



MARION
TECHNICAL COLLEGE

2016 - 2017

Rev. 1/2015

RADIOLOGIC TECHNOLOGY
STUDENT HANDBOOK & POLICY MANUAL

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SECTION 1: INTRODUCTION



Acknowledgements

Marion County Public Schools
George Tomy - Superintendent

Central Florida Health Alliance
Leesburg Regional Medical Center
The Villages Regional Hospital
Don Henderson, President & Chief Executive Officer

Citrus Memorial Health System
Ralph Aleman, Chief Executive Officer

Lake Medical Imaging Center
Manoj Bhatia, MD - Medical Director

Munroe Regional Medical Center
Bob Moore, FACHE, Chief Executive Officer

Ocala Health System

Ocala Regional Medical Center
Advanced Imaging Centers
Randy McVay, Chief Executive Officer

West Marion Community Hospital
Ginger Carroll, Chief Executive Officer

Radiology Associates of Ocala
Mark A. Yap, MD - President
Kerry B. Raduns, MD - Medical Director

Robert Boissoneault Oncology Institute
Norman H. Anderson, MD

Marion Technical College
Wohrley, Director
Scott Carpenter, Assistant Principal



MARION
TECHNICAL COLLEGE

Radiologic Technology Faculty

Cheryl Sirmons, MA, RT(R)(ARRT) - Program Director

Stefini McCord, BS, RT(R)(ARRT) - Clinical Coordinator

Loren Chapin, AS, RT(R)(ARRT) - Instructor

Sherri Townsend - Program Administrative Assistant

Marion County Public Schools: An Equal Opportunity School District

Students in Marion County are entitled to certain rights, standards and protections including those of due process, equal opportunity protection, accurate and confidential record keeping, safeguards to health and safety, and access to suitable employment. The School Board is committed to affording students the benefits of these rights, standards and protections. Students who feel that they have questions concerning this matter have the right and the responsibility of discussing such questions with the school's administration. The Marion County Public School District does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status or qualified disability in its employment practices and its access and admission to education programs or activities. This notice is provided as required by Title II of Americans with Disabilities Act of 1990, the Florida Educational Equity Act of 1985, Section 504 of the Rehabilitation Act of 1973, Title IX Amendments of 1972 and the Civil Rights Act of 1964. Questions or requests for additional information regarding the above mentioned acts may be forwarded to the designated compliance administrator: Rose Cohen, Equity Assurance Director, ADA, Title IX and Equity Issues (352)671-7711

WELCOME!

A warm welcome from the Radiologic Technology program at Marion Technical College (MTC)! You have chosen an exciting and rewarding career that focuses on the needs of others, bringing honor and hope to patients through compassionate care and the technology of diagnostic imaging. We are pleased you have selected our program!

In the course of your study you will be taught over 200 separate projections for imaging different anatomical parts. You will rotate through fluoroscopy, general radiography, surgery, and several other imaging areas while learning the technical skills necessary to function well in each diagnostic arena. Your classroom education will cover patient care, radiation protection, radiographic positioning, image production, radiographic pathology, radiation physics and radiation biology. This didactic component of our program will prepare you to be eligible to take the National Registry after successful completion of the program. Diligence and commitment on your part will not only ensure that you will pass the Registry exam, but ensure your job prospects are excellent.

The school was started in 1976 by Dr. Alexander Goulard (retired 1984) who recognized the need for a local Radiologic school to produce highly trained technologists. In 1978, the Marion County School Board assumed responsibility for THE PROGRAM, with the main facilities at Munroe Regional Medical Center and a major affiliate at the Marion Community Hospital (now Ocala Regional Medical Center). Since that time, we have grown to serve three counties and honored to currently have the following accredited clinical training partners:

Advanced Imaging Centers	Citrus Memorial Hospital
Express Care of Ocala	Express Care of Belleview & Leesburg
Munroe Regional Medical Center	Lake Medical Imaging Centers
Leesburg Regional Medical Center	Ocala Regional Medical Center
Ocala Family Medical Center	Radiology Associates of Ocala
Robert Bouissoneault Oncology Center	The Orthopaedic Institute
The Villages Regional Hospital	West Marion Community Hospital

As a student radiographer, you will want to know specific information about the program that will better enable you to understand the full realm of your training. The policies and procedures in this student handbook and policy manual will be your guiding principles in the next two years. It is the intention of the program and MTC to demonstrate a commitment to excellence in education, integrity, and in moral and ethical principles, as well as provide a nurturing environment that is conducive to professional growth. To meet this accomplishment, each student is responsible for reading, understanding and abiding with the policies set forth in this handbook. All the components for personal success have been put in place for you. It is now up to you. What you receive from the program is equal to what you put into it. Please do not hesitate to call upon our faculty if you have any questions after reading this handbook thoroughly. We are committed to you and your growth in your chosen healthcare profession. Again, welcome to our program and to the MTC campus!

Warmly,

Cheryl Sirmons

Cheryl Sirmons, MA, RT(R)
Program Director

CALENDAR

Program Calendar:

(All dates are tentative)

	August 10, 2016	First year/1 st Term begins
	January 4, 2017	First year/2 nd Term begins
	July 5, 2017	Second year/1 st Term begins
	January 3, 2018	Second year/2 nd Term begins

School Closings:

Monday	September 5, 2016	Labor Day
Wednesday	November 23, 2016*	Emergency Makeup Day
Thursday	November 24, 2016	Fall Break
Friday	November 25, 2016	Thanksgiving Holiday
Winter Break	Dec 17-Jan 3, 16/17	School resumes Jan 4, 2017
Monday	January 16, 2017	Martin Luther King, Jr. Day
Monday	February 20, 2017	Presidents' Day
Spring Break	Mar 13-17, 2017	School resumes Mar 20, 2017
Monday	May 29, 2017	Memorial Day

*Note: November 25 is a weather/emergency makeup day and could become a class day.

Summer Break:	June 12-July 4, 2017	Clinicals begin July 5 (full-time)
Fall Classes begin:	August 9 2017	See Sequence of Study (pgs 29-30)
Program Graduation: (All dates are tentative)	TBA	

SECTION 2: GENERAL INSTITUTIONAL POLICIES



Marion Technical College
Accredited by the
Commission of the Council on Occupational Education
7840 Roswell Road, Building 300, Suite #325

[For complete and detailed general institutional information, please refer to the MTC Course Catalog available in the Student Services Center or at www.CTAE.edu]

Safety and Security

The staff and faculty of Marion Technical College (MTC) work diligently to ensure that every student has an opportunity to be successful in his/her educational endeavors. It is a priority to maintain a safe, stable, and academically enriching environment for all students enrolled in MTC course or programs. In accordance with federal and state guidelines, MTC annually maintains statistics regarding school enrollment, career and technical program completion, career and technical program placement, and on-campus crime. This allows staff and faculty to regularly evaluate all services provided and improve the quality of services offered. This information is readily available in hard copy through the Student Services Center and at www.CTAE.edu. MTC has a law enforcement officer on campus as a safety resource at all times that the campus is open for classes. Any individual may report criminal activity or any other emergency to the campus officer by calling (352)671-7200 or by personal visit to the safety office just inside the main campus entrance.

Harassment

Bullying, discrimination and harassment of any kind is a serious offense and not tolerated. Sexual harassment at any level, even between students, is subject to immediate critical consequences. Please see the MTC Course Catalog for full policy on harassment, www.CTAE.edu.

Qualifications and Certification of Faculty & Staff

All administrative personnel, coordinators, faculty, and support staff meet or exceed the required certification and hiring standards as required by state laws, state board policies, and local school district policies. Educational qualifications include not only basic requirements but also advanced degrees, including masters and educational specialist degrees. A wide variety of backgrounds, coupled with highly specialized training, provide a staff that is well versed in handling the challenges of cultural and educational diversity.

School Advisory Council and Program Advisory Committees

MTC is served by a School Advisory Council, which is composed of representatives from faculty, staff, community, and business leaders. The purpose of the Council is to provide input for the programming and services of MTC, including the development and implementation of the School Improvement Plan. Each career and technical program also has an advisory committee consisting of business and industry leaders who serve as consultants regarding quality of graduates and industry needs as they pertain to curriculum, job skills, and job placement. Many of the members are also employers of the graduates and former students of MTC.

Registration for Classes

Registration and the payment of fees will take place during MTC's registration period in November and July of each academic year. Students must furnish their date of birth, social security number, current address (see MTC Course Catalog for residency status), telephone number, and pay the correct fees (cash, check, credit/debit card, or money order). Local checks are to be made payable to the School Board of Marion County. Other fees may require payment to Marion Technical College.

Fee Assessment

Fees are collected at the time of registration. Cash, local check, credit/debit card, or money orders are accepted. Costs may include, but are not limited to, the following; tuition, books, lab fees, uniforms, tools, electronic resources, supplies, liability insurance, background check fees, drug screening fees, and graduation fees.

Refund Policy

MTC has a fair and equitable refund policy for the refund of tuition, fees, and other charges that is uniformly administered and is published in the MTC catalog (pages 14-15). This policy complies with the guidelines published by the Council on Occupational Education (COE) and Federal Title IV regulations.

Attendance Policy for Financial Aid

Students are required to attend classes. Without prior administrative approval, students who have at least six consecutive absences may be administratively withdrawn from a program. Financial aid recipients may lose eligibility because of unsatisfactory attendance. A minimum of 90% of the prescribed program hours must be completed each term (payment period). Students who do not maintain 90% attendance will not be eligible to receive federal financial aid. Satisfactory Academic Progress checkpoints by program are available in the Financial Aid Office. It is the student's responsibility to know and understand the attendance requirements related to financial aid eligibility. [See Financial Aid office for specific and complete information].

Student Satisfactory Standards of Progress

Students must satisfy both the qualitative and quantitative requirements of the program to establish satisfactory progress. Students are required to maintain at a minimum a "C" average or higher as established by the program in which they are enrolled. A student not making satisfactory academic progress will be placed on academic probation.

Academic Probation Policy

During a grading period, course, or overall term, students who are not achieving at least the minimum acceptable program standard (attendance and/or grade performance) established by a program, will be placed on probation. Students will remain on probation until the end of the course, or grading period. At that time, if satisfactory progress has not been made, the student will be dismissed from the program and will not be permitted to reapply to the same program for a minimum of one calendar year. Any student wishing to appeal a determination of unsatisfactory progress must follow the established grievance procedures. All appeals are final.

Transcript Request

A student needing a copy of a transcript must submit a transcript request to the Student Services Center in person, by email, or by phone. There is a \$1.00 charge per transcript copy. The charge must be paid before the transcript will be released or sent. Checks or money orders should be made payable to MTC.

Student Rights and Responsibilities

For specific and complete information regarding MTC student rights and responsibilities including tobacco use, illegal drug and substance policy, wireless devices, dress and general appearance, standards of conduct, unacceptable actions, withdrawal procedures, confidentiality, sexual harassment, and grievance procedures; please refer to the MTC Course Catalog.

Student Parking

Students must park their vehicles only in designated student parking areas on campus and at all clinical facilities. On campus, student parking is anywhere in the large main parking lot in front of the main entrance to the campus (flagpole). Student parking is not permitted on the east and west sides of the main building; those areas are reserved for faculty and staff. Parking in a non-student area may result in warnings, fines and possible suspension. Students will be advised of designated parking areas by each clinical facility. **MTC nor any clinical facility is responsible for theft or damage that may involve the student's vehicle or its contents while in the parking lot of MTC or any clinical facility.**

Fundraising Policy

MTC does not permit student fundraising for any purpose. Students are encouraged to participate in educational activities such as student conferences and seminars however, funds needed for such events will be incurred by the student. Any questions regarding this policy should be directed to the Program Director.

MTC School Email

All enrolled students will be provided with a MTC.edu email address which should be used at all times when communicating with faculty and staff.

MTC Classroom Emergency Response Instructions

CODE YELLOW (NON-IMMEDIATE THREAT)

1. Lock doors. Only admit students assigned to the class.
2. Do not leave the classroom or allow students to leave. Continue instruction.
3. Create a list of names of students present, but not in the classroom at the time of the Code announcement.
4. Create a second list of those known absent. Note late arrivals. (Have both lists immediately available if requested by administration)
5. Limit phone calls and use of phones to emergencies only.
6. Plan to attend a faculty meeting at the end of the day, if announced.

CODE RED (IMMEDIATE THREAT)

1. Immediately lock all doors. Do not admit anyone, including students. Do not answer the door for anyone. (Only those with a key should enter the door).
2. If outside, move immediately to a secure building.
3. Create a list of students present, but not in the classroom at the time of the Code announcement.
4. Create a second list of those students known to be absent. Have the list ready if asked for. Email both lists to the "Code" Mailing Group after the event.
5. Instruct students to get on the floor in a sitting or crouching position; away from the windows and doors.
6. Turn off lights. Turn off all computer monitors.
7. Keep all students quiet.
8. Silence and hide all cell phones.
9. Do not make any phone calls. Do not call the office.
10. Do not leave classroom or allow students to leave.

BOMB THREAT Evacuation Procedure (School-Wide, All Classrooms and Offices)

1. The evacuation will commence upon directive of the principal, assistant principal, or administrator on duty. Notification will be by intercom, phone call, or in person.
2. All faculty, staff and students will move to the southeast corner of the school property near *Signature Brands*.
3. Students and staff should take only those personal belongings in their immediate possession when an evacuation is ordered. All backpacks are to be left in the classrooms.
4. All teachers are to take their class roster to the assigned location and be ready to account for all students.
5. All classes are to remain together in the "safe" area so that all can be accounted for.
6. All persons are to remain in the "safe" area until "ALL CLEAR" is announced by administration.
7. Plan to attend a faculty meeting at the end of the day.

SEVERE WEATHER ANNOUNCEMENT (Tornado Warning)

Since no one can tell until the final few seconds that a tornado is going to occur in our area, there are very few advance actions that can be taken. Tornadoes occur during severe thunderstorms. Since we have so many of these during the spring and summer, it would not be feasible to take the tornado precaution each time a thunderstorm occurs. If a tornado is sighted, or if a heavy roaring sound is heard during a violent thunderstorm, the following action must be taken:

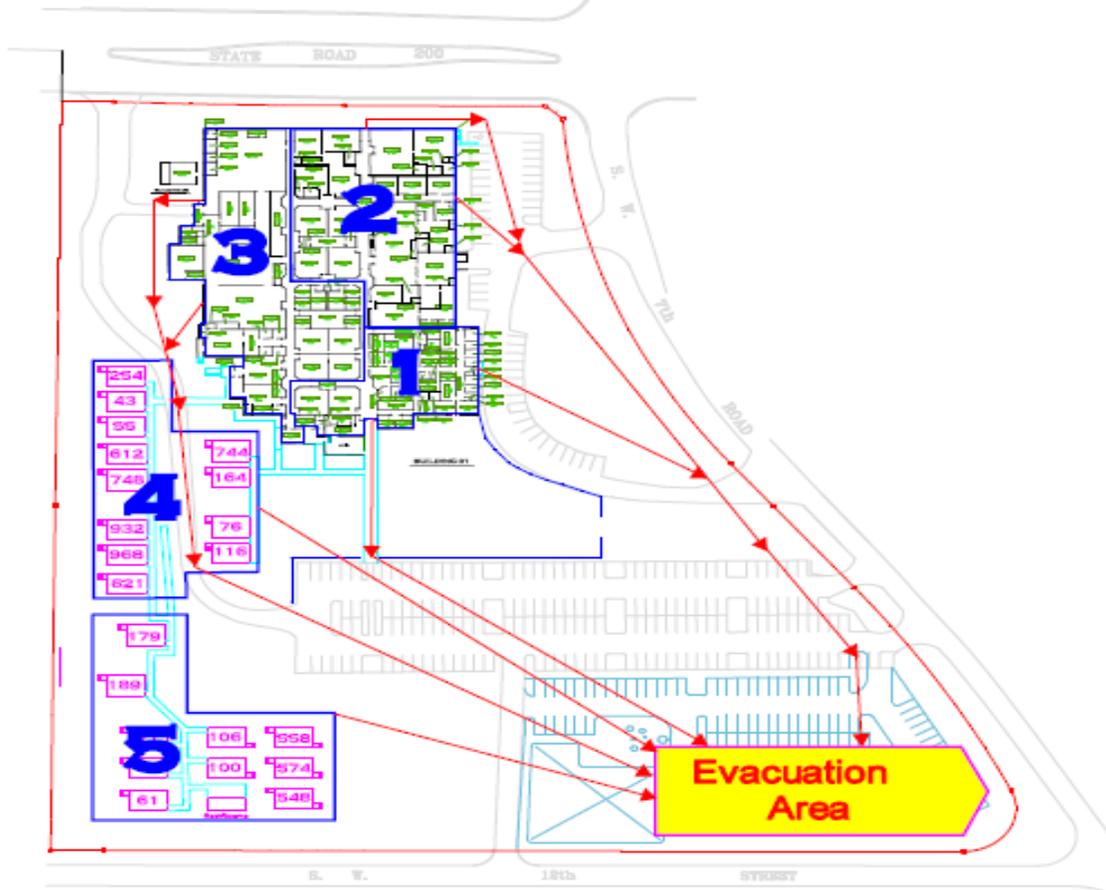
1. In the event of advance warning of a tornado, the signal will be given by the intercom to all classrooms and offices to take precautionary action.
2. All classes located within portable classrooms will move immediately, in an orderly manner, to the closest entrance of the main building.
3. Each teacher will bring the class roster and account for all students once inside the main building.
4. All students and staff should move to an interior room or hallway with concrete walls, avoiding areas where glass windows are present and get down on the floor next to the wall. Do not get under furniture.
5. Rest chest on thighs. Cover the back of the head with hands.
6. Students should remain in this position until "ALL CLEAR" is announced.
7. IF OUTSIDE: Move to main building or seek other shelter immediately. If unable to find shelter soon enough, lie on the ground, in a low area, if possible.

