

# ***LABETTE COMMUNITY COLLEGE RADIOGRAPHY PROGRAM***

***Policies***

***And***

***Procedures***

These Policies and Procedures have been endorsed by the Radiography Program  
Advisory Committee to ensure the professional conduct of all students

2012-2014

## **ACADEMIC/DIDACTIC POLICIES AND REGULATIONS SECTION**

The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students

### **MISSION STATEMENT**

The Radiography Program at Labette Community College is committed to providing maximum opportunities at each level of achievement, encouraging the development of problem solving and decision making skills, promoting effective communication skills, and employing competent technical practices that will support the highest level of ethical patient care. Additionally, Labette Community College is committed to supporting professional growth, lifelong learning, and graduating entry-level radiologic technologists.

- GOAL 1** Student will be clinically competent.
- GOAL 2** Students will communicate effectively.
- GOAL 3** Students will use critical thinking and problem solving skills.
- GOAL 4** Students will evaluate the importance of professional growth and development.
- GOAL 5** The program will graduate entry-level radiologic technologists.

Revised 1/2011

### **CONDITIONS OF ACCEPTANCE**

Students accepted into the Radiography Program must abide by the following terms:

1. The student must submit to a criminal background check from the state or states in which they have resided over the past year.
2. The student must provide documentation of all required immunizations prior to starting clinical training. The student will not be allowed to begin clinical assignments unless documentation is on file in the Health Science office. Current TB test results must be provided.
3. The student shall agree to keep confidential any information regarding Hospital patients, as well as all confidential information of the Hospital. The student will agree, under penalty of law, not to reveal to any person or persons except authorized clinical staff and associated personnel any specific information regarding any patient and further agree not to reveal to any third party any confidential information of the Hospital, except as required by law or as authorized by the Hospital.

4. Some of our clinical sites require proof of health insurance; therefore, students are required to show proof of health insurance upon entering the program. The student shall be responsible for any reasonable and customary costs of medical care for hospitalization resulting from illness or injury arising out of or due to the student's education, clinical experiences or training at each hospital.
5. Students should be willing to dedicate most of their time to the didactic and clinical portions of the radiography program throughout the 23 months. This requires an educational, as well as, financial commitment to the radiography program.
6. Students must have access to a computer and the internet. Digital textbooks will be used throughout the radiography program, and will be purchased through the LCC bookstore.
7. Students will rotate through at least two clinical education settings (student training sites) during the Program to assure that required "JRCERT Standard" competencies are achieved.
8. A declared pregnant worker (student) implies that a pregnant student advise the Radiography Program and Clinical Education Setting **voluntarily and in writing** of her pregnancy and estimated date of conception. Formal, voluntary notification is the only means by which the Program and Clinical Setting can ensure that the dose to the fetus can be limited during the pregnancy.
9. Only general education courses in which "D" or "F" grades have been earned must be repeated for the purpose of improving the grade. Students normally are not expected to repeat courses in which a "C" or better grade has been earned. Such re-enrollment may be approved in individual cases if there are extenuating circumstances. The grade and credit earned in the course repeated will cancel the grade and credit earned in the previous enrollment.
10. To be retained in the radiography program, students must maintain at least an overall grade point average of 2.0. All courses (radiography) must be a grade of "C" (90% - 86%) or better. If the student fails a radiography course in a given semester, the student will be placed on program academic probation for the following semester. The student will be allowed to retake all examinations (tests/evaluations) for the failed radiography course, as outlined in a contract established between the student and the instructor of the course. If a radiography student fails any of the retake examination(s) (tests/evaluations), the student will be dismissed from the program. This policy will apply to both first and second year radiography students. Upon failure of a second course in any semester, the opportunity for retake examinations will not exist and the student will be dismissed from the program.
11. Upon completion of final examinations each semester, each Radiography student will be required to take a comprehensive multiple-choice examination covering content from ALL previous semesters. The purpose of this examination is to promote retention of information from one semester to the next. A maximum of two attempts will be allowed to obtain a minimum score of **86 percent**. If a student fails on the first attempt, the student will seek remediation and retake the test. If the student fails on the second attempt he/she will be dismissed from the program.
12. A student who is dismissed from the radiography program because of academic failure will be allowed to reapply for the program. If the student is re-accepted and fails any radiography course within the two-year training period, the student will be dismissed from the program with no option to reapply.
13. Clinical failure indicates clinical incompetence. Therefore, to assure proper patient care and health care delivery, **a student who fails any portion of their clinical training will be dismissed from the program, with no option to reapply.**

14. The Clinical Education Setting has the right to request that the program director place students in a Clinical Education Setting other than the one that they were originally assigned, because of perceived or documented conflict.
15. Failure to abide by Clinical Education Setting policies is also grounds for probation, suspension, or dismissal.
16. Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the **direct supervision** of qualified radiographers. The parameters of direct supervision are that a qualified radiographer reviews, evaluates, **and is present** during a radiographic examination.
17. After demonstrating competency, students may perform procedures with **indirect supervision**. (Indirect supervision is that supervision provided by a qualified radiographer **immediately available** to assist students regardless of the level of a student's achievement.)
18. In support of professional responsibility for the provision of quality patient care and radiation protection, **unsatisfactory radiographs must be repeated only in the presence of a qualified radiographer, regardless of the student's level of competency**. If a student fails to abide by this policy, the student will be dismissed from the program.
19. The radiography student will conduct himself/herself in a professional manner, respond to patient needs, and support colleagues and associates in providing quality patient care. (Code of Ethics, #1)
20. Students may be put on probation, suspended, or dismissed from the radiography program for not abiding by the Radiography program's policies found in the Radiography Student handbook.
21. If a student is unable to successfully complete the program in the specified time frame, due to unforeseen circumstances, the student can reapply and repeat portions of their training, which will result in the lengthening of their training beyond the stated graduation date.
22. Due to structure of the Program's curriculum, a student will not graduate from the program until the 23 months have been completed.
23. Successful completion of all program requirements and all comprehensive examinations will be required before the A.R.R.T. Certificate of Completion from Labette Community College's Radiography Program may be granted.
24. To complete the application for the American Registry of Radiologic Technologists Examination, the question, "**have you ever been convicted of a felony or misdemeanor?**" Yes \_\_\_\_\_ No \_\_\_\_\_ must be asked and answered. **Falsification of information is grounds for dismissal from the program.** (Note: A conviction of, a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction for A.R.R.T purposes.) **If you answered "yes" provide explanation and official documentation.** If, at any time during your attendance in the Program, the answer changes to "Yes," it is your responsibility to inform the Program Director.
25. The radiography program cannot guarantee placement into radiologic technology positions in the four-state region.

## **TECHNICAL STANDARD POLICY**

According to the nature of the work required in the Radiography Program, the applicant must be able to:

1. Reach, manipulate, and operate equipment necessary for radiography.
2. Move, manipulate, and observe a patient as necessary for radiography.
3. Carry and/or lift up to 50 pounds.
4. Visually assess patient's medical test results and working environment to correctly decide the appropriate action to take for the benefit of the patient.
5. Clearly communicate, both verbally and in writing, with the patient, family, personnel, and others; disseminate information relevant to patient care and work duties; and, be able to hear/listen in order to accurately gather information relevant to patient and work duties.
6. Make appropriate judgment decisions in an emergency or where a situation is not clearly governed by specific guidelines.
7. Make routine and non-routine decisions in the daily execution of didactic and clinical assignments as they relate to the day-to-day interactions with patients, staff, family and others.

### TECHNICAL STANDARD PROCEDURE

The clinical instructors at the clinical education sites during the applicant's clinical site visit and interview will evaluate the technical standards. The clinical instructor will indicate on the interview form if they feel that the applicant can perform the technical standards as stated above.

## **ACADEMIC HONESTY POLICY**

Labette Community College expects students to adhere to a strict code of academic honesty. Students should learn in an environment of integrity, free from the intrusion of any kind of dishonest conduct.

### ACADEMIC HONESTY PROCEDURE

When an academic exercise is designed to result in a grade, any of the following activities constitute violations of academic honesty (unless expressly authorized in advance by the instructor) and will be subject to disciplinary action:

- A. Cheating on an examination or the preparation of academic work. Any student who engages in any of the following shall be deemed to have engaged in cheating:
  1. Copying from another student's test paper, laboratory report, other report, computer files, data, listings, and/or programs;
  2. Using, during a test, materials not authorized by the instructor;
  3. Collaborating with another person without authorization during an examination or in preparing academic work;

4. Knowingly and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing in whole or in part the contents of an un-administered examination;
  5. Substituting for another student or permitting another student to substitute for oneself in taking an examination or preparing academic work; or
  6. Bribing another person to obtain an un-administered examination or information about an un-administered examination;
  7. Attempting to bribe any faculty/staff or student to alter a grade.
- B. Plagiarizing or appropriating another's work or idea without properly acknowledging incorporation of that work or idea into one's own work offered for credit.
  - C. Any forgery, alteration, or misuse of academic documents, forms or records.
  - D. Fabrication includes the intentional falsification or invention of any information.
  - E. Collusion includes any secret agreement among students who participate in any academically dishonest activity.
  - F. Students in online courses agree not to give their passwords, login information, or access to an online course to anyone. Any student who does so will be considered guilty of academic dishonesty and subject to the penalties described for such offenses.

## **PENALTIES FOR ACADEMIC MISCONDUCT**

**In addition to the penalties specified in this code, being found guilty of academic misconduct will result in a minimum of a zero grade for the paper, assignment, or test on which the violation occurred. Instructors may choose a more stringent course of action.**

## **ACADEMIC/DIDACTIC METHODS OF EVALUATION**

- 1.0 Participation is a major component of the learning process; therefore, all students are expected to participate in the class discussions and demonstrations.
- 2.0 Students are encouraged to attend all lecture sessions. Excessive absences may lower the student's grade due to missing the information presented. Students are responsible for all tests and assignments regardless of whether they are absent. The LCC Radiography Program classroom attendance policy will be followed.
- 3.0 Students are expected to take the tests on the assigned dates. If a student is absent on a test day, she/he will be required to take a make-up test upon returning to class. The make up tests will be located in the Student Success Center or, in some cases, special arrangements may have to be made with the instructor.
- 4.0 Students that are absent on test/quiz days more than once will receive a -3% from their test score and 10% fewer points from their quiz score.
- 5.0 Students who fail to take their make-up test upon returning to class will receive a -6% from their test score for each day that they fail to take the test. Failure to make-up a quiz upon returning to class will result in a 50% reduction in points.
- 6.0 All tests are comprehensive. This is designed to encourage review of materials previously presented.

