; they set forth procedures to be followed by the Ethics Committee and by the Board of Directors of MDCB in handling complaints filed under the Ethical Standards. All CMDs and applicants are required to comply with these Ethics Complaint Procedures; the failure to cooperate with the Ethics Committee or the Board of Directors in a proceeding under these Ethics Complaint Procedures is a violation of the Ethical Standards.

## **I. Ethics Committee.**

- (a) **Membership on and Responsibilities of the Ethics Committee.** The MDCB President, with the approval of the MDCB Board of Directors, shall appoint at least three (3) MDCB Directors 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 Directors, at any time, with or without cause. Subject to these Ethics Complaint Procedures, the Ethics Committee is responsible for (1) investigating each complaint alleging a violation of the Ethical Standards; (2) determining whether a violation has occurred; and (3) determining an appropriate sanction when a violation is found. The Ethics Committee shall also be responsible for periodically reviewing the Ethical Standards and the Ethics Complaint Procedures and recommending any necessary amendments to the Board of Directors.
- (b) **The Chair of the Ethics Committee.** The President, with the approval of the Board of Directors, shall appoint one (1) member of the Ethics Committee to serve for a term of one (1) year as the Committee's Chair. The Chair of the Committee, who may be removed from such position by the President, with the approval of the Board of Directors, at any time, with or without cause, shall be responsible directly and exclusively to the Board of Directors. The Chair shall work together with other members of the Committee, staff, legal counsel and other resources necessary to fulfill the responsibilities of administering the Ethical Standards and these Ethics Complaint Procedures. The Chair shall preside at and participate in all meetings of the Ethics Committee.
- (c) **Confidentiality.** Proceedings under these Ethics Complaint Procedures shall be treated confidentially, except to the extent required to complete any investigation, and except as provided in the event that certain sanctions are imposed.

## **2. Complaints**

A complaint alleging a violation of the Ethical Standards may be filed by a CMD or by any other person with knowledge and evidence of facts which, if true, would establish a violation of one or more of the Ethical Standards by a CMD or by an applicant for examination and certification as a CMD. A complaint must be in writing, signed, accompanied by all documentary or other evidence regarding the alleged violation and filed with the Chair of the Ethics Committee; a complaint may not be anonymous. A complaint must contain a detailed description of the conduct alleged to be unethical, together with the specific Ethical Standard(s) which are alleged to have been violated. A complaint must be submitted within three (3) months of the complainant becoming aware of the alleged unethical conduct and in no event later than twelve (12) months following the conclusion of the alleged unethical conduct. A complaint may only be submitted once and may not be re-filed.

## **3. Summary Disposition**

- (a) **Preliminary Screening of Complaints Alleging Violations of the Ethical Standards.** The Chair of the Ethics Committee shall review each complaint alleging a violation of the Ethical Standards which is appropriately filed.
- (b) **Summary Dismissal.** If in the sole discretion of the Chair there is (1) insufficient information upon which to base a charge of a violation of the Ethical Standards, or (2) the allegations against the respondent CMD or

applicant are patently frivolous or inconsequential, or (3) the allegations if true would not constitute a violation of the Ethical Standards, the Chair may summarily dismiss the complaint. Staff and/or legal counsel of the MDCB may assist the Chair. The Chair shall advise the complainant in writing that the complaint has been dismissed and shall report each such summary dismissal to the Ethics Committee, without identifying the respondent.

- (c) **Summary Suspension.** If an alleged violation of the Ethical Standards is supported by clear and convincing evidence which on its face suggests that a violation has occurred and involves the violation by a CMD of standard 1, 2, 5, 6, 7, 10, 11 and/or 12 of the Ethical Standards, the Ethics Committee may give immediate written notice to the CMD of the alleged violation and further notice that, in the absence of a request by the CMD for an expedited hearing, which request must be received within five (5) working days of the date of the notice, the Committee shall, effective on the sixth working day following the date of notice to the CMD, summarily suspend the certification of the CMD pending a final determination under these Ethics Complaint Procedures with respect to the alleged violation of the Ethical Standards. Within five (5) working days after the Ethics Committee summarily suspends the certification of a CMD in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the CMD written notice that describes (1) the summary suspension, (2) the reason or reasons for such suspension, and (3) the right of the CMD 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 fifteen (15) days after the date the CMD received notice of the summary suspension. If the CMD timely requests a hearing either before or following a summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three (3) members of the Ethics Committee as promptly as practicable, but in any event (a) within ten (10) days of the Ethics Committee's receipt of a request for same prior to a summary suspension, or (b) within thirty (30) days after the Ethics Committee's receipt of a request for same following summary suspension. The applicable provisions of Paragraph 5 of these Ethics Complaint Procedures shall govern all hearings with respect to the summary suspensions, except that a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected CMD, and a determination by the Ethics Committee or the panel, as the case may be, following a timely requested hearing, shall not be appealable.

#### **4. Investigation.**

If the Chair of the Ethics Committee determines, based on an initial review of the complaint, that there is evidence of a violation of the Ethical Standards but that summary suspension of the CMD credential is not warranted, the Chair shall inform the respondent in writing, by certified mail addressed to the last known address of the respondent, that a complaint of ethical misconduct has been filed and that the Committee has determined to initiate a formal investigation of the matter. The Chair shall provide a copy of the complaint and all accompanying supporting documentation and evidence to the respondent. The identity of the complainant shall be revealed. The respondent shall have thirty (30) days from the date of receipt of the notification letter to prepare and submit a response in writing, along with whatever affidavits and documentary evidence the respondent feels support the response. The Committee shall have the right to seek additional information regarding the matter from the complainant, the respondent and/or relevant third parties. In conducting its investigation and evaluating all evidence, the Ethics Committee shall presume at the outset of its investigation that the respondent acted ethically and shall determine that an act of ethical misconduct has occurred only if it finds clear and convincing evidence of such misconduct.



## **5. Committee Determination.**

The Ethics Committee shall evaluate all documentation pertaining to the matter and, within ninety (90) days of receiving all relevant evidence, determine whether the complaint is substantiated by clear and convincing evidence. If it is not, the complaint shall be dismissed, and both the complainant and the respondent shall be so notified by the Committee Chair in writing. If the Ethics Committee finds clear and convincing evidence of a violation of the Ethical Standards and proposes to impose a sanction, it shall give the respondent an opportunity to appear before the Committee at a hearing.

## **6. Hearings.**

Whenever the Ethics Committee proposes to take action in respect to the denial of an application for examination (for reasons other than failure to meet the criteria for eligibility as established by the MDCB, in which case, there is no right to a hearing) or of an application for renewal or reinstatement of a certificate, or in connection with the revocation or suspension of a certificate, a public or private reprimand of a CMD, the placing of a CMD on probation, or the imposition of any other sanction for an alleged violation of the Ethical Standards, it shall give written notice thereof to such person specifying the reasons for such proposed action. A CMD or an applicant to whom such notice is given shall have thirty (30) days from the date the notice of such proposed action is mailed to make a written request for a hearing.