(Nov. 2014)

Fire Drill Information

1. At any time the fire alarm sounds, it is to be treated as an actual emergency.
2. During a fire drill and / or actual fire emergency all employees and students are to evacuate the building to the area by *Signature Brands* as shown in yellow on the map below.
3. Classroom teachers will evacuate their classes to the designated area of the campus taking their class roster with them and accounting for each student in the class while in the evacuation area.
4. In a drill, administrators and program coordinators will ensure that all persons have evacuated the buildings and that the respective zones are “clear”.
5. If the event is a drill, all students and employees will return to their respective location only when the drill is announced as complete.

Evacuation Map



SECTION 3: GENERAL PROGRAM INFORMATION & POLICIES



Mission Statement

The Radiologic Technology program at Marion Technical College is a two-year certificate Radiography Program. The program is designed to provide students with the knowledge and skills necessary to become radiologic technologists. The program maintains high standards of excellence in education that assures quality patient care and safe technologist practices. Graduates of the program will be eligible for licensure in the state of Florida as Certified Radiologic Technologists and for application to the certification examination administered by the American Registry of Radiologic Technologists.

Program Goals

Goal 1 Students will be clinically competent.

Student Learning Outcomes:

- a. Students will set appropriate technical factors.
- b. Students will utilize proper radiation protection techniques.

Goal 2 Students will communicate effectively.

Student Learning Outcomes:

- a. Students will demonstrate appropriate written communication skills
- b. Students will use appropriate oral communications.

Goal 3 Students/graduates will demonstrate critical thinking skills.

Student Learning Outcomes:

- a. Students/graduates will effectively employ critical thinking and problem solving strategies with non-routine examinations.
- b. Students/graduates will accurately evaluate radiographic images for diagnostic quality.

Goal 4 Students/graduates will model professionalism.

Student Learning Outcomes:

- a. Students/graduates will conduct themselves in a professional manner in the clinical setting.
- b. Students/graduates will pursue professional growth and development.

Governance and Rationale for Policy Manual

It shall be understood that the policies of the Radiologic Technology program at Marion Technical College, as set forth in this Student Handbook and Policy Manual, are guided by the rules and regulations of these governing organizations:

1. **The Joint Review Committee on Education in Radiologic Technology (JRCERT)** requires that all programs follow the Standards for an Accredited Educational Program in Radiologic Sciences, a copy of which is placed in the school's library and available at www.jrcert.org.
2. **The American Society of Radiologic Technologists (ASRT)** provides the required curriculum outline of academic instruction.
3. **The American Registry of Radiologic Technologists (ARRT)** has programmatic requirements for didactic and clinical instruction. A framework is provided for mandatory clinical competencies that includes deadlines. The ARRT tests and certifies technologists and administers continuing education and ethics requirements for annual registration. The ARRT also provides an infrastructure for standards of ethics for radiologic technologists; the Code of Ethics and the Rules of Ethics.
4. **The Clinical Education Settings** have requirements and regulations that must be followed. The faculty of this program meets frequently with the clinical representatives to discuss the contents of this manual for the correlation with requirements of the various clinical organizations.
5. **Marion County Public Schools and MTC Administration** mandate compliance with all educational and organizational policies and procedures including but not limited to all provisions contained within the MTC Student Handbook and Policy Manual, a copy of which is placed in the school's library and available at www.MTC.edu. Upon successful completion of the twenty-two month program, a certificate is awarded from Marion County Public Schools.

The policies published in this manual are reviewed annually by the program's Advisory Council to ensure that the program operates in full compliance with the rules and regulations of these governing organizations and with the program's own policies.

DISCLAIMER CLAUSE

The Radiologic Technology program at Marion Technical College (THE PROGRAM) at Community Technical Adult Education (MTC) reserves the right to make changes in the regulations and policies announced in this handbook as circumstances arise. If changes in this handbook are required during this academic year, the student will be given formal notice of those changes and be asked to verify by signature that the required changes were received and understood. The provisions of this student handbook are not to be regarded as an irrevocable contract between the student and THE PROGRAM. THE PROGRAM reserves the right to make and designate the effective date of changes in program policies and other regulations at any time such changes are considered to be desirable or necessary.

Statement of Ethical Accountability

The Radiologic Technology program at Marion Technical College (THE PROGRAM) and Marion Technical College (MTC) is committed to sound, ethical principles in all aspects of program operation. We believe that the patients of our community have better healthcare outcomes if diagnostic imaging is performed by technologists who are committed to ethical, professional and accurate practices. Program officials believe that this begins with us. Our professional conduct should be underscored by sound practices that include transparency and accountability to our communities of interest, clinical affiliates, students, employees and colleagues.

THE PROGRAM values accountability, integrity, respect, being focused on the needs of others, and pushing beyond the boundaries of standardization. These values are incorporated into our program's daily interactions with our students, our patients, and in our workplace and community. THE PROGRAM fundamentally respects and promotes the rights of our students, coworkers, and patients. At all times, THE PROGRAM strives to create a nurturing and professional environment where these rights are practiced and observed so that our students can grow to become excellent diagnostic imaging practitioners and compassionate healthcare leaders. This is reflected in the employment practices of Marion County Public Schools and in the perpetual daily operation of Marion Technical College (MTC).

In this regard, the faculty and staff of THE PROGRAM and MTC require our students to agree and abide with the same ethical principles; and by doing so will contribute positively to the program's integrity both within the academic environment (internal) as well as within the clinical environment (external).

Commitment to Ethical Accountability

I, _____, (print student name) accept and commit to abide with the Radiologic Technology program's Statement of Ethical Accountability. I will:

- Treat others as I would want to be treated
- Always strive to uphold and positively contribute to the integrity of THE PROGRAM in the community
- Abide by the values, policies, and academic practices of THE PROGRAM and MTC, as well as the values, policies and institutional practices of the clinical training affiliates of THE PROGRAM
- Uphold the laws and highest moral standards of the community, our county and the universal principles of all that is good and just
- Value and respect the diversity of beliefs, cultures, and convictions of classmates, preceptors, faculty, staff, and patients
- Not remain silent in the face of dishonesty, malice, disrespect, intolerance or injustice.

_____ (student signature)

Program Accreditation

The Radiologic Technology program at Marion Technical College is accredited by the:



Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312)704-5300
mail@jcert.org

The Radiologic Technology program at Marion Technical College meets or exceeds the Standards for an Educational Program in Radiography established by the JRCERT effective Jan. 1, 2014.

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.

JRCERT standards require a program to articulate its purposes and scope; demonstrate that it has adequate human, financial, and physical resources effectively organized for the accomplishment of its purposes; document its effectiveness in accomplishing its purposes; and provide assurance that it can continue to meet accreditation standards. It is the policy of the Radiologic Technology program at Marion Technical College that all students be made aware of JRCERT accredited program standards, and the actions to be taken in the event that any student believes that the Program is not in compliance with the standards. A copy of the standards is available for review in the program's reference library and at www.jrcert.org.

Should a student have a grievance concerning whether or not the program is in compliance with the JRCERT standards, he/she must follow the procedure outlined below:

1. The student should discuss his or her grievance with the any member of the program faculty within one (1) week after the issue of non-compliance is believed to have occurred. The faculty member will document this meeting in the student's file.
2. If the grievance is not resolved to the student's satisfaction, the student should, within one (1) week, submit a written statement to the Program Director concerning the matter and request a meeting. The Program Director will then have two (2) weeks to respond to the student's written request and to schedule a meeting with the student.
3. If the student is still not satisfied, he or she may request to have all materials concerning the grievance be reviewed by the Administrative Director of MTC and request a meeting to discuss the grievance of non-compliance. The student must do this within (1) week of meeting with the Program Director. The Administrative Director will review the grievance materials and meet with the student. The Administrative Director will return a written response within two (2) weeks of the meeting with the student.
4. If the student does not feel that he or she reached a satisfactory resolution with the Administrative Director of MTC, the student may request that an appointment be scheduled with the Superintendent of Public Instruction, for a final ruling. This request must be made within (1) week of receiving the Administrative Director's written response.
5. Should the student not be satisfied with the resolution from the program and institution officials including the Superintendent, or feels that the concerns have not been properly addressed, he or she may submit allegations of non-compliance to the Chief Executive Office of the JRCERT at the address above. The Federal Higher Education Act of 1965, as amended, provides that a student, graduate, faculty or any other individual who believes he or she has been aggrieved by an educational program or institution has the right to submit documented allegation(s) to the agency accrediting the institution or program. The JRCERT, recognized by the United States Department of Education for the accreditation of radiography programs, investigates allegation(s) submitted, in writing, signed by the individual with reason to believe that an accredited program has acted contrary to the relevant accreditation standards, or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.
 - The allegations Reporting Form must be completed and sent to the above address with required supporting materials. All submitted documentation must be legible. The Allegations Reporting Form is available to be filled out online at www.jrcert.org.
 - Forms submitted without a signature or the required supporting material will be incomplete and not considered as valid.
 - If a complainant fails to submit appropriate materials as requested, the complaint will be closed.

Radiography Admission Policies and Procedures

Application Eligibility	<ul style="list-style-type: none"> • Completion of an Associate’s Degree (or higher) - AAS, AS, or AA degree from an institution accredited by a regional accreditation agency are acceptable. (Degree Major is unspecified) • Minimum 2.75 GPA at completion of degree. • Ability to meet the Program’s published Technical Standards www.CTAE.edu/radiography • Required as either part of the degree or additional courses taken: <ul style="list-style-type: none"> - College Algebra - Anatomy & Physiology I (w/Lab) - Anatomy & Physiology II (w/Lab) - Medical Terminology - Microcomputer Applications <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">See Program Director for acceptable substitutes</div>
Applicant Advisement	<ul style="list-style-type: none"> • All program applicants must first attend an Information Session held at MTC. Dates and times may be found on the program’s website www.CTAE.edu/radiography. • Applicants may contact the Program Director for individual advisement: Cheryl.sirmons@marion.k12.fl.us
Application Timeline	<ul style="list-style-type: none"> • January 3 – May 15: Submit Application Package including: <ul style="list-style-type: none"> - Official College Transcripts (from every college attended) - High School Transcripts - 3 Recommendation Forms from professional sources <u>Early application with UNOFFICIAL transcript is encouraged; however, final OFFICIAL transcript MUST be submitted by May 31.</u> • March-May: Applicants scheduled for Seminar & Career Observation Tour. All applicants receive notification via email. • By end of May: Acceptance letters mailed out. • Mid July: Program Orientation for selected students. • Early August: Program (classes) begin.
Applicant Acceptance	<ul style="list-style-type: none"> • Radiography is a limited access/selected admission program. • Selection is made on a point-scale basis. The point-scale criteria may be downloaded from www.CTAE.edu/radiography. <ul style="list-style-type: none"> - 50% based on academic performance - 40% based on Interview - 10% Other (prior healthcare experience, prior application to the program, Career Observation Tour)
Financial Aid	<ul style="list-style-type: none"> • Scholarships and grants are available to qualifying students. Contact the Financial Aid Office at MTC 352/671-7200. • The Radiography Program does NOT qualify for GI Bill status due to curriculum that incorporates hybrid education.
Background Check Drug Screening	<ul style="list-style-type: none"> • All Selected students will be required to undergo a criminal background check and drug screening. • The student incurs the cost of background check and drug screen.
Health Screening	<ul style="list-style-type: none"> • All Selected students will be required to submit a health certificate and immunization records (signed by a healthcare provider). Forms are provided in students’ acceptance letter.

Advanced Placement and Transfer of Credit: Students previously enrolled in another accredited school of radiologic technology are subject to the same program admission policies and procedures as all other applicants (outlined in the Admission Policies and Procedures above). Students wishing to transfer will be interviewed and considered for admission based on the same program selection criteria as published in the program's Admission Policies and Procedures. Transfer applicants:

- Must provide a current official transcript from their former program
- May receive credit for satisfactory completion of prior didactic courses.
- Must provide certification of clinical performance from their former program.
- Must pass a Standards of Progress Test administered by program officials.

Professional Societies & Regulatory Affiliations



American Registry of Radiologic Technologists. The ARRT is responsible for testing, certifying, and annually registering radiologic technologists. A person is certified by ARRT after completing an approved educational program, complying with the ethics standards, and passing a certification exam. There is an application and exam fee required. www.arrrt.org



American Society of Radiologic Technologists. The ASRT is the premier professional association for the medical imaging community through education, advocacy, research and innovation. The organization is committed to advancing and elevating the medical imaging profession and to enhance the quality and safety of patient care. Students' membership provides many benefits. www.asrt.org



Florida Society of Radiologic Technologists. The purpose of FSRT is to advance the art and science of radiologic technology. The FSRT assists in establishing and maintaining high standards of education and training, to elevate the quality of patient care, and to improve the welfare of socio-economics of radiologic technologists. www.fsrt.org



Big Sun Society of Radiologic Technologists. The local society offers educational meetings and provides state recognized continuing education credits to radiologic technologists. Student membership is highly valued and students are encouraged to join. "Like" the BSSRT on Facebook.



Florida Department of Health. The DOH is responsible for the regulation of health practitioners for the preservation of the health, safety, and welfare of the public. Florida licensure is required to perform x-rays in the state. The Council on Radiation Protection is an advisory council to the DOH and was legislatively established to ensure that every radiological personnel practicing in Florida meets minimum requirements for safe practice.

www.floridahealth.gov/licensing-and-regulation/radiologic-technology/index.html

Selection Criteria/Point-Scale

High School Transcripts: Overall GPA		Maximum Points = 8	
3.50 or higher with at least 2 advanced math and science courses		8	
3.00 – 3.49 with at least 2 advanced math and science courses		6	
2.00 – 2.99		4	
Below 2.00		2	
GED		2	
High School SAT/ACT		Maximum Points = 2	
ACT = 22 or higher		2	
SAT = 1100 or higher		2	
College: Overall GPA (Below 2.75 is not eligible to apply)		Maximum Points = 8	
3.50 – 4.00		8	
3.25 – 3.49		6	
3.00 – 3.24		4	
2.75 – 2.99		2	
College: Grades Earned in Required Sciences		Maximum Points = 8	
	A	B	
Anatomy & Physiology I w/Lab	3	2	
Anatomy & Physiology II w/Lab	3	2	
Medical Terminology	2	1	
Computer Technology	2	1	
College: Grades Earned in Required Gen Ed Courses		Maximum Points = 8	
	A	B	
College Algebra	2	1	
College Composition	2	1	
Social Science	2	1	
Humanities	2	1	
Suggested Additional Courses (Optional)		Maximum Points = 27	
	A	B	C
Physics	4	3	2
Chemistry	4	3	2
Microbiology w/Lab	4	3	2
Speech; Interpersonal Comm.	3	2	1
Human Nutrition	3	2	1
Psychology	3	2	1
Ethics	3	2	1
Human Growth & Development	3	2	1

Prior Healthcare Education**Maximum Points = 5**

(Copy of current certificate must be submitted with application)

Any of the following are acceptable:

- Medical Assistant Patient Care Tech
- Medical Lab Tech EMT
- Phlebotomist Basic X-ray Machine Operator
- Practical Nurse Medic
- Surgical Tech Medical Corpsman

Previous Application to the program**Maximum Points = 4**

Prior applicants may earn up to 4 points by following these steps after previously being denied admission:

- Initiate a counseling procedure with program faculty after prior denial.
- Follow-through and complete suggestions made during counseling procedure (Provide necessary documentation as evidence of completion).

