Department of Medical Imaging and Radiation Sciences

Medical Dosimetry Program

Academic Policies and Clinical Education Handbook

2019 - 2020
Notice of Equal Opportunity

Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran’s status or any other protected characteristic. The consideration of factors unrelated to a person’s ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University’s compliance with Title VI, Title IX, the Age Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean or Human Resources – Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution’s efforts to comply with 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 are required to pass a criminal background check and child abuse clearance. Some departments within the College, as well as some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions will provide you with the appropriate information to complete these requirements.

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

Regardless of whether or not a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

Thomas Jefferson University reserves the right to amend any 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 the College and the students or its employees.

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

Revised and Adopted August 2019
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Mission
We improve lives and provide students with exceptional value in 21st century professional education.

Vision
We are reimagining health, education and discovery to create unparalleled value.

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

MISSION OF THE DEPARTMENT & THE MEDICAL DOSIMETRY PROGRAM
The Mission of the Department of Medical Imaging and 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 life-long learning.
PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

Goal # 1: Clinical Performance and 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: Problem Solving Skills and 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

Goal # 3: Communication Skills:
Students will communicate effectively when interacting with patients and members of the radiation oncology team

Student Learning Outcomes:

3A – Students will demonstrate effective written communication skills
3B – Students will use effective oral communication skills

Goal # 4: Professional Development and Growth:
Students will demonstrate professional growth and development

Student Learning Outcomes:

4A – The students will attend a professional meeting
4B – The students will demonstrate ethical and professional behavior in a clinical setting
4C – The students will demonstrate ethical and professional behavior in a classroom setting
4D – After graduation, the alumni will continue to exhibit ethical and professional manners
THE HANDBOOK

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

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

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

Each student will be responsible for maintaining his/her knowledge of the information contained in the Academic Policies and Clinical Education Handbook, as well as the Jefferson College of Health Professions Catalog, and Jefferson College of Health Professions Student Handbook. See: www.jefferson.edu/handbook
NATIONAL CERTIFICATION EXAMINATION
Graduates of the one-year and two-year\(^1\) programs are eligible to take the associated certification examinations of the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), Medical Dosimetrist Certification Board (MDCB), and Nuclear Medicine Technology Certification Board (NMTCB), as applicable. Students who pass these examinations receive national certification.

PROGRAM ACCREDITATION
The educational programs of the Department are approved by the University administration. All programs are programmatically accredited by their respective accreditation bodies (e.g., JRCERT, JRCNMT, and JRCDEM). The Computed Tomography and Invasive Cardiovascular Technology programs are covered under the University’s accreditation by Middle States Commission on Accreditation.

PROGRAM COMPLIANCE
A student who believes a program is not in compliance with the accreditation standards should submit a written complaint to the Program Director, including documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, he/she has the right to contact the accreditation body\(^2\).

Please refer to Appendix H for the Standards for an Accredited Educational program in Medical Dosimetry

JRCERT
20 N. Wacker Drive Suite
2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
http://www.jrcert.org

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1. Two-year students in all programs EXCEPT sonography are NOT eligible for the certification exams until they have successfully earned a degree from Thomas Jefferson University.
2. Students in the CT, ICVT, or PET/CT Program should contact the Dean of JCHP.
UNIVERSITY AND JCHP POLICIES AND PROCEDURES

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

All students enrolled at Thomas Jefferson University are expected to follow a code of behavior consistent with the high standards of the health professions and to uphold the reputation of the University. In addition, students must comply with the rules and regulations duly established within the Jefferson College of Health Professions. See: www.jefferson.edu/handbook

For additional University and/or Jefferson College of Health Profession’s policies, including but not limited to Drug and Alcohol, Student Religious Observance, Medical Leave of Absence, Social Media, Student Personal Counseling Center, Occupational Health Network for Employees & Students, and Jefferson Emergency Procedures, also see: www.jefferson.edu/handbook
POLICIES ON STUDENT PROGRESSION - COURSE REQUIREMENTS

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

2. Students are responsible for accessing courses through Blackboard Learn https://jefferson.blackboard.com 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 the semester.

4. Students must complete the Health Insurance Portability and Accountability Act (HIPAA) and Safety Modules 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 AND RADIATION SCIENCES MAJOR

1. A student who earns one course grade of C- or below in the Medical Imaging and Radiation Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with his/her assigned faculty advisor to monitor academic progress.

2. A student who earns two or more course grades of C- or below in the Medical Imaging and Radiation Sciences curriculum in any academic year will be dismissed from the program in which he/she is currently enrolled. He/She will be subject to dismissal from the Department of Medical Imaging and Radiation Sciences.

3. A student who earns a course grade of F in any Medical Imaging and Radiation Sciences curriculum will be dismissed from the program in which he/she is currently enrolled. He/She will be subject to dismissal from the Department of Medical Imaging and Radiation Sciences.

4. A two-year student who has been placed on departmental academic probation during his/her junior academic year, but has successfully completed his/her junior academic year, will be taken off departmental academic probation at the beginning of his/her senior academic year.

5. A student who is dismissed from the Department of Medical Imaging and Radiation Sciences due to unsatisfactory academic performance may, within one-year of the dismissal, apply for readmission by submitting a written request directly to the Department Chairperson. After a one-year time period, all applications for readmission must be made through the Office of Admissions. Please refer to the Academic Regulations section of the Jefferson College of Health Professions Course Catalog for the JCHP Readmission Statement.

6. Incomplete grades for a Medical Imaging and 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.

Every student is required to meet with his or her 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 and 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. Certified dosimetrists and/or physicists, under the direction of the Clinical Affiliate Supervisor, must complete the evaluations of students’ clinical competencies.

To ensure that competency administration and evaluation is consistently applied for all students and that the student achieves the competency independently, the following expectations apply:

1. The student must complete the entire competency independently.
2. The student may not use a template and/or a beam optimization tool.
3. The student may not use a prior treatment plan, using the same CT data set, for review before initiating the treatment planning process for competency.
4. Once the student initiates the competency process, she/he will not be permitted to request input or ask questions related to the competency from any physics or medical dosimetry staff.
5. Upon completion of the competency by the student, the qualified professional will review and score the competency.

All students must attend a minimum number of clinical training hours (see clinical syllabus). All students must complete clinical competencies in accordance with the requirement of their certification body.