The following items will be the basis for determining a grade in the course:

1.0 Assignments and Quizzes	10%
2.0 Tests	65%
3.0 Final Examination	<u>25%</u>
Semester Grade	100%

The grading scale for this course is:

A	100% - 96%
B	95% - 91%
C	90% - 86%
F	85% and below

## **CLASSROOM ATTENDANCE POLICY**

Each course syllabus will state the attendance policy for that course. Attendance is based on the credit hours of each course and the days that the course is presented.

## **RADIOGRAPHY COMPUTER USAGE POLICY**

1. Radiography computers and all LCC computers are for academic use only. This includes coursework, lab assignments, review programs, Red Zone access, LCC webpage, and internet usage for academic assignments and e-textbooks. The computers may also be used to conduct LCC business such as enrollment, financial aid, and to check LCC student e-mail accounts.
2. Students are not to print anything off of the computer without the permission of an instructor.
3. Viewing or downloading of non-educational or offensive material is strictly prohibited. E-mail or posting of any material that may be offensive to others such as: profanity, defamation, and harassment are also prohibited.
4. Social networking, described as online social interaction, is prohibited. Individuals may not use their Labette e-mail address to establish a personal site.
5. Personal Social Networking sites must not be used to address specific student related issues/situations. Negative comments regarding LCC events, groups, or programs are also unacceptable. Professional ethics and confidentiality issues regarding patients, clinical sites, doctors, and other medical personnel must be followed. HIPAA violations will not be tolerated.

### COMPUTER USAGE PROCEDURES:

1. Students are expected to follow the Radiography program computer usage policy as well as LCC's policy and procedure guidelines found in the Student Handbook on the LCC webpage.
2. Failure to follow the computer usage policy will lead to a first offence written warning.
3. Each additional violation of the policy will lead to a -2% deduction from the course grade in which the offense occurred.

4. Students who violate professional ethics or confidentiality issues will be placed on either academic or clinical probation.
5. Clinical Instructors will notify the Program Director or Clinical Coordinators of computer usage violations at the clinical sites.

Added 4/2011

## **EXTRACURRICULAR ACTIVITY ATTENDANCE POLICY**

Extracurricular activities are defined as activities, other than program related activities, in which the student represents the college in some official capacity such as athletic travel or participation in an academic or official student government activity. Absences from the student's clinical training or academic courses of study are strongly discouraged as the Program does not allow excused absences.

### EXTRACURRICULAR ACTIVITY ATTENDANCE PROCEDURE

1. A student, who chooses to participate in an extracurricular activity in which they will miss clinical or class, must notify the Program Director in writing prior to their absence.
2. The student will be counted absent from clinical or class and will be allowed to make up all clinical time and/or coursework upon presentation of verifying evidence of absence as stated by the LCC Student Handbook.
3. The student will follow the clinical make-up time policy, and the classroom attendance policy in regards to missed tests or assignments.
4. Students are encouraged to attend all lecture sessions. Excessive absences may lower the student's grade by missing information presented. Students are responsible for all tests and assignments, regardless of whether they are absent. The LCC Radiography Program classroom attendance policy will be followed for all absences.
5. Students are expected to take the tests on the assigned dates. If a student is absent on a test day, she/he will be required to take a make-up test upon returning to class. Students that are absent on test/quiz days more than once will receive a -3% from their test score and 10% fewer points from their quiz score.
6. Students who fail to take their make-up test upon returning to class will receive a -6% from their test score for each day that they fail to take the test. Failure to make-up a quiz upon returning to class will result in a 50% reduction in points and a zero if not made up upon returning to class.

12/2010

## **PROGRAM PROBATION POLICY**

1. Reasons for *program probation* will be: arrest, deception, chicanery, subterfuge, immoral character, or unprofessional behavior.

2. Students will also be placed on *program probation* for poor attendance, tardiness, failure of one course, and not following program, school or hospital policies.
3. Any student placed on *program probation* will forfeit his/her right to any internal awards given by the Radiography Program. He/she will also be prohibited from attending any radiography extra-curricular activities.

#### PROGRAM PROBATION PROCEDURE

1. The program will follow the LCC Student Handbook procedures for the reasons listed in policy number one.
2. The student will be given a written warning of their unsatisfactory performance for the reasons listed in policy number two.

### **PROGRAM DISMISSAL POLICY**

1. If a student is placed on academic or program probation, any student action, such as arrest, deception, chicanery, subterfuge, immoral character, unprofessional behavior, absenteeism or tardiness during the academic and program probation, will lead to *dismissal* of the student from the Radiography Program.
2. Failure of a clinical course, failure of Simulations in Radiography I or II, failure of more than one course, failure of an end of semester comprehensive exam after the second attempt, falsification of records, and conviction of a felony will also lead to dismissal.
3. A student placed on clinical probation for excessive absenteeism will be dismissed for the third occurrence of excessive absenteeism with no option of reentering the program.

#### PROGRAM DISMISSAL PROCEDURE

1. The student has already been made aware of the reasons for dismissal prior to the action taking place; therefore, dismissal is the final step in the disciplinary process.

Revised 4/2011

### **APPLYING FOR READMISSION INTO THE PROGRAM POLICY**

1. Students that have failed a Clinical Course, a Simulation in Radiography course, or have failed two or more courses, may NOT apply for readmission into the Radiography Program.
2. A student that has failed one course and has failed to pass the repeat examinations with a passing score of 86% may apply for readmission into the program.
3. A student that has failed a semester comprehensive examination on their second attempt may apply for readmission also.
4. Readmission into the Radiography Program is not guaranteed.
5. Students that are applying for readmission no longer than two years after they dropped out of the program must take a comprehensive examination to determine their placement in the Program.
6. Students who have been out of the Program for more than two years must start over in the Program.

### READMISSION INTO THE PROGRAM PROCEDURE

1. Readmission will be based on the availability of an opening in the class that they wish to reenter.
2. The student's previous academic and clinical performance in the Program will also be used to assess their readmission.
3. If allowed to reenter the Program, the student must repeat the failed course and any course taken in that semester in which their final grade was less than 91%.
4. Students must also repeat the clinical portion of their training to insure continued good patient care.
5. A student that fails the comprehensive examination must repeat any course with a final grade of less than 91%, taken in the semester in which the failure occurred. Students must also repeat the clinical portion of their training to insure continued good patient care.

### **TRANSFER STUDENT POLICY**

1. The Radiography Program will consider accepting a transfer student from another program if that student can document their acceptance and satisfactory performance in the program from which they are transferring.
2. The transfer student must be in good standing with the previous program.
3. The student must provide references from the previous program.

### TRANSFER STUDENT PROCEDURE

1. Acceptance of a transfer request will be based on the availability of an opening in the class into which they wish to transfer.
2. The student must have their previous academic and clinical performance records sent to LCC by their previous school prior to being accepted as a transfer student.
3. The student will also be required to take the semester Comprehensive Examinations that have been given in the Program to date. They must pass the comprehensive examinations in order to continue on in Labette Community College's program.
4. The student must also complete all program Clinical Competencies before they will be allowed to graduate from LCC.

### **EARLY STUDENT RELEASE POLICY**

1. The structure of LCC's Radiography Program curriculum is based on a defined period of 23 months of study with successful completion of the Program dependent on documented achievement of defined outcomes and competencies. On the basis of a student's achievement of published Program requirements in advance of the established time frame, the student will not be eligible for *early release*.
2. There is also the possibility of extension of program length for students unable to complete program requirements in the established time frame of 23 months.

## **FINANCIAL COMMITMENTS POLICY**

1. All students must make arrangements for payment of financial commitments before the end of each semester.
2. Students must have completed all financial commitments to the Program and made arrangements with LCC for payment of financial commitments before A.R.R.T. application papers will be processed.

### FINANCIAL COMMITMENTS PROCEDURE

1. Students that have not made arrangements with LCC for payment of their tuition and fees will not be allowed to enroll until those arrangements have been made.
2. Program fees must also be paid before the end of the semester or the student will not be allowed to enroll in the next semester's courses.

## **ENROLLMENT POLICY**

1. All students are required to enroll in their Radiography Courses prior to the start of each semester.
2. Students may enroll on-line or by written enrollment form.
3. Students will not be allowed to attend their Radiography Courses – Classroom or Clinical, until they are enrolled and their name appears on the class roster.

### ENROLLMENT PROCEDURES

1. New program students will be sent enrollment forms prior to the beginning of the summer courses. It is the student's responsibility to enroll through the admissions office.
2. Students will be provided a list of their courses for the next semester prior to the end of the current semester. It is the student's responsibility to enroll through the admissions office by filling out a written enrollment form or by enrolling on-line.
3. Students not enrolled by the first day of class will not be allowed in the classroom until they enroll.
4. Students will not be allowed to attend clinical until they have enrolled in the course and their name appears on the attendance roster.
5. LCC Clinical Coordinators will be responsible for notifying the Clinical Instructor if the student is not enrolled in the clinical course.
6. The Clinical Instructor will be instructed to send the student home upon arrival. No exceptions!
7. The missed clinical days will be made up according to the clinical make-up time policy.
8. Classroom and clinical attendance policies will be followed, and absence due to not being enrolled in the course will count towards the programs attendance policies.

Added 2/2011

## **CLINICAL POLICIES AND REGULATIONS SECTION**

The Policies and Procedures in this handbook have been endorsed by the Radiography Program Advisory Committee to ensure the professional conduct of all students

## **INTRODUCTION TO CLINICAL POLICIES AND REGULATIONS**

Clinical training is that portion of a student's education where the application of learned knowledge takes place. Clinical training is an integral part of a student's education and is considered the most important aspect.