Applicant Seminar and Career Observation**Maximum Points = 6**

Up to 6 points can be awarded based on:

- Adaptability to radiologic profession as evidenced by applicant asking relevant questions and professional interaction with healthcare/radiologic staff.
- Written response assignment.

Healthcare Experience/Healthcare Education**Maximum Points = 5**

HOSA Student (High School)	5
Work in a healthcare related field (patient care)	5
Volunteer in a healthcare related field – 60 actual clock hours minimum	5
(May include hospital, nursing home, Hospice, Radiology - Must be patient-contact based)	

Interview**Maximum Points = 50**

Up to 50 points can be awarded for the Interview phase of the selection process. The purpose is to give equal opportunity for all applicants to demonstrate their suitability to the radiology profession. The Selection Committee will ask questions that are designed to help the candidate bring out valuable traits that are not a natural part of application paperwork. Following is a synopsis of the main points covered in the interview:

- An understanding of the profession of Radiologic Technology
- Reasons for applying to our program to become a Radiologic Technologist
- Financial provisions for cost of the program
- Time management
- Maturity
- Adaptable behavior
- Communication ability
- Critical thinking skills
- Multi-tasking ability
- Poise and professionalism

The program maintains the right to revise, alter, or change the criteria within this point scale as deemed appropriate. This is not a frequent occurrence as program officials strive to provide clarity and order to the application process. It is the applicant's responsibility, however, to obtain current selection criteria information from the program office and/or the MTC website before deciding to apply to the program.

Technical Standards

Individuals admitted to the program must possess the capability to complete the entire curriculum and achieve certification as a licensed Radiologic Technologist. This curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. The following technical standards must be met by students admitted in to the program and continuously throughout the duration of program participation.

1. Participate in all didactic, clinical and practical demonstrations including group procedural simulations and self-learning practicums.
2. Analyze, synthesize, solve problems, and reach evaluative judgment.
3. Demonstrate sufficient use of the senses of vision, hearing, and touch necessary to directly perform a radiographic examination; review and evaluate the recorded images for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic quality, and other appropriate technical qualities of diagnostic image acquisition.
4. Relate reasonably to patients and establish a sensitive, professional and effective relationship with them; communicate verbally in an effective manner to direct patients during radiographic examinations.
5. Provide physical and emotional support to patients during radiographic procedures, respond to situations requiring first aid and provide emergency care in the absence of, or until the physician arrives.
6. Display judgment in the assessment of patients; demonstrate the ability to recognize limitations in their knowledge, skills, and abilities and to seek appropriate assistance.
7. Demonstrate the ability to work collaboratively with all members of the health care team.
8. Learn and perform routine radiographic procedures; students must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patient.
9. Demonstrate sufficient physical strength, motor coordination, and manual dexterity to transport, move, lift, and transfer patients from a wheelchair or cart to an x-ray table, or to a patient bed; lift a minimum of 30 pounds over head.
10. Move, adjust, and manipulate a variety of radiographic equipment, including the physical transportation of mobile radiographic equipment, in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy.
11. Learn to respond with precise, quick, and appropriate action in stressful and emergency situations.
12. Accept criticism and adopt appropriate modifications in their behavior.
13. Possess the perseverance, diligence, and consistency to complete the radiologic technology curriculum and enter into the practice of radiology as a certified technologist.

MRI Screening

Students entering the program will receive information on the risks of Magnetic Resonance Imaging (MRI). During the course of *Fundamentals of Radiologic Technology*, students will receive information and instruction on completing an MRI screening form. The purpose of screening students is to determine if any individual has a personal risk in being in the magnetic field of the MRI magnet. In the course of clinical education, students will be assigned to hospitals and imaging centers that have MRI machines. Although students do not train in MRI, it remains a possibility that a student may be called upon to help move a patient or assist in some way. The MRI screening will assure student safety in the clinical environment.

Health, Immunization Requirements Drug Screening and Background Check Policies

The Radiologic Technology program at Marion Technical College is committed to providing excellence in patient care and diagnostic imaging services in a safe, quality conscious environment that is centered on trust in professional performance. As such, clinical and community agencies require students to meet standards, similar to employees, for criminal offenses and use of illegal substances.

Health Screening

Radiography students are **required** to undergo a health screening before entering the program. Specific health screening requirements and forms are included in the student(s) program acceptance letter. The health screening is the responsibility of the student. Costs incurred for the health screening and any necessary immunizations and titers are the responsibility of the student and are not included in the program's published estimated program costs. The student(s) health records must be complete and contain results from the physical exam and laboratory tests such as titers, as well as all required immunizations with dates. The health screening documentation must contain a physician's signature.

Drug Screenings

Drug screenings (10-panel) are required annually; once near the beginning of the first year in the program and again near the beginning of the second year in the program. Additionally, student(s) may undergo random drug screening for cause or suspicion. (See Appendix C). This requirement meets the stipulations set forth in the program's clinical affiliate training agreements. The drug screenings will be performed by an agency designated by the Program Director.

Criminal Background Check

A criminal background check with expanded levels is required annually; once prior to entering the program and again before starting the second year of the program. This requirement meets the stipulations set forth in the program's clinical affiliate training agreements. The background check will be conducted by an agency designated by the Program Director. The cost of the background check is included in the student's tuition/fees.

Adverse Results

Any adverse results from criminal background checks and drug screenings may impact the student(s) eligibility to enroll in clinical education courses and to sit for the national credentialing examination administered by the American Registry of Radiologic Technologists (ARRT). The candidate for certification by ARRT must be of good moral character. The conviction of a felony or misdemeanor (with the sole exceptions of speeding and parking violations or juvenile offenses that were adjudicated in Juvenile court) may indicate a lack of good moral character for Registry purposes. Individuals convicted of a crime must supply a written explanation including court documents with their

application for examination. Anything less than complete and total disclosure of any and all convictions will be considered as having provided false or misleading information to the ARRT. This is grounds for permanent denial of eligibility for certification.

The ARRT strongly encourages students with misdemeanor or felony convictions to submit a *Pre-application Review of Eligibility*. This review can be started at any time but should be completed **six months** prior to graduation. All violations must be cleared before an applicant is determined eligible and assigned to a testing window. Pre-application review forms and instructions are available by contacting the Ethics Department at the ARRT office (651) 687-0048 or www.rrt.org.

Exposure Control Plan

Students and instructors in a professional healthcare training program, while in the clinical experiential learning component, are inherently subjected to potential exposure to Hepatitis-B Virus (HBV) and Human Immunodeficiency Virus (HIV). The resultant occupational exposure involves student performance objectives that may result in exposure involving skin, eye, mucous membrane or parenteral contact (e.g. needle stick) with blood or other potentially infectious materials, (PIM). In addition to complying with OSHA regulations, the objective of the program's Exposure Control Plan (EPC) is to minimize exposure and outline measures instituted at all clinical affiliates, to safeguard the health of the students, instructors and patients. **The program's Exposure Control Plan is included in the Student Handbook & Policy Manual as Appendix F.**

Confidentiality

Confidentiality of Files (FERPA or Buckley Amendment)

Permanent files are kept on each student. All data concerning admission to the program, clinical and academic performance while in training, are kept in the file. The required health records are also included. The files are the property of the Radiologic Technology program at Marion Technical College and must remain confidential to the program, and the respective student. In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), access to student files can be granted to only school officials with legitimate educational interest, other schools to which a student is transferring, specified officials for audit or evaluation purposes, appropriate parties in connection with financial aid to a student, organizations conducting certain studies for or on behalf of the school, accrediting organizations, to comply with a judicial order or lawfully issued subpoena, appropriate officials in cases of health and safety emergencies, and State and local authorities, within a juvenile justice system, pursuant to specific State law without written consent from the student. All other entities must have written permission from the student in order to release information from the student record. "Directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance may also be disclosed, but a student can request in writing within the probationary period that the school not disclose directory information about them.

The file of each student will be made available to the student upon request and will be routinely reviewed upon completion of each term. All data added to the files concerning performance or progress will be available to the student upon request. If data is added to the file of a student with which the student does not agree, the student may add a rebuttal or personal summary to the file.

Confidentiality of Patient Records (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a law that contains provisions for safeguarding the security and confidentiality of patient information. All medical records and other individually identifiable health information, whether electronic, on paper, or oral, are covered by HIPAA. Radiographic images are considered part of the patient's medical record and may be used as legal evidence in the event of a lawsuit. The student radiographer must abide by the same rules concerning confidentiality, security, and privacy of patient information which includes computerized records. Written consent by the patient is the only legitimate reason to obtain and pass on confidential information. The student must become familiar with the potential abuses of technology so that violation of the law isn't unknowingly committed.

Upon your signature on the last page of this Student Handbook, you will be agreeing to protect the privacy of patient records and maintain strict confidentiality in all appropriate aspects of patient care. Additionally, some clinical training affiliates require students to sign HIPAA Agreements annually.

Even the slightest disregard for patient confidentiality is grounds for dismissal from the program.

First Year Program Sequence
 ~~~~~ 2016-2017 ~~~~~

FIRST TERM: Fall Aug-Dec

| <u>COURSE TITLE</u>                   | <u>COURSE #<br/>EQUIVALENT</u> | <u>CLOCK<br/>HOURS</u> |
|---------------------------------------|--------------------------------|------------------------|
| Fundamentals of Radiologic Technology | RTE 0004                       | 96                     |
| Radiographic Imaging & Exposure I     | RTE 0410                       | 96                     |
| Radiographic Procedures I             | RTE 0505                       | 96                     |
| Clinical Education I                  | RTE 0809                       | 312                    |
| <b>[Didactic Hours]</b>               |                                | <b>[288]</b>           |
| <b>[Clinical Hours]</b>               |                                | <b>[312]</b>           |
| <b>[TOTAL HOURS FIRST TERM]</b>       |                                | <b>[624]</b>           |

SECOND TERM: Spring Jan-June

|                                    |          |              |
|------------------------------------|----------|--------------|
| Radiographic Imaging & Exposure II | RTE 0450 | 90           |
| Radiographic Procedures II         | RTE 0506 | 90           |
| Radiographic Procedures III        | RTE 0507 | 66           |
| Clinical Education II              | RTE 0819 | 504          |
| <b>[Didactic Hours]</b>            |          | <b>[246]</b> |
| <b>[Clinical Hours]</b>            |          | <b>[504]</b> |
| <b>[TOTAL HOURS SECOND TERM]</b>   |          | <b>[678]</b> |

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|                            |                           |               |
|----------------------------|---------------------------|---------------|
| <b>[FIRST YEAR TOTALS]</b> | <b>[TOTAL Didactic]</b>   | <b>[534]</b>  |
|                            | <b>[TOTAL Clinical]</b>   | <b>[816]</b>  |
|                            | <b>[TOTAL FIRST YEAR]</b> | <b>[1350]</b> |

## Second Year Program Sequence

~~~~~ 2017-2018 ~~~~~

THIRD TERM: Fall July-Dec

| <u>COURSE TITLE</u> | <u>COURSE #
EQUIVALENT</u> | <u>CLOCK
HOURS</u> |
|--|--------------------------------|------------------------|
| Advanced Modality Imaging | RTE0015 | 54 |
| Radiographic Pathology & Directed Research | RTE 0780 | 86 |
| Radiation Physics | RTE 0610 | 86 |
| Clinical Education III | RTE 0829 | 220 |
| Advanced Clinical Education IV | RTE 0839 | 340 |
| [Didactic Hours] | | [226] |
| [Clinical Hours] | | [560] |
| [TOTAL HOURS THIRD TERM] | | [762] |

FOURTH TERM: Spring Jan-May

| | | |
|--|----------|--------------|
| Radiation Biology & Radiation Protection | RTE 0380 | 51 |
| Radiography Seminar | RTE 0939 | 153 |
| Advanced Clinical Education V | RTE 0849 | 360 |
| [Didactic Hours] | | [204] |
| [Clinical Hours] | | [360] |
| [TOTAL HOURS FOURTH TERM] | | [588] |

| | | |
|----------------------------------|-------------------------|---------------|
| [SECOND YEAR TOTALS] | [TOTAL Didactic] | [430] |
| | [TOTAL Clinical] | [920] |
| [TOTAL HOURS SECOND YEAR] | | [1350] |

| | | |
|--|----------|--------------------|
| <u>PROGRAM TOTALS</u> | Didactic | 964 |
| | Clinical | 1736 |
| <u>GRAND TOTAL COURSE HOURS</u> | | <u>2700</u> |

Didactic Course Descriptions

Definitions:

- **Web-Enhanced Course** - The instruction takes place in-person, but at least some of the content is delivered online.
- **Hybrid Course** - Some content is delivered in-person and some of the instruction is delivered online.
- **Online Course** - More than 80% of the course content is delivered electronically using the internet or other computer-based methods. More than half of the teaching is conducted from a remote location through an online course learning management system or other online or electronic tools.
- **Traditional Instruction** - All course content is delivered in a traditional face-to-face classroom learning environment.

[The program does not offer distance education].

Fundamentals of Radiologic Technology [Traditional]

This course will provide the student with an overview of Radiography and its role in health care delivery. Student responsibilities will be outlined. Students will be oriented to academic and administrative structure, key departments and personnel, and to the profession as a whole, including the Radiographer's major areas of responsibility in the delivery of health care. The psychological considerations of the patient and the health care provider regarding death and dying will be discussed. Included in this course is the most important unit of **Basic Radiation Protection**, to make the student aware that **radiation is known to cause biologic damage**. The student will demonstrate an awareness of Radiation Protection as it relates to patients and personnel.

Patient care, including considerations of physical and psychological conditions, is learned. Practice standards, ethics, patient rights and value systems are necessary components of this course. Basic Life Support for Healthcare Providers (CPR) will be taught with provision for individual student certification. Assessing vital signs are taught in order to evaluate patient conditions. Routine and emergency patient care procedures will be described. The role of the radiographer in patient education will be identified. The role of professional organizations to radiographers is emphasized.

This course will also provide the student with basic concepts of medical terminology including application of the word building process, interpreting medical abbreviations and symbols, and critiquing orders, requests and diagnostic reports. The course also defines medical imaging and radiation oncology terms; and translates medical terms, abbreviations and symbols into common language from a medical report.

Advanced Modality Imaging [Online]

The content of this course is designed to provide entry-level radiography students with the basic principles related to computed tomography (CT) imaging and enhance the student's readiness for cross-training into this advanced imaging modality. This course is not part of the ARRT mandatory or elective radiography clinical competencies. A basic understanding of computed tomography, however, is increasingly expected of new program graduates. Course content includes fundamentals of CT, equipment and instrumentation, data acquisition, image processing and reconstruction, patient safety, and cross-sectional anatomy. Upon successful completion of this course, students will be assigned to a clinical internship practicum for shadowing in computed tomography.

Radiographic Procedures I, II, III [Web-Enhanced]

These courses are a lecture and laboratory series that will provide the student with the knowledge to perform radiographic procedures. The concepts related to the production of quality radiographs including patient positioning, patient dosage, technical factors will be discussed. Routine and Special studies will be described. Special consideration is given to geriatrics and pediatrics. Laboratory practicums are conducted to demonstrate and practice clinical applications of theoretical principles and concepts.

Radiographic Imaging I, II [Hybrid]

These courses will provide the student with the knowledge and skill necessary for diagnostic quality image acquisition including digital image acquisition, processing radiographic film, equipment utilization, and concepts of radiographic technique. These courses will provide the student with knowledge to produce and evaluate radiographic examinations, identify diagnostic quality images.

Radiographic Pathology & Directed Research [Online]

This course describes the general principles of disease and disorders that affect the body as a whole including basic terms related to pathology. Diseases of specific organs are identified and discussed. Proper diagnosis of human pathologies as they individually relate to the appropriate use of imaging modalities is a component of this study. Classifications of trauma, causes of tissue disruption and the healing process, etiology of disease processes, complications, prognosis, and interventional techniques appropriate for diseases common to each body system are discussed. Identification of diseases caused by genetics is examined. Students will thoroughly research a selected pathologic condition, write a research paper, prepare and deliver a presentation to a group of peers and professional colleagues.