CLINICAL EDUCATION ELIGIBILITY

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

- Be a student in good academic standing in the Department of Medical Imaging and Radiation Sciences.
- Maintain a cumulative grade point average of 2.00 or higher.
- Provide and maintain proof of certification in adult, child and infant cardiopulmonary resuscitation (BLS/CPR/AED for Healthcare Provider).
- Meet program specific technical standards Appendix A.
- Completes all immunization requirements prior to commencing or resuming clinical courses. Failure to meet these health requirements will result in the delay of clinical practical or the failure of clinical courses.
- Be in compliance with the University requirements for influenza vaccination.
- Additional requirements may be needed.
- Students not in compliance are not permitted to attend classes or clinical

CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical site is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice is subject to review by the faculty.
4. Safe clinical or professional practice is defined as:
   a. Adhering to the Patients’ Bill of Rights - Appendix B.
   b. Performing clinical duties consistent with the professional Code of Ethics - Appendix C.
   c. Adhering to the code of behavior/conduct outlined in the JCHP and Department of Medical Imaging and Radiation Sciences handbooks.
   d. Adhering to all clinical practices and policies of the clinical site and JCHP and Department of Medical Imaging and Radiation Sciences.
   e. Adhering to departmental radiation protection and monitoring practices where appropriate* - Appendices D, E, F & G (*only applicable to modalities that use ionizing radiation).
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 /Clinical Coordinator.
- Second violation – possible suspension at the discretion of the Director and Clinical Supervisor, or dismissal.
- Third violation – dismissal from the Department.

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

POLICY GOVERNING CLINICAL EDUCATION SCHEDULING

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

The total number of students assigned to any clinical site shall be determined by the Department of Medical Imaging and Radiation Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical affiliate. The clinical affiliate reserves the right to suspend or terminate from the site a student who does not adhere to established policies of the program or the clinical affiliate. A student who does not maintain appropriate behavior may be suspended or dismissed immediately. (Refer to the section entitled "Responsibilities of the Student" on page 16). 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 program/department.

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

CLINICAL AFFILIATE ASSIGNMENT

The Program Director/Clinical Coordinator determines student schedules and assignments at clinical affiliates. Assignments at the clinical affiliates are intended to provide the student with a comprehensive clinical education as deemed appropriate by the faculty, and serves to correlate didactic knowledge with practical skills. Students are not guaranteed specific clinical affiliates, however, student input is considered. Should a student be dismissed from his/her clinical affiliate, the department does not guarantee replacement at an alternate site.

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

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

- Providing appropriate clinical supervision. (Refer to the section entitled "Direct Supervision Policy" on page 28
- Student clinical evaluation and feedback.
- Providing orientation to the clinical department.
- Providing feedback to the program director/clinical coordinator.
- Being knowledgeable of program goals.
- Understanding the clinical objectives and clinical evaluation system.
- Understanding the sequencing of didactic instruction and clinical education.
- Providing students with clinical instruction and supervision.
- Evaluating students’ clinical competence.
- Maintaining competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.
- See Appendix H for JRCERT Standard 3.8 page 61

RESPONSIBILITIES OF CLINICAL STAFF

Responsibilities of the clinical staff include:

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

RESPONSIBILITIES OF THE DEPARTMENT’S CLINICAL COORDINATOR

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

- Providing clinical education centers.
- 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.
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 and Radiation Sciences personnel and other members of the health care team through a professional and dignified posture and attitude.
- Using all equipment and materials responsibly and safely.
- Embodying the highest standards of civility, honesty, and integrity.
- Respecting and protecting the privacy, dignity, and individuality of others.
- Observing and assisting the clinical staff.
- Attending and participating in all scheduled clinical activities.
- Consulting with clinical affiliate supervisors and/or departmental faculty for help with problems.
- Participating in the development of an individualized clinical education plan.
- Maintaining an accurate record of clinical examinations/competencies.
- Recording the number and types of evaluations required during each academic semester.
- Striving to broaden his/her knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
- Incurring all travel costs and expenses. Use personal or public transportation to clinical affiliates. Commuting time and costs are not determining factors for clinical assignments. These time and cost factors are borne solely by the student.
- Meeting with advisor at least once per semester.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials
- Students will provide safe and quality patient care including safe radiation practices for patient, self, and the healthcare team.
- Demonstrating clinical progression
- Corresponding in a timely fashion with all program faculty and administration.
DEPARTMENT POLICY ON CONDUCT
Students must comply with the rules and regulations of the Department of Medical Imaging and Radiation Sciences. Deviation constitutes misconduct. This includes, but is not limited to:

- Sleeping during a clinical assignment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff’s permission.
- Failure to notify Clinical Affiliate and the Program Director/Clinical Coordinator of absence or lateness.
- 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 AT CLINICAL CLASSROOM, & LAB POLICY

At the Clinical Affiliate
- Family and friends should be discouraged from visiting the clinical affiliate. In particular, unsupervised children are not permitted.
- Family and friends must wait in a public area, and are not permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- Students may not ask clinical affiliate staff to baby-sit for them.
- TJU’s liability insurance does not extend to students’ family and friends.

In the Medical Imaging and Radiation Sciences (MIRS) Department
- Students should discourage their family and friends from visiting the MIRS department while they (the students) are in class.
- Family and friends are not permitted to attend lectures or laboratory sessions
- Unaccompanied children are not permitted in the MIRS department.
- Students may not ask faculty or administrative staff to baby-sit for them.
- TJU’s liability insurance does not extend to students’ family and friends.

In the Medical Imaging and Radiation Sciences (MIRS) laboratories
- Only Radiologic Science students with proper Jefferson ID are permitted in the laboratory.
- The students are not permitted to bring family members or friends in the laboratory at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of the Medical Imaging and Radiation Sciences department are not permitted in the MIRS laboratory unless they have signed a waiver to be used as a student volunteer.
- TJU’s liability insurance does not extend to students’ family and friends.
- The students should inform the security guard on 1st floor Edison, both when entering and leaving the laboratory, outside of the regular assigned hours.

Failure to comply with the policy may result in disciplinary action up to and including dismissal from the program.
PERSONAL ELECTRONIC DEVICES POLICY

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

For exceptional circumstances necessitating immediate personal communication by phone or text, a student should ask the Clinical Affiliate Supervisor to excuse him/her, attend to the personal business, and return to duty as quickly as possible.

COMPUTER POLICY

Students may not use computers for personal business during clinical hours. Personal business includes (but is not limited to) Internet surfing, shopping, emailing, instant-messaging, texting, and printing. Personal storage devices (USB, flash drives, CDs) are not permitted in the clinical setting.

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

STUDENT WORK POLICY

If a student is employed at any clinical affiliate, he/she 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

Any student not complying with the policies listed will be removed from the clinical affiliate.

- Department Policy on Conduct
- Family Members/Friends Policy
- Personal Electronic Devices Policy
- Computer Policy
- Student Work Policy

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

HEALTH INFORMATION CONFIDENTIALITY POLICY:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students must be familiar with and adhere to their clinical affiliate’s HIPAA policy.

PREGNANCY POLICY
If a student becomes pregnant during a component of the program, she may voluntarily inform the Program Director, in writing, of her pregnancy. (See Appendices F #8 and Appendix G) for the full versions of the policies.