Clinical training will take place in area hospitals cooperating with the program. These hospitals are staffed by professionals whose primary purpose is to deliver quality health care to patients. These professionals will guide and assist the student in the development of clinical skills. The student is expected to act in a mature, responsible, and professional manner at all times.

While in the clinical setting, the student is evaluated on certain radiographic skills based on accepted professional standards. These evaluations assist instructor(s) in determining the student's competency in the field of radiography.

This Handbook has been designed to assist the student in the transition from the classroom to the clinical setting. It is extremely important that students read and understand the policies found in this Handbook.

## **CODE OF ETHICS**

The Code of Ethics shall serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, and other members of the allied health professions and health care consumers and employers. The Code is intended to assist Radiologic Technologists in maintaining a high level of ethical conduct.

1. The Radiologic Technologist conducts himself/herself in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the principle 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 regardless of sex, race, creed, religion, or socioeconomic status.

4. The Radiologic Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the 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 the radiation exposure to the patient, self, and other members of the health care team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

## **PROFESSIONAL CONDUCT**

### 1. The Patient

The patient's condition and/or diagnosis is confidential and a student must not relay information pertaining to a patient's condition or diagnosis to anyone without specific permission of the patient's doctor or radiologist.

### 2. The Physician

The student will show due respect to all house or visiting physicians, and give quick and accurate service to the physician.

### 3. The Radiologist

The radiologist has been specially trained in the field of radiology. He/she is the person that you will be working for or with after training, so show him/her your professional courtesy and respect.

#### 4. The Director of Radiology

The Director of Radiology is the administrator in charge of the Radiology Department. The student will show due respect and assist this person when necessary. In the absence of the designated Clinical Instructor, the Director will serve as the Acting Clinical Instructor.

#### 5. Clinical Instructor

The Clinical Instructor is the person that has been designated by the hospital and Labette Community College Radiography Program to provide supervision and instruction to the students while they are in the clinical setting. The student will show this person due respect.

#### 6. The Technologist

The student will show due respect and be helpful in aiding and assisting the hospital technologist when necessary. The technologist will be your primary resource during your clinical training.

REMEMBER: WATCH, LISTEN, ASK QUESTIONS, PERFORM, AND LEARN!

#### 7. The Student

You are now entering the most important time period in your radiologic technology training. You are expected to conduct yourself as a mature, responsible individual. There is no room for unethical behavior.

### **LCC - CLINICAL COORDINATOR RESPONSIBILITIES**

The Clinical Coordinators are responsible for the coordination of all clinical education settings and for the content, quality, and evaluation of all clinical instructors. They shall work cooperatively with each clinical education setting and each clinical instructor in order to guarantee that the clinical experiences and instruction of each student is meaningful and parallels in content the material presented in didactic and laboratory courses. They shall provide a schedule of their visits to assure clinical effectiveness. They will also report to the Program Director about the scheduling of students for clinical education and assure the Director that the quality and quantity of instruction are adequate to prepare the student for the ARRT examination.

### **CLINICAL EDUCATION SETTING RESPONSIBILITIES AND STUDENT ORIENTATION**

The affiliation agreement contract between LCC and the clinical affiliate means that the clinical setting has agreed to provide time and service for the purpose of training students to become radiographers. The most important issue at any clinical education setting is that proper, adequate quality education be made available to the students. When the affiliate or LCC determine that

the training and personnel required by the agreement and the JRC STANDARDS can no longer be provided, arrangements for uninterrupted continuance of training should be arranged.

Efficient, effective operation of the department to deliver optimal patient services and care is the top priority. This means that the patient's welfare is considered first. This is consistent with the goals and needs of the clinical education setting.

The clinical education site will provide each new student an orientation to their facility. The students will be informed of the policies and procedures of the facility in regards to emergency preparedness, harassment, communicable diseases, and substance abuse.

Students must also be familiar with the Radiography Imaging Department's policies and procedures. These policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions.

#### CLINICAL EDUCATION SETTING RESPONSIBILITIES AND STUDENT ORIENTATION PROCEDURES:

1. Each clinical education site will provide each new student with an orientation to their hospital and radiography department.
2. The scheduling of the orientation will be the responsibility of the hospital and the radiography department.
3. The clinical instructor will ensure that each student has been properly oriented to their facility, and will provide the Radiography Program Director at LCC documentation of the student's orientation.
4. The documentation of student orientation should include the date of the orientation, an outline of what was covered, and the student's and clinical instructor's signatures.

Revised 5/2011

### **STUDENT PLACEMENT AT CLINICAL EDUCATION SITE POLICY**

1. Students will rotate to two clinical sites during the 23 month program. The new assignments will begin in July of the Summer semester each year.
2. The program officials will decide by June 15th each year where the students will be assigned.
3. The Clinical Education Site has the right to request that the program remove an assigned student from their site because of perceived or documented conflict.
4. The Program Director will be the only person to communicate with the clinical sites in regards to the reassignment of a student to another clinical site.

#### STUDENT PLACEMENT AT CLINICAL EDUCATION SITE PROCEDURE

1. Students' assignments will be based upon the following criteria:

- A. The number of students that can be assigned to each clinical site.
  - B. The clinical site has no objection to the placement of a specific student to their site. (Conflicts of interest, relatives employed by that facility, etc.)
  - C. The closeness of the clinical site to the student's residence.
  - D. One of the student's choices for a clinical site.
  - E. The personality traits of the student, and how well they will be able to get along with and learn from the staff at a specific facility. (Some students will learn better at a smaller hospital with more one-on-one supervision.)
  - F. Circumstances that the student has indicated that would make it necessary for them to be placed closer to home. (Small children etc.)
  - G. The second year student's placement will also be based upon the size of the hospital that they were in during their first year and the distance that they have traveled or will travel to each site.
2. For student reassignment to occur the following procedures must be followed:
    - A. Written documentation of the conflict between the student and the clinical site.
    - B. Counseling session with a Program official, the clinical instructor, and the student.
    - C. If possible an effort should be made to correct the conflict and a signed improvement plan be made.
    - D. If the conflict cannot be resolved, the clinical site must provide the program with a written request to remove the student from their site.
    - E. The student will be removed from the clinical site.
    - F. Once the student is removed from a clinical site, they are to have no further communication with that clinical site.
  3. Reassignment of a student to a new clinical site during the middle of a school year will be made based upon the following procedures:
    - A. There is an opening at another clinical site.
    - B. The Program Director will discuss the student's records with the new clinical site.
    - C. The new clinical site will accept the student at their facility.
    - D. The student will accept the new assignment.
    - E. Students will not be allowed to seek out their own reassignment to a clinical site.
  4. Not reassigning a student to a new clinical site during the middle of a school year will be based upon the following procedures:
    - A. There are no openings at any of our other clinical sites.
    - B. The clinical site with an opening refuses to accept the transfer student.
    - C. The student does not want to transfer to the clinical site with an opening.
  5. Failure of Clinical Training and dismissal from the program.

The following procedures will lead to failure of clinical training and dismissal from the program:

    - A. The student has been removed from the assigned clinical site and there is no new clinical site available.
    - B. The student does not wish to complete his/her clinical training at an available clinical site.

- C. The student has not completed the required competencies and therefore has received a course grade lower than 86%.
- D. The student has failed to make up the time that they were absent, and the percentage that is deducted from their final course grade makes the grade lower than 86%.
- E. The student has reached the point of excessive absenteeism and the percentage deductions reduce their final course grade to below 86%.
- F. The student has reached the point of excessive tardiness and the percentage deductions reduce their final course grade to below 86%.

## **UNIFORM POLICY**

### Program Uniform and Shoes

1. Red scrub tops and khaki uniform pants will be ordered through the Radiography Program for each student. The student will be responsible for paying for the uniforms.
2. The student may purchase white leather shoes at a store of their choice. No canvas tennis shoes or high-tops will be allowed. The student must keep their shoes clean at all times.
3. Students may wear a white lab coat over their uniform or they may wear a white long sleeve shirt under their uniform top. No other apparel is appropriate.

### Name Tag

The LCC picture ID/name tag must be worn at all times. The hospital may require that you also wear a name tag identifying you as a student at their facility.

### Radiation Monitor

To be worn at collar, outside of apron. Must be worn at all times.

### UNIFORM PROCEDURE:

1. Students who lose their nametags must report this to the Program Director and will be required to purchase a new nametag from the school.
2. Failure to comply with the above uniform policy will result in a 2% point reduction from the clinical evaluation for each incident. The Clinical Instructor will provide documentation of non-compliance.

## **RADIOGRAPHIC MARKERS POLICY**

LCC will order each student one set of radiographic markers (Right and Left) with their initials. These markers will be used at the clinical education settings, unless it is contrary to that department's policy. If the department requires more elaborate markers, the clinical education center is encouraged to provide the first set of markers with the student being responsible for any replacement costs.

### MARKER PROCEDURE:

1. The student must have their markers with them at all times while they are at the clinical setting. The markers with their initials on them are used to identify who took the

- images, therefore, their markers should not be placed on images that they were not involved in taking.
2. Failure to have their markers with them at clinical will be considered as being in non-compliance with the marker policy and will result in a minus 2% point reduction from the clinical evaluation. The clinical instructor will provide documentation of the non-compliance.
  3. The student must notify the Clinical Instructor and the Program Director if they lose their markers. The student will be responsible for paying for a replacement set of markers.

## **PERSONAL HYGIENE POLICY**

While working in the hospital with other personnel and sick patients, the student's personal hygiene is of the utmost importance; therefore, the following policies must be followed:

1. The student's hair should be moderate in length and clean. Long hair must be kept back away from the face, and must not fall in front of the shoulders. No shaggy, unkempt hair styles.
2. Males are to be clean-shaven daily. Males wearing either a mustache or beard must keep them well groomed. The student shall observe hospital policy with regard to wearing mustaches or beards.
3. Excessive jewelry is not to be worn. Pierced earrings are acceptable, but no more than 1 pair. Wearing jewelry in other pierced body parts is not acceptable at the clinical education settings. No tongue jewelry.
4. Excessive use of perfume or cologne is prohibited.
5. Use a deodorant and bathe regularly.
6. Good oral hygiene is a must.
7. Finger nails appropriately manicured. No false nails, no nail polish and no long fingernails.
8. No visible tattoos.