Failure to request a hearing within such period shall constitute consent to the action taken by the Ethics Committee pursuant to such notice. A CMD or an applicant who requests a hearing in the manner prescribed above shall advise the Ethics Committee of his or her intention to appear at the hearing. A CMD or an applicant who requests a hearing may elect to appear by a written submission.

Failure to appear at the hearing or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures the Ethics Committee determines to take. Hearings, which may be held telephonically, shall be held at such date and location as the Ethics Committee shall designate. Except as otherwise provided herein, the CMD or the applicant shall be given at least thirty (30) days' notice of the date, time and location of the hearing.

The hearing shall be conducted by the Ethics Committee with any three (3) or more of its members participating, other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the CMD or the applicant in question. In the event of disqualification, the President may appoint a director to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, the CMD or applicant in question, by legal counsel or other representative if he or she desires (at the sole expense of the CMD or applicant in question), shall have the right to call witnesses, present testimony and be heard in his or her own defense, to hear the testimony of and cross-examine any witnesses appearing at such hearing, and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered which is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. A transcript or an audio recording of the hearing shall be made. The CMD or applicant in question shall have the right to submit a written statement at the close of the hearing.

In the case of alleged violations of the Ethical Standards, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly; the Ethics Committee shall prepare written findings of fact and its determination

as to whether there has been a violation of the Ethical Standards and, if so, the appropriate sanction. The Ethics Committee shall promptly transmit the same to the Board of Directors and to the CMD in question by certified mail. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Directors in accordance with Paragraph 6 below, the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the CMD or applicant in question.

## **7. Appeals.**

Within thirty (30) days after the decision of the Ethics Committee is mailed, the CMD or applicant may appeal to the Board of Directors from any decision of the Ethics Committee. In the event of an appeal, those Directors who participated in the hearing at the Ethics Committee shall not participate in consideration of the appeal. The Board of Directors shall consider the decision of the Ethics Committee and the files and records of the MDCB and the Ethics Committee with respect to the CMD or applicant in question (including without limitation the transcript or recording of the hearing), and shall determine whether to affirm or to overrule the decision of the Ethics Committee, or to remand the matter to the Ethics Committee for further consideration. The CMD or applicant in question may provide additional information in such manner, on such issues, and within such time as the Board of Directors may prescribe. The written decision of the Board of Directors, which shall not be subject to further appeal, shall be communicated to the respondent by certified mail.

All investigations, hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any CMD or applicant to make an unauthorized publication or revelation of the same, except to his or her attorney or other representative, immediate superior or employer.

## **8. Publication of Adverse Decisions.**

While all hearings and appeals provided for herein shall be confidential at all stages, final decisions which are adverse to the CMD or applicant shall, if appropriate, be communicated to the appropriate authorities of all states and shall be provided in response to inquiries into a person's certification status. MDCB shall also have the right to publish any adverse final decision and the reasons therefore. For purposes of this paragraph, a final decision shall include the following: a decision of the Ethics Committee to suspend certification if the affected CMD does not timely request a hearing; a non-appealable decision of the Ethics Committee relating to a summary suspension that is issued before or after a hearing on the matter; a decision of the Ethics Committee from which no timely appeal is taken; and, in a case involving an appeal of a decision of the Ethics Committee in a matter, the decision of the Board of Directors in the matter.

## **9. Effect of Suspension or Revocation of Certification or Resignation from the MDCB.**

Upon revocation or suspension of MDCB certification or resignation from the MDCB, or as otherwise directed by the MDCB, a CMD shall immediately relinquish, refrain from using, and correct at the CMD's expense any outdated or otherwise inaccurate use of the MDCB name and/or related abbreviations and any MDCB certificate, title, logo or emblem, including without limitation the CMD credential. The CMD shall provide to MDCB evidence sufficient for MDCB to conclude that the CMD's employer has been informed of any revocation or suspension of the CMD credential; absent the receipt of such evidence, MDCB shall so inform the employer in writing.

The MDCB shall be entitled to obtain injunctive relief, damages, costs, and attorney's fees incurred in obtaining such relief in the event that said CMD refuses, when requested, to immediately relinquish or refrain from using the MDCB name and/or related abbreviations and any MDCB certificate, title, logo or emblem, including without limitation the CMD credential.

## Appendix C

### 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. Students will always wear the radiation dosimeter while at clinical sites, store it properly in a radiation-free area when not wearing, and return it on time following each wear period.
4. Students will wear the radiation dosimeter outside clothing, in the upper body area (neck/chest) with the label facing the source of radiation, and never covered by a lead apron. A ring badge will be worn when handling radioactive material.
5. Students may not wear their radiation dosimeter while receiving personal x-ray exams like chest or dental x-rays.
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 the student is performing the study.
12. Students may not perform procedures involving ionizing radiation on other students or staff at their request or for demonstration purposes without a written order for the specific exam and for a specific patient by a physician. Likewise, students may not be the subject of an exam involving radiation unless a written order from the student's physician is in place. \* The student will be dismissed from the program for this violation.

PA Code, Title 25. Environmental Protection. Department of Environmental Protection,  
Chapter 221.11



Origination 11/2000  
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Next Review 09/2026

Owner Catherine Anderko: Contractor  
Area Imaging & Radiology  
Applicability Jefferson University Hospital

## Personnel Radiation Monitoring Program 5.07J

### SCOPE:

Personnel radiation monitoring is applicable to individuals at Thomas Jefferson University (TJU) and Thomas Jefferson University Hospitals (TJUH) including physicians, technical staff, students, and contractors whose assigned job duties may involve exposure to ionizing radiation. This policy applies to all sources of ionizing radiation including radioactive materials (RAM), x-ray-producing devices, and medical and industrial accelerators and irradiators.

### PURPOSE:

1. To monitor and quantify radiation dose to individuals whose job duties require them to work with or around ionizing radiation sources.
2. To ensure that occupational radiation exposure is maintained within annual dose limits and consistent with established ALARA (As Low As Reasonably Achievable) levels.
3. To comply with applicable Federal (NRC) and State of Pennsylvania DEP regulations and the terms and conditions of the Jefferson radioactive materials license and medical accelerator licenses. [Note: Pennsylvania incorporates NRC regulations by reference.]

### POLICY:

Personnel radiation monitoring devices (also known as dosimeters or radiation badges) are individual monitoring devices as defined in 10 CFR 20.1203. They are issued to individuals who meet certain badging criteria for the purpose of assessing occupational radiation dose.

Dosimeters shall be issued to any worker whose assigned job duties involve potential exposure to ionizing radiation and after the Radiation Safety Officer (RSO) has determined that the established

regulatory or institutional badging criteria has been met.

Dosimetry reports shall be routinely reviewed by the RSO or designated Health Physicist at a frequency of no less than quarterly. Data shall be provided to department managers promptly following receipt, to be made available to individual workers.