Radiation Physics [Web-Enhanced]

This courses introduce the student radiographer to the fundamental principles of radiologic physics including atomic and subatomic theory. The interactions of electron and photons with matter will be applied to Radiology. Content is designed to impart an understanding of the components, principles and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, archiving and retrieval are discussed. Principles of digital system quality assurance and maintenance are presented.

Principles of Radiation Protection and Radiobiology [Web-Enhanced]

This course provides the student with the principles of radiation protection, and of cell radiation interaction. The student will demonstrate an awareness of his/her responsibility as a radiographer for radiation protection to patients, personnel and the public. Maximum permissible dose and regulatory involvement is discussed along with **radiation effects** on cells and factors affecting cell response. Students are made aware of the acute and chronic effects of radiation.

ACADEMIC PERFORMANCE REQUIREMENTS

To maintain enrollment in the program, students must meet the Academic Standards of the program. The following grading system applies to both the didactic and clinical phases of the program. These grading standards must be achieved and maintained at all times.

| | |
|----------|------------|
| A | • 100 - 94 |
| B | • 93 - 87 |
| C | • 86 - 80 |

- Students must pass each course with an 80% or above in order to stay enrolled in the program and progress to the next course(s).
- Below 80% is failing. Students must maintain an 80% average for each course and pass with at least 80% final examinations.
- Students must achieve 80% or above on all course assessments including tests, quizzes, assignments, lab practicums, and all other assessment tools. Failure to do so may result in academic probation and dismissal from the program.
- Late or incomplete coursework/assignments will heavily impact a student's grade on the assignment and in the course. Students are responsible to know the syllabus requirements of all courses/instructors.
- Attendance directly affects academic performance. Please refer to the Attendance Standards in this Student Handbook.
- Clinical practicum will have equal weight with didactic grading standards.
- To be eligible for graduation, the student must have an 80% correlated scaled score on the Simulated Registry Examination. Students are given a minimum of three opportunities to take this examination.

Graduation Requirements

Students will be eligible for graduation when all of the following conditions are met:

- The student has maintained or surpassed the minimum academic standards of the program by successfully completing all didactic and clinical course components of the program.
- The student has successfully met all competency requirements and clinical standards of the program.
- The student has met the program's attendance standards.



GENERAL POLICIES & PERFORMANCE STANDARDS

Program Hours

The program is a traditional **full-time** Monday-Friday program. Official program hours (including clinical begin/end times) vary from between 7:00am-5:00pm and do not exceed 8 hours per day. Total scheduled didactic and clinical clock hours combined do not exceed forty (40) hours per week.

Liability Insurance

The program maintains professional liability coverage for students. The cost for student liability insurance is included in students' tuition/fees.

Probationary Period

The student is admitted to the program on a probationary status for the first 120 days. The student's performance will be monitored closely for, academic achievement, adaptability to the profession, adaptability to the training both clinical and academic, as well as assessment of general attitude and interpersonal relationships. The student must also successfully complete a health assessment survey. If, as a result of this assessment, treatment or other medical care is needed, the student must follow through on medical advisement to be released from probationary status.

Continuous Improvement

The program operates in a model of continuous improvement. Courses and resource materials are reviewed and evaluated regularly in order to assure the achievement of student learning. Course Evaluations are assessment tools that students use to evaluate the courses they have completed. This contributes to the program's ability to continuously improve or enhance teaching methodologies in pursuit of achieving our mission and goals.

Withdrawal

A student who decides to withdraw from the program must submit a letter of withdrawal to the Program Director. Failure to do so will result in a termination of enrollment for non-compliance with school regulations, seriously jeopardizing the student's eligibility to re-enroll into the program. Tuition will not be refunded after the second week of the term.

Advisement and Counseling Policy

Students enrolled in the program are provided timely and supportive academic, behavioral, and clinical advisement. This is carried out in the following manner:

- **Academic matters** – Advisement is conducted at the discretion of course instructors as needed for support and in academic achievement and mastery of course content. Students may request individual academic advisement and counseling at any time as the need arises. The instructor

may initiate an Individual Education Plan (IEP) with clearly stated objectives and goals if the level of academic achievement is deficient.

- **Behavioral matters** - The recognition of behavioral concerns by program or clinical faculty, is reported to the Program Director and/or Clinical Coordinator. The student is requested to meet for advisement and counseling with the Program Director, Clinical Coordinator and/or appropriate program or clinical faculty member. The faculty provides support in resolving the reported behavior. If the behavior is such that it violates program policy and standards, corrective action may be initiated (see Conduct Standards).
- **Clinical matters** - Students are evaluated and graded on clinical performance to include all standards in technical performance and equipment utilization, communication, affective performance, work ethics, patient care, and radiation protection. This is to ensure that students progressively achieve competency in radiographic procedures and continuous growth in professionalism. Upon receipt of students' clinical evaluations, occurring at six-week intervals, the program clinical instructors and/or Clinical Coordinator reviews each evaluation and requests advisement meetings with students whose evaluations indicate that support is needed. Every student has the opportunity to review their evaluation with the Clinical Coordinator upon request. Every student must sign their evaluation after review and return to the Clinical Coordinator whether or not advisement was requested. Students may request individual clinical advisement and counseling at any time as the need arises.

Accountability

Students are accountable directly to the supervising technologist at the facility to which they are assigned for clinical experience. This may be the Clinical Instructor, department supervisor, department manager, or any assigned representative preceptor. Students are accountable to all program faculty members, the program director and to MTC administrators.

Legal Issues - Arrests

Any arrests must be reported to the Program Director within 24 hours of occurrence.

Drugs and Alcohol

See Appendix C.

Profanity

Students are at all times expected to communicate in a professional manner that is polite, courteous and mature. Profanity of any kind, as well as negative and disparaging words, is never appropriate in this program and will not be tolerated. Any reports of such use will result in corrective action.

Personal Hygiene

Personal cleanliness is expected at all times both in clinical and the classroom. Students must be freshly bathed each day and conscientious of body, hair and oral hygiene. When reporting to clinical, students must also have clean shoes and uniform.

Clinical Scheduling

Clinical education is designed to provide all students with a thorough and comprehensive training experience. This is achieved through a clinical scheduling model that provides for systematic rotations to a variety of clinical training sites every 6-weeks for all students. Much effort and time is invested in clinical scheduling and is oriented toward successful student development and progression in competency. Assessments are made of student progress by the program's Clinical Coordinator and Clinical Instructors routinely and designs the schedules to be optimally beneficial for all students. Assignments given on Clinical Schedules are not negotiable between student and faculty.

Students are given opportunity for advancement in the second year of the program and is based on factors such as exam competency completion, maturity and readiness for shadowing in a variety of imaging modalities. A minimum of one-half of a rotation (3 weeks) is given for most modalities. One day is given for Radiation Therapy. A clinical rotation in Mammography is not provided.

Advanced Modality

Advanced modality rotations, such as CT, MRI, NM, US, are available to students upon written request after completion of the junior year. A request form is available from the Clinical Coordinator.

Evening Clinical Rotation Option

Students have the option of requesting evening clinical assignments during the second year in the program. Evening shift hours are 1:00pm – 9:00pm. Evening rotations are available to students on a limited basis upon written request after completion of the first year of the program. In accordance with JRCERT accreditation standards, evening clinical assignment cannot exceed 25% of total clinical time. Approval for evening clinical rotations and total hours allowed per student are at the discretion of the Clinical Coordinator. Decisions are based upon multiple factors including, level of clinical progress and achievement, as well as the designation of appropriate student supervision by qualified preceptors. To request an optional evening rotation, students must email the Clinical Coordinator.

Student Travel Obligation

Students are assigned to a variety of diagnostic imaging settings at various geographical locations throughout Marion, Lake and Citrus counties on a 6-week rotational basis. Effort is made to minimize the miles students must drive to a clinical setting by scheduling clinical assignments within the county of student(s) residence when possible however, students may be required to drive distances up to 35 miles one-way from the MTC campus (1014 SW 7th Rd, Ocala, FL).

Essential Functions

Students will often be requested to perform non-technical but essential functions in the clinical setting which are in the Scope of Practice for Radiographers (**See Appendix A**). This may include but is not limited to: transporting patients, assisting patients with clothing or hygiene needs, giving “moving help” for assisting preceptors and other students in moving patients from hospital bed to examining table, taking specimens to the lab, cleaning tasks within the imaging department, performing inventory, filing and other clerical tasks.

Incident Reporting

Any incident involving injury (no matter how small) must be reported to the Clinical Instructor, Radiology Department Supervisor or Manager **immediately**.

- The Clinical Instructor or other preceptor in authority will instruct the student as to the proper procedure for treatment or non-treatment.
- An Incident Report must be completed at the clinical institution.
- A program faculty member is to be contacted as soon as possible.
- A Marion County Public Schools - Standard Student Accident Report is to be completed in the program office the same day of original injury.

Documentation of Student Clinical Training - Trajecsys

The program maintains accurate and permanent records of student achievement in the clinical education phase of the program. This is accomplished by use of a web-based student record management system called **Trajecsys**. A fee of \$150 is included in students' first semester tuition/fees for **Trajecsys**. This provides an electronic method of clocking in and out of their clinical education sites daily as well as to keeping track of the radiographic procedures in which they are involved. Clinical Competency Exams and student Clinical Evaluations are submitted by clinical instructors through Trajecsys for assessment and grade computation by the Clinical Coordinator. A permanent internship record of student competency is accessible by students, clinical instructors and program faculty. Students receive a personal login and are responsible for logging all exams observed, assisted, or performed into **Trajecsys**. Students also have the responsibility of submitting an evaluation of the clinical site at the end of each six-week rotation.

Personal Safety and Security

The following rules have been established to maintain the safety of students in the clinical environment. These safety policies are not inclusive. Students are to observe all rules of the program's individual clinical training sites as well as using good personal judgment and common sense. Failure to observe these rules may result in compromise of student and patient safety and may be subject to corrective action.

1. Students will be accountable to adhere to the safety regulations set for the by the individual clinical training facilities. This includes security, fire regulations and procedures, and hospital “codes.” Clinical education settings will orient students to their facility's safety policies.

2. Students will maintain their own personal health; any change in student health or ability to meet the program's Technical Standards is to be reported to the Clinical Coordinator.
3. Students will utilize proper body mechanics when interacting with and moving patients, equipment, and/or supplies. Proper body mechanics are taught to students didactically in the *Fundamentals of Radiologic Technology* course at the onset of the program and prior to clinical assignment.
4. Students must follow Universal Precautions with respect to hand-washing, infection control, and proper disposal of medical waste. [See below **Universal Precautions**].
5. When entering patients' rooms, students will adhere to any contact or respiratory precautions posted. Use of appropriate personal protective equipment (PPE) is required.
6. Students are NEVER to enter negative pressure rooms.
7. Always walk, never run. Keep to the right of hallways when pushing a portable machine, wheelchair or stretcher.
8. Report broken/defective equipment to the Clinical Instructor or Chief Technologist immediately. Place a "Do Not Use - Broken" sign on the defective equipment.
9. Know the location of fire extinguishers, departments' crash carts and contrast reaction kits.
10. Enjoy clinical training but **never** "horseplay," use sarcastic humor, or make practical jokes.
11. Abide by the program's Cell Phone Policy at all times; students are never to have cell phones visible or turned on during clinical assignment (refer to Cell Phone Policy).

Infectious Diseases

It is understood that in the clinical/healthcare environment, exposure to environmental hazards and infectious diseases including, but not limited to, Tuberculosis, Hepatitis B, and HIV/AIDS is an inherent risk. Students entering the program are required to obtain the Hepatitis B vaccine prior to entering the program. This requirement is outlined students' acceptance letters. Certain clinical education settings require proof of vaccination from Hepatitis B and other communicable diseases. The student understands and assumes the risks involved in clinical training in the healthcare arena. (See **Appendix F**). Additionally, *Influenza* is a highly contagious viral disease during the months of November-May each year. Some clinical training facilities require flu vaccinations of their employees, students and volunteers. Students are required to obtain a flu vaccine each year.

Universal Precautions

The program is using the practice of Universal Precautions which is defined by the Centers for Disease Control (CDC) as "a set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens." As a result, students and instructors will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, employees will assume all body fluids to be potentially infectious. The Program Director and Clinical Coordinator are responsible for overseeing the Universal Precautions Program.

ATTENDANCE STANDARDS & POLICIES

[Attendance Standards must be expressly understood. Please read the standards thoroughly, sign and submit the acknowledgement agreement that follows.]

School Breaks/School Closing Days

Our Sequence of Study incorporates official school breaks. (See page 7). These breaks are determined by the Marion County School Board on an annual basis. Students do not attend class or clinical practicum during these breaks. Students cannot make up lost time during these breaks. Students cannot take additional time (Sick Time) in conjunction with these breaks as Final Exams are generally scheduled on the last day before each break.

Hours of Attendance

Attendance to class and clinical practicum is essential, mandatory, and strictly enforced. Absence is inevitable, however, and is adequately provided for in this program. The student must become proficiently familiar with these attendance standards and hours of attendance and consistently be in compliance.

The program is a traditional full-time Monday - Friday program. Official program hours (including clinical begin/end times) vary from between 7:00am - 5:00pm and do not exceed 8 hours per day. Total scheduled didactic and clinical clock hours combined do not exceed forty (40) hours per week. Homework assignments and study time are completed **after hours** and are not included within this time. Students are considered in attendance during official program hours unless there is a scheduled break, dismissed by program faculty or clinical instructor, or the student needs sick time off (see below for policy on sick time).

If a student leaves from a clinical site before the designated time published on the Clinical Schedule, the student will be subject to corrective action as indicated in the Student Conduct Policies of this Student Handbook & Policy Manual.

Clock-Ins/Clock-Outs

Students must clock in and out at all clinical facilities. This is done by logging-in to our online recordkeeping program, TRAJECSYS. ***Failure to clock in and out appropriately from clinical computers will result in warning, probation and dismissal.*** The procedure for clocking in and out must be followed:

- It is NOT permissible to use mobile devices to clock in/out. Students may ONLY clock in/out from the clinical site's designated computer. (IP addresses are visible and monitored).
- When arriving to clinical, the student will access TRAJECSYS and enter his/her personal login, then click on ***Clock-In.*** (If late to clinical, see "Tardiness" below)
- When leaving clinical, the student will access TRAJECSYS and enter his/her personal login, then click on ***Clock-Out.***

- If the student is released from clinical (by the Clinical Instructor) more than 15 minutes early, the student will file a ***Time Exception*** in TRAJECSYS. (See **Clinical Dismissal** below).

Clinical Dismissal

Clinical hours are published on the Clinical Schedule. The training times vary from site to site as noted on the schedule. Students must be on time and remain at the facility until the designated time unless the Clinical Instructor releases the student(s) early. (**Students must NEVER ask to be released early**). When released early by the Clinical Instructor, students must clock-out in TRAJECSYS as follows:

- Click on ***Time Exception***
- Enter the time of departure and comments (name of person authorizing the early release and reason)

On occasion, a clinical training site will need to dismiss their student(s) early in the day for various business reasons. It is the **student’s responsibility** to notify the program office of the unexpected dismissal. Student(s) will be reassigned to an alternate clinical facility for the remainder of the day (or days) as needed. **Student(s) must report to the program office. They are not to go home.**

Tardiness

Promptness is required of all students in a professional training program. A strict tardy policy is enforced.

- If the student is going to be late to clinicals, the clinical instructor and the program office must be notified prior to the designated clock-in time.
- The student is officially tardy if he or she is not clocked into the clinical facility on or before the designated start time.
- Time will be deducted from the student’s Sick Time after 7 minutes.
- All tardy time is rounded to the nearest 15 minute increment (ex: 8 minutes tardy = 15 minutes; 23 minutes tardy = 30 minutes, etc)
- If tardy, the student is NOT to clock in through Trajecsyst under normal clock-in procedures. After logging in to Trajecsyst, the student will click on **Time Exception** and enter the time of arrival and reason.
- Three instances of being tardy will result in one lost Sick day.
- Three Sick days lost in this manner may result in dismissal from the program.

Sick Time

| | |
|--|------------------|
| ½ day per month (4 hours) x 22 months (program duration) = | 88 hours |
| 1 additional day (8 hours) | <u>+ 8 hours</u> |

| | |
|-------|----------|
| TOTAL | 96 HOURS |
|-------|----------|

Sick Time is allocated to students prior to its accrual on this basis only:

- 48 Hours available beginning the first day of class (August).
- 48 Hours is added in July on the first day of the Summer Semester (Clinicals).

Sick Time for the second year may not be used during the first year. All missed time, regardless of the nature of the absence, will be deducted from this sick time allocation.