### PERSONAL HYGIENE PROCEDURE

Failure to abide by the above personal hygiene policies will be considered in non-compliance with the hygiene policy and a minus 2% will be deducted from the clinical evaluation. The Clinical Instructor will provide documentation of the non-compliance.

## **CLINICAL SITE ATTENDANCE POLICY**

1. All radiography students will follow the academic calendar established by Labette Community College. If there are no classes being held at LCC, then the students are considered to be off as well and will not be required to attend clinical on that day.
2. Students are to arrive at the clinical site at least ten minutes before starting time so that when their shift starts they will be in their assigned areas and ready to go.
3. The following time schedules are recommended for student rotations:

- A. FIRST YEAR: Between the hours of 7:00 a.m. - 5:00 p.m.
- B. SECOND YEAR: Between the hours of 7:00 a.m. - 8:00 p.m.
- 4. The clinical education centers will notify the student of their clinical time schedule. The student's clinical time will be a straight 8 hour shift, i.e. 7-3, 8-4, 9-5. LCC Clinical Coordinators must approve any additional time schedules that the clinical sites wish to use.
- 5. The Program does not allow excused absences. If the student misses a clinical day, that day must be made up before the end of the semester in which it occurred.
- 6. The student is expected to be dependable in their clinical training assignments. Excessive absences could affect the student's ability to obtain valuable clinical experience and to complete his/her competency requirements on time. The student's clinical attendance record is a vital part of the overall recommendation from Labette Community College's Radiography Program to future employers.
- 7. If it is necessary for a student to be absent, the student must notify the clinical instructor 30 minutes prior to the time the student is scheduled to report to the clinical setting. If the Clinical Instructor is not present, leave a message for the CI.
- 8. If a student is on any prescribed medication that may cause injury to themselves or patients, they must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor's release.
- 9. If the student sustains any injury that will limit his/her ability to perform radiographic procedures, he/she must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor's release.
- 10. If the student will be required to miss clinical due to a prolonged illness and or surgical procedure, he/she must report this to the Clinical Instructor and Program Director and not report to the clinical site without a Doctor's release.
- 11. If the student is going to miss clinical due to a family emergency, he/she must report this to the Clinical Instructor and Program Director.
- 12. Students will observe the same breaks and lunch schedules as the Radiology personnel at their clinical site. A student will not leave the radiology department without first notifying the Clinical Instructor or the technologist in charge.
- 13. The student must maximize his/her clinical training; therefore, the student should not be allowed to leave early.
- 14. All students are expected to be at their assigned clinical areas. Clinical training is the priority at the clinical settings. At the discretion of the Clinical Instructor, students may be allowed to study for didactic courses when there is down time.
- 15. Doctor's appointments should not be scheduled during clinical hours.
- 16. Students attending hospital employee orientation (to be hired as an employee) during clinical assigned hours must make up the time missed.

2/2008

#### CLINICAL SITE ATTENDANCE PROCEDURES

- 1. The student must notify his/her Clinical Instructor as soon as possible that he/she expects to be late. If late due to unavoidable circumstances on the way to clinical, the student is to report to the Clinical Instructor immediately upon arrival to the clinical area.

2. All time missed should be made up at the end of the same day or at the discretion of the Clinical Instructor.
3. If the student fails to notify the CI of his/her absence, he/she will receive a minus 2% deduction from his/her clinical evaluation. The Clinical Instructor will provide documentation of non-compliance.
4. The student must report the following to the Clinical Instructor and Program Director:
  - A. If he/she is on any prescribed medication that may cause injury to themselves or patients.
  - B. If he/she sustains any injury that will limit his/her ability to perform radiographic procedures.
  - C. If he/she will be required to miss clinical due to a prolonged illness and or surgical procedure.

He/she must supply to the Clinical Instructor and Program Director a Doctor's order allowing them to report back to clinical without any limitations.
5. If the student is going to miss clinical due to a family emergency, he/she must report this to the Clinical Instructor and Program Director. If possible he/she should also estimate how long he/she will be absent, or at least keep the program informed if the absences will extend longer than 5 days.
6. Extended consecutive absences due to illness or medical emergencies will count as 1 absence towards the excessive absenteeism policy. However, each day must be made up.
7. If the student becomes sick while on duty, he/she is to notify the Clinical Instructor or the Technologist in charge.

## MAKE UP TIME POLICY

1. All clinical time missed must be made up before the end of the semester. The last day of the semester is the last day that finals are given.
2. If a prolonged illness, injury, or pregnancy occurs which would not allow a student to make up the time prior to the beginning of the next semester, the make up time will be made up at the end of the school year in which the illness, injury or pregnancy has occurred. This may also require extending the length of the Program for the student to make up the time missed. In an event such as this, all missed clinical time will be made up before the student is allowed to take the registry. Students must have a Doctor's order releasing them to go back to clinical before any time can be made up.
3. Students are not allowed to exceed 40 hours per week, so make up time should be scheduled on clinical off time.
4. Students that do not make up their clinical time before the end of the semester will automatically be placed on clinical probation for the following semester.
5. The Clinical Instructor must approve ahead of time all make up time and a signed document must be provided to verify that the time was made up.
6. Make up time should be a minimum of one hour at a time. (i.e. not 15 minutes or 30 minutes here and there)

## MAKE UP TIME PROCEDURE

1. The student must sign a make up time contract with the Clinical Instructor prior to doing the makeup time. A student that schedules make up time and then does not call nor show up as scheduled will receive a 2% reduction from his/her final clinical course grade. The Clinical Instructor will provide documentation of non-compliance.
2. Each absent day or partial day not made up by the end of the semester will result in a 6% point reduction in the student's final clinical course grade for that semester.
3. A student who misses clinical due to a prolonged illness, injury, or pregnancy must supply to the Clinical Instructor and Program Director a Doctor's order releasing him/her to report back to clinical without any limitations before he/she will be allowed to make up time.
4. Labette Community College observes the following list of holidays. Students may request a scheduled make-up contract on these days.

### FALL SEMESTER LABOR DAY

COLUMBUS DAY

VETERANS DAY

THANKSGIVING WEEK

(FINALS WEEK - check finals schedule)

### SPRING SEMESTER

MARTIN LUTHER KING DAY

SPRING BREAK (5 DAYS)

GOOD FRIDAY

(FINALS WEEK - check finals schedule)

### SUMMER SEMESTER

SUMMER BREAK (one week between June & July)

JULY 4<sup>TH</sup> (included in summer break)

5. It is the responsibility of the student to provide signed documentation that their time was made up. The documentation must be signed by the Clinical Instructor. **Falsification of any documentation will lead to an immediate dismissal from the program.**
6. The Clinical Coordinators may give special considerations for incompletes. These arrangements must be made prior to the end of the semester. If approved, the Clinical Coordinator and the student must file a contract for the incomplete before the end of the semester. The terms of the contract must be completed before the beginning of the next semester.

Revised 5/2011

## **EXCESSIVE ABSENTEEISM AND TARDINESS POLICY**

1. The following is a summary of the clinical training hours and allowed days absent before the excessive absenteeism policy goes into effect:

Clinical Training 1 = 3 days/wk.	15 weeks	336 hours	3 days
Clinical Training 2 = 3 days/wk	15 weeks	336 hours	3 days

Clinical Training 3 = 4 days/wk	4 weeks	128 hours	3 days
New Site	4 days/wk	4 weeks	128 hours
Clinical Training 4 = 3 days/wk	15 weeks	336 hours	3 days
Clinical Training 5 = 3 days/wk	15 weeks	336 hours	3 days
TOTAL CLINICAL HOURS		1600 hours	

**Anything over 3 days will be considered excessive absenteeism.**

- Excessive absences:
  - 0-3 absences      No point deductions
  - 4 or more absences    -2% point deduction from your clinical grade for each absence.
- Excessive tardiness:
  - 0-3 tardies      No point deduction
  - 4-5 tardies      -2% point deduction from your clinical grade for each tardy
  - 6 or more      -3% deduction from your grade for each tardy.
- Students with excessive absenteeism and excessive tardiness during a semester will be placed on clinical probation.
- A second occurrence of excessive absenteeism or excessive tardiness will result in an automatic lowering of one letter grade for the clinical training course. i.e. A to B or B to C.
- At a third occurrence of excessive absenteeism or excessive tardiness, the student will be given a failing grade in clinical and will automatically be dismissed from the program at the time of occurrence.

#### EXCESSIVE ABSENTEEISM AND TARDINESS PROCEDURES

- The clinical instructor will keep track of student absences at the clinical site, and when the student reaches the point of excessive absenteeism, they will notify the clinical coordinator.
- The clinical instructor will keep track of student tardiness at the clinical site, and when the student reaches the point of excessive tardiness, they will notify the clinical coordinator.
- The clinical coordinator will place the student on clinical probation for the rest of the semester, and explain to the student the consequences of further absences or tardiness. The attendance clinical probation policy will be reviewed with the student and the policy will be enforced.
- The clinical coordinator will take the appropriate action at the second or third occurrence.

Revised 4/2011

### **INCLEMENT WEATHER POLICY**

- Inclement weather may lead to hazardous driving conditions. As such, it is left to the individual's discretion whether to attempt to reach the clinical education setting during inclement weather.

2. Days missed due to inclement weather must be made up before the beginning of the next semester.
3. If the College is closed due to inclement weather, then the student will not be required to make up this missed time.

#### INCLEMENT WEATHER PROCEDURES:

1. The student must call the clinical site and inform them that they will not be there.
2. Days missed due to inclement weather will not count towards the student's allowable 3 absences leading to excessive absenteeism. However, the time must still be made up before the end of the semester.
3. LCC will notify the following TV and Radio stations if the school will be closed:  
TV: KOAM, KSN, KODE  
Radio: KLKC 93.5 Parsons; KKOW 96.9 Pittsburg; KSYN 92.5 Joplin; KIND 102.9 Independence.  
Internet: [www.parsonssun.com](http://www.parsonssun.com)     [www.labette.edu](http://www.labette.edu)
4. If the student does go to clinical and later finds out that LCC was closed, he/she may use that time as make up time.