TJU and TJUH Management, the Radiation Safety Committee (RSC), and the Radiation Safety Officer (RSO) are committed to supporting and enforcing the personnel monitoring program.

## Definitions:

Dose Equivalent: An absorbed radiation dose quantity, modified by a radiation weighting factor that depends on the type of ionizing radiation, or by tissue/organ weighting factors, as appropriate.

Deep Dose Equivalent (DDE): The dose equivalent (tissue dose from external radiation sources) as measured at a depth of 1.0 cm below the skin surface.

Effective Dose Equivalent (EDE): The DDE as measured by a radiation dosimeter, adjusted where appropriate by mathematical formulas (such as Webster) to take into account the protection factor obtained from use of protective lead garments when working in a fluoroscopy environment.

Extremity Dose: The dose equivalent to the hand or forearm (below the elbow), or to the feet or lower leg (below the knee) determined at a tissue depth of 0.007 cm, as measured by a dosimeter such as a ring, wrist, or other badge configuration worn on an extremity. Extremity dose may be described using the term shallow dose equivalent (SDE).

Lens Dose Equivalent (LDE): The dose equivalent determined at a tissue depth of 0.3 cm, which is the depth below the eye surface where the lens is situated, as derived by a radiation dosimeter.

Millirem (mrem): The unit of measure for any "dose equivalent" term.

Radiation dosimeter: A small passive or active device worn by an individual for the assessment of occupational radiation dose. Device types include optically stimulated luminescent (OSL) dosimeters, thermo-luminescent dosimeters (TLDs), electronic dosimeters such as Instadose, and pocket ionization chambers for example.

Shallow ("Skin") Dose Equivalent (SDE): The dose equivalent determined at a tissue depth of 0.007 cm, as measured by a radiation dosimeter.

High Radiation Area: An area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving a dose equivalent in excess of 0.1 rem (1 mSv) in 1 hour at 30 cm from the radiation source or 30 cm from any surface that the radiation penetrates.

Very High Radiation Area: An area, accessible to individuals, in which radiation levels from radiation sources external to the body could result in an individual receiving an absorbed dose in excess of 500 rad (5 gray) in 1 hour at 1 m from a radiation source or 1 m from any surface that the radiation penetrates.

Declared pregnant worker (DPW): A female badged radiation worker who has a confirmed pregnancy and has voluntarily made the pregnancy known to her supervisor and/or to the RSO in writing with the estimated date of conception, and who has completed and signed a "Pregnancy Declaration Form".

## Procedures:

### Badge Issue Guidelines:

Issuing dosimeters is required by regulation for personnel who are likely to exceed 10% of the occupational dose limits in 10CFR20.1502, from radiation sources external to the body as defined below:

#### A. Adult workers (> 18 years of age):

Badges are required to be issued if likely to exceed any of the following, per 10 CFR 20.1201:

1.  $\geq 500$  mrem whole body exposure (DDE)
2.  $\geq 1500$  mrem lens exposure (LDE)
3.  $\geq 5000$  mrem shallow skin dose (SDE) to forearm, hands, legs, lower leg

#### B. Minors ( $\leq 18$ years of age):

Badges are required to be issued if likely to exceed any of the following, per 10 CFR 20.1201:

1. 100 mrem whole body exposure (DDE)
2. 150 mrem lens exposure (LDE)
3. 500 mrem shallow skin dose (SDE) to forearm, hands, legs, lower leg

#### C. Declared Pregnant Worker (DPW):

Fetal badges are required to be issued if likely to exceed 100 mrem to the embryo/fetus throughout the duration of the pregnancy.

Workers who are wearing a monthly dosimeter at the time of declaration and who do not routinely wear lead aprons do not require an additional fetal badge. The worker should be advised to wear their whole-body dosimeter at abdominal level for the duration of pregnancy.

Workers who are wearing a monthly dosimeter at the time of declaration and routinely wear lead aprons are to be issued a fetal badge, to be worn at abdominal level under the lead apron for the duration of pregnancy.

Workers who are wearing a quarterly dosimeter at the time of declaration may be issued a fetal badge to be exchanged monthly or quarterly at the discretion of the RSO.

A list of DPW's is to be maintained and tracked by Radiation Safety. All fetal badges shall be

promptly discontinued at 9 months, when notified of delivery, or when notified in writing by the DPW that the declaration is retracted for any reason.

- A. Individuals entering a high or a very high radiation area are required to be badged.
- B. For risk management purposes, the RSO may require dosimeters to be worn by individuals who, while not meeting any of the above criteria under normal circumstances, have a higher potential of risk to exceed the limits should an abnormal event occur. Examples of such groups include:
  - 1. Radiation Therapists and Radiation Oncology physicists
  - 2. Personnel directly involved in administering therapeutic radiation.
  - 3. Service Engineers or others who operate radiation producing equipment for the purposes of warm-up, testing, calibration, and/or repair of the radiation producing equipment.
  - 4. Nurses engaged in the direct care of patients undergoing brachytherapy with non-permanent implants or of patients otherwise required to be hospitalized as per the provisions of 10 CFR 35.75.
  - 5. Any individual who routinely operates fluoroscopic equipment.
  - 6. Individuals under the age of eighteen (18) with potential exposure to radiation.
- C. Research Radioisotope Handlers:
  - 1. Beta-emitter with maximum energy > 0.5 MeV in amounts  $\geq 10$  mCi at any one time.
  - 2. Photon-emitter with gamma constants  $\geq 1$  R-cm<sup>2</sup>/hr-mCi in amounts > 1.0 mCi.
  - 3. Photon-emitter with gamma constants < 1 R-cm<sup>2</sup>/hr-mCi in amounts > 10.0 mCi
  - 4. Rings to be added under the following circumstances:
    - a. Beta-emitter with maximum energy > 0.5 MeV in amounts  $\geq 1.0$  mCi at any one time.
    - b. Beta-emitter with maximum energy between 0.02 - 0.5 MeV in amounts  $\geq 100.0$  mCi at any one time.
    - c. Photon-emitter with gamma constant > 1 R-cm<sup>2</sup>/hr-mCi in amounts > 1.0 mCi at any one time.
    - d. Photon-emitter with gamma constant < 1 R-cm<sup>2</sup>/hr-mCi in amounts > 10.0 mCi at any one time.
    - e. Working with or near radiation-producing devices with the potential for primary beam exposure to the hands.
  - 5. Other situations where dosimeters may be issued include situations of short-term need for visitors, guests, or inspectors who have a business or educational need to be escorted through radiation areas. Non-human use needs include the use of area monitors, with short-term placement of dosimeters in specific locations to assess potential radiation levels of concern. Area monitors are generally issued as monthly



exchange and used for 3-6 wear cycles.

6. Spare badges are maintained for short term use to replace lost badges or for new workers pending receipt of a new order.
7. Control badges accompany each new shipment of dosimeters with the intent of tracking radiation exposure during the transportation process to and from the badge vendor to Jefferson and must be included when dosimeters are returned for processing. Control badges must be continuously stored in a radiation-free area in the Radiation Safety Office upon receipt and until return to the badge supplier.