Sick time is a provision for:

- Personal and family illness
- Necessary medical appointments
- Bereavement/funeral attendance
- True family emergencies

Students are entitled to begin using Sick Time at the onset of the program however; it is **NOT** to be used for:

- Vacation
- Study time
- Personal employment
- Any other non-medical reasons

AN ABSENCE NOTIFICATION MUST BE SUBMITTED THROUGH TRAJECSYS FOR EVERY ABSENCE

Any deficit in Sick Time at any given point in the program may result in failure of the clinical course or didactic course and may impact ability to graduate from the program. On a case-by-case basis, program faculty may arrange make-up time for students in a deficit in Sick Time. The student must have demonstrated he or she has made every effort to be in attendance and is in good standing in didactic and clinical performance. Make-up time will be scheduled **ONLY** during the student's summer break for time deficits in the first year of the program. Make-up time will be scheduled **ONLY** at the end of the program for time deficits in the second year of the program. This may impact timely graduation from the program (as indicated on the program Calendar page 6) delaying the student's program completion.

Attendance/Absenteeism

The policy for illness and absence is as follows:

Illness/Excused Absence

An occurrence of 3 days or longer of illness must be documented by a physician. A doctor's note must be submitted to the program secretary upon return. (**Note:** *Excessive absenteeism may prevent the student from being re-registered for the next term*). All absences must be reported through Trajecsys. (See Absence Notification Procedures on next page)

If the student becomes ill during clinical practicum –

- The student **MUST** report the illness to the clinical instructor **AND** the Clinical Coordinator. Failure to do so will result in Corrective Action.
- The student will be sent home.
- The student will file a Time Exception in Trajecsys indicating the missed clinical time.

Excused/Unexcused Absences

Marion County Public Schools establishes the parameters for Excused and Unexcused absence. The student's reason for the absence must be thoroughly explained and must satisfy the Marion County School Board and Florida state rules in order to be deemed Excused. Excused does NOT exempt the student from having time deducted from his or her Sick Time allocation.

Leave of Absence

Student achievement is relative to performance standards in regard to class and clinical attendance. To support success and graduation from this program, strict attendance standards must be maintained. Detailed attendance standards are outlined separately in this Student Handbook.

The student with a long-term medical or surgical disability may request, in writing, a Leave of Absence from the program. A Leave of Absence Agreement would specify the time to be made up, the manner in which it would be made up and a timeframe stipulation. This includes a medical event or illness that renders the student unable to perform the Technical Standards at 100%. A Leave of Absence Agreement will necessarily correlate with MTC's institutional Leave of Absence Policy (See MTC Course Catalog).

Absence Notification Procedures**Clinical**

If the student is sick and will be absent from the clinical assignment, notification to that site by phone call AND through Trajecsyst must be made at least thirty (30) minutes prior to the expected start time. Failure to follow program policy will result in corrective action.

1. Call clinical instructor (phone listing in Clinical Manual)
 - If the Clinical Instructor is not available, the student should get the name of the person to whom they are giving the message. It is the student's responsibility to follow-up later to ensure the Clinical Instructor received the message.
2. Login to Trajecsyst
 - Click on Other Evaluations
 - Click on Absence Notification - CLINICAL

Class

If the student is sick and will be absent on a class day, notification to program secretary by phone call AND through Trajecsyst should be at least (15) minutes prior to the start of class that day. Failure to follow program policy will result in corrective action.

1. Call program secretary (671-7223)
 - If you receive voicemail, leave a message. The secretary will notify faculty.
2. Login to Trajecsyst
 - Click on Other Evaluations
 - Click on Absence Notification - CLASS

Student Employment

In order to pursue the safety goals of our clinical institutions, protect patients and workers while providing the utmost patient care, and meet the educational needs of the students, policies are established for optimum student achievement.

Students who are employed shall make school attendance a priority over employment.

Sleeping in class or poor clinical performance due to lack of sleep will not be tolerated. Working late night or early morning prior to a school day on a regular basis is unacceptable. Student time is accounted for at all times. **A student is not permitted to work in any paid capacity during clinical or classroom hours.**

In addition to meeting all goals, the faculty and school officials are concerned for the physical and mental capabilities of the student. Student attendance in the program, therefore, is of utmost importance. Abuse of sick time, tardiness, or absence will not be permitted.

Distributed learning days must be utilized for classwork, online assignments, and any general coursework. It must not be used for employment time.

PROFESSIONAL APPEARANCE POLICIES

The student's ability to gain the trust and confidence of patients is seriously compromised if the student does not look the part of a healthcare professional. If, in the opinion of the program faculty, a student is non-compliant with the program's Professional Standards, including professional appearance, personal hygiene, speech and conduct, corrective action procedures will be initiated.

Uniforms

Uniform scrubs must be worn at all times when attending class and/or clinical rotations. Khaki scrub pants and class polo is required for class attendance. The class fleece/logo jacket is suggested. Navy blue pants with ciel-blue tops are required for clinical attendance. A long-sleeve ciel-blue scrub jacket is suggested. All tops must be embroidered with the official school logo and "*Radiologic Technology Student*" to the upper left chest on ALL scrub tops and jackets. **Uniforms must be clean and wrinkle-free.**

Official class uniform includes:

- Clean wrinkle-free Khaki scrub pants.
- Class polo shirt, ID badge on lanyard.
- Class fleece jacket.
- Class book bag.

Official clinical uniform includes:

- Clean wrinkle-free navy pants, ceil-blue top and jacket.
- Only clean, WHITE t-shirts are permitted under ceil-blue scrub tops.
- Name badge visible at all times and worn at collar level or on lanyard.
- Instadose dosimetry badge worn at all times at collar level.
- Student x-ray markers taped to ID badge or carried in pocket at all times.
- White shoes ONLY for clinical (see below)

Shoes

Only WHITE athletic shoes OR white uniform shoes (found in uniform shops) are permitted. Shoes should be clean at all times. Safety, comfort and appearance are the main consideration for acceptable footwear. Clogs specially designed for healthcare workers may be worn if they have a strap fitted securely to the foot so that they do not slap the floor when walking. They must be closed-in with no open holes. All shoes must have a non-skid, rubber sole. **NOT PERMITTED: Black, gray or colored shoes, tennis shoes, basketball shoes and any other specialty athletic shoes, flip-flops, thongs, mule style shoes boots or sandals, open-toed footwear.**

Any student who reports to clinical training without being in official uniform or is lacking ID badge, dosimetry badge or student markers, will be sent home to get them. All missed time will be deducted from the student's Sick Time allocation.

Picture ID Badge

A picture ID badge is considered part of the student uniform and is to be worn at collar level or on lanyard at all times while at clinicals and on school campus. If the MTC badge is forgotten when attending classes on campus, the student must sign as a visitor at the front desk of MTC. The visitor sticker must be worn while on campus and returned to the front desk when leaving for the day.

Lead Markers

Each student is provided with one set of radiographic lead markers containing his/her personal initials. (The cost is included in the students' tuition/fees). Students must use his/her own lead markers on every radiographic image without fail. Using another student or technologist's lead markers is **STRICTLY PROHIBITED**. The students' lead markers should be taped on his/her picture ID badge and considered a vital part of the program's required uniform. The uniform is incomplete without lead markers, picture ID badge, and radiation monitoring badge.

Lead markers may **ONLY** be used while on duty as a student for marking images of patient exams personally performed. Lead markers are **NOT** to be used by other students or techs. Further, if the student undergoes x-ray exams on his or her own anatomy, the student lead markers can **NOT** be used. Likewise, the student can **NOT** perform his or her own personal x-ray exams.

If lead markers become lost, the student must notify his/her Clinical Instructor at the program office immediately. A temporary set will be issued and an additional personal set will be ordered.

Hair

Hair must be clean, neat, out of the face, and of natural human hair color. Unnatural hair colors and wide/chunky hair color variations or streaking are not permitted. Fashionable, trendy, or extreme hair styles are inappropriate in a healthcare environment and not permitted. This may include but is not limited to: cornrows, feathers, beads or other items braided into the hair, mullets, mohawks, faux-hawks, duck tails, dreadlocks, spiking, designs or initials shaved into clipped hair, slicked-back undercuts, rockabillys, shockers, quiffs, etc.

Ladies: If hair is below shoulder length, it must be worn back in a pony-tail or clipped up. (If hair falls forward from the neck when the student leans over, it must be worn back). Hair is never to fall below the eyebrows or cover the face. If it must be repeatedly pushed back, it is inappropriate. Only ladies are permitted to wear stud type earrings at clinic. **Dangling earrings are not permitted at clinic.** It presents a safety hazard.

Men: Hair for men should be worn conservative and neatly groomed. Hair may **NOT** touch the shoulders. Fashionable, trendy, or extreme hair styles are inappropriate in the healthcare environment and **NOT** permitted. **Facial hair is only permitted when it is close to the face and neatly trimmed. This must be maintained at all times.** "Stubble" from lack of regular shaving does not meet professional standards. Piercings are not permitted for gentlemen at any time.

Jewelry

Conservative, tasteful jewelry that is **NOT EXTREME** or excessive is permitted. Jewelry should not be functionally restrictive, dangerous to job performance, or excessive. Class pins or small special award pins may be worn, however, buttons and pins of political nature, and comic or advertising oriented are not allowed.

FACIAL PIERCINGS ARE NOT PERMITTED. Facial jewelry, including eyebrow rings, nose rings, lip rings, and tongue studs, are **NOT** professionally appropriate and must **NOT** be worn while attending either clinical or didactic classes. Earlobe plugs are **NOT** permitted.

Fingernails

Natural fingernails must be kept short and clean without rough edges. Fingernail polish is NOT permitted during clinical education. This includes color or clear. Even clear polish can chip and harbor bacteria thereby resulting in an infection control issue. Since all students will have direct patient contact, **artificial fingernails may NOT be worn**. Artificial fingernails are defined as any material applied to the nail for the purposes of strengthening or lengthening nails including, but not limited to; wraps, acrylics, tips, tapes, nail-piercing jewelry of any kind.

Hats

Hats or head coverings can NEVER be worn at clinical OR inside the MTC building. The only exception is for scheduled outside activities.

Tattoos

Tattoos can NOT be visible. Tattoos on the neck, face and scalp are NOT permitted. Tattoos on the arms (visible below the edge of short sleeve scrub top) MUST be covered by wearing long sleeve top/scrub jacket (covering with bandages is not acceptable). Tattoos on outer wrists, hands, and fingers are NOT permitted.

Any extreme in clothing, hair, cosmetics, jewelry, or appearance is not acceptable in class or clinical. These standards apply at ALL TIMES. Students NOT in compliance with the dress code will be sent home to change with time deducted from the student's Sick Time allocation.

Makeup and Cologne

Makeup should be worn in moderation. Cologne/ perfume is NOT permitted in the clinical setting as many patients are at risk of having an adverse reaction including nausea and vomiting.

Chewing gum, Eating or Drinking

Students are not permitted to chew gum, eat or drink while caring for a patient. They are allowed in designated areas only.

Patient Concerns

The Radiologic Technology program at Marion Technical College is committed to a high level of integrity in all aspects of student training. Patient dignity, privacy and modesty should be a priority to every student radiographer.

Faculty will take seriously any report of a student who is perceived to have compromised a patient's privacy including but not limited to counseling, corrective action or up to dismissal from the program.

CELL PHONE POLICY

In Clinical

Cell phones are permitted to be carried in students' pockets ONLY IF:

- They are turned completely OFF.
- They can NOT be on SILENT, VIBRATE, ALARM ONLY, AIRPLANE MODE or any other setting.
- Students may access their cell phones ONLY when given official breaks and lunch and ONLY out of the work area or patient care area.
- Sitting or standing in the radiology work areas during “downtime” is NOT an official break.
- Cell phones can NOT be utilized while in the work or any patient care area at ANY time.
- There are NO acceptable reasons for students to utilize their cell phones. Looking up medical terms, accessing distance learning platforms such as RadReviewEasy, Evolve, or Blackboard, accessing iRad or any other applications related to radiography education are NOT acceptable reasons to access a cell phone during clinical time.
- Clinical instructors, preceptors, school or clinical officials will routinely and randomly ask to see students' cell phones during clinical time. Students should expect spot checks at any time.
- At NO time are students allowed to charge their cell phones at clinic. There are NO exceptions for this.

Any violation of this policy is subject to corrective action as follows:

1. First offense - Student receives official WARNING on a corrective action.
2. Second offense - Student loses privilege of carrying cell phone in pocket. Student will be on PROBATION with the program and cell phone will not be allowed in the student's pocket at any time for the remainder of the program. The cell phone will have to be put away out of sight (such as in a cabinet, drawer or locker) OR not allowed in the clinical facility at all. This will be determined by program faculty and clinical officials and will be documented on the corrective action.
3. Third offense - A third offense means the phone is taken out and utilized in the work area or patient care area and/or utilized at any time during clinical education hours (other than designated/official breaks and lunch). The corrective action will result in SUSPENSION from the program for a minimum of three days. This action jeopardizes the student's good standing with the program and may lead to dismissal from the program for any further non-compliance of any program standards or policy violations.

In the event of a personal/family emergency, the program office should be notified **671-7223**. A faculty member or the program secretary will immediately locate the student in clinical and relay the urgent message.

It is noted that some clinical facilities allow their employees (our preceptors) to carry and access their cell phones. Although a preceptor in one of these facilities may tell a student that it is permissible to use their cell phone while in their facility, it is against program policy and is still subject to corrective action. There are several reasons this policy must be strictly adhered to:

1. Patient safety.
2. Protect the student; eliminate the potential for inattention to duties.
3. Some of our clinical affiliates do have strict cell phone usage policies for their employees. It is in the best interest of the program and the students within the program to support the policies of our clinical affiliates.
4. Photographing a patient's injury, condition, or circumstance in any way is strictly prohibited. The penalty for disregard of this will be immediate dismissal.

In Class

When attending class, cell phones must be placed in individual student mailboxes in the classroom (blue tower). Students may access their cell phones during breaks and lunch.

1. Power phone **OFF** (must be totally silent, not vibrate).
2. Place in student mailbox.
3. Access during breaks and lunch. Outside of the radiology department.

If a student must have his or her cell phone for an emergency situation, the instructor should be made aware and that instructor may permit the student to keep their cell phone with them at the students' desk.

Students should give the program office phone number to child's school and family members in case of emergencies, **671-7223**.

IONIZING RADIATION AND PROTECTION POLICY

Due to participation in the administration of ionizing radiation, the student must be aware of policies and procedures utilized in assuring safety and minimizing radiation exposure to patients, students and others. Radiation exposure should always be kept to the lowest possible level. Students are advised of the biological effects of radiation exposure and the required measures for radiation protection. Students are also advised of the separate policy regarding pregnancy (see Student Pregnancy Policy below). Time, Distance, and Shielding are the cardinal principles of radiation protection for students, patients and any other individuals participating in diagnostic imaging procedures. The least time of exposure to the sources of radiation, the greatest distance from the source, and protective shielding with devices such as lead aprons are the foundation for minimizing dosage. The student is responsible for observing and employing these principles at all times. Failure to do so will result in corrective action up to and including dismissal from the program.

- All students are to be **directly supervised** pre-competency and **indirectly supervised** post-competency by a qualified ARRT Registered Technologist in Radiography.
- Any unsatisfactory radiograph that is repeated must be **directly supervised** regardless of the level of student competency or time in the program.
- All energized and ionizing radiographic equipment in the program's clinical training facilities are maintained in compliance with federal and state radiation safety policies and regulations.
- A separate policy is available for pregnant students (see Student Pregnancy Policy below).
- Appropriate radiation protective devices such as lead aprons and thyroid shields are provided to students in the clinical setting and utilization is enforced. Students must wear a minimum of a 0.25 lead equivalent personnel shield any time a permanent barrier will not protect them from exposure; for example during fluoroscopic and surgical procedures.
- During fluoroscopic, surgical, or portable (bedside) procedures, when students must remain in the room with the patient, the following policy is to be followed:
 - A lead apron and lead thyroid shield will be worn at all times.
 - The student will put as much distance as possible between him/her and the source (x-ray tube) by stretching out the hand control device as far as possible while still maintaining reasonable sight of the patient.
- Holding an image receptor or a patient during an exposure can result in direct beam exposure to unprotected areas of the body; therefore, **STUDENTS ARE STRICTLY PROHIBITED** from holding image receptors or holding/supporting patients during exposure. **Any student who holds a patient during an exposure for any reason is subject to corrective action up to and including dismissal from the program.**
- During activation of the x-ray tube, students must not be in direct visual line with either tube or patient. Students may only observe the patient during exposure from an adjacent room through a lead glass protective window.
- A personnel radiation monitoring dosimeter badge, **Instadose**, is issued to each student (see Radiation Monitoring Badges below). The dosimeter badge (aka "film badge" or "Instadose") must be worn at all times during clinical assignments and fastened at the collar level and outside of the lead apron when applicable.
- A dosimetry report indicating individual radiation dosage levels during each specified reporting period is provided to students at the end of each six-week clinical rotation (see Dose Limit Policy below). Students are responsible for uploading their Instadose readings at the end of each clinical rotation as specified on the **THE PROGRAM Clinical Schedule**. Clinical

Schedules are provided to students every six weeks, posted on the classroom information board, and posted on *Trajecsys*.