Option 1 The student may continue in the program if she chooses, without modifications to any component of the program.
Option 2 The student may take a leave of absence from clinical education, but continue her 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 her declaration of pregnancy at any time and/or for any reason.
Due to the need for special radiation protection education, counseling by the Radiation Safety Officer (RSO) is available.
Please refer to appendix G that includes appropriate information regarding radiation safety for the student and fetus.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY
An MR room has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, mechanical implants, devices, or objects. Therefore, all Medical Imaging and Radiation Sciences students are required to undergo an MRI Safety lecture and MRI Safety Screening prior to MRI rotations or observations. See Appendix I for Magnetic Resonance (MR) Environment Screening Form.

1. Students will attend an MRI Safety lecture and be screened for MRI safety clearance in the Patient Care and Services in Medical Imaging and Radiation Oncology course (RSD321) in the Fall Semester by the MRI Clinical Coordinator.
2. Students will abide by clinical affiliate MRI Safety Protocols during their clinical rotations and/or observations.
3. Students will notify the MRI Clinical Coordinator and be re-screened for MRI Safety clearance, should their status change during the academic year, with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations.

N95 RESPIRATOR POLICY
Radiologic Science students will not be fitted for a N95 respirator masks. Radiologic Science students should NOT enter a patient's room that requires this form of personal protective equipment.

INCIDENT REPORTS AT THE CLINICAL AFFILIATE
If a student becomes ill, is injured or is involved in an incident during a clinical rotation, he/she must:
1. Report immediately to his/her Clinical Affiliate Supervisor and follow departmental protocol.
2. Immediately contact the Program Director /Clinical Coordinator.
3. Present a note to the Program Director /Clinical Coordinator from the Emergency Room Physician, Jefferson Occupational Health Network Physician, or family physician stating the date the student may resume normal duties.
4. Student must report to the Jefferson Occupational Health Network as soon as possible (215-955-6835).

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 /Clinical Coordinator.
COMMUNICABLE DISEASES

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

OCCUPATIONAL EXPOSURES TO INFECTIOUS DISEASE AND/OR BLOODBORNE PATHOGENS

What to Do for an Occupational Exposure to Body Fluids (Needlestick or Splash)
If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashed in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashed in your eye, remove your contacts immediately.
4. Advise your supervisor that you have been exposed.
5. Complete the accident report online through PeopleSoft Employee Self-serve System if you are an employee. Students will complete an accident report in OHN.
6. Report to UHS at 833 Chestnut Street, Suite 205 (when OHN is closed report to the Emergency Department) as soon as possible.
7. Know your patient's name, DOB and MR# as well as the name of the attending physician of the source patient.
8. Source patient testing (hospitalized) can be ordered through Epic by selecting: “Needlestick Inpatient Evaluation” on the drop down menu. (Includes STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen)
9. Source patient testing (outpatient population) should include: STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen.

OHN will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. All testing in OHN is performed free of charge for Jefferson employees and students. Please call 215-955-6835 with any questions.

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

Detailed information on Jefferson’s Occupational Health Network for Employees and Students may be viewed on the OHN website: https://hospitals.jefferson.edu/departments-and-services/occupational-health-network.html. In addition, the Needlestick’s website, an internal website accessed through Blackboard, has comprehensive summaries of the various topics involving occupational exposures.

Jefferson’s Occupational Health Network for Employees and Students is located at 833 Chestnut Street, Suite 205 and is open 7:30am – 4:00pm Monday through Friday. The general number is (215) 955-6835.
ATTENDANCE REGULATIONS
DIDACTIC/LABORATORY INSTRUCTION

Each course syllabus details the attendance policy.

CLINICAL ATTENDANCE RECORDS

Time cards/Attendance Sheets provided by the Department are used for documenting clinical hours. Each student must personally sign or clock "in" and "out." Students who have to sign-in (i.e. no time clock punch) must write down the time and have the designated staff initial next to the signed time. Time not documented must be made up. **Under no circumstances is it permissible to sign-in or out or clock-in or out for another student.** Any student found guilty of such an offense is subject to dismissal.

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 /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.**

**Hours exceeding the limitations must be voluntary on the student’s part.**

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

Students will participate in designated procedures during their clinical assignments under the direct supervision of a supervising dosimetrist/physicist or qualified personnel in the areas to which they are assigned.

PERSONAL DAYS

Students are allocated ONE Personal Day PER SEMESTER. A personal time request form must be submitted to the Program Director/Clinical Coordinator. **The Clinical Affiliate Supervisor and Program Director /Clinical Coordinator MUST be notified when a student is out of clinical.**

- The Personal Day must be used during the allotted semester and is not transferable to another semester. **This time cannot be taken in half-days.** Time off must be taken in full (8) hours.
- Students **may not** accrue additional personal any time during the year. This **Personal Day off is for a Clinical Day ONLY.**
- **A missed Class Day will be reflected in the Course Grade as per the Instructor’s Syllabus.**
- Any last-minute absence on a clinical day (REGARDLESS of the REASON – sickness, car trouble, weather, religious observance, etc.) will be counted as a day that will need to be MADE-UP.
- Advance notice is required for approval of the PERSONAL DAY by the Clinical Supervisor and Program Director. The completed form (signed by the Clinical Supervisor FIRST) will be submitted to the Program Director within two days BEFORE the REQUESTED day off.
- Extenuating circumstances will be addressed on an individual basis with the Program Director and the Clinical Affiliate Supervisor.
ABSENCE POLICY

Attendance is required for all clinical education sessions. If a student needs to be absent:

- from a *clinical assignment* and has NOT has prior approval, he/she must **send ONE email** to the Clinical Affiliate Supervisor and Program Director /Clinical Coordinator **prior to** the start of the shift. Three or more consecutive absences require a doctor’s note. However, any sick days (even with a doctor’s note) are not considered excused absences – make-up time will be required. Extenuating circumstances will be dealt with on an individual basis.

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 /Clinical Coordinator. It is the responsibility of the student to make these calls. Absences must be made up at the discretion of the faculty.

- From a *class*, he/she must **send ONE e-mail** to the Instructor and the Program Director prior to the start of the scheduled class time

PUNCTUALITY

Any student who is not in his/her clinical area **OR** in the classroom 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 program.

It is the policy of the Department of Medical Imaging and Radiation Sciences that any student who is going to be late must notify by **E-MAIL** both the Clinical Affiliate Supervisor and the Program Director /Clinical Coordinator (on ONE e-mail) **prior to** the start of his/her 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 program.

A student will be advised in writing concerning his/her habitual lateness or violation of the Department of Medical Imaging and Radiation Sciences lateness policies by the Clinical Coordinator and/or Program Director.

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

MAKE-UP TIME

Arrangements must be made with the Clinical Affiliate Supervisor and approved by the Program Director /Clinical Coordinator.