#### Radiation Worker Responsibilities:

- A. Always wear the dosimeter while working in radiation areas as a condition of employment.
- B. Never place the dosimeter under a lead apron or dangling from a lanyard. Wear at the neck/collar/chest area with the label facing the radiation source.
- C. Promptly exchange dosimeters at the end of a wear period (calendar month or quarter).
- D. Return all used dosimeters to the Radiation Safety Office within 1 week of exchange.
- E. Return all dosimeters upon terminating employment with Jefferson.
- F. Take proper care of the dosimeters to avoid damage, loss, or contamination.
- G. Store the badge in a designated radiation-free area at work when not being worn.
- H. Do not wear dosimeters when receiving personal medical exams involving radiation.
  - I. Notify Radiation Safety immediately if the badge is lost or damaged, if a name change occurs, if the worker changes jobs, or if the badge was left in a radiation area.
- J. Do not intentionally expose your badge or other badges to radiation.
- K. Follow all radiation safety guidelines for proper use and return of badges.
- L. Review dosimetry data regularly and contact Radiation Safety if data is not available.

#### Dosimetry Report Review:

- A. Dosimetry reports shall be reviewed by the RSO or designated Health Physicist promptly following receipt and no less frequent than quarterly. The review shall include assessing for unusually high readings, exceeding ALARA levels, unreturned badges, error messages, and results inconsistent with benchmark values for the job being performed. Proper assignment of EDE (Webster formula) shall be completed, and attention given to any evidence of badge vendor error. Overall compliance with all annual dose limits shall be determined.
- B. Fetal badge data for declared pregnant workers (DPW) shall be specifically reviewed for compliance with the 500 mrem gestational limit and a uniform monthly delivery of  $\leq 50$  mrem.
- C. Any unusual findings, observations of concern, and ALARA triggers shall be promptly investigated when warranted. ALARA findings shall be documented quarterly on a report designed for that purpose and shared with the Radiation Safety Committee.
- D. Return rates shall be assessed and documented for compliance with internal standards:

1.
  - a. 90-100% has been established as the optimal return rate.
  - b. 80-89% return rate has been established as "needing improvement".
  - c. < 80% has been established as "deficient" and requires follow up.
- E. Dosimetry reports shall be promptly issued to the applicable department managers by Radiation Safety with confirmation that a method is in place for individual workers to observe the report. In the case of fetal badge data, the RSO shall support the confidentiality needs of the DPW.
- F. Radiation Safety shall ensure that all badged workers understand how to obtain their data, how to read and interpret the dosimetry report, and know that dosimetry data can be obtained at any time from the Radiation Safety Office.
- G. Annual Form 5's, which are cumulative reports of radiation exposure to an individual, shall be provided to each worker whose annual CY dose exceeds 100 mrem or if they request one.
- H. Dosimetry reports shall be maintained for the life of the Jefferson licenses and registrations.
- I. Dosimetry reports shall be maintained securely in the Radiation Safety Office and organized in chronological order and by department as auditable legal documents. No personal-protected information (PPI) shall be present on the report, such as birthdates and social security numbers.

#### ALARA Review and Investigation:

ALARA Investigation Levels I and II have been established by the RSO at 5% and 10% of the annual dose limits respectively and were approved by the Radiation Safety Committee. Quarterly ALARA levels are defined as follows:

##### ALARA Investigation Level I (5% of applicable annual dose limit):

DDE (whole body) = 250 mrem  
LDE: (lens of eye) = 750 mrem  
SDE: (extremity dose): = 2500 mrem

##### ALARA Investigation Level II (10% of applicable annual dose limit):

DDE (whole body) = 500 mrem  
LDE: (lens of eye) = 1500 mrem  
SDE: (extremity dose): = 5000 mrem

The Radiation Safety Office shall investigate any ALARA finding that exceeds Level II directly with the affected worker when the finding cannot be definitively justified. ALARA Level I findings are tracked and investigated as determined necessary by the RSO.

When dosimetry readings are definitively found to be due to non-occupational radiation exposure of the badge, the dose of record may be adjusted by the RSO upon written request to

the badge vendor. Examples of situations that may warrant this action include the badge being accidentally left in a radiation area and exposed without being worn, a badge that was exposed while the worker was receiving a personal x-ray or Nuclear Medicine exam, or a badge that was accidentally left in a checked bag at an airport.

All ALARA findings shall be documented for review by the Radiation Safety Committee at its quarterly meetings.

#### References:

- 10 CFR 20.1003 (definitions) and 10 CFR 20.1201; 20.1207; 20.1208 and 10 CFR 20.1502
- 10 CFR 19.13
- NUREG 1556 Volume 9 Rev 3 Appendix M

<b>Maintained By:</b>	Catherine Anderko
<b>Policy Notes:</b>	
<b>Revision Notes:</b>	
<b>Attachments:</b>	

## Approval Signatures

Step Description	Approver	Date
Approver team	Isabella Rockey	09/2024

## Applicability

Thomas Jefferson University Hospitals, Inc.



Origination 05/2014  
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Owner Catherine Anderko: Contractor  
Area Imaging & Radiology  
Applicability Jefferson University Hospital

## ALARA Program #5.04J

### SCOPE

ALARA policies and procedures are applicable to all radiation workers at Thomas Jefferson University (TJU) and Thomas Jefferson University Hospitals (TJUH) including physicians, technical staff, students, and contractors whose assigned job duties may involve exposure to ionizing radiation. This policy applies to all sources of ionizing radiation including radioactive materials (RAM), x-ray-producing devices, and medical and industrial accelerators and irradiators.

### PURPOSE

1. To maintain occupational radiation dose to a level that is as low as reasonably achievable (ALARA) considering social and economic factors. The ALARA philosophy applies to individual and collective doses of radiation.
2. To comply with Federal (NRC) and State of Pennsylvania DEP regulations, and terms and conditions of the Jefferson radioactive materials license and medical accelerator licenses. [Note: Pennsylvania incorporates NRC regulations by reference.]

### POLICY

An ALARA program has been established that provides procedures, guidelines, and trigger levels intended to ensure that worker radiation dose is as low as possible consistent with the standard of care and aligned with standard operating procedures to accomplish job duties.

Regulations allow workers to receive occupation radiation dose up to established annual dose limits for the whole body, extremity, and the lens of the eye. Because the linear non-threshold model of dose-response is conservatively applied in radiation safety and assumes any dose, however

small, has an associated risk, an attempt is made to minimize radiation exposure to only that necessary to perform required job duties. ALARA means making every reasonable effort to maintain individual worker dose as far below the dose limits as is practical, consistent with standards of operational practice, the state of technology, and socioeconomic considerations. To achieve this goal, operating procedures, administrative controls, and engineering controls shall be used for dose reduction when warranted.