### **ATTENDANCE CLINICAL PROBATION POLICY**

1. Students with excessive absenteeism during a semester will be placed on clinical probation for that semester.
2. A second probation due to excessive absenteeism will lower the student's final grade by one letter.
3. If a student, while on clinical probation, demonstrates non-compliance with the program's probationary terms, that student will be recommended for dismissal from the program.
4. A third occurrence of excessive absenteeism will lead to dismissal from the program with no option to reenter the program.

#### ATTENDANCE CLINICAL PROBATION PROCEDURES

1. The student will report to clinical at the regularly scheduled times.
2. The student will provide documentation of reasons for continued absences.
3. The student will make up all time missed from clinical before the end of the semester.
4. The student will schedule make up time with the Clinical Instructor.  
If the student fails to arrive on a scheduled make up day, then he/she will suffer a 2% point deduction per scheduled day missed from their final clinical course grade for that semester.
5. Any time that is not made up will be deducted from the student's final clinical course grade for that semester at a rate of 6% points for each day or partial day.
6. Students that do not make up their clinical time before the end of the semester will automatically be placed on clinical probation for the following semester. If the student

reaches excessive absenteeism during this semester, their grade will be lowered one letter.

7. Students that do not follow the probationary policy and procedure will be dismissed from the program with no option to reenter the program.

## **GENERAL CLINICAL SITE POLICIES**

### **PARKING POLICY**

Students will park only in the designated areas at the clinical education settings.

#### PARKING PROCEDURE:

The Clinical Instructor will inform the students during the orientation where they are allowed to park while attending clinical.

### **SMOKING/TOBACCO/GUM POLICY**

1. Students are not to chew gum while performing radiographic procedures at the clinical site.
2. Hospital policies for smoking and tobacco will apply to the students.

#### SMOKING/TOBACCO/GUM PROCEDURES:

1. Students caught chewing gum will be asked to throw it away.
2. Students will follow the hospital policy regarding smoking and tobacco.
3. Excessive smoke breaks will not be allowed. The student must ask the Clinical Instructor or Supervisor if they can take a smoke break.

### **CELL PHONE AND PERSONAL PHONE CALLS POLICY**

1. Students are not to make or receive personal phone calls or text messages unless it is an emergency.
2. NO CELLULAR PHONES in the hospital.
3. No electronic devices-no text messages allowed in the hospital i.e. smart phones, iPods, MP3 players, personal computers.

#### PERSONAL PHONE CALLS PROCEDURE

1. The Clinical Instructor will report any student abuse of the phone call policy.
2. Students are not to bring their cell phones into the clinical site.
3. The Clinical Instructor will report any use of electronic devices to the program officials.
4. Any violation of this policy will lead to a -2% deduction from the evaluation.

## **LIABILITY INSURANCE POLICY**

1. Each student is required to show proof of personal liability insurance prior to entering the clinical education setting.
2. The insurance will be paid for by the student but will be provided through the College and an outside agency.

### LIABILITY INSURANCE PROCEDURE

1. The student will pay for the liability insurance at the beginning of the school year in June.
2. LCC will purchase the insurance on behalf of the student and send the information regarding the insurance to each clinical education site.

## **HEALTH INSURANCE AND RESONSIBILITY FOR ILLNESS OR INJURY POLICY**

Many of the clinical sites require students to show proof of health insurance before being allowed to do their clinical rotation at that hospital, therefore, students are required to carry health insurance and must show proof of insurance upon entering the program. The student shall be responsible for any reasonable and customary costs of medical care or hospitalization resulting from illness or injury arising out of or due to the student's education, clinical experiences or training at each hospital. Neither the hospital nor Labette Community College will take responsibility for any medical costs to the student.

### HEALTH INSURANCE AND RESONSIBILITY FOR ILLNESS OR INJURY PROCEDURE

1. Each student should show proof of health insurance prior to entering the clinical education setting. This insurance can be secured from any private carrier.
2. In case of injury or illness at the clinical site, the student and the Clinical Instructor should fill out an incident form describing what occurred.
3. The student is responsible for all costs incurred due to the injury and or illness.

Rev. 3/2012

## **PHYSICAL EXAMINATION AND IMMUNIZATION POLICY**

Each student is required to have a physical examination and provide immunization records prior to entering clinical training. Annual TB skin tests will also be required. Students are required to be certified in CPR (cardiopulmonary resuscitation), preferably by the American Heart Association throughout the program.

### PHYSICAL EXAMINATION AND IMMUNIZATION PROCEDURE

1. A copy of the student's physical examination including immunization records will be sent to the clinical site prior to the beginning of the Fall Semester each year. The original papers will then be kept in the student's permanent file at the College.

2. Certain immunizations are required of students for their own protection and for protection of patients whom they may contact. Measles (Rubeola), Mumps, Rubella (German Measles), Chicken Pox (varicella), and Hepatitis B may be contracted through patient contact or transmitted to patients, especially if they are immunocompromised. For those diseases for which there are no immunizing vaccine, (i.e., chicken pox), determination of serum antibodies may be the only way to assure that an exposed individual is not at risk in contacting patients with this disease or for transmitting it during the incubation period. Evidence of varicella immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart, history of varicella or herpes zoster based on physician diagnosis, laboratory evident of immunity, or laboratory confirmation of disease. When indicated, antibody determinations can be done through the County Health Services office. The CDC (Centers for Disease Control) now recommends that all health care workers older than 18 years-old receive a TDaP (Tetanus, diphtheria toxoids, and acellular pertussis vaccine for adults). Evidence of primary series (childhood) of DPT and Polio vaccinations are not sufficient. Students must provide evidence of vaccination that will protect them throughout the length of the program. It is strongly recommended that as members of the health care team, students have an annual flu shot.
3. The goal is to protect students and their patients, and since it is impossible to isolate susceptible students from possible contact with any of these illnesses, the determination of the immune status can be very important. Individuals who have received immunizations such as D.P.T. or M.M.R. are almost always immune to these diseases and are considered to be without risk in caring for patients having them.
4. Due to occupational exposure to blood or other potentially infectious materials the student may be at risk of acquiring Hepatitis B Virus (HVB) Infection. Therefore, it is recommended that the student be vaccinated with Hepatitis B vaccine at a health department at their own expense. If the student does not wish to receive the vaccination they must sign a declination statement.
5. Hospital employees are usually required to get an annual TB skin test unless they have a positive skin test. Therefore, the Radiography Program requires that the student have an annual TB skin test unless they have a positive skin test, and in that case the clinical site may require that they have a chest x-ray. The annual Tuberculin Skin Test result (reaction) must be documented in “mm”(millimeter). Results of reactions documented as “negative” cannot be accepted. It is the student’s responsibility to have the skin test and/or chest x-ray done and present the results.
6. Radiography students are required to be certified in CPR before beginning their clinical training. The student must present an American Heart Association CPR card to the program prior to beginning Clinical Training I. It is the student’s responsibility to keep this certification current throughout the program, as it is a requirement for the American Registry of Radiologic Technologists certification examination.

## COMMUNICABLE DISEASE POLICY

1. If a student believes he/she has contracted a communicable disease; i.e., measles, tuberculosis, hepatitis, etc., he/she must immediately notify the Clinical Instructor and Clinical Coordinator.
2. The student will be immediately removed from the clinical setting until the appropriate tests have been performed to confirm or contradict the diagnosis.
3. If the diagnosis is confirmed, the student will be released from both didactic and clinical portions of training until he/she presents a written release form from his/her physician allowing him/her to resume both didactic and clinical portions of their training. The clinical experience missed due to the disease will be made-up.
4. Students are expected to comply with the institutional requirements relative to the care of patients having an infectious disease (varicella, hepatitis B, AIDS, etc.) During such care, the student will comply with institutional measures aimed at protecting health care workers and avoiding disease transmission. These measures may include requirements relative to hand scrubbing, gloves, gowning, and masking, as well as contact with patient body fluids.
5. The student will comply with the Code of Ethics, which is intended to assist the student in achieving and maintaining a high level of professional and ethical conduct.

### COMMUNICABLE DISEASE PROCEDURES

1. Any student exposed to infectious disease is required to report this exposure to the Clinical Instructor or Clinical Coordinator who will complete an incident form.
2. The need for antibody testing, immediate immunization or other protective measures will be determined by appropriate consultation.
3. If the immune status of the student is unclear or immunization not available (i.e., chicken pox), the student may be required to avoid patient contact during the incubation period of the disease. The appropriate consultants will make any such recommendation to the Program Director who will be responsible for implementing it.

## INJECTION OF CONTRAST MEDIA POLICY

Students are prohibited from making any patient injections.

## NEEDLE STICKS POLICY

1. Any student who is exposed to blood borne pathogens as by needle sticks or other skin punctures is required to complete a hospital **incident form**.
2. The clinical site is not required by law to provide post-exposure treatments or counseling to the student. Therefore, the student will pay for any post exposure treatment.

### NEEDLE STICK PROCEDURES

1. The student must notify the Clinical Instructor and the Program Director of the needle stick incident.
2. The Program officials will council the student on proper methods of handling needles to avoid needle sticks.
3. The clinical instructor will send a copy of the incident report to the Program Director along with any follow up information.

Revised 12/2010

## **DRUG POLICY**

1. Student in the Allied Health Programs must adhere to the standards of conduct required of allied health professionals. Therefore, no student will be allowed in the classroom or clinical area while under the influence of illegal drugs or alcohol.
2. Students smelling of alcohol will be asked to leave the clinical facility. All missed time must be made up.
3. Substance abuse is a recognized illness for which prompt treatment should be undertaken. Students suspected to be impaired by drugs or alcohol in the clinical area will be subject to immediate drug screening for the purpose of affording the student opportunity to establish proof that he/she is drug free.

