

