An e-mail should be sent to the Program Director /Clinical Coordinator by the student upon fulfillment of the time missed. The form will be completed and submitted to the Program Director. 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 lunch break may not be used to make-up or accrue time.**
POLICY CONCERNING DEATH IN THE FAMILY
Upon notification to the Program Director, students will be allowed up to three (3) days of leave of absence for death in the immediate family. Immediate family members include parents, grandparents, spouse, brother, sister or child. Leaves of absence requested because of the death of someone other than an immediate family member may be granted by special permission.

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

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

JURY DUTY
Being selected for jury duty is a civic responsibility in which the Department encourages students to participate. Please be advised that the College cannot intervene on the student’s behalf should a student be summoned for jury duty.
STUDENT ACTIVITIES
STUDENT ACTIVITIES
Students are encouraged to participate in campus activities, e.g., orientation programs, recruitment functions, social and cultural events, interprofessional activities and Class Day Pinning Ceremony. They 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.

HONORS AND AWARDS
Students are eligible for:
- Department awards for outstanding overall performance
- Awards for clinical excellence.
Awards are presented during the Class Day Pinning Ceremony.

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

PROFESSIONAL ORGANIZATIONS:
- American Association of Medical Dosimetrists (AAMD)
  www.medicaldosimetry.org
  12100 Sunset Hills Road, Suite 130 Reston, VA 20190 Ph: 703-234-4063
- American Society of Radiologic Technologists (ASRT)
  www.asrt.org
  15000 Commerce Parkway, Suite C Mt. Laurel, NJ 08054 Ph: 866-813-6322

HONOR SOCIETY
- Lambda Nu Society
  o Honor society for radiologic and imaging science professionals
  o http://www.lambdanu.org
ADDITIONAL POLICIES
DIRECT SUPERVISION POLICY

Direct supervision assures patient safety and proper educational practices.

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.

The **Parameters of direct supervision by qualified personnel include:**

- During any procedures involving direct patient contact, such as Fabrication of Immobilization devices, Simulation, Mold Room, Brachytherapy Procedure, Set-up in a Treatment 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 to be used for a patient, MUST be constructed under the direct supervision of the qualified personnel

The Direct Supervision Policy Sign must be posted in all areas where the Medical Dosimetry student may be under the direct supervision of qualified personnel (see page 30). The Clinical Affiliate Supervisor will return the signed form documenting that the Direct Supervision Policy has been reviewed with the Medical Dosimetry student as well as all of the appropriate Clinical Staff (see page 31)
THOMAS JEFFERSON UNIVERSITY
MEDICAL DOSIMETRY PROGRAM DIRECT SUPERVISION POLICY
FOR STUDENTS AT CLINICAL SITES

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 is 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 procedures involving direct patient contact, such as Fabrication of Immobilization devices, Simulation, Mold Room, Brachytherapy Procedure, Set-up in a Treatment 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 qualifiedDosimetrists/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
THOMAS JEFFERSON UNIVERSITY
MEDICAL DOSIMETRY PROGRAM DIRECT SUPERVISION POLICY FOR STUDENTS AT
CLINICAL SITES SIGNAGE SHEET

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 is 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.

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Students are to be directly supervised by qualified personnel. Direct supervision is defined as student
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- Any treatment plans and calculations which are to be used directly for patient care, MAY NOT be
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- 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

The signature below documents that:
- The Clinical Supervisor has reviewed The Direct Supervision Policy with the Medical
  Dosimetry student as well as all of the Clinical Staff who are involved with the education of
  Thomas Jefferson’s Medical Dosimetry Students.
- The Direct Supervision Policy sign will be posted in all appropriate areas.

Name: ________________________________
Facility: ________________________________ Date:___________________
DRESS CODE AND APPEARANCE POLICY

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

<table>
<thead>
<tr>
<th>CLINICAL</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| **Tops** | Navy scrub top.  
Brand: Cherokee Workwear or Cherokee Core Stretch.  
Tops in good condition, wrinkle-free and fit appropriately.  
A solid color white or black (long or short) sleeve crew tee shirt may be worn under the scrub top.  
Men:  
Short or long sleeve shirt with tie  
Collared Golf or Polo shirt  
Women:  
Blouses or sweater | Tight, clingy, over-sized, or excessively baggy-fitting tops.  
Wrinkled, shrunk, faded, stained (including under arms), or worn-out tops.  
Tops that reveal the abdomen when standing, lifting or bending over.  
Tops that expose the cleavage, bra, back, shoulder, chest, lower back or under garments is not allowed.  
Shirts under the scrub top that are not solid white or black or have graphics or other patterns. |  
| | | +++++++++++++++++++++++++++++++  
| | | Nothing too tight or too loose  
| **Jackets** | White Blazer-length Lab Coat purchased from TJU Book Store  
TJU logo embroidered  
Jacket in good condition, wrinkle-free and fits appropriately. | Tight, clingy, over-sized, or excessively baggy-fitting jacket.  
Wrinkled, shrunk, faded, stained (including under arms), or worn-out jacket.  
Sweaters, vests, sweatshirts, hoodies, fleece jackets, or any other type of covering. |  
| | | +++++++++++++++++++++++++++++++  
| | | Tops can’t be tight nor see-through  
| **Pants** | Navy scrub pant.  
Brand: Cherokee Workwear or Cherokee Core Stretch.  
Pants in good condition, wrinkle-free and fit appropriately.  
Men & Women:  
Business casual | Tight, clingy, over-sized, or excessively baggy-fitting pants. Baggie pants worn below the hips or that expose underwear.  
Wrinkled, shrunk, faded, stained, or worn-out pants.  
Pants that reveal the lower back or undergarments when standing, lifting or bending over. |  
| | | +++++++++++++++++++++++++++++++  
| | |  