- Radiation monitoring fees for Instadose are included in student fees.

Radiation Monitoring Badges and Dose Limit Policy

In compliance with Nuclear Regulatory Commission (NCR) regulations and applicable state laws, all students are provided with a radiation monitoring badge known as a dosimeter for monitoring exposure to radiation. Instadose dosimeters are provided to students upon entering the program. Radiation dose readings are made at six-week intervals, coinciding with each clinical rotation assignment.

Radiation monitoring badges must be worn at the collar level at all times the student is on clinical assignment. It must be worn on the outside of the lead apron in the collar area. **Loss or damage of an Instadose radiation monitoring badge must be reported to the Clinical Coordinator immediately. A replacement badge will be provided. The student incurs the cost of the replacement badge. There is a \$30 lost Instadose badge fee.**

Radiation dose limits for occupational workers (including students) are established by the National Council on Radiation Protection and Measurements (NCRP):

Dose Limit Annual: 5000 mRem (50 mSv)

Cumulative: 1000 mRem x AGE (10 mSv x age)

The program's policy for student dose limits is:

Dose Limit Quarterly: 125 mRem (Two consecutive 6-week clinical rotations)

Dose Limit Annually: 500 mRem

In order to assure that student radiation exposure is kept as low as reasonably achievable (ALARA), the program routinely maintains and monitors student radiation exposure data. Student radiation exposure data is available instantly and at any time via Instadose. Students are required to plug their Instadose USB into their personal computer at the end of each six-week clinical rotation and upload their personal radiation exposure data to Mirion Technologies. Radiation interpretation of dosimeter readings occurs as follows:

1. The Clinical Coordinator retrieves all students' radiation exposure data from our Mirion Technologies account and reviews the report. The report is then submitted to the program's Radiation Safety Officer (RSO) for interpretation. The Radiation Safety Officer (RSO) of Munroe Regional Medical Center and Radiology Associates of Ocala, **Dr. Rolando Prieto**, serves as the program's RSO.
2. The RSO signs the report for verification of the data. The signed report is maintained in the program office and displayed on the Radiation Safety Hub bulletin board in the classroom. Each student is required to initial their Instadose readings beside his/her name on the report.

3. If a student(s) exposure reading reaches **125 mRem** in any given quarter (two consecutive 6-week clinical rotations), the following steps will be taken:
 - A. The Clinical Coordinator will notify the student(s) and Program Director of excessive dose.
 - B. The Clinical Coordinator and Program Director will meet with the student and try to determine what may have caused the student's reading to reach 125 mRem and make an action plan for the student to minimize future excessive exposure. This will include a review of safe practices and may include clinical practicum modification to exclude fluoroscopy and surgical exams.

Student Pregnancy Policy

The Radiologic Technology program at Marion Technical College adheres to the JRCERT's standard with regards to the declaration and discussion of pregnancy, including the appropriate courses of actions once declaration of pregnancy has occurred. If a student becomes pregnant, she **can elect** to notify the Clinical Coordinator and/or the Program Director. **Pregnancy notification is strictly voluntary.** The program **recommends** written pregnancy notification.

Study and participation in a clinical setting is a necessary part of the training program conducted by the program. Exposure to doses of radiation is an inherent part of clinical education and participation. Students who are pregnant are subject to risk associated with radiation exposures that are greater than the risks shared by women who are not pregnant. There is medically accepted evidence that a human embryo/fetus has greater sensitivity to radiation. The embryo/fetus may be susceptible to the harmful effects of radiation such as cancer, mental retardation and other various developmental deficiencies. Other risks which detrimentally may affect pregnancy and which are inherent during clinical education include strenuous lifting and exposure to infectious diseases and illnesses. Pregnant women need to make informed decisions regarding radiation exposure during pregnancy. **The Marion County Public Schools, MTC, the Radiologic Technology program and school officials will not be responsible for radiation injury to the student or the embryo/fetus if the student chooses to continue in the program during pregnancy.**

Option 1

The pregnant student may voluntarily declare her pregnancy by informing the Clinical Coordinator and/or Program Director **in writing** of her pregnancy, and providing the estimated date of conception (month and year). If she voluntarily declares her pregnancy, she can choose to continue in the clinical component of the program without modification however, the program **recommends** the following actions:

- Student continues in the program, but clinical practicums will be modified. The student will not be permitted to engage in the following clinical activities (this is suggested as an option):
 - Fluoroscopy
 - Mobiles and Surgery

- MR
- Nuclear Medicine
- Radiation Oncology
- Special Procedures

Once the student has voluntarily declared her pregnancy in writing, and regardless of the student's choice to continue in the program **with or without** clinical modifications, the following actions will be taken:

- A. The student will provide to the Program Director a letter from her physician stating that the option chosen is medically acceptable.
- B. Program officials will counsel the student regarding the potential risks associated with fetal radiation exposure. The appendix to Regulatory Guide 8.13 of the United States Regulatory Commission will be reviewed and discussed. Leave time for delivery and post-partum recovery will also be discussed. An estimated plan and timeline for program completion will be included. It is understood that program completion time will be impacted.
- C. The Student Pregnancy Release Form will be reviewed and signed by the student. A copy will be placed in the student's school folder. A copy will be provided to the student and to the Administrative Director of MTC.
- D. A fetal dosage monitoring device will be assigned to the student and required to be worn as instructed. It must be worn at waist level at all times (under lead aprons) to monitor fetal exposure during clinical education. It must be exchanged on-time as scheduled.
- E. The student will limit the dose to her embryo/fetus to 0.5 REM during the entire pregnancy. This is 1/10 of the dose that an occupational worker may receive in a year.

The student's declaration of pregnancy may be withdrawn at any time by submitting a **written** withdrawal of declaration to the Program Director.

Option 2

The pregnant student may request a leave of absence from the program, **OR** from only the clinical education component of the program. If she chooses this option, the following actions will be taken:

- A. The student will provide a letter to the Program Director requesting a leave of absence from the program (or clinical portion).
- B. The student will provide a letter from her physician confirming the pregnancy and an estimated date of delivery. If the student is requesting a leave of absence only from the clinical portion of the program, the physician's letter must indicate that it is medically acceptable for the student to continue all didactic requirements of the program.
- C. Program officials will discuss with the student an acceptable plan for a medical leave of absence in accordance with institutional (MTC) leave of absence policies.

Regardless of option selected, the student may or may not graduate from the program on the date scheduled upon entering the program. Program completion will be determined on an individual basis depending on the student's capacity to complete all course requirements.

Policy of Clinical Student Supervision

The Program, its accrediting agency (**JRCERT**), and Florida state laws governing ionizing radiation require that the student be supervised in the performance of radiographic procedures under the following guidelines:

1. The student must not take the place of a qualified staff radiographer which is an ARRT Registered Technologist in Radiography (**Program and JRCERT**).
2. **DIRECT SUPERVISION - Until a student achieves competency** in a given procedure, all clinical assignments must be carried out under the **DIRECT SUPERVISION** of a qualified (ARRT) radiographer who:
 - A. Reviews the procedure in relation to the student's achievement.
 - B. Evaluates the condition of the patient in relation to the student's achievement.
 - C. Is physically present during the conduct of the procedure.
 - D. Reviews and approves the procedure and/or image.
3. **INDIRECT SUPERVISION - After the student achieves competency in a given procedure, INDIRECT SUPERVISION** may be provided by a qualified (ARRT) radiographer.
 - A. Supervision provided by a qualified radiographer **immediately available** to assist the student regardless of the level of achievement.
 - B. **"Immediately available"** is interpreted as the physical presence of a qualified (ARRT) radiographer adjacent to the room or location where a radiographic procedure is being performed.
4. All repeat images, regardless of level of student competency development, must be repeated in the presence of a qualified radiographer. (**JRCERT and State of Florida**). If a student repeats an image without direct supervision:
 - A. He or she will be **IMMEDIATELY PLACED ON CLINICAL PROBATION FOR THE REMAINDER OF THE ACADEMIC TERM.**
 - B. If the student should repeat a second image without direct supervision, the student will receive a **FAILING GRADE FOR THAT CLINICAL COURSE AND BE DISMISSED FROM THE PROGRAM.**
5. A student is not to perform a procedure prior to simulation of that procedure. (**Program and JRCERT**)

PROGRAM POLICY ON ELECTRONIC MANIPULATION OF IMAGES

For clarification and questions on the following positions, please see the Program Director or Clinical Coordinator:

Digital Image Cropping or Masking in Radiography

It is the position of the Radiologic Technology program at Marion Technical College that a digital image should not be cropped or masked such that it eliminates areas of exposure from the image that are presented for interpretation. Pre-exposure collimation of the x-ray beam is necessary to comply with the principle of as low as reasonably achievable (ALARA). To determine that exposed anatomy on an image is not significant or of diagnostic value is a medical decision and is therefore outside of the scope of practice for a radiologic technologist. All anatomy exposed on the digital image is a part of the patient's permanent medical record, and should therefore be presented to the licensed independent practitioner to determine whether the exposed anatomy obtained on any image is significant or of diagnostic value. For this reason, the **Radiologic Technology program prohibits students from performing post-exposure shuttering, cropping, electronic collimation or electronic masking except when necessary to eliminate the visibility of large regions of brightness, where automatic processing fails to do so.** This statement is made in adherence with the Practice Standards and scopes of practice for medical imaging professionals.

[Adapted 6/2016, ASRT]

Digital Image Post-Processing in Radiography

It is the position of the Radiologic Technology program at Marion Technical College that an image obtained for a prescribed projection in a digital imaging system or series be assigned only to that specific projection and not be altered by post-processing in order to be represented as another projection. For this reason, the **Radiologic Technology program prohibits students from altering any projection or series by post-processing projection and/or series reassignment.** This statement is made in adherence with the Practice Standards and scopes of practice for medical imaging professionals.

[Adapted 6/2016, ASRT]

Any student altering an image after it is acquired is subject to corrective action up to and including dismissal from the program.

For further interest in the ASRT's opinion and position on the use of post-exposure shuttering in radiography:

https://www.asrt.org/docs/default-source/practice-standards/aos_useofpostexposureshutteringinradiography.pdf?sfvrsn=2

STUDENT CONDUCT STANDARDS

In order for the program to uphold and promote the standards of the profession and provide the best possible academic environment and clinical training, the following policies for student conduct are enforced. These policies are not exhaustive; an instructor may recommend discipline for infractions not noted here.

| OFFENSE | 1 ST Offense | 2 ND Offense | 3 RD Offense |
|---|---|-------------------------|-------------------------|
| Falsification of school application, time record or other clinical or official record;
Academic dishonesty, cheating of ANY kind, making false statements,
Misrepresentation of facts or situations involving this program of any kind. | Dismissal | | |
| Failure to clock IN/OUT; clocking in/out from any device other than
Approved clinical or school computers. Failure to follow absence policy | Warning | Probation | Dismissal |
| Any violation of the Academic Integrity Policy and honor code | Probation | Suspension | Dismissal |
| Willful destruction of hospital or school property. | Dismissal | | |
| Theft on hospital or clinical affiliate premises; theft on school premises;
Including theft of another student's property. | Up to and including Dismissal | | |
| Insubordination; refusal to carry out reasonable orders. Avoiding
Certain exams; not attending to assigned room or given exam. | Up to and including Dismissal | | |
| Possession or use of alcoholic beverages or any other illegal or
Non-prescribed substance that impairs performance or judgment on hospital or
affiliate premises, use of or positive screening result. | Dismissal | | |
| Reporting to class or clinical under the influence of alcohol or any judgment
impairing substance. | Up to and including
Dismissal | | |
| Divulging confidential information; any violation of HIPAA. | Dismissal | | |
| Rendering interpretations of radiographs and/or revealing
radiographic findings to patient or others. | Up to and including
Dismissal | | |
| Absence from work area without notifying chief
technologist in charge; any unauthorized absence from work area. | Warning | Dismissal | |
| Failure to properly identify a patient; exposing a patient without a
Proper order; performing an incorrect exam on a patient. | Up to and including
Dismissal | | |
| Inattention to duties. Reading material not related to the radiology program.
Violation of Cell Phone Policy.
Failure to exchange dosimeter badge on time. | Warning | Probation | Suspension |
| Verbal opposition/arguing with a preceptor; disparaging remarks about
preceptors, instructors, fellow students, physicians or patients. | Probation | Suspension | Dismissal |
| Unprofessional conduct of any kind. Taking picture of a Patient or clinical
condition. Making disparaging or inappropriate comments on social media
regarding any aspect of the program, its representatives, fellow-students. | Probation | Suspension | Dismissal |
| Faculty and/or classroom disrespect including but not limited to
sleeping in class or clinical. Disregard of program officials request to meet with a
student for any reason. | Warning | Probation | Dismissal |
| Unprofessional appearance/non-compliance with
THE PROGRAM dress code. Use of any electronic device at clinic | Warning | Probation | Dismissal |
| Failure to meet attendance standards: Excessive absenteeism or tardiness to
class; excessive absenteeism from clinical education; exceeding Personal Leave
Time allocation. | Warning | Probation | Dismissal |
| Displaying an attitude which affects the morale of students, technologists or
faculty; compromises or challenges instructor authority. | Warning | Probation | Dismissal |
| Exposing or attempting to expose a personal monitoring device. | Immediate termination from the program. | | |
| Failure to disclose any arrests, adjudicated or not* | Immediate termination from the program. | | |
| Non-compliance with any General Student Policies.
Subsequent violations of Cell Phone Policy in class or clinical | Up to and including Dismissal | | |
| Making radiographs without student x-ray markers; misuse of markers; using
another student's markers; allowing another person to use own markers, using a
technologist's markers | Warning | Probation | Dismissal |

Disciplinary measures are documented on a Corrective Action Form which becomes part of the student's record. The student is counseled and provided an opportunity for written comment. An action plan for improvement is initiated. All discipline is enforced successively; while on probation, a student may be subject to dismissal from the program if another offense is committed.

Probation

Corrective action that results in probation will be for 120 days from the date of the signed Corrective Action form. Probationary status means that the student may be subject to suspension or dismissal from the program for any offense committed during the 120 day corrective action probation period

Suspensions and Dismissals

Suspensions will be for (3) days unless determined otherwise by school officials. The student must make up the missed clinical days in order to graduate. For offenses not described on the Corrective Action Chart in this Student Handbook & Policy Manual, the student will be counseled with corrective action being taken as appropriate for the offense. Any recommendation for suspension or dismissal will be referred to a MTC school administrator and/or a disciplinary action committee composed of the program director, a program faculty member, a school administrator, and a clinical official if relevant. Suspensions may impact a student's eligibility to take the ARRT certification exam and/or graduate from the program.

Conduct in the Classroom Environment

Student conduct in the classroom and in the clinical environment must be professional, thoughtful and kind at all times. In this regard, students must at all times:

- Be committed to the pursuit of knowledge through self-motivated, consistent study habits.
- Uphold and demonstrate moral, ethical and professional personal conduct in the classroom, on campus, and in clinical practicum.
- Exhibit courteous and kind attitudes toward classmates, patients, program and clinical officials.
- Demonstrate maturity and responsibility in keeping the classroom clean, orderly and sanitized.
- Be prepared for class including texts and any materials needed.
- Be consistently on-time (early is on-time) to class and clinical.

Students must NOT:

- Exhibit any type of disruptive or distractive behavior in class.
- Use profanity or offensive slang at any time.
- Sleep during class.
- Put feet up on desks.
- Use cell phones (including texting) in the classroom (see Cell Phone Policy).
- Leave class before dismissed by the instructor.