ALARA tolerance levels shall be established to identify levels of occupational exposure that warrant investigation. ALARA levels shall be set far below the annual dose limits, in an attempt to avoid approaching the dose limits, and to alert workers to reevaluate work practices and conditions.

TJU and TJUH Management, the Radiation Safety Committee (RSC), and the Radiation Safety Officer (RSO) are committed to supporting the ALARA concept.

#### Procedures:

1. Radiation Safety Office staff are available at any time to assist radiation workers in developing safe practices and controls that support the ALARA philosophy.
2. Workers are encouraged to contact the Radiation Safety Office if they feel ALARA principles are not being followed or need improvement, or if unsafe practices are observed. TJU supports a strong safety culture to encourage workers to come forward without any fear of retaliation.
3. Radiation Permit Holders, Authorized Users (AU), and department managers are responsible for ensuring that supervised radiation workers are trained and educated in good radiation safety practices, including ALARA principles. In order to use radiation sources, individuals must be qualified and have proven established competency.
4. Quarterly ALARA Level I and II tolerances are established, which are set at 5% and 10% of the annual dose limits respectively, and apply to radiation exposure of the whole body, extremity, and lens of the eye. ALARA Level I findings are tracked by Radiation Safety staff and may be investigated when unable to be justified. ALARA Level II findings are usually investigated with the affected worker unless able to be justified.
5. ALARA findings are reviewed quarterly with the Radiation Safety Committee (RSC) at quarterly meetings and are summarized in the Annual Audit of the Radiation Safety Program-Report to Executive Management.
6. Each individual who handles radioactive material (RAM) or operates radiation-producing equipment has specific responsibilities as follows:
  - a. Be familiar with safe handling/operating procedures, good radiation work habits, and the principles of radiation protection.
  - b. Know the specific procedures for handling, storing, and disposing of radiation sources. Careful planning, such as trial runs, should be employed for new uses.
  - c. Use ALARA concepts consistently in relation to work procedures.

#### References:

- 10 CFR Part 20.1003; 20.1101(b)
- NUREG 1556 Volume 9 Rev 3 Appenix M

<b>Maintained By:</b>	Catherine Anderko, RSO
<b>Policy Notes:</b>	
<b>Revision Notes:</b>	
<b>Attachments:</b>	

## Approval Signatures

Step Description	Approver	Date
Approver team	Isabella Rockey	09/2024

## Applicability

Thomas Jefferson University Hospitals, Inc.

COPY



**Jefferson Health**

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

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Owner Catherine  
Anderko:  
Contractor

Area Imaging &  
Radiology

Applicability Jefferson  
University  
Hospital

## Pregnancy Policy for Radiation Workers 5.08J

### SCOPE:

The "Pregnancy Policy for Workers" is applicable to individuals at Thomas Jefferson University (TJU) and Thomas Jefferson University Hospitals (TJUH) including physicians, technical staff, students, and contractors whose assigned job duties may involve exposure to ionizing radiation and who are assigned radiation dosimeters for tracking occupational radiation exposure. This policy applies to all sources of ionizing radiation including radioactive materials (RAM), x-ray-producing devices, and medical and industrial accelerators and irradiators.

### PURPOSE:

1. To minimize radiation dose to the embryo/fetus of a declared pregnant radiation worker from occupational radiation exposure of the worker.
2. To comply with applicable Federal and State regulations that govern radiation exposure to the embryo/fetus and management of pregnant radiation workers. The State of PA DEP incorporates Nuclear Regulatory Commission (NRC) regulations by reference.
3. To conform with NRC Regulatory Guide 8.13, Rev. 3 (June 1999) entitled "Instruction Concerning Prenatal Radiation Exposure".

### POLICY:

Radiation workers (as defined below) who become pregnant have the right to voluntarily "declare" their pregnancy in accordance with this policy, which is based on 10 CFR 20.1003. It is the policy of Thomas Jefferson University and Hospital to:

- a. Advise pregnant radiation workers about the health effects of ionizing radiation to the embryo/

fetus, as required by 10 CFR 19.12.

- b. Establish procedures to ensure that the dose limits to the embryo/fetus of the declared pregnant worker (DPW) are within the limits specified in 10 CFR 20.1208.
- c. Provide instructions to the pregnant radiation worker on methods to maintain radiation dose ALARA (As Low As Reasonably Achievable) as required by 10 CFR 20.1101(b).

## Definitions:

1. Declared Pregnant Worker (DPW): A radiation worker of the TJU/TJUH enterprise who has voluntarily informed the Radiation Safety Officer (RSO), in writing, of her pregnancy and the estimated date of conception (month and year). The declaration remains in effect until either the DPW voluntarily withdraws the declaration in writing or is no longer pregnant.
2. Declaration of Pregnancy: A voluntary written notice prepared by a pregnant radiation worker informing the RSO of a confirmed pregnancy, with the estimated date of conception, on a form designed for that purpose.
3. Radiation Worker: An employee, contractor, or student of the TJU/TJUH enterprise whose job duties may expose them to ionizing radiation from radiation-producing machines or radioactive materials and may be monitored for occupational radiation exposure.

## Procedures:

1. Instructions on the health effects of ionizing radiation during pregnancy as well as methods to reduce radiation exposure during pregnancy shall be incorporated into function-specific radiation safety training programs provided to radiation workers.
2. The "Declaration of Pregnancy Form for Radiation Workers" will be issued to any radiation worker requesting one for the purpose of voluntarily declaring pregnancy. The form shall include the individual's name, attestation of a confirmed pregnancy, the estimated month and year of conception, and the declaration date. Once returned to the RSO, the following will occur:
  - a) The worker is entered into the DPW database.
  - b) The worker becomes subject to the dose limits in 10 CFR 20.1208.
  - c) Dosimeters to be returned monthly for analysis (or quarterly, as approved by the RSO).
  - d) The conditions of the "Pregnancy Policy for Radiation Workers" shall be followed.
  - e) NRC Reg Guide 8.13 will be issued to the DPW.
3. The DPW may withdraw her declaration of pregnancy at any time and for any reason by providing a written statement to the RSO. Worker status will revert to that in effect prior to the initial declaration without discrimination or repercussion with respect to job status or work environment. The worker may choose to re-declare at any time and for any reason.
4. TJU/TJUH will take the steps necessary to ensure that the embryo/fetus dose limits specified in 10 CFR 20.1208 are not exceeded (500 millirem for the duration of the pregnancy and 50 millirem per month optimally to allow exposure uniformity over the gestation).
  - a) In most cases, no change in job assignments are necessary, however, workers may be reassigned to other areas or duties involving lower exposure potential or have some tasks



involving radiation exposure reduced in frequency, as agreed upon by the RSO, Manager of the area, and pregnant worker.

b) The limits specified apply only to occupational exposure. Radiation exposure from medical procedures and natural background radiation are not included.