<table>
<thead>
<tr>
<th>Category</th>
<th>Rule</th>
<th>Exception</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergarments</td>
<td>Must be worn at all time.</td>
<td>These items are not to be visible or show through clothing.</td>
</tr>
<tr>
<td>Footwear</td>
<td>Solid white or black leather, low-top sneaker footwear.</td>
<td>Clogs, sandals, flip-flops, slippers or open-toed shoes are not permitted.</td>
</tr>
<tr>
<td></td>
<td>Closed toe and closed heel with a solid upper covering (no holes on the top or side of the shoe)</td>
<td>Colors other than solid white or black</td>
</tr>
<tr>
<td></td>
<td>Shoestrings should be properly tied.</td>
<td>Dirty or odor-ridden footwear.</td>
</tr>
<tr>
<td></td>
<td>Shoes and laces must be clean and in good condition with no holes or tears</td>
<td></td>
</tr>
<tr>
<td>Socks</td>
<td>Worn at all times.</td>
<td>Colors other than solid black or solid white.</td>
</tr>
<tr>
<td></td>
<td>Socks should be solid color in black or white.</td>
<td>Print styles other than solid color.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ornamentation such as beads, bells, etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dirty or odor-ridden socks.</td>
</tr>
<tr>
<td>Jewelry</td>
<td>Earrings should be of the small post type (no hoops).</td>
<td>More than one post earring per ear.</td>
</tr>
<tr>
<td></td>
<td>Only one (1) post earring per ear.</td>
<td>Excessive rings, bracelets, necklaces.</td>
</tr>
<tr>
<td></td>
<td>Large rings and bracelets are not recommended.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wedding band is acceptable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wristwatch with a second hand and that is water resistant is recommended.</td>
<td></td>
</tr>
<tr>
<td>Body piercings</td>
<td>Any body piercing besides the ears should not be evident.</td>
<td>Visible or evident body piercings.</td>
</tr>
<tr>
<td></td>
<td>Tongue rings are unacceptable and are not allowed to be worn.</td>
<td></td>
</tr>
<tr>
<td>Tattoos</td>
<td>Any visible tattoos must be appropriately covered.</td>
<td>Visible tattoos on the body.</td>
</tr>
<tr>
<td>Identification badges</td>
<td>ID badges and name tags must be worn at collar/eye-level.</td>
<td>Badges worn at or below the bottom of the sternum or that are not visible to staff and patients.</td>
</tr>
<tr>
<td></td>
<td>ID badges must be free from distracting stickers, pins, etc.</td>
<td>Pins, stickers and other distracting adhesives.</td>
</tr>
</tbody>
</table>
| **Radiation dosimeter** | 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.  
The full Jefferson clinical uniform is required at all other times. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLASSROOM</strong></td>
<td><strong>Acceptable</strong></td>
</tr>
<tr>
<td>Acceptable attire</td>
<td>short skirts/pants, torn/ripped garments, low-cut tops, see-through tops, lewd and/or suggestive slogans on any clothing</td>
</tr>
<tr>
<td></td>
<td>Tops that reveal the abdomen when standing, lifting or bending over.</td>
</tr>
</tbody>
</table>
|                       | Tops that expose the cleavage, bra, back, shoulder, chest, lower back or undergarments is not allowed.  
Sweatshirts, hoodies, fleece jackets, or any other type of covering.  
Jeans and shorts and sweatpants  
Hats | Hoods of any kind are NOT permitted to be covering the head during class  
Tight, clingy, over-sized, or excessively baggy-fitting pants. Baggie pants worn below the hips or that expose underwear.  
Wrinkled, shrunk, faded, stained, or worn-out pants.  
Pants that reveal the lower back or undergarments when standing, lifting or bending over.  
Pant hemlines that touch or drag on the ground.  
No shorts that reveal linings of pockets/underwear  
NO holes or shredded/cut areas in material  
NO hats of any kind are permitted to be worn in the classroom |
## Grooming standards

<table>
<thead>
<tr>
<th>CLINICAL &amp; CLASSROOM</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Body odor</strong></td>
<td>Must practice personal hygiene and be free of offensive odor.</td>
<td>Perfume, lotion, or cologne that might interfere with those who are ill or allergic to such odors or fragrances. Clothing and body with smoke odor.</td>
</tr>
<tr>
<td><strong>Hair-head</strong></td>
<td>Must practice personal hygiene and hair must be neat, clean, and well groomed.</td>
<td>Extreme trends are not acceptable.</td>
</tr>
<tr>
<td></td>
<td>Long hair must be neatly tied back away from face, neck, and shoulders</td>
<td>Non-natural colors such as pink, blue, green, orange etc. are not acceptable.</td>
</tr>
<tr>
<td></td>
<td>Hair colors must be of natural, traditional tones.</td>
<td></td>
</tr>
<tr>
<td><strong>Hair-face</strong></td>
<td>Nose and ear hair must be trimmed and maintained.</td>
<td>Excessive beard or mustaches styles.</td>
</tr>
<tr>
<td></td>
<td>Facial hair including side-burns, mustache and beard must be short and neatly trimmed and maintained.</td>
<td></td>
</tr>
<tr>
<td><strong>Makeup</strong></td>
<td>Makeup should be worn conservatively.</td>
<td>Frosted, bright colored eye shadow (i.e., bright green, purple, pink, etc.).</td>
</tr>
<tr>
<td></td>
<td>If worn, makeup must appear professional and natural and should be conservative in styles and colors.</td>
<td>Bright or excessively dark, thick eye liner worn under the eye or on top of the eyelid.</td>
</tr>
<tr>
<td><strong>Hair accessories</strong></td>
<td>Solid white, black or navy blue hair bands or ties.</td>
<td>Ornamentation such as beads, bells, excessive bows, etc.</td>
</tr>
<tr>
<td><strong>Fingernails</strong></td>
<td>Nail length must be less than ¼ inches. No artificial nails. No nail polish.</td>
<td>No extreme nails</td>
</tr>
<tr>
<td><strong>Gum</strong></td>
<td>Chewing gum is not permitted.</td>
<td></td>
</tr>
</tbody>
</table>

### Non-compliance

Any student not complying with the dress code and appearance policy will be removed from the clinical affiliate and/or classroom. Any clinical time missed due to a dress code and appearance violation will be made up by the student at a later date. The Program Director /Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time.

Any absence from class may be reflected in the course grade – see individual course syllabus.
PROGRAM SPECIFIC MATERIALS
ATTENDANCE RECORD
Students must document their attendance on an Attendance Record form. It is the student’s responsibility to fill out the daily time sheet and submit it either in person OR electronically to the Clinical Supervisor at the end of the month.
Attendance Record forms are to be verified by the Clinical Supervisor.
Completed forms must be submitted to the Program Director by the Student within two weeks of the end of the month or as requested by the Program Director.

CLINICAL COMPETENCIES EVALUATION
Clinical Affiliate staff is to complete these forms while evaluating students for competency in clinical procedures. Students will complete all of the competencies as assigned per semester unless there is a discussion and agreed upon sequence between the Clinical Supervisor and the Program Director.
All completed Clinical Evaluation forms must be submitted within two weeks at the end of the semester or as requested by the Program Director.

STUDENT PERSONAL EVALUATION
One Student Personal Evaluation form is to be completed by the Clinical Supervisor (or his/her designee) each semester.
Completed forms must be e-mailed to the Program Director by the Clinical Supervisor within two weeks of the end of the month or as requested by the Program Director.

PERSONAL DAY REQUEST
Students are permitted ONE Personal Day PER SEMESTER.
• It must be used during the allotted semester and is not transferable to another semester. This time cannot be taken in half-days. Time off must be taken in full (8) hours.
• Students may not accrue additional personal any time during the year. This Personal Day off is for a Clinical Day ONLY.
• A missed Class Day will be reflected in the Course Grade as per the Instructor’s Syllabus.
• Any last-minute absence on a clinical day (REGARDLESS of the REASON – sickness, car trouble, weather, religious observance, etc.) will be counted as a day that will need to be MADE-UP.
• Advance notice is required for approval of the PERSONAL DAY by the Clinical Supervisor and Program Director. The completed form will be submitted to the Program Director within two days BEFORE the REQUESTED day off.
• Extenuating circumstances will be addressed on an individual basis with the Program Director and the Clinical Affiliate Supervisor.