Conduct in the Clinical Environment

The patient is the student's first consideration. Students are expected to conduct themselves in a professional manner at all times. The following policies are to be observed and are not exhaustive:

1. Students must display kindness, tact, gentleness and courtesy.
2. Students should portray and promote a sense of unity and cooperation as members of the healthcare team. An attitude of service and support to technologists as well as patients, a willingness to learn, and grateful disposition is strongly encouraged.
3. Students **MUST** properly identify patients before bringing them into an imaging exam room or performing a portable exam. Students must always have the imaging requisition with them when identifying a patient. Students must have an understanding of the information on the requisition before greeting the patient.
4. Students **MUST** always use student x-ray markers and in the proper manner when performing a radiographic exam.
5. Upon completion of a radiographic exam, an RT(R), **must** check all images before they are sent to PACS for interpretation and dictation by the Radiologist.
6. Students are to remain in their assigned work areas, diagnostic imaging room, or portable rotation. Students are responsible for cleanliness, and stocking supplies and linens in their respective assigned areas. Students assigned to portable radiography are responsible for the cleanliness of all portable equipment.
7. The student is **never** to render interpretations of radiographs or reveal radiographic findings to the patient or others. Interpretation is out of the scope of practice of radiologic technologists. Violation of this standard will result in immediate dismissal from the program.
8. The use of profanity is unacceptable and will not be tolerated. Negative speech and disparaging comments about others is unprofessional and is subject to corrective action.
9. In the absence of a Clinical Instructor, or when on an evening, the RT(R) running the desk (or acting as supervisor) is in charge. Students are accountable to his/her directions.
10. When an RT(R) answers a student's question or gives the student direction, including checking images, the student is not to ask another RT(R) for a second opinion. Reserve any doubts or questions for the clinical or didactic instructor.
11. Students should receive all constructive criticism in a positive manner. Students should not take offense when corrected. All students should realize that clinical training is an ongoing practicum and corrective comments/constructive criticism is a necessary part of the learning curve.
12. Cell phone use is **strictly prohibited** in clinical settings. This is to ensure that students give their full attention and focus to patients and the clinical learning environment. All student cell phones must be powered off during clinical education time (See Cell Phone Policy)
13. Students must never leave the clinical institution or radiology work area they are assigned to without the permission of the clinical instructor or technologist in charge.
14. All radiographic equipment must be treated with extreme care. All stationary and portable x-ray equipment, including imaging cassettes, is very costly. They must be operated and handled with care.

Grievance Policy

All students have the right to appeal administrative decisions made by faculty and staff of the program. Every attempt should be made to rectify the perceived grievance by a meeting among interested parties. The student must follow the levels as listed below, in the order that they are listed. Bypassing a level of the process, will result in termination of the appeal process.

Level One:

A written statement is delivered to the Program Director of Radiography within three (3) working days of the perceived incident. Email is acceptable. The statement must fully describe the circumstances giving rise to the perceived grievance and a description of the student's efforts made to resolve the grievance. A decision regarding this appeal will be made within three (3) working days of receiving the appeal, exclusive of weekends or holidays.

Level Two:

If the student desires to appeal the decision made at Level One, the student must provide a written statement to the Assistant Principal of Marion Technical College (MTC) within three (3) working days of the decision at Level One. The statement must fully describe the circumstances giving rise to the perceived grievance and a description of the efforts made to resolve the grievance at the previous level. A decision regarding this appeal will be made within three (3) working days of receiving the appeal, exclusive of weekends or holidays.

Level Three:

If the student desires to appeal the decision made at Level 2, the student must present the perceived grievance within 3 working days to the Administrative Director of MTC. The student must present a written statement to the Administrative Director describing fully the circumstances giving rise to the perceived grievance and a description of the efforts made to resolve the grievance at the previous levels. The Administrative Director will review the statement of grievance and will discuss the grievance with all interested parties and make a decision as to whether the previous decisions stand or will be revised. All parties have the right to a face-to-face meeting with the Administrative Director of MTC. Every effort will be made to resolve this issue within 2 weeks.

Once the student has proceeded through all three levels of the grievance policy, the student has the right to appeal to the Joint Review Committee on Education in Radiologic Technology, www.jrcert.org. (See Program Accreditation).

ACADEMIC INTEGRITY POLICY AND HONOR CODE

Academic integrity is founded upon the values of honesty, fairness, respect and responsibility. Professionalism and competence in radiologic science education are attainable only through student honesty and integrity. Violations of academic integrity are harmful not only to the student(s) directly committing the violation, but also to academic counterparts, patients and the healthcare community. Further, academic dishonesty jeopardizes good standing with the ARRT and can result in ineligibility for applying to sit for the general radiography licensure examination.

THE PROGRAM takes academic honesty very seriously and expects full commitment to the honor code and compliance with the Academic Integrity Policy. Violations of the code shall include, but are not limited to:

Cheating - The improper taking or tendering of any information or material used or intended to use for academic credit. Taking of information includes, but is not limited to, copying homework assignments from another student; working with others on a take-home test or homework when not specifically permitted by the teacher; looking or attempting to look at another student's paper during an examination; looking or attempting to look at text or notes during an examination when not permitted. The tendering of information includes, but is not limited to, giving work to another student to be used or copied; giving answers to exam questions as the exam is being given; giving answers or other such information after taking an exam to another student who has not yet taken the exam; giving or selling a term paper or other written materials to another student. (Adapted from the policy of the University of Florida and the College of Central Florida.)

Cheating also includes all forms of electronic and web-based data sharing methods. This can include but is not limited to texting, email, websites such as Quizlet, electronic social networking such as Facebook, web-based clinical recordkeeping programs such as Trajecsyst, learning platforms such as Blackboard; use of any electronic devices, apps, social media, group texting such as Group Me; and any other unnamed collaborative means of taking and tendering and sharing information.

Plagiarism - From the Latin for "kidnapper," taking ideas from another and passing them off as one's own, whether the ideas are published, unpublished, or the work of another student. Plagiarism includes, but is not limited to, submitting papers, examinations or assignments written by others; word-for-word copying of portions of another's writing without indicating that the copied passage is a quotation (by the use of quotation marks or some other indicating device) and acknowledging the source in the appropriate format; the use of a particularly unique term or concept that one has come across in reading without acknowledging the author or source; the paraphrasing or abbreviated restatement of someone else's idea(s) without acknowledging the author or source; the use of false citations or citing a source from which an idea has not been obtained; or submitting false or altered data in a laboratory. Plagiarism also occurs in a group project if a member of the group does not do his or her fair share of the group's work but attempts to take credit for the work of the group. Because electronic information is so easily reproduced, respect for the work and personal expression of others is critical in computer environments. Violations, including plagiarism, invasion of privacy,

unauthorized access, and copyright violations are grounds for disciplinary proceedings. Students should consult the section on plagiarism in the writing handbook used in ENC 1101. (Adapted from the policies of Wheaton College, Old Dominion University, the University of Florida and the University of North Carolina – Greensboro, and the College of Central Florida.)

Bribery - Offering, giving, receiving, or soliciting any materials, items or services of value to gain academic advantage for oneself or another.

Misrepresentation. Any act or omission with intent to deceive an instructor or other program official for academic advantage; lying to an instructor to increase one's grade; falsifying clinical documentation; electronically impersonating another student; clocking-in to a clinical facility from any electronic device other than the facility's designated computer; lying or misrepresenting facts when confronted with an allegation of academic dishonesty; providing false statements upon program or school documents; falsifying clinical documentation.

Conspiracy - Planning or acting with one or more persons to commit any form of academic dishonesty to gain academic advantage for oneself or another.

Fabrication - Use of invented or fictitious information or the falsification of research or other findings with the intent to deceive for academic advantage. (Adapted from the policy of the University of Florida and the College of Central Florida.) A component vital to the Academic Integrity and Honor Code is a pledge that applies to all assignments, examinations, or other course work undertaken by students of THE PROGRAM. On all work submitted by students of THE PROGRAM, the following pledge is either required or implied: *"On my honor I have neither given nor received unauthorized aid of any kind, through any method, on this academic work or clinical procedure, nor am I aware of others doing so."*

The program director of MSCRT and administrative officials of MTC shall establish the procedure for implementation of the Academic Integrity policy and appropriate corrective actions for violations of the Academic Integrity and Honor Code.

Procedure for Implementation

The purpose of this procedure is to define violation(s) of the honor code and outline the process for resolving such violation(s). Violations of the Academic Integrity Policy include, but are not limited to, cheating, plagiarism, bribery, misrepresentation, conspiracy, and fabrication as related to the academic process. For purposes of this procedure, cheating, plagiarism, bribery, misrepresentation, conspiracy, and fabrication are defined in the Academic Integrity Policy.

Step One - Determination

When an instructor believes or receives information that a student has violated the Academic Integrity Policy, the instructor will inform the program director and the process of corrective action will be established. The student may be charged with a violation of the Code of Student Conduct.

Step Two – First Time Violator

The instructor and program director will discuss the matter with the student. The instructor may consult with or invite the participation of any other instructor who also is involved with teaching the student in the effort to reach optimal resolution with the student. The instructor(s) and student may resolve the problem in a manner acceptable to both. Resolution may include:

- a lower or failing grade in the course;
- a lower or failing grade on the assignment or examination;
- assignment of additional work to provide evidence of the student's academic performance or understanding of the course material;
- probation, suspension, or dismissal from the program.

It must be noted that a failing grade in any single course in the program results in dismissal from the program.

Step Three – Repeat Violator

If a student is a repeat violator, or fails to resolve his/her violation with the instructor as outlined in Step Two, the instructor shall refer the student to the program director for a violation of THE PROGRAM's Code of Student Conduct. The program director will determine further corrective action up to an including dismissal from the program.

SECTION 4: APPENDICES



Appendix A

The Practice of Radiography

[Adopted in part from the ASRT Radiography Practice Standards 2014]

The practice of radiography is performed by health care professionals responsible for the administration of ionizing radiation for diagnostic, therapeutic or research purposes. A radiographer performs radiographic procedures at the request of and for interpretation by a licensed independent practitioner.

The complex nature of disease processes involves multiple imaging modalities. Although an interdisciplinary team of clinicians, radiographers and support staff plays a critical role in the delivery of health services, it is the radiographer who performs the radiographic procedure that creates the images needed for diagnosis.

Radiography integrates scientific knowledge, technical skills, patient interaction and compassionate care resulting in diagnostic information. Radiographers recognizes patient conditions essential for successful completion of the procedure.

Radiographers must demonstrate an understanding of human anatomy, physiology, pathology and medical terminology.

Radiographers must maintain a high degree of accuracy in radiographic positioning and exposure technique. They must possess, utilize use and maintain knowledge of radiation protection and safety. Radiographers independently perform or assist the licensed independent practitioner in the completion of radiographic procedures. Radiographers prepare, administer and document activities related to medications in accordance with state and federal regulations or lawful institutional policy.

Radiographers are the primary liaison between patients, licensed independent practitioners and other members of the support team. Radiographers must remain sensitive to the needs of the patient through good communication, patient assessment, patient monitoring and patient care skills. As members of the health care team, radiographers participate in quality improvement processes and continually assess their professional performance.

Radiographers think critically and use independent, professional and ethical judgments in all aspects of their work. They engage in continuing education to include their area of practice to enhance patient care, public education, knowledge and technical competence.

Radiographer Scope of Practice

The scope of practice of the medical imaging and radiation therapy professional includes:

- Receiving, relaying and documenting verbal, written and electronic orders in the patient's medical record.
- Corroborating patient's clinical history with procedure, ensuring information is documented and available for use by a licensed independent practitioner.
- Verifying informed consent.
- Assuming responsibility for patient needs during procedures.
- Preparing patients for procedures.
- Applying principles of ALARA to minimize exposure to patient, self and others.
- Performing venipuncture as prescribed by a licensed independent practitioner.
- Starting and maintaining intravenous access as prescribed by a licensed independent practitioner.
- Identifying, preparing and/or administering medications as prescribed by a licensed independent practitioner.
- Evaluating images for technical quality, ensuring proper identification is recorded.
- Identifying and managing emergency situations.
- Providing education.
- Educating and monitoring students and other health care providers.
- Performing ongoing quality assurance activities.

The scope of practice of the radiographer also includes:

1. Performing diagnostic radiographic and noninterpretive fluoroscopic procedures as prescribed by a licensed independent practitioner.
2. Determining technical exposure factors. Effective June 16, 2013
3. Assisting licensed independent practitioner with fluoroscopic and specialized radiologic procedures.
4. Applying the principles of patient safety during all aspects of radiographic procedures, including assisting and transporting patients.

Appendix B

ARRT Standards of Ethics

A. CODE OF ETHICS

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by the ARRT or any state or federal agency, or by indicating in writing certification and registration with the ARRT when that is not the case.
2. Subverting or attempting to subvert ARRT's examination process, and/or the structured self-assessments that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination and/or CQR assessment process includes, but is not limited to:
 - (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or
 - (ii) receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or
 - (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or
 - (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or

- (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or
 - (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room, or having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or
 - (vii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT; and/or
 - (viii) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate’s, or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing unauthorized materials including, but not limited to, notes; and/or
 - (ix) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one’s own behalf; and/or
 - (x) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.
3. Convictions, criminal proceedings, or military court-martials as described below:
- (i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or
 - (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or
 - (iii) military court-martials related to any offense identified in these Rules of Ethics.
4. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual’s professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.
5. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).
6. Engaging in unprofessional conduct, including, but not limited to:
- (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice;

- (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.
7. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.
8. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.
9. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.
10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.
11. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.
12. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.
13. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.
14. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.
15. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.
16. Violating a state or federal narcotics or controlled-substance law.
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

18. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT's *Continuing Education (CE) Requirements*, and/or ARRT's *Continuing Qualifications Requirements (CQR)*. Conduct that subverts or attempts to subvert ARRT's CE or CQR Requirements includes, but is not limited to:

- (i) providing false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized record keeper; and/or
- (ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized record keeper; and/or
- (iii) conduct that results or could result in a false or deceptive report of CE or CQR completion; and/or
- (iv) conduct that in any way compromises the integrity of the CE or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits not earned.

19. Subverting or attempting to subvert the ARRT certification and registration processes by:

- (i) making a false statement or knowingly providing false information to ARRT; or
- (ii) failing to cooperate with any investigation by the ARRT.

20. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual's education, training, credentials, experience, or qualifications, or the status of the individual's state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

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

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

Appendix C

Drug Screening and Substance Abuse Policies and Procedures

Allied Health/Health Occupations programs and specifically the Radiography program are committed to maintaining a safe, healthy and a drug free educational environment for students and the people who come in contact with students and during scheduled learning experiences. The illegal use of alcohol or drugs within the structure of the clinical or academic setting interferes with the accomplishment of this purpose.

Policy Reference: These policies are based on the Drug-free workplace as stated in chapter 440 of the Florida Statutes. (440.102)

Purpose:

The purpose of this policy is to define guidelines and requirements to be used for drug screening. The purpose of this policy is not to diagnose or provide treatment, but rather to serve as a tool to identify and avoid a potential problem; it is intended to be an impetus for any student suspected of chemical impairment or mental illness to undergo professional evaluation and follow-up.

Scope and Applicability:

This policy and procedures memorandum applies to the Allied Health/Health Occupations Department and to the Radiography Program located at MTC. The occupational programs under this unit include but are not limited to Radiography, Patient Care Technician, Clinical Laboratory Technician, Medical Assistant, and Nurse Assistant.

Guidelines

Students will refrain from the use of alcohol or illegal drugs, controlled substances, or designer (synthetic) drugs at or above the initial testing levels and confirmatory testing levels as established in the contract between MTC and the official provider of drug testing services. Students are further prohibited from illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances, designer (synthetic) drugs, and misuse of alcohol while enrolled in all aspects of the learning environment or participating in any other or additional school related activity.

The Radiography Program will adhere to campus policy and the policy of its clinical affiliates which require the testing of all employees/students/support services in their facility. This policy is based on the position that impairment may negatively impact all aspects of life; it is a condition that can be treated successfully; and Allied Health/Health Occupations including Radiography Program faculty have a responsibility to intervene when a patient's safety or any other individual may be threatened by a student who is potentially impaired.

Requirements

Drug Screening/Testing shall be done by a drug testing service which meets or exceeds the certification requirements set forth by Clinical Laboratory Improvement Act (CLIA) and/or Substance Abuse and Mental Health Services Administration (SAMHSA). Allied Health/Health Occupations students are

required to undergo drug screens at their expense and at any or all of the following circumstances: **enrollment, random, for cause.**

Enrollment – Drug screening is required on all students in the Allied Health/Health Occupations Department. Screening will be done before the first week of class ends for Radiography students and a drug screening will be required of Radiography students at or before entering the program or clinical phase of their respective program.