5. The RSO or designated Health Physicist will offer counseling to radiation workers who are considering declaration to answer questions and provide guidance on making the decision to declare. Additional counseling on dose reduction techniques based on the specific work environment of the worker will be offered, including a review of dosimetry results, whether the worker has decided to declare or not.
6. The Radiation Safety Office may issue a second dosimeter (fetal monitor) when warranted. In some cases, existing whole body radiation dosimeters may be sufficient for tracking fetal dose, however, the DPW will be instructed to wear the dosimeter at the anterior abdominal level and exchange monthly.
7. Information related to worker pregnancy will be held as confidential, with information shared only on a "need to know" basis (e.g., with the individual's supervisor) as may be necessary to ensure compliance with the radiation dose limits and other regulatory requirements.

## References:

1. Title 10, Code of Federal Regulations; Parts 19 and 20.
2. NRC Reg Guide 8.13, Rev.3 (June 1999), "Instruction Concerning Prenatal Radiation Exposure".
3. NRC Reg Guide 8.29, Rev.1 (Feb 1996), "Instruction Concerning Risk from Occupational Exposure".
4. NCRP Report #174 "Preconception and Prenatal Radiation Exposure - Health Effects and Protective Guidance" 2013.
5. TJU Radiation Safety Manual for Radioisotope Use in Research Labs, 5/1/24.
6. TJUH "Clinical Radioactive Materials Procedure Manual", July 7, 2021.
7. TJUH "Radiation Safety Guide for Nurses who Care for Radiation Patients", 1/4/24.

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

Please see attached "Declaration of Pregnancy" Form

<b>Maintained By:</b>	Catherine Anderko
<b>Policy Notes:</b>	
<b>Revision Notes:</b>	
<b>Attachments:</b>	

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## Attachments

## Approval Signatures

Step Description	Approver	Date
Approver team	Isabella Rockey	09/2024

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## Applicability

Thomas Jefferson University Hospitals, Inc.

COPY



## DECLARATION OF PREGNANCY FORM FOR RADIATION WORKERS TJU/TJUH

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I am a radiation worker at TJU/TJUH and am declaring my confirmed pregnancy.

I understand that this declaration is voluntary, and that I may un-declare at any time (in writing) for any reason. I also understand that this declaration may require me to wear a separate badge in the anterior abdominal area and underneath the lead apron (if applicable) to monitor radiation exposure to the embryo/fetus. I accept that my dose limit will change to 500 mrem for the gestational period and expected to stay below 50 mrem per month.

I accept responsibility to follow the radiation safety guidelines to keep my radiation exposure as low as possible, and that if my exposure consistently exceeds the monthly limit, or approaches 450 mrem total, that changes may be made to my job duties to ensure compliance with the dose limit. I commit to wearing my issued radiation badge(s) as directed and returning them on time to the Radiation Safety Office each month.

I understand that I may contact the RSO at any time for counseling on maintaining my exposure as low as possible, and that I am encouraged to do so, and that I will be informed by the RSO if my radiation exposure readings approach or exceed any limit.

### **PLEASE COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
Print Your Name (Last Name, First Name)

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Email

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date Declaration Form Completed

\_\_\_\_\_  
Pregnancy Due Date

My estimated date of conception was (enter month and year): \_\_\_\_\_

Are you currently wearing a radiation badge?

\_\_\_\_\_ Yes \_\_\_\_\_ No

I have been offered radiation safety counseling:

\_\_\_\_\_ Yes \_\_\_\_\_ No

I received a copy of NRC Reg Guide 8.13:

\_\_\_\_\_ Yes \_\_\_\_\_ No

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Worker Signature and Date



**Jefferson Health**

HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

Origination 03/2007

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Approved

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Next Review 09/2026

Owner Catherine  
Anderko:  
Contractor

Area Imaging &  
Radiology

Applicability Jefferson  
University  
Hospital

## Protection of Pregnant or Potentially Pregnant Patients from Radiation #5.06J

### PURPOSE

To minimize radiation dose to the embryo/fetus of a patient undergoing imaging procedures that involve the use of ionizing radiation.

### POLICY

Given the increased sensitivity of a developing embryo/fetus to ionizing radiation, and the subsequent potential for increased prenatal and/or postnatal health risk, radiation exposure to pregnant patients from diagnostic imaging procedures should generally be avoided when possible. Exceptions include when the medical benefits of the procedure far outweigh the risk, or when the resulting radiation dose is known to be low enough to be of no consequence. Consideration is also given when the medical welfare of the pregnant patient and/or the conceptus may be jeopardized if the imaging procedure is not carried out (Reference 1). Imaging procedures determined to be medically essential shall be carried out in an optimized manner with the goal of obtaining the diagnostic information needed at the lowest radiation dose to the patient and embryo-fetus.

### Definitions:

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

Optimization means utilizing the lowest patient radiation dose necessary to produce images of acceptable clinical quality as required for the specific study to be performed.

Child-bearing years means the span of time during which a woman is able to conceive, coinciding with

the start of menstruation and ending at menopause, which is generally between the ages of 12-55 years.

## Procedures:

### Pre-Imaging

1. Sufficient means shall be used to assess the pregnancy status of women in child-bearing years. This may include asking the patient if they are pregnant or could be pregnant, checking clinical history, or questioning the time of the last menstrual period (LMP). Other means may be used when appropriate for the type of study to be performed. Pregnancy testing should be considered for procedures known to result in high radiation dose to the abdominal area, unless evidence is presented of hysterectomy, tubal ligation, or other medical documentation confirming that pregnancy is not possible.
2. Only medically necessary procedures should be performed on pregnant patients when the imaging involves exposure to the abdomen/pelvis area. Elective procedures involving direct exposure of the abdomen/pelvis should be delayed until after the woman is no longer pregnant, or consideration given to using another imaging modality not involving ionizing radiation such as Ultrasound or MRI if appropriate.
3. The decision to perform a given ionizing radiation procedure on a pregnant patient should be made in consult with the referring physician and the imaging clinician (Radiologist, Cardiologist, Neurologist, etc.) who will be conducting and/or supervising the imaging procedure. Consultation with a qualified Medical or Health Physicist is encouraged.
4. The clinician provider should discuss potential risks with the patient and/or guardian in advance of the procedure, unless the emergent medical condition of the patient warrants immediate action. Personnel discussing health risks with the patient are encouraged to consult with a qualified Medical or Health Physicist for guidance.