MAKE-UP TIME
Any clinical time missed (other than the allowed personal days) must be made up at a time agreed on by the Program Director and the Clinical Supervisor.
The student must e-mail the Program Director, in advance, to coordinate an acceptable date.

CLINICAL SITE EVALUATION
At the end of each semester, the student will evaluate his/her clinical site. The completed form will be e-mailed to the Program Director within two weeks of the completion of the semester.

CLINICAL INSTRUCTOR EVALUATION
At the end of the academic year, the clinical instructor form will be filled out by the student and returned to the Program Director.
APPENDIX A

Department of Medical Imaging and Radiation Sciences
Jefferson College of Health Professions
Thomas Jefferson University

Technical Standards for a Medical Dosimetrist

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 prescriptions & charts, medical images, computer displays, and observe conditions of the patient.
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, and fire alarms, etc.
3. Sufficient gross and fine motor coordination to respond promptly and to implement skills related to the performance of simulation and treatment planning on computer. Dosimetrists must be able to manipulate equipment such as the linear accelerator, treatment table and control panel.
4. Sufficient communication skills (verbal, reading, writing) to interact with individuals and to communicate their needs promptly and effectively, as may be necessary in the patient's/client’s interest.
5. Sufficient intellectual and emotional function to plan and implement patient care.

Examples of specific technical standards the 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 colors 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 plan 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 lift 30 pounds of weight (treatment aids).
- Ability to type and use a computer keyboard and mouse and read or draw contours on screen
APPENDIX B

Patients’ Bill of Rights

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

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

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with you doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about 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, you doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review your medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence your treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is no longer appropriate. You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and you visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
• Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

• A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.
APPENDIX C

AAMD Code of Ethics

Preamble

The purpose of the American Association of Medical Dosimetrists (AAMD) Code of Ethics is to establish an ideal of professional conduct to which members of the Medical Dosimetry profession should aspire. The Code of Ethics expresses the moral values of the AAMD. While, by itself, the AAMD cannot create or reform moral character, it may at least inform a conscience. Such a code also signals the organization is moral commitment to those who depend upon its members for services. In any profession, the test of moral seriousness depends upon personal compliance with ethical standards.

As Medical Dosimetrists, our primary objective is to use our training, experience, skills, and talents for the benefit of society. To this end, we recognize our professional relationships with and obligations to the:

(1) Patient.

Although never directly responsible for prescribing medical procedures, the health and welfare (even life) of many patients may directly depend upon the skill and dedication with which Medical Dosimetrists carry out their work.

(2) Employer or Client.

As professionals, Medical Dosimetrists have the obligation to act as faithful agents for their employers or clients and to devote their skills and talents to further the legitimate aims of their employers. In turn, they have the right to expect rue professional consideration from their employers or clients.

(3) Fellow Medical Dosimetrists.

Medical Dosimetrists should contribute to the advancement of their profession and should avoid all practices which detract from the stature of Medical Dosimetry.

In furtherance of the principles stated in this preamble, the AAMD has adopted this Code of Ethics.
Principles of Ethics

The following principles represent goals to which all Medical Dosimetrists should aspire:

(1) Medical Dosimetrists are obliged to uphold the honor and dignity of their profession by exhibiting sound moral character and the highest degree of competence in their work.

(2) Medical Dosimetrists must be honest and forthright at all times in their dealings with employers, clients, and patients. Remuneration expected should be consistent with the type and quality of service provided.

(3) Patient privacy must be respected and confidentiality of patient information must be maintained.

(4) Medical Dosimetrists should strive continually to improve their knowledge and skills and participate in programs that lead to the improvement of the Medical Dosimetry profession and the health of the community.

(5) Collegiality, openness, and mutual respect shall characterize the relationships among Medical Dosimetrists.

(6) Medical Dosimetrists should conduct their affairs in a manner consistent with standards of excellence.

http://www.medicaldosimetry.org/generalinformation/mission.cfm
APPENDIX D

Radiation Protection Practices

RADIATION PROTECTION PRACTICES

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

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

3. A student will always wear radiation dosimeters in the Clinical Site. (also see Appendices E & F)

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

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

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

7. A student will use appropriate shielding.

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

9. A student may not procedures utilizing ionizing radiation on other students or staff at their request without a prescription for the exam by a physician.

   The student will be dismissed from the program for this violation. *

10. A technologist or physician may not procedures utilizing ionizing radiation on a student without a prescription for the exam from the student’s physician.

    The student will be dismissed from the program for this violation. *

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

**Personal Radiation Monitoring**

PERSONNEL RADIATION MONITORING

1. Each student is responsible for wearing properly dated radiation dosimeter(s) (body and ring badges) at Clinical Affiliate Sites and in laboratory classes. No student will be allowed in clinical or the laboratory class without properly dated radiation dosimeter(s) appropriately worn.

2. Any student who does not have the properly dated radiation dosimeter(s) will be suspended from his or her clinical area until he/she has the properly dated radiation monitor. Time lost from the clinical area must be made up.

3. Dosimeters will be given to students each month.

4. Each student is responsible for exchanging the radiation dosimeter(s) on the designated day of each month. Radiation dosimeters are exchanged with the Program Director/Clinical Coordinator Clinical Coordinator

5. Dosimeter loss or accident must be reported immediately to the Program Director/Clinical Coordinator Clinical Coordinator. The cost of lost radiation dosimeters is the responsibility of the student.

6. Each student is responsible for submitting their dosimeter(s), on time.
   - A $20.00 cash fee will be collected for all unreturned or late radiation dosimeters.

7. The Program Director/Clinical Coordinator Clinical Coordinator receives monthly radiation dose reports from the Radiation Safety Officer, and informs each student of his/her exposures.

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

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

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

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

POLICIES & PROCEDURES

Policy No: RSO-053
Effective Date: 11/02/2000
Last Revision Date: 06/08/2015

Office of Radiation Safety

Category: Operations - Programmatic
Title: Radiation Dosimeter Use
Policy Owner: John C. Keklak
Contributors/Contributing Departments:

PURPOSE

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

POLICY

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

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

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

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

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

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

reviews by Radiation Safety Staff. [ALARA stands for “as low as reasonably achievable” and is a radiation protection philosophy whereby the objective is to keep radiation doses to individuals and populations as far below (maximum) regulatory limits “as is reasonably achievable”.]