Random – All drug screens are done as random drug screens and may occur for students enrolled in a clinical or classroom setting. Drug screens will be done at a specific time designated by the instructor and by the assigned laboratory personnel.

For Cause - Drug screen testing may be assigned as a result of witnessed inappropriate student behavior observed by an instructor or clinical associate. Inappropriate behaviors are those which may compromise patient safety, violate clinical standards of care, or violate program policy. Signs of possible impairment include but are not limited to the following:

- Excessive absenteeism
- A pattern of tardiness
- Late assignments with elaborate excuses for not meeting deadlines
- Repeated inability to concentrate
- Avoiding peers and faculty
- Unsafe clinical performance/putting patients at risk
- Impaired judgment in the clinical area
- Leaving the clinical area frequently
- Deteriorating productivity
- Severe mood swings; observed erratic behavior
- Pervasive poor concentration or difficulty making decisions
- Significant distress or impaired ability to function
- Disorganized speech, incoherence, or delusions
- Physical or behavioral indications of possible drug or alcohol impairment such as staggered gait, dilated/pinpoint pupils, or direct observation of drug use
- Post-accident or incident
- An odor of mood -altering substances (alcohol or marijuana)
- Harmful behaviors directed toward self or others

Students exhibiting signs or symptoms of impairment may be dismissed from their duties and escorted back to campus to meet with the student services counselor, administrative personnel, Allied Health/Health Occupations Department Head, and/or Radiography Program faculty. A conference will be held to make the student aware of the observations that were made. A prompt drug screen test and/or medical evaluation may be required. If the drug test and/or medical evaluation do not substantiate the allegations, the student's behavior will be noted on the respective clinical performance evaluation tool and/or student record. Adverse behaviors may negatively impact the clinical grade.

Consequences

Failure to undergo the minimum ten panel drug screen for any reason will be considered a positive test. Positive results without a valid prescription shall result in the student not being permitted into any clinical course. Clinical experience is a requirement of all Allied Health/Health Occupations programs, including the Radiography Program. A student who is not able to participate in clinical courses does not meet the program requirements; therefore, the student will be terminated from the program. Positive drug screen results and/or failure to submit to a drug screen may be reported to the Florida Department of Health/Medical Quality Assurance Boards or any other required accreditation board and may affect a student's application for licensure/certification. (Florida Statutes 468.3101)

Readmission

Students terminated under this policy may apply for readmission after rehabilitation has been documented. Admission will be based on current admission requirements and space availability. Enrollment in a clinical course will also be contingent on a negative drug screen for three separate screenings prior to the first day of class.

- The drug screening will be done at the student's expense.
- The drug screening company will be identified by MTC.
- Any subsequent positive result will constitute grounds for permanent dismissal from the program.

Confidentiality

All testing information, interviews, reports, statements, and test results specifically related to the individual are confidential. All drug test results will be sent from the lab to the Risk Management Coordinator. Records will be maintained in a safe, locked cabinet or room. While the issues of testing are confidential within the MTC community, the information regarding substance abuse must be shared with the Florida Department of Health/Medical Quality Assurance Board.

"For Cause" Drug and Alcohol Testing

THE PROGRAM has adopted drug-screening practices conducted by Florida Drug and Paramedical On-Site Services, Inc. to identify students who use illegal drugs or abuse alcohol or prescription drugs. Reasonable Suspicion or "For Cause" Testing - Drug tests will be conducted following any observed behavior creating "reasonable suspicion" of substance abuse, and following accidents where an employee is injured. The following conditions shall apply:

- A. When there is reasonable suspicion to believe a student is:
 - 1) using or has used illegal drugs or;
 - 2) abusing or has abused alcohol
- B. When there is any mishap or accident involving a student in which injury to persons or damage to the organization has or was likely to have occurred.
- C. Circumstances which could be an indication of substance abuse problems and raise reasonable suspicion based on observations include, but are not limited to, the factors stated above under ***"For Cause."***

Appendix E

Bloodborne Pathogen Exposure Control Plan

Introduction:

The Radiologic Technology program at Marion Technical College clinical experiential learning component inherently subjects the students and instructors in the program to potential exposure to hepatitis-B Virus (HBV) and Human Immunodeficiency Virus (HIV). The resultant occupational exposure involves student performance objectives that may result in exposure involving skin, eye, mucous membrane or parenteral contact (e.g. needle stick) with blood or other potentially infectious materials, (PIM). In addition to complying with OSHA regulations, the objective of THE PROGRAM's Exposure Control Plan (EPC) is to minimize exposure and outline measures instituted at all clinical affiliates, to safeguard the health of the students, instructors and patients.

Application:

The ECP applies to all students and instructors who are “reasonably anticipated,” as the result of conducting their duties, to have risk of exposure to blood and other PIM. PIM includes the following:

- Human blood, blood components, and products made from human blood
- The following human body fluids; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions.

Regulatory Authority:

The ECP was written to comply with Occupational Safety and Health Administration (OSHA) Standard, **Occupational Exposure to Bloodborne Pathogens** (29 CFR 1910.1030). These regulations are referred to in this document as the “standard.” The standard is designed to protect students and instructors from anticipated exposures to bloodborne pathogens.

Exposure Determination:

Instructors and students of the Radiologic Technology program at Marion Technical College are subject to occupational exposure to bloodborne pathogens, in the performance of their duties in the clinical component of the program.

Tasks and procedures in which occupational exposure occurs include but are not limited to:

- Parenteral drug administration
- Blood transfusion
- Specimen collection/transport
- Balloon/catheter treatments
- Airway management
- Wound management
- Fluid aspiration
- Pertive/surgical procedures
- Obstetric procedures
- Dental procedures
- Invasive/diagnostic procedures
- Invasive/therapeutic procedures
- Gastric procedures
- Radiation therapy
- Nursing assessment
- Biohazardous waste handling

Methods of Compliance:

The Radiologic Technology program at Marion Technical College understands that there are several areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the clinical setting. These areas are as follows:

- The use of **Universal Precautions**.
- Establishing appropriate **Engineering Controls**.
- Implementing appropriate **Work Practice Controls**.
- Using necessary **Personal Protective Equipment**.
- Implementing appropriate **Housekeeping Procedures**

Each of these areas are reviewed with students during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, the program feels that it will eliminate or minimize occupational exposure to bloodborne pathogens as much as is possible.

Universal Precautions:

The program is using the practice of Universal Precautions which is defined by the Centers for Disease Control (CDC) as “a set of precautions designed to prevent transmission of Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other bloodborne pathogens.” As a result, students and instructors will treat all human blood and body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, employees will assume all body fluids to be potentially infectious. The Program Director and Clinical Coordinator are responsible for overseeing the Universal Precautions Program.

Engineering Controls:

A key aspect to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize exposure to bloodborne pathogens. As a result, students and instructors use cleaning, maintenance, and other equipment that is designed to prevent contact with blood and other potentially infectious materials.

The Program Director and Clinical Coordinator periodically work with Clinical Site Operators, Maintenance, and Administrators to review tasks and procedures performed in the clinic where engineering controls can be implemented or updated. Any existing engineering control equipment is also reviewed for proper function and needed repair or replacement on an ongoing basis.

The following engineering controls are used throughout the program’s clinical facilities:

- Hand washing facilities (or antiseptic hand cleaners and towelettes), which are readily accessible to all employees who have the potential for exposure.
- Emergency clean-up supplies supplied to the custodial staff in addition to standard personal protective equipment.
- Mandatory that any agencies providing services requiring needles or reusable sharps furnish the necessary engineering controls and disposal procedures outlined in the OSHA guidelines.

Work Practice Controls:

In addition to engineering controls, the program and its clinical sites use a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. Many of these Work Practice Controls have been in effect for some time. The Program Director and Clinical Coordinator work in conjunction with the clinical site Operators, Administrators, and Staff Development Director to effect this implementation.

The program has adopted the following Work Practice Controls as part of its Bloodborne Pathogens Compliance Program:

- Students and Instructors wash their hands immediately or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other infectious materials, students and instructors wash their hands and any other exposed skin with soap and water (or an acceptable substitute) as soon as possible. They will also flush exposed mucous membranes with water.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas, including health clinics and diaper changing areas, where there is potential for exposure to bloodborne pathogens.
- Food or drink is not kept in refrigerators, freezers, on counter tops, or in other areas where blood or other potentially infectious materials are present.
- In the event of an accident or exposure, ensure that the appropriate medical action is taken, contaminated areas are protected to prevent further exposure, the site supervisor is notified, the contaminated area is properly cleaned and a report is written for all exposure.

Needles:

When possible, substitutes for needles should be used. When needles are necessary, use of safe needle devices, such as self-resheathing needles, are strongly encouraged unless there is no alternative for the specific application. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e. the needle is integral to the syringe) may be used for the injection or aspiration of PIM. Extreme caution must be used when handling needles and syringes. A needle must not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. Contact EHS for additional information on safe needle devices for a specific application.

Sharps Disposal Containers:

Sharps disposal containers must be provided by the work area supervisor and used to contain contaminated sharps. Contaminated sharps disposal containers must be:

- Rigid and puncture-resistant.
- Leak resistant and designed so that they cannot be re-opened, after being sealed.
- Red in color and have a biohazard label.
- Accessible to employees, and located as close as feasible to the immediate area
- Remain upright throughout use and replaced when full.
- Decontaminated before disposal as ordinary trash, or managed through EHS. If autoclaved and disposed as ordinary trash, the container must have a visible indicator that it has been autoclaved (e.g., indicator tape) and physically placed in the dumpster by the employee generating and treating the waste. Custodial employees are not expected to handle sharps containers, or other bio hazardous materials.

Personal Protective Equipment:

Personal Protective Equipment (PPE) is the "last line of defense" against bloodborne pathogens. Because of this, the clinical sites provide (at no cost to the students or instructors) the Personal Protective Equipment they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Disposable gloves, gowns, masks, eye protection
- Emergency clean-up supplies

To make sure that this equipment is used as effectively as possible, the students and instructors adhere to the following practices when using their personal protective equipment.

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- All potentially contaminated personal protective equipment is removed before leaving a work area.
- Gloves are worn in the following circumstances:
 - ✓ Whenever employees anticipate hand contact with potentially infectious materials.
 - ✓ When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier."
 - ✓ Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
 - ✓ Masks and eye protection are used as necessary.

HOUSEKEEPING:

All trash cans must have plastic liners. Maintaining the facilities in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. To facilitate this, the District has set up a written schedule for cleaning and decontamination of the appropriate areas of the facilities. The schedule, which can be found in each facility provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleaners and disinfectants to be used, if different from the standard issue items.
- Any special instructions that are appropriate.

Using this schedule, the custodial staff and other designated employees utilize the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
 - ✓ Immediately (or as soon as feasible) when surfaces are visibly contaminated.
 - ✓ At the end of the work shift if the surface may have been contaminated during the shift.
- Protective Coverings (such as plastic bags or absorbent paper) are removed and replaced:
 - ✓ As soon as it is feasible when visibly contaminated.
 - ✓ At the end of the work shift if they may have been contaminated during the shift.
- All trash containers, pails, bins, and other receptacles intended for routine use are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, etc.).

Hepatitis-B Vaccination and Post-Exposure Evaluation and Follow-up:

The program recognizes that even with good adherence to all of the exposure prevention practices, exposure incidents can occur. As a result, the program encourages all students during their orientation procedures, (Fundamentals of Radiologic Technology and Patient Care in Imaging Technology) to receive Hepatitis-B vaccination. This series of three inoculations over a six-month period can be obtained through the county health department or the student's personal physician.

In a student or instructor is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are the immediate focus for action:

- Investigating the circumstances surrounding the exposure incident.
- Making sure that the student receives medical consultation and treatment (if required) as soon as possible.

Affiliation agreements with each of our clinical sites state that the clinical sites or "Cooperative Training Agency agrees to provide a referral for appropriate medical treatment to students injured while performing their duties at the Cooperative Training Agency site. Students experiencing a percutaneous injury (e.g. needle stick) will be treated in compliance with the Cooperative Training Agency's Exposure Control Plan."

Radiologic Technology Student Release Form

WHEREAS, The Marion County School Board, through the Radiologic Technology program at Marion Technical College, desires that interested and qualified students acquire a safe and meaningful education in the field of Radiologic Technology;

WHEREAS, study and participation in a clinical setting is a necessary part of the training program conducted by the Radiologic Technology program at Marion Technical College, and such clinical study and participation contemplates certain inherent risks, including, but not limited to:

- Exposure to bloodborne pathogens; microorganisms found in blood and other bodily fluids that can cause infections such as hepatitis B and viruses such as HIV, the virus that causes AIDS, both potentially life-threatening disease processes; and
- Exposure to ionizing radiation which may cause biological damage even in low doses

Upon the foregoing recitals, and in consideration of the undersigned’s enrollment in the Radiologic Technology program at Marion Technical College, it is:

- *Understood and agreed that the undersigned will abide by the safety policies and procedures of the Radiologic Technology program at Marion Technical College including Universal Precautions as part of the Bloodborne Pathogen Exposure Control Plan.*
- *Understood and agreed that the undersigned, after being informed through the introductory courses in Radiologic Technology; will give due consideration to receiving the Hepatitis-B Vaccination to be obtained by the student through the county health department or through the student’s personal physician.*
- *Understood and agreed that the student will wear the radiation dosimeter provided by the program and return the dosimeter on a regular basis for processing as called for by the instructors.*
- *Understood and agreed that the undersigned, for his or her heirs, executors, and administrators, releases and forever discharges the Marion County School Board, Radiologic Technology program at Marion Technical College and their agents, representatives, employees, successors and assigns of all liabilities, claims, actions, damages, costs or expenses which the undersigned may have against them arising out of or any way connected with his or her enrollment in the radiologic technology training program, and including injuries which may be suffered by him or her during or after enrollment in said program. The undersigned expressly understands and agrees that this waiver or release of liability includes any claims based on negligence, action or inaction of the Marion County School Board, Radiologic Technology program at Marion Technical College or their agents, representative, employees, successors and assigns.*
- *The undersigned states that no other promise, inducement or agreement has been made by anyone to the undersigned and the undersigned hereby declares that this waiver or release of liability is made without any reliance upon any such other promise, inducement or agreement. The undersigned further declares that he or she has relied wholly upon his or her own judgment, belief and knowledge, and that this waiver or release of liability, which is contractual in nature, contains the entire agreement between the parties hereto.*

The undersigned has read the foregoing Release Form and fully understands it.

Dated this _____ day of _____, 20_____.

Signed by Student: _____

Program Director: _____

STATEMENT OF UNDERSTANDING, ACCEPTANCE & COMPLIANCE AGREEMENT

I certify that I have received a copy of the Radiologic Technology program at Marion Technical College Student Handbook and Policy Manual. I certify that I have thoroughly read this handbook and have been given adequate opportunity for asking questions for personal clarification. I also acknowledge, as indicated by my initials, that:

1. _____ I have read, understand and agree to assume the inherent risks of exposure to environmental hazards and infectious diseases as discussed in this handbook; and comply with the program's personal health standards and immunization requirements.
2. _____ I have read, understand and will abide by the program's Ionizing Radiation and Protection Policy.
3. _____ I have read, understand and will agree to abide by the program's clinical supervision policy as enforced by program faculty, clinical faculty and the Joint Review Committee on Education in Radiologic Technology.
4. _____ I have read, understand and agree to protect the privacy of patients and understand that by signing this agreement and the program's and affiliated clinical site's HIPAA Agreements I am legally bound and accountable to meet all laws concerning patient privacy.
5. _____ I have read, understand and agree to comply with program's published policy on travel requirements and that I have reliable transportation for meeting this travel obligation.
6. _____ I have read, understand and agree to comply with the program's Attendance Standards. I understand that all missed time, both excused and unexcused, is required to be made up in order to comply with the competency-based standards of the program. I agree to fully comply with the attendance requirements, including absence reporting procedures.
7. _____ I have read, understand and agree to comply with the program's drug and alcohol policy.
8. _____ I have read and comprehend the program's Conduct Standards and disciplinary measures and am aware of the consequences for violations of said standards.
9. _____ I have read and comprehend the program's Academic Performance Standards and am aware that I must complete each course of study and clinical education rotation with an overall grade of 80% or higher to pass.
10. _____ I have read, understand and agree to comply with the program's Academic Integrity Policy.
11. _____ I have read, understand and agree to comply with the program's Cell Phone Policy.

I have a thorough understanding of the program's standards, policies and procedures. I understand my rights and responsibilities and, by my signature below, agree to comply with all.

Student Signature

Print Name

Date