### DRUG PROCEDURE

1. Students assigned to a site requiring drug screening must submit to testing. Refusal to be tested or a positive drug screen is cause for immediate termination from the Program. Students are given opportunity prior to the drug screen to list all prescription medications they are currently taking and written documentation from the prescribing physician will be required to support this statement.
2. In the event that a student is suspected of being impaired by drugs or alcohol in the clinical area, the following procedure will be implemented:
  - A. The Clinical Instructor will notify the Program Director immediately.
  - B. The Clinical Instructor and one other professional staff person will complete written documentation describing the impaired behavior observed.
  - C. The student will be subject to immediate drug screening consistent with hospital policy.
  - D. The student may not leave the clinical facility until the drug screen is completed.
  - E. Following the drug screen, the student will be dismissed from clinical, and cannot return until the results of the drug screen have been received.
  - F. The cost of the drug screen will be the student's responsibility.
  - G. Results of the drug screen will be reported to the student as soon as possible after they are received.
  - H. If the drug screen is negative, the student will be allowed to continue in the Program.

- I. If the drug screen is positive, the student will be terminated from the Program. To be eligible to apply for readmission, students must provide proof of successful completion of drug treatment.
3. In the event that any student admits to use, possession, or sale of illegal substances, the student will be immediately dismissed from the Program and the dismissal will be considered a clinical failure.
4. Conviction of any criminal drug statute while enrolled in the Program will be grounds for immediate dismissal from the Program.

## **SEXUAL HARASSMENT POLICY**

The Program commits to maintaining an environment free of objectionable and disrespectful sexually based conduct and to not tolerating behavior of a sexual nature that interferes with a student's performance or creates an intimidating, hostile or offensive learning or working environment.

### SEXUAL HARASSMENT PROCEDURES

1. The student is to report to the Clinical Instructor and the Program Director any occurrence that they considered to be harassment of a sexual nature.
2. The Clinical Instructor or Supervisor will notify the appropriate personnel at the clinical education site of the accusation if the accused is a hospital employee. The hospital's policy on sexual harassment will then be followed.
3. The Clinical Instructor will notify the Program Director if the accusation is against a student in the Radiography Program. At that point the Sexual Harassment Policy as stated in the LCC Student Handbook will be followed.

## **STUDENT DAILY EXAMINATION LOG AND ATTENDANCE SHEETS POLICY**

1. The student must keep an accurate record of all examinations performed.
2. The Clinical Instructor will instruct the student on how to maintain patient confidentiality and identify records so that the images can be retrieved and reviewed by the Clinical Instructor or Clinical Coordinator. All policies regarding confidentiality of patient information will be followed.
3. The Clinical Instructor must verify all attendance records.

### STUDENT DAILY EXAMINATION LOG AND ATTENDANCE SHEETS PROCEDURE

1. The student must keep an accurate record of all examinations performed.
2. Failure to maintain examination logs and attendance records will result in the following:
  - a. 1<sup>st</sup> Noncompliance: Written Warning.
  - b. 2<sup>nd</sup> Noncompliance: Final grade will drop one letter grade with a "B" being the highest the student can receive.

- c. 3<sup>rd</sup> Noncompliance: Final grade will drop another grade with “C” being the highest the student can receive.
3. It is the student’s responsibility to have the clinical instructor verify their attendance on a routine basis.
4. Falsification of attendance records will be considered grounds for disciplinary action and will lead to suspension and dismissal if proven.

## **CLINICAL LAPTOP COMPUTER USAGE POLICY**

1. Radiography laptop computers and other clinical computers assigned for student use, are for academic and clinical use only. This includes: clinical log sheets, attendance, competency evaluations, monthly evaluations, checklists, review programs, Red Zone access, e-textbooks, and coursework or assignments relating to clinical.
2. LCC laptop computers are for student and clinical instructor use only. They may be used by the students to check on their LCC e-mail account only. They are not to be used for personal e-mail accounts or social networking. They are not to be used for internet access unless instructed to do so for academic or clinical purposes. They are not to be used to play games.
3. Security of the laptop is the responsibility of the students. The last one to use the computer is responsible for putting it away in a designated secure location.

## CLINICAL LAPTOP COMPUTER USAGE PROCEDURES

1. The clinical instructor is to report to the Program Director or Clinical Coordinators any misuse of the laptops by the students.
2. Failure to follow the computer usage policy will lead to a first offence written warning.
3. Each additional violation of the policy will lead to a -2% deduction from the clinical course grade.
4. Students who violate professional ethics or confidentiality issues over the internet will be placed on clinical probation.

Added 4/2011

## **CONFIDENTIALITY POLICY**

Confidential information includes patient/staff/volunteer/student information, financial information, other information relating to the organization, and information proprietary to other companies or persons. Confidential information is valuable and sensitive and is protected by law and by strict organizational policies.

1. Students at the clinical education sites have access to confidential information. They will only access confidential information for which they have a need to know or will use as part of their educational experience.

2. They will not in any way divulge, alter, or destroy any confidential information except as properly authorized within the scope of their professional activities affiliated with the hospital.
3. The students are required to follow the HIPAA standards regarding electronic data interchange and protection of confidentiality and safety of individually identifiable health information.

#### CONFIDENTIALITY PROCEDURES

1. The students may use confidential information only as required to access radiographic examinations to be reviewed by their instructors.
2. The Clinical Instructor will be responsible for reporting to the Program Director any breach of confidentiality by the student.
3. Hospital policy regarding breach of confidentiality will be followed.

### **FALSIFICATION OF RECORDS POLICY**

Falsification of any program records is prohibited. This includes the verification of student examination logs, evaluations, and any other required records.

#### FALSIFICATION OF RECORDS PROCEDURE

1. If the Program officials suspect that the student has falsified any required records, they will investigate the issue. They will contact the Clinical Instructor at the clinical site to verify the records.
2. If it is proven that the student has falsified any program record, he/she will receive an “F” in the course because of unprofessional behavior.
3. Therefore, according to the program’s dismissal policy, any student that fails a clinical course will be dismissed from the program. And to assure proper health care delivery, a student who fails any portion of their clinical training will not be given the option to reapply or reenter the program.

### **CLINICAL ROTATION SCHEDULE POLICY**

1. All student assignments are based on a student to qualified radiographer ratio of 1:1. This also applies to an 1:1 ratio of student assignment to a radiographic unit, i.e. radiographic room, mobile unit, or C-arm.
2. The Clinical Coordinators along with the Clinical Instructors at the clinical site will determine the student’s weekly assignments.
3. Rotations through surgery may require that the student be moved to a different clinical site in order to complete the rotation.
4. Students scheduled for a surgery rotation should not be denied that rotation because they are needed in the department. Students are not to be used as replacements for employees.
5. Second year students will receive CT rotations and the first year will be scheduled for a CT rotation during the spring semester of their first year.
6. Specialty rotations may be scheduled during the Fall Semester of the second year.

### CLINICAL ROTATION SCHEDULE PROCEDURES:

1. The Program will send out weekly rotation schedules to the Clinical Instructors prior to the beginning of each semester. These schedules will reflect one student assigned to one unit.
2. The Clinical Instructor may alter the schedule as long as each student receives equitable learning opportunities, and the 1:1 ratio is maintained.
3. Students and Clinical Instructors are to report to the Program officials any reasons for not providing the student with the opportunity to receive the scheduled rotation or learning opportunity.
4. Students and Clinical Instructors are to report to the Program officials if the policy of the 1:1 ratio is not maintained.
5. On the Monday schedules when both first and second year students are assigned to the clinical site, reassignments of the students may be necessary to maintain the 1:1 ratio.
6. During the fall semester of the second year, the student may request a one day elective/observation rotation in one of the following areas: MRI, Ultrasound, Nuclear Medicine, Radiation Therapy, or Bone Densitometry.

Revised 5/2011

### **VASCULAR (CATH LAB) ROTATION POLICY**

1. Students will be required to participate in a limited observation of the vascular department at a major medical center. During this time, the student will be under the supervision of the radiology staff at that Medical Center.
2. The student will be expected to act in a professional manner.
3. Students will be responsible for their own transportation and housing if necessary.

### VASCULAR (CATH LAB) ROTATION PROCEDURES

1. The second year clinical coordinator will make arrangements with the medical centers for the student's rotations through their vascular suites.
2. The students will maintain a clinical log during these rotations in order to verify the examinations they observed and their attendance. A classroom assignment will include specific information requested by the clinical coordinator. This document will be placed in the student's clinical folder.
3. Disciplinary action will result if students do not observe the full working day or follow through with the rotation schedule.

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## CLINICAL SUPERVISION POLICY

1. The Program and its Clinical Education Sites will provide shadowing and direct supervision in all areas of the Radiography Department including surgery, mobile/bedside, or C-arm radiography.
2. Shadowing means that the student should be able to observe a number of procedures, including surgery, mobile/bedside, or C-arm examinations.
3. Upon successful completion of shadowing determined by the Clinical Instructor and clinical staff, the student will move into direct supervision.
4. **DIRECT SUPERVISION**: Assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:
  - reviews the procedures in relation to student achievement,
  - evaluates the condition of the patient in relation to the student's knowledge,
  - is physically present during the conduct of the procedure,
  - reviews and approves the procedure and/or image, and
  - is physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.
5. Any Critical Care Unit, Emergency Department, Surgery, Mobile unit or C-arm procedures performed by first year students must always be under direct supervision.
6. **INDIRECT SUPERVISION**: Promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiography immediately available to assist students regardless of the level of student achievement.

“IMMEDIATELY AVAILABLE” is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.
7. After demonstrating COMPETENCY in any radiographic procedure, the student may perform those procedures with Indirect Supervision.

## CLINICAL SUPERVISION PROCEDURES

1. Students are to report to the Program Director or Clinical Coordinator if they are being asked to go against Program Supervision policies.
2. The Clinical Coordinator for the first year students will keep the clinical instructors and clinical sites informed of the students progress in the Procedures courses and Simulation lab courses. Students must first perform competency testing in the Simulations lab before being allowed to perform competency exams at the clinical sites.
3. The students will be scheduled for a surgery and mobile unit rotation each semester. A few students that are assigned to small clinical sites where surgical procedures are seldom performed will be rotated to a different clinical site for their surgical rotation. The Clinical Coordinators will make the arrangements for these special surgical rotations and will inform the student and the clinical sites of the times and dates of the rotations.