“ALARA Investigation Level 1” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:
- Effective Dose Equivalent (EDE) [“whole body”] above 125 mrem
- Lens Dose Equivalent (LDE) above 375 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 1250 mrem
- Extremity Dose reading above 1250 mrem

“ALARA Investigation Level 2” means total radiation doses in any single calendar quarter (e.g., January 1 to March 31) above the following:
- Effective Dose Equivalent (EDE) [“whole body”] above 375 mrem
- Lens Dose Equivalent (LDE) above 1125 mrem
- Shallow (“Skin”) Dose Equivalent (SDE) above 3750 mrem
- Extremity Dose reading above 3750 mrem

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

“Deep Dose Equivalent” (“DDE”) means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 1.0 cm, as measured by a radiation dosimeter.

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

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

“Lens Dose Equivalent” (“LDE”) means the dose equivalent (tissue dose from external radiation sources) determined for a tissue depth of 0.3 cm, as measured by a radiation dosimeter.
“Millirem (mrem)” is a unit of measure for any “dose equivalent” term

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

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

Procedures:

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

Dosimeter Wearer Responsibilities

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

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

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

   c. Taking proper care of dosimeters, as described by Office of Radiation Safety instructions, to avoid damaging or contaminating the dosimeters.

   d. Not storing dosimeters near radiation sources when not being worn.

   e. Not wearing dosimeters when being exposed to radiation sources for personal medical purposes (The wearer should notify Radiation Safety if this inadvertently occurs or if administered a radiopharmaceutical).

   f. Notifying Radiation Safety immediately whenever dosimeters are lost, accidentally damaged, name change is required, place of work has changed, or any reason why accidental exposure may have occurred (i.e., dosimeter accidentally left near source when not worn).
g. Returning all dosimeters and holders upon termination of duties with/near radiation sources.

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

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

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

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

Dosimeter Issuance:

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

Review of Dosimetry Readings

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

2) Review of dosimetry results by the Radiation Safety Officer or Senior Health Physicist are to be performed at least quarterly.

3) The purposes of such reviews are to:
   a) Determine if the reading is valid (accurately represents occupational radiation dose)
   b) Identify possible opportunities for intervention to reduce future dose

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

5) The reviewer is to specifically review the DDE, EDE, SDE, LDE, and extremity readings for the dosimeter wear period and the calendar quarter-to-date and year-to-date totals for compliance with occupational dose limits and for any trending that may indicate that annual dose limits could potentially be exceeded.

6) The reviewer is to look for possible causes for high or unusual readings including:
   a) Badges not being properly worn (wrong location, wrong orientation, worn outside
      Date: 06/08/2015
      Confidential and Proprietary to Thomas Jefferson University Hospitals, Inc.
   b) Sub-optimal work practices by the wearer
   c) Dose to the dosimeter while not being worn (dosimeter left in room during procedures, dose stored near a radiation source or otherwise in a high background area, etc.)
   d) Dose due to the wearer undergoing a medical procedure involving radiation (e.g., wearer administered a Nuclear Medicine radiopharmaceutical as a patient)
   e) Dosimeter exposed to unusual environmental conditions (e.g., excessive heat)
   f) Any other potential cause

7) Regarding the review/investigation process:
   a) Reviews/investigations may require personal contact with the wearer and/or wearer’s supervisor in order to perform an evaluation as per the preceding item 4.
   b) All total readings above “ALARA Investigation Levels” are to be performed and documented. “Level 2” investigations should include direct contact with the wearer and evaluation of work practices where feasible, unless the readings are consistent with an historical pattern previously determined to be reasonable for the workload and practices employed.
   c) All ALARA Level Investigations are to be documented.
   d) Summary reports of readings above ALARA Investigation Levels are reported to the Radiation Safety Committee at its regular quarterly meetings.

8) Readings for dosimeters issued to specifically assess radiation dose to embryo/fetus of a pregnant individual are to be closely scrutinized with regard to cumulative dose being acquired through the gestation period, in case intervention (e.g., job reassignment) is necessary to assure that applicable dose limits are not exceeded.

Dose History Adjustments:

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

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

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

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

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

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

Confidentiality:

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

2. Release of individual dose information in any circumstances is limited to the minimum necessary.

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

Attachment(s): na

References and Citations:

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

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

Title 10, Code of Federal Regulations (10 CFR) as incorporated by reference in Title 25 Pa. Code Chapter 219; specific sections as follows:
10 CFR 20.1003 (definitions)
10 CFR 20.1201; 20.1207; 20.1208 (re occupational dose limits)
10 CFR 20;1502 (requirements for use of individual monitoring devices)

**Original Issue Date:** 11/01/2000  
**Revision Date(s):** 07/31/2012; 08/07/2014  
**Review Date(s):** 11/08/06, 05/16/2011, 07/31/2012, 7/01/14; 08/07/2014; 06/08/15  
**Responsibility for maintenance of policy:** OHN C. Keklak

Date: 06/08/2015  
Confidential and Proprietary to Thomas Jefferson University Hospitals, Inc.

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**Approved by:**

John C. Keklak  
Radiation Safety Officer  
Thomas Jefferson University Hospitals, Inc./Thomas Jefferson University
APPENDIX G

POLICIES & PROCEDURES

Policy No: RSO-050
Effective Date: 07/04/2008
Revision Date: 05/03/2010

Office of Radiation Safety

Category: Operations - Programmatic
Title: Radiation Workers Who Become Pregnant
Policy Owner: OHN C. Keklak
Contributors/Contributing Departments:

PURPOSE

1. To minimize ionizing radiation dose to the embryo/fetus of any radiation worker, arising from the occupational radiation exposure of the worker.
2. To comply with pertinent Federal (NRC) and Pennsylvania regulations. [Note: Pennsylvania incorporates the NRC regulations by reference.]

POLICY

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

a) Provide instruction and otherwise make information available to potentially pregnant workers about the health effects of ionizing radiation on the embryo/fetus [as required under 10 CFR 19.12],
b) establish procedures to ensure that the dose limits to the embryo/fetus of the declared pregnant worker are within the levels specified in Federal regulations (contained in 10 CFR 20.1208), and
c) establish procedures to minimize ionizing radiation doses to the embryo/fetus of any pregnant worker (declared or undeclared) in accordance with the ALARA (“as low as reasonably achievable”) principle [as required by 10 CFR 20.1101(b)].

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

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

“Declared pregnant woman” means a woman who has voluntarily informed Thomas Jefferson University or Thomas Jefferson University Hospital (through Notification to the institutional Radiation Safety Officer), in writing, of her pregnancy and the estimated date of conception (month and year only). The declaration remains in effect until either the declared pregnant woman voluntarily withdraws the declaration in writing or is no longer pregnant.

[Definition derived from that in Federal regulation 10 CFR 20.1003.]

“Declaration of pregnancy” for the purpose of this Policy and related procedures, means a declaration as described under the definition of “declared pregnant woman”, which is made solely for the purpose of requiring TJU/TJUH to take any measures that may be necessary to ensure that the embryo/fetus does not receive a radiation dose due to the occupational radiation exposure of the declared pregnant woman in excess of the limits set in 10 CFR 20.1208.