## Imaging Practices to Reduce Radiation Dose in Fluoroscopy

1. Keep beam-on time to the minimum necessary for the safe and efficacious completion of the procedure. Use last-image hold and freeze frame instead of live fluoroscopy when warranted and pay attention to the 5-minute timer.
2. Collimate the x-ray beam size to as small an area as possible and limit only to the area of anatomical interest.
3. Select settings that deliver the lowest dose when possible such as pulse mode and other low dose rate modes. Minimize the use of cineradiography (image acquisition) to the extent possible, and use the lowest frame rate that will produce clinically acceptable images. Try to avoid magnification modes and high level boost modes.
4. Use an increased source-to-skin distance (SSD) and minimize the air gap, which is the distance between the patients skin surface and the image-receptor (image intensifier).
5. In cases where the abdomen/pelvis may be close to the primary x-ray beam, consideration may be given to placing a lead garment for use as a shield, however, extreme care must be exercised to avoid the lead entering the field of view and being intercepted by the primary

beam, which would increase patient dose because of the impact to the AEC system. Additionally, the lead shield should never be used in any way that could block or interfere with acquiring necessary diagnostic information. When used, a lead shield of 0.5 mm lead equivalent should be placed between the x-ray source and the patient. As much of the scatter in fluoroscopic exams is internal and cannot be blocked by a shield, the utility of using one is likely limited, and is generally not recommended as having significant value by advisory bodies in diagnostic imaging. Consultation with a Medical Physicist or the RSO is recommended on a case-by-case basis.

## Imaging Practices to Reduce Radiation Dose in Radiography

1. Use all appropriate safety measures and controls to prevent the need to have to repeat a study due to poor image quality.
2. Collimate the x-ray beam size to as small an area as possible and limit only to the area of anatomical interest.
3. Lead shielding of the abdomen/pelvis of the patient may be considered in cases where this anatomy is near the primary x-ray beam, unless the shield could block or interfere with obtaining the necessary diagnostic information. When used, a lead shield of 0.5 mm lead equivalent should be placed between the x-ray source and the patient. As much of the scatter in radiographic exams is internal and cannot be blocked by a shield, the utility of using one is likely limited, and is generally not recommended as having significant value by advisory bodies in diagnostic imaging. Consultation with a Medical Physicist or the RSO is recommended on a case-by-case basis.

## Embryo-Fetal Dose Calculations

For imaging procedures performed on a pregnant patient, where the primary x-ray beam enters the patient at or near a conceptus, due to the emergent medical needs of the patient or when a pregnancy is not initially known, calculations may be performed by a qualified Medical or Health Physicist to estimate the radiation dose to the embryo/fetus upon request.

The following information should be collected:

### Fluoroscopy:

1. X-ray entrance angle
2. X-ray source to patient skin distance (SSD)
3. Patient AP thickness
4. Anatomical location where primary beam enters patient
5. X-ray mode used (pulsed, low dose, normal, high dose etc.)
6. Magnification setting(s) used
7. Total Fluoroscopy time (min) used in procedure

8. Dose area product (DAP) in mGy-cm<sup>2</sup> or equivalent units and/or displayed Air Kerma at the reference point (mGy)
9. The number of runs and the dose or length per run, if image recording is performed

## Radiography (non CT)

For each radiograph:

1. X-ray source to patient skin distance (SSD)
2. Patient AP thickness
3. Study name / description (PA Chest etc.)
4. Technique factors used (mAs\*, kVp). Record mAs or msec after exposure if AEC is used
5. Building, Room # and X-ray unit used

## CT

1. Name of study (Abdomen/Pelvis without etc.)
2. Technique factors (helical or axial, kV, mAs, collimation, scan increment or scan pitch, and whether dose modulation was used.
3. Building, Room # and CT unit used
4. CTDI and DLP values

## Attachment(s)

References and Citations:

1. NRC Report No. 54 "Medical Radiation Exposure of Pregnant and Potentially Pregnant Women".
2. Summary of the Current ICRP Principles of Protection of the Patient in Diagnostic Radiology
3. <https://rpop.iaea.org/RPOP/RPoP/Content/index.htm>

Copies of the above references may be obtained by contacting the Radiation Safety Office at (215) 955-7813

<b>Maintained By:</b>	Catherine Anderko
<b>Policy Notes:</b>	
<b>Revision Notes:</b>	
<b>Attachments:</b>	

# Approval Signatures

Step Description	Approver	Date
Approver team	Isabella Rocky	09/2024

## Applicability

Thomas Jefferson University Hospitals, Inc.

COPY





Origination 06/2001  
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Owner Eric Gingold  
Area Imaging & Radiology  
Applicability Jefferson University Hospital

## Radiation Safety - Fluoroscopy, 5.02 J

### FLUOROSCOPY

- A. Students are not permitted to fluoroscope under any conditions.
- B. Technologists must properly align the bucky to the AOI and may "tap" fluoro prior to Exposure for routine scout images in those situations where field localization technologies (e.g., light field localizers) cannot provide adequate alignment.

Maintained By:	Jennifer Rivera
Policy Notes:	
Revision Notes:	CC/MHD Merged 9/14/11
Attachments:	

### Approval Signatures

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Owner Eric Gingold  
 Area Imaging & Radiology  
 Applicability Jefferson University Hospital

## Radiation Safety - Radiation Protection, 5.01 J

### Purpose:

This policy describes measures to be taken to comply with the fundamental radiation protection principle known as ALARA (As Low As Reasonably Achievable). Although the ALARA principle was originally intended to apply to radiation workers, this policy covers both workers and patients.

### Radiation protection of patients:

Collimation should be used to the maximum extent possible to restrict the size of the radiation field to the anatomy of interest. If a body part that should not be included in an exam lies within the primary radiation field, then contact shields made of lead or other highly attenuating material should be used to protect that body part. In radiography, fluoroscopy, mammography, and CT, secondary radiation (leakage and scatter) is sufficiently low that protective shielding offers little benefit and is not required. However, in keeping with the ALARA principle, reasonable measures may be taken to cover radiosensitive organs (for example, thyroid, torso, abdomen, pelvic region) with contact shields, at the discretion of the radiologic technologist. Because of the large variety of examinations that are performed, it is impractical to specify the precise shielding to be used for each examination. Therefore, the radiologic technologist must use his/her professional judgment to determine when and where contact shield use is appropriate. Contact shields may reduce patient anxiety and improve cooperation; this may justify their use. However when contact shields are likely to interfere with the examination, for example thyroid collars in mammography, or pelvic shields in abdominal CT, then they should not be used.

The abdominal/pelvic region of pregnant patients should be protected using lead contact shields to the extent possible without compromising the diagnostic examination, in accordance with Policy 3.01.

### Radiation Protection of Personnel:

Except for patients who cannot be moved out of the room, only staff and ancillary personnel may be in

the imaging room during a radiographic procedure. Personnel must be protected from stray radiation by 0.25 mm lead equivalent material, or 0.5 mm lead equivalent material for any body part struck by the useful beam.

If a human holder is required to provide support for a patient during an imaging procedure, then the staff member must be protected by 0.5 or 0.25 mm of lead, as described above. Mechanical support or immobilization devices should be used in lieu of a human holder whenever possible. An individual may not routinely hold image receptors or patients.

Radiology staff who have been assigned personal radiation monitoring devices by the Radiation Safety Office are to wear them at all times while in controlled areas. The monitors should be worn in accordance with instructions provided by the RSO. The monitors must be returned and replaced according to the designated schedule to allow proper assessment of individual occupational radiation dose.

Pregnant workers who declare their pregnancy in writing to the Radiation Safety Officer become subject to a lower occupational dose limit, in accordance with regulations and Radiation Safety Office policy.

Maintained By	Jennifer Rivera
Policy Notes:	
Revision Notes:	CC/MHD Merged 9/14/11
Attachments:	

## Approval Signatures

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Owner Catherine Anderko: Contractor  
Area Imaging & Radiology  
Applicability Jefferson University Hospital

## Radiation Safety Emergency Contact List, 5.09 J

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<b>Maintained By:</b>	Catherine Anderko
<b>Policy Notes:</b>	
<b>Revision Notes:</b>	
<b>Attachments:</b>	

## Approval Signatures

Step Description	Approver	Date
Approver team	Isabella Rockey	09/2024

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## Applicability

Thomas Jefferson University Hospitals, Inc.

## Appendix K

### Standards for an Accredited Educational Program in Medical Dosimetry

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 Medical Dosimetry** 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 Medical Dosimetry**

<https://www.jrcert.org/wp-content/uploads/2025/03/2021-Medical->

[Dosimetry-Standards.pdf](#)

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<b>Standard One: Accountability, Fair Practices, and Public Information.....</b>	<b>4</b>
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.	
<b>Standard Two: Institutional Commitment and Resources.....</b>	<b>13</b>
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.	
<b>Standard Three: Faculty and Staff.....</b>	<b>18</b>
The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.	
<b>Standard Four: Curriculum and Academic Practices.....</b>	<b>26</b>
The program's curriculum and academic practices prepare students for professional practice.	
<b>Standard Five: Health and Safety.....</b>	<b>38</b>
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.	
<b>Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement.....</b>	<b>44</b>
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.	
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Appendix L  
**MEDICAL DOSIMETRY S SCOPE OF PRACTICE & PRACTICE STANDARDS**

**SCOPE OF PRACTICE OF A MEDICAL DOSIMETRIST**

**Approved - May 28, 2019**

**Preamble**

The Scope of Practice of a Medical Dosimetrist is designed to assist the Qualified Medical Dosimetrist (QMD) in defining their role in the technical services they provide in patient care.

This document defines a QMD, their basic responsibilities, and addresses the educational requirements, board certification, and requirements for maintenance of certification. Statements are included on supervision by and of the QMD; stressing the importance that the QMD be an active participant in the collaborative team approach to patient care; and that effective communication with the radiation oncology team is essential for providing quality patient care and patient safety (1).

In addition, this Scope of Practice is designed to educate professionals in the fields of health care, education, the general public, and other communities of interest regarding the expectations of the QMD (2). This document can be used by individual facilities to develop job descriptions and practice parameters.

The Scope of Practice defined in this document is meant to have some flexibility in interpretation and is not intended to be used to establish a legal standard of care (1). Professionals who use this document must be aware of state and federal laws affecting their practice as well as institutional policies and guidelines. The intent is not to supersede these laws or affect the interpretation or implementation of such laws.

The American Association of Medical Dosimetrists (AAMD) is an international society established to promote and support the Medical Dosimetry profession. The AAMD is committed to advancing the science, education, and professional practice of medical dosimetry. The AAMD periodically reviews and updates the professional practice guidelines for the QMD. This periodic review is done to continually advance the technical services provided by the QMD, and to improve the quality of dosimetric planning for the patients. In addition, the AAMD provide opportunities for education, a forum for professional interaction and a representative voice in the healthcare community. The Society seeks to promote an ideal of professional conduct to which its members should aspire and endorses the highest standards of patient care (2).



## Appendix M

### **Position Statement on Breast Imaging Clinical Rotations**

#### **Adopted by the JRCERT Board of Directors (October 2021)**

The JRCERT Board of Directors has received numerous inquiries to update and generalize the language in the Position Statement on Breast Imaging Clinical Rotations.

With regard to breast imaging, the JRCERT has determined programs must make every effort to place students in a breast imaging clinical rotation/procedure if requested and available. However, programs will not be expected to attempt to supersede clinical site policies that restrict breast imaging rotations/ procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed.

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 students in a breast imaging 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.

## 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:**

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

***If you answered yes to any of the above, please explain:*** [Click or tap here to enter text.](#)

I attest that the above information is correct to the best of my knowledge. I read and understand the entire contents of this form. Should your status change during the academic year with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations the MRI Program Director/Clinical Coordinator must be notified and you will be re-screened for MRI Safety clearance.

Student Name: [Click or tap here to enter text.](#)

Concentration: [Click or tap here to enter text.](#)

Student Signature: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)

Appendix O  
**Academic Calendar**

Highlighted areas are additional dates for medical dosimetry

**FALL 2025**

March 31, Monday	Online Registration Begins (Anticipated)
September 1, Monday	Labor Day (University Holiday - No Classes)
September 2, Monday	Classes Begin
September 8, Monday	Last Day to Add Online
September 10, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
Monday, September 15	Medical Dosimetry fall clinical rotation begin
October 8, Wednesday	Last Day for Course Withdrawal
November 3, Monday	Online Registration for Spring 2026 Begins (Anticipated)
November 26, Wednesday	Thanksgiving Break Begins (After Classes End)
November 27, Thursday	Thanksgiving (University Holiday - No Classes)
November 30, Sunday	Thanksgiving Break Ends

December 1, Monday	Classes Resume
December 12, Friday	Classes End
December 15, Monday	Final Exams Begin
December 19, Friday	Final Exams End
December 22, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
December 26, Friday	Grades Due and Made Available to Students

#### **SPRING 2026**

November 3, Monday	Online Registration Begins (Anticipated)
January 1, Thursday	New Year's Day (University Holiday – No Classes)
January 5, Monday	Classes Begin
January 11, Sunday	Last Day to Add Online
January 14, Wednesday	Last Day to Drop Without "W" Grade
January 19, Monday	Martin Luther King, Jr. Day (University Holiday - No Classes; Day of Service)
February 15, Sunday	Last Day for Course Withdrawal

March 6, Friday - March 15, Sunday	Spring Break (After Classes End)
March 16, Monday	Classes Resume
March 30 Monday	Online Registration for Summer 2026, Fall 2026 Begins
April 17, Friday	Classes End
April 20, Monday	Final Exams Begin
April 24, Friday	Final Exams End
April 27, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
May 1, Friday	Grades Due and Made Available to Students
TBD	Commencement

#### **SUMMER 2026**

March 30, Monday	Online Registration Begins (Anticipated)
May 4, Monday	Classes/Clinical Begin
May 10, Sunday	Last Day to Add Online
May 13, Wednesday	Last Day to Drop Without "W" Grade

May 25, Monday	Memorial Day (University Holiday - No Classes)
June 17, Wednesday	Last Day for Course Withdrawal
July 3, Friday	Independence Day (University Holiday Observed- No Classes)
July 4, Saturday	Independence Day (University Holiday – No Classes)
August 14, Friday	Classes End
August 17, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
August 21, Friday	Grades Due and Made Available to Students
August 31, Monday	Official graduation date for graduating MIRS students