4. It is the responsibility of the student to not perform surgical or mobile unit procedures without the required supervision.
5. The students are to notify their Clinical Instructor if they are being asked to perform surgical or mobile unit procedures without the required supervision. The Clinical Instructor is responsible for seeing that the students are not placed in situations that are against Program policies.

Rev. 5/2011

### **ROTATIONS OTHER THAN NORMAL DAYTIME HOURS POLICY**

1. It may be necessary for the students to rotate through afternoon and evening shifts, in order to help attain the recommended variety of examinations that the students need exposure to during the two years of the Program.
2. The clinical education site and Clinical Instructor will determine if these rotations are allowed at their facility.
3. The following objectives should be kept in mind when scheduling students to shifts other than normal daytime hours:
  - A. The student will gain experience in examinations not normally performed during the normal daytime hours.
  - B. The student will have an opportunity to work more independently and at his or her own pace.
  - C. The student will be able to learn the radiographic procedures for examining a trauma patient from the technologist on a one-to-one basis.
  - D. The student will gain decision-making experience as related to performing radiographic examinations without the direct supervision of a Radiologist.
4. The following time schedules are recommended for student rotations:
  - A. FIRST YEAR: Between the hours of 7:00 a.m. - 5:00 p.m.
  - B. SECOND YEAR: Between the hours of 7:00 a.m. - 8:00 p.m.
5. LCC Clinical Coordinators must approve any additional rotation schedules that the clinical site wishes to use.

### **REPEAT IMAGE POLICY**

1. All unsatisfactory images repeated by students must be performed under the direct supervision of a qualified radiographer.
2. Direct supervision means that the radiographer is present in the room with the student when they perform the repeat image. This will assure patient safety and proper educational practices.

### **REPEAT RADIOGRAPH PROCEDURES**

1. Students should always have a qualified Radiographer check their images for quality and accuracy regardless of their level of supervision. Therefore, if it is necessary for the student to repeat a image that Radiographer can supervise the repeat image.

2. Students are not to repeat images without a qualified Radiographer present in the room. If necessary the student must wait until a Radiographer is available or their Clinical Instructor is available before they repeat the image.
3. It is the responsibility of the student to not perform repeat images without the required supervision.
4. The students are to notify their Clinical Instructor if they are being asked to perform repeats without the required supervision. The Clinical Instructor is responsible for seeing that the students are not placed in situations that are against Program policies.
5. Students are to report to the Program Director if they are being asked to go against Program policies.

## **CLINICAL BASED COMPETENCY POLICY**

1. Clinical based competency requires that the student successfully demonstrate his/her ability to perform radiographic examinations according to accepted professional standards.
2. Competency examinations can only be evaluated by designated Clinical Instructors or approved clinical staff. However, a designated Clinical Instructor must sign all Competency Evaluation Sheets.

### CLINICAL BASED COMPETENCY PROCEDURES

1. Students are required to successfully complete a certain number of competencies each semester.
2. During the Spring Semester of their second year, the students are required to successfully complete all required competencies before they are allowed to graduate.
3. The student is responsible for initiating the competency examination that they wish to perform. See the clinical competency section of this handbook.
4. The Clinical Instructor and the student must sign all evaluations and competencies. The Clinical Coordinators will not accept unsigned or incomplete forms.
5. Detailed information regarding the competencies can be found in the Competency-Based Clinical Education section of this handbook.

## **CLINICAL EVALUATION POLICY**

1. Clinical training grades will be determined by:
  - A. Clinical Competency Evaluations and problem solving skills.
  - B. Monthly affiliate evaluations by the Clinical Instructor with input from the technologists in the department. This evaluation will assess the psychomotor and affective domains.
  - C. Performance skills competency checklist.
  - D. Examination log sheets – image evaluations.
  - E. Attendance.

2. Any student receiving a failing grade in clinical will be considered clinically incompetent. Therefore, to assure proper patient care and health care delivery, a student who fails any portion of their clinical training will be dismissed from the program, with no option to reapply.

#### CLINICAL EVALUATION PROCEDURES

1. Refer to the clinical training syllabi for the methods of evaluation breakdown.
2. The Clinical Instructor at each clinical site will evaluate their students on monthly basis each semester. The Clinical Instructor will review the evaluation with the student.
3. The Clinical Instructor will also evaluate the student competency performance of radiographic examinations.
4. The Clinical Coordinators will review images with each student and complete evaluations on the quality of the images as well as the student's ability to name the anatomy demonstrated and critique the image.

### **UNAUTHORIZED REMOVAL OF HOSPITAL PROPERTY POLICY**

1. Unauthorized removal of hospital property is grounds for dismissal from the Program, pending a hearing before the Campus Review Committee in accordance with the College's due process procedure.
2. The Clinical Education Setting maintains the option to file criminal charges and prosecute the student in accordance with federal, state, and local ordinances.

#### UNAUTHORIZED REMOVAL OF HOSPITAL PROPERTY PROCEDURE

1. The Clinical Instructor will notify the Program Director if a student is suspected of unauthorized removal of hospital property.
2. The student will be removed from the clinical site pending investigation of the incident.
3. If the student is found guilty, the student will be dismissed from the Program with no options for readmission.

### **DISCIPLINARY ACTION POLICY**

1. The Radiologist, Radiology Manager, Clinical Instructor, and Clinical Coordinator in the affiliated hospitals have the authority to verbally reprimand or dismiss a student from their department for the day for unethical behavior (such as: smart-mouth, refusing to do an exam, acting unprofessional, etc.) or for not complying with hospital or College policies.

#### DISCIPLINARY ACTION PROCEDURE

1. The Radiologist, Radiology Manager, Clinical Instructor, or Clinical Coordinator will fill out a disciplinary action form and a -2% will be deducted from the monthly evaluation. One copy will be given to the student, one placed in the student's hospital file and one will be forwarded to the Program Director.

2. The program officials along with the College administration will decide whether to dismiss or to place the student on clinical suspension/probation.
3. Students that have been suspended from clinical as a disciplinary procedure may continue with their academic courses until the student grievance procedures have been completed.
4. Grounds for clinical suspension/probation include being arrested for any felony, theft, or illegal drug usage or abuse. The student will be placed on clinical suspension/probation until legal action is taken.
5. Grounds for immediate dismissal include “conviction” of a felony, theft, or illegal drug usage or abuse.

## **DISCIPLINARY ACTION FOR CLINICAL EDUCATION SITE POLICY**

Labette Community College’s Radiography Program will place a Clinical Education Site on a probationary status if the clinical site fails to abide by Radiography Program Policies.

### DISCIPLINARY ACTION FOR CLINICAL EDUCATION SITE PROCEDURE

1. The clinical site will receive a verbal and written warning if there is any infraction of program policies.
2. If after receiving verbal and written warning further infractions occur, the Program officials will consult with hospital administration. Any action taken after this consultation may affect future use of the clinical education site.

## **PROGRAM RECOMMENDATIONS REGARDING HIRING OF STUDENTS**

1. No first year students are to be employed as Radiographers.
2. Second Year Students hired as Radiographers should not be scheduled to work more than 20 hours during the weekdays.
3. Students should not be scheduled to work on shifts that will interfere with classroom attendance.
4. Employment must not conflict with the students’ clinical rotation schedule:  
First year students clinical schedule is from 7:00 a.m. to 5:00 p.m.  
Second year students clinical schedule is from 7:00 a.m. to 8:00 p.m.
5. Students working as employees of the hospital are NOT to wear school uniforms nor nametags during this time.
6. Students are not to wear employee nametags during clinical hours.
7. Students attending hospital orientation for employment must make up the time missed if attending during clinical hours.

## **STUDENT GRIEVANCE/APPEAL POLICY**

1. The Radiography Program will use Labette Community College's Student Code of Conduct Policy 4.08 and Procedures 4.08 to handle any student appeals, or hearings. This Policy and Procedure 4.08 are found on the LCC web page under Student Handbook.
2. The Radiography Program will use Labette Community College's Student Grievance Procedures found in LCC's Student Handbook under Procedures 4.08 section M.
3. The Radiography Program follows the Standards for an Accredited Educational Program in Radiologic Sciences as published in the last section of this handbook.

### STUDENT GRIEVANCE PROCEDURES

The student may use the appeals policies and the grievances procedures, found on LCC's web page under Student Handbook, for disciplinary actions taken against them.

1. A LCC student may appeal any instance of misapplication of college policy, procedure, or practice, which adversely affects him/her. Under this process, the student may not appeal the following:
  - A. The receipt of a grade after one year;
  - B. The receipt of academic sanctions;
  - C. Established College policies or procedures themselves.
2. The college student appeal procedure provides the student due process in the resolution of appeals. Where a specific college process is provided for resolution of a complaint it must be used. The decision shall be final if the student fails to employ the steps and time periods of the student grievance appeal procedure.

Revised 5/2011

## **RADIATION MONITORING DEVICE OR FILM BADGE POLICY**

Every student must have and wear a radiation monitor when in controlled radiation areas. The Program will order each student a radiation monitor to wear during lab at LCC. The Clinical Sites will order each student assigned to their hospital a radiation monitor to be worn during their clinical training at that hospital. The students Radiation Monitor Dosimeter report is to be discussed with the student each month.

### RADIATION MONITOR OR FILM BADGE PROCEDURE

1. The Program Director will order a radiation monitor for each new student at the beginning of the summer semester.
2. The Program Director will send each clinical instructor the name, social security number, and birth date of each student assigned to their hospital at least 4 weeks in advance of the students first day of clinical attendance.