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

Procedures:

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

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

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

4. Jefferson will take any necessary steps to ensure that the embryo/fetal dose limits specified in 10 CFR 20.1208 (500 millirem for the duration of the pregnancy; or no more than 50 millirem for the remainder of the pregnancy if it is found that the dose to the embryo/fetus had already exceeded 450 millirem by the time the pregnancy was declared) are not exceeded. An additional
The operational goal is to permit radiation doses to the embryo/fetus of no more than 50 millirem in any one month. In most cases, no change in job assignments will be necessary, since few Jefferson radiation workers ever exceed these dose levels. Where required, workers may be reassigned to other areas or duties involving lower potential for occupational radiation exposure; or may have some tasks involving radiation exposure reduced in frequency. For any declared pregnant woman whose normal job duties are unlikely to result in embryo/fetal doses above 500 mrem/gestation period any job/task reassignment will be at the discretion of the individual’s supervisor and/or department manager or director and will be subject to the availability of other personnel to perform those tasks being reassigned. [It should be emphasized that these dose limits apply only to radiation doses resulting from the occupational radiation exposure of the woman, and would not include any radiation doses arising from any medical diagnostic or therapeutic procedures performed on the woman or the embryo/fetus; nor would it apply to radiation exposure occurring from background radiation sources.]

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

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

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

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

References:

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


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

Attachment

Attachment(s):

References and Citations:

**Original Issue Date:** 07/08/2004  
**Revision Date(s):** 03/08/2005; 05/03/2010  
**Review Date(s):** 04/22/2011, 07/30/2012, 01/15/14, 03/30/15  
**Responsibility for maintenance of policy:** OHN C. Keklak

________________________________________  
Approved by: (Signature on file)

__John C. Keklak_____________________________  
Department Director

Thomas Jefferson University Hospitals, Inc.
FORM LETTER FOR DECLARING PREGNANCY

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

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, or you may write your own letter containing the required information. Letters should be sent in a confidential envelope or hand delivered to OHN C. Keklak, Radiation Safety Officer, Suite 820, 919 Walnut St. (Nevil Bldg.)

To: John C. Keklak  
Radiation Safety Officer

In accordance with the NRC regulations contained in 10 CFR 20.1208, “Dose to an Embryo/Fetus”, and corresponding Pennsylvania regulations, I am declaring that I am pregnant. I believe that I became pregnant in _______________ (only the month and year need be provided).

I understand that the radiation dose (resulting from my occupational radiation exposure) to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (500 millirem) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in my job or job duties during my pregnancy. I further understand that I may revoke this declaration at any time for any reason, without fear of reprisal on the part of Jefferson.

(Your signature)

(Your name printed)

(Date of submission)
APPENDIX H

Accreditation Standards

The Joint Review Committee on Education in Radiologic Technology (JRCERT) standards can be accessed at the following address:

JRCERT
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
http://www.jrcert.org/ - (under Accreditation Information tab)
Standards for an Accredited Educational Program in Medical Dosimetry

EFFECTIVE JANUARY 1, 2014

Adopted by:
The Joint Review Committee on Education in Radiologic Technology - October 2013

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the Medical Imaging and Radiation Sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these STANDARDS.
Standards for an Accredited Educational Program in Medical Dosimetry

**Standard One: Integrity**
The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

**Standard Two: Resources**
The program has sufficient resources to support the quality and effectiveness of the educational process.

**Standard Three: Curriculum and Academic Practices**
The program’s curriculum and academic practices prepare students for professional practice.

**Standard Four: Health and Safety**
The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

**Standard Five: Assessment**
The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

**Standard Six: Institutional/Programmatic Data**
The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.
3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.

- Full-time Program Director:
  
  Assures effective program operations,

  Oversees ongoing program assessment,

  Participates in budget planning,

  Maintains current knowledge of the professional discipline and educational methodologies through continuing professional development, and

  Assumes the leadership role in the continued development of the program.

- Full-time Educational Coordinator:
  
  Correlates clinical education with didactic education,

  Evaluates students,

  Participates in didactic and/or clinical instruction,

  Supports the program director to help assure effective program operation,
Coordinates clinical education and evaluates its effectiveness,

Participates in the assessment process,

Cooperates with the program director in periodic review and revision of clinical course materials,

Maintains current knowledge of the discipline and educational methodologies through continuing professional development, and

Maintains current knowledge of program policies, procedures, and student progress.

- Full-time Didactic Program Faculty:

  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process,

  Supports the program director to help assure effective program operation,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.

- Part-time Didactic Program Faculty:

  Prepares and maintains course outlines and objectives, instructs and evaluates students, and reports progress,

  Participates in the assessment process, when appropriate,

  Cooperates with the program director in periodic review and revision of course materials, and

  Maintains appropriate expertise and competence through continuing professional development.
• Clinical Preceptor(s):

   Is knowledgeable of program goals,
   Understands the clinical objectives and clinical evaluation system,
   Understands the sequencing of didactic instruction and clinical education,
   Provides students with clinical instruction and supervision,
   Evaluates students’ clinical competence,
   Maintains competency in the professional discipline and instructional and evaluative techniques through continuing professional development, and
   Maintains current knowledge of program policies, procedures, and student progress.

• Clinical Staff:

   Understand the clinical competency system,
   Understand requirements for student supervision,
   Support the educational process, and
   Maintain current knowledge of program policies, procedures, and student progress.
APPENDIX I

Magnetic Resonance (MR) Environment Screening Form

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

Please indicate if you have any of the following:

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

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

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

Student Name

Student Signature  Date:

COMPLETE AND RETURN

Updated 7/15
While we have attempted to provide you with a comprehensive departmental handbook, it does not stand alone. Important University-wide policies, including the Code of Conduct and Student Sexual Misconduct Policy, along with information on various University services, can be found on the Thomas Jefferson University Student Handbook website at www.jefferson.edu/handbook. Additionally, important information on the academic policies and procedures within the Jefferson College of Health Professions can be found on the JCHP home webpage.

This list of the University Policies may be modified throughout the academic year.

**University Policies’ Links**

- Campus Violence
- Code of Conduct/Students Rights, Freedoms & Responsibilities
- Confidentiality of Student Records
- Disability Accommodations
- Drugs & Alcohol Policy
- Emergency Preparedness
- Flu Vaccination Policy
- Grievance Procedure
- Health Insurance Policy
- Occupational Exposure to Blood and Body Fluids
- Peer-to-Peer File Sharing on University Networks
- Policy on Equal Opportunity; Policy Prohibiting Sexual Harassment; Policy Prohibiting Retaliation
- JEFFAlert Emergency Notification System
- Social Media Policy
- Student Alcohol Policy
- Student Directory
- Student Emergency Contact Information
- Student Identification Cards
- Student Religious Observance Policy
- Student Sexual Misconduct Policy
- Tobacco Free Environment
- Use of College’s Name/Logo
- Weapons Policy
- Weather Emergency Policy

(http://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies.html)