3. The Clinical Instructor upon receiving the list of new students will provide the information to the Radiation Safety Officer or the person in charge of ordering radiation monitors.
4. The Radiation Safety Officer or the person in charge of ordering radiation monitors will order the new student monitors so that when the students arrive at the clinical site they will have a radiation monitor.
5. Students without radiation monitors will not be allowed in controlled radiation areas.
6. A Radiation Monitor must be worn at all times. It should be worn at the collar outside of the lead apron during fluoroscopic procedures or any time a lead apron is worn.
7. Pregnant students will be provided with a fetal monitor. It is to be worn at the waist level and under any protective aprons.
8. Radiation monitors are to be left at the hospital in the designated area at the end of the day. The monitors are not to be taken home or used at any other facility.
9. **In order for the program to monitor and control radiation exposure to the student, the student radiation monitor should not be worn by the student while working as an employee of the hospital.**
10. Radiation monitors used in the lab at LCC are not to be taken out of the lab area and are to be left in the designated area at the end of each lab session.
11. Students are to review their personal Radiation Dosimetry Report each month, the monthly dose will also be listed on the monthly clinical evaluation form.

Revised 12/2010

## **RADIATION PROTECTION POLICY**

1. Students are to stand behind leaded protection barriers during radiographic exposures.
2. Lead aprons must be worn during fluoroscopic procedures, C-arm procedures, mobile radiographic procedures, or any time that the student is required to be present in the room during a radiographic or fluoroscopic procedure.
3. Students are not to hold patients or imaging devices during a radiographic exposure.
4. Student rotations through any area or procedure in which their radiation monitor reading exceeds the allowed 50 mrem dose per month will be limited.
5. Radiation monitor reports are to be reviewed each month by the clinical instructor, the student, and the clinical coordinators.
6. ALARA - As Low As Reasonably Achievable - is the policy for exposure levels.
7. Obey the cardinal principles of radiation protection at all times: reduce exposure time, increase distance from source, and use shielding where appropriate.
8. Effective dose equivalent limit will be 500 mrem per year and should not exceed more than 50 mrem per month.
9. The limit for any education and training exposures of individuals under the age of 18 is an effective dose of 1mSv (0.1 rem) or 100 mrem annually.
10. The Clinical Site will retain the student's radiation exposure reports at their site. They will send a copy of the student's final exposure report to the program officials at the end of each school year. The student's last radiation monitor report will be in July each year.

11. The declared pregnant worker (student) will follow the pregnancy policy for the program and also the pregnancy policy of the clinical education site.

#### RADIATION PROTECTION PROCEDURE

1. The clinical instructor and the technologists will instruct the students on where to stand during a radiographic exposure.
2. Each student will be responsible for making sure that they have a lead apron on during fluoroscopic, C-arm, or mobile radiographic procedures. If no lead aprons are available, then the student must stand outside of the area where the procedures are being performed.
3. Immobilization devices or non-occupational persons should be utilized if the patient needs assistance during an exposure.
4. Rotations through procedures that exceed the allowed 50 mrem per month dose will not be allowed by program officials. The student will only be allowed to perform such procedures on a limited basis.
5. The Clinical Coordinator will counsel students on radiation safety procedures if they receive above 50 mrems of exposure in a one-month period.
6. Students who exceed the allowed 500 mrem per year exposure will be removed from any rotation in which they will receive any further exposure.
7. If the student loses their film badge, they are to report it to the clinical instructor and the radiation safety officer immediately. If the student accidentally leaves their film badge in the radiographic room during an exposure, they must report this to their clinical instructor and the radiation safety officer.
8. LCC will maintain a copy of the final exposure report of each student at the end of each year.
9. Pregnant students must follow the pregnancy policy in regards to radiation safety procedures.

### **STUDENT PREGNANCY POLICY**

1. The National Council on Radiation Protection (NCRP) advises that control measures should be taken to avoid or reduce the risk of ionizing radiation exposure to the human embryo or fetus. It should be noted, however, that the risks or probability of detectable effects induced by medical diagnostic exposure are very small. All pregnant students in Labette Community College's Radiography Program must make the final decision as to their acceptance or non-acceptance of this minimal risk.
2. The NCRP currently states that the dose-equivalent to the embryo and fetus should be limited to 0.5 rem during the entire gestation period. Based on the above information, these guidelines shall be followed:
  - A. **DECLARED PREGNANT WORKER (STUDENT).** This term implies that a pregnant student advise the Radiography Program and clinical education site VOLUNTARILY and IN WRITING of her pregnancy and estimated date of conception. Formal, voluntary notification is the only means by which the

employer/school can ensure that the dose to the fetus can be limited during the pregnancy.

3. The declared pregnant student will be provided with the following options:
  - A. Continue the educational program without any modifications.
  - B. Continue to attend the academic courses, but take a pregnancy leave from the clinical course.
  - C. Drop out of the program at this point in training and be given the option to return after the pregnancy.
4. The pregnant student continuing in their clinical courses must abide by the following rules regarding her radiation monitoring during her pregnancy:
  - A. The pregnant student will not be assigned to fluoroscopy or portable radiography during the first trimester of her pregnancy.
  - B. The pregnant student will be provided with a second personnel radiation monitor with instructions to wear it at waist level and under the protective apron (when worn). The radiation monitoring report associated with this badge should reflect that it is a fetal dose monitor.
5. The student has the option for written withdrawal of declaration of pregnancy.

#### STUDENT PREGNANCY PROCEDURE

1. The Radiography Program and clinical education site are required to make an effort to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant student to ensure that the exposure to the embryo or fetus does not exceed the limits specified. This does not mean that the declared pregnant student should be removed from duty. It means that upon examination of the student's previous exposure history, an evaluation of the work environment should be performed to determine the potential of receiving exposures that would exceed the 0.5 rem limit and then the student's work habits should be adjusted to reduce risks.
2. The clinical site will provide a fetal radiation monitor to be worn at waist level by the pregnant student.
3. The student who chooses to remain in the program without modifications will continue to attend both clinical and academic courses as scheduled. Any time missed from clinical during the pregnancy may be made up after the pregnancy by either attending clinical during holidays or if necessary by lengthening the clinical portion at the end of the programs designated time frame. The student may also anticipate the time needed off for pregnancy leave and make up time before hand on holidays or scheduled time off from school if she wishes.
4. The student who chooses to remain only in the academic portion of the program will be allowed to make up the missed clinical time by either attending clinical during holidays or by lengthening the clinical portion of the program beyond the designated time frame of the program.
5. The student who chooses to leave the program during her pregnancy will be reinstated in the program upon completion of her pregnancy leave.

- A. The length of pregnancy leave will be determined by the student's attending physician and must be stated in writing to the respective Program Director.
  - B. The students' reinstatement into the program will depend upon where she was in the program when she took the pregnancy leave. If it were at the beginning of a semester, then she would need to wait until those courses are offered again the next year.
  - C. If the student does not re-enter the Program immediately after termination of her pregnancy leave, she will have to apply for the program under the standard application procedure, should she wish to enter the program at a later date.
6. If the student decides to remain in the Radiography Program during her pregnancy, she accepts full responsibility for her actions and relieves Labette Community College and its faculty of any responsibilities in case of adverse effects.
  7. The pregnant student must follow the established Program policies and meet the same clinical and educational criteria as all other students before graduation and recommendation for the national certifying examination.
  8. The student has the option for written withdrawal of declaration of pregnancy.

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## CRIMINAL BACKGROUND CHECK POLICY

1. Students selected for admission into Labette Community College's Radiography Program must undergo a criminal background check performed by PreCheck Inc.
2. The background check consists of the following:
  - Criminal History Investigation (7 years)
  - Sexual Offender Registry / Predator Registry
  - Social Security Number Verification
  - Positive Identification National Locator with Previous Address
  - Maiden / AKA Name Search
  - Medicare / Medicaid Sanctioned, Excluded Individuals Report
    - Office of Research Integrity (ORI) Search
    - Office of Regulatory Affairs (ORA) Search
    - FDA Debarment Check
  - National Wants & Warrants Submission
  - Investigative Application Review (by Licensed Investigator)
  - National Healthcare Data Bank (NHDB) Sanction Report
  - Misconduct Registry Search
  - Executive order 13224 Terrorism Sanctions Regulations
  - Search of Healthcare Employment Verification Network. (HEVN)
3. The College is given a certificate to show the hospital that certifies that the student has passed a background check. The College will send a copy of this certificate to each student's clinical site prior to the Fall Semester each year.

### CRIMINAL BACKGROUND CHECK PROCEDURES

1. The student is responsible for paying the cost of the report, which at present is \$48.50. Cost subject to change.

2. The student will sign a release form that PreCheck will provide. This form lists places of prior residence and provides a reference point for doing the criminal searches.
3. Reasons for performing these checks:
  - A. A criminal record will likely prevent a student from receiving a professional license upon completion of the educational program.
  - B. Hospitals in which students work as part of clinical are required to have a background check report on file for all providers of hands-on patient care whether they are employees of the hospital or not. Hospitals are putting their JCAHO certification at risk by having an unchecked individual present in their facility.
  - C. It may be the case that a student may have a criminal record and is not aware of it. For instance, an old conviction which is eligible to be purged from the student's record must be expunged following a written request. If the student does not submit the written request, the conviction will remain on the student's record, even though it is eligible for removal. Such a conviction could prevent licensure or future employment. Finding out now allows the student to take the necessary steps to make proper amends.

Also, if it is not possible to remove a conviction at present, it is recommended that the conviction be disclosed so that employment or licensure is not denied for providing false information.

4. If there is a conviction on the report the following will occur:
  - A. The student is allowed by law to examine the report and will be contacted if they want to dispute any findings contained in it if they are turned down for clinical because of negative information found in the background report
  - B. If a conviction was wrongly reported, the student can require that the report be amended to change this mistake. However, the occurrence of such errors is very infrequent.
5. The College is given a certificate to show the hospital that certifies that the student has passed a background check. If the hospital wants a copy of the report, they must request a copy directly from PreCheck. There is no charge to the hospital for this report. This is done for compliance with the Fair Credit Reporting Act to preserve the integrity of the report.
6. The student cannot be given the report by the College or the hospital. If the student wishes to dispute negative information found in the report, a copy can be requested from PreCheck free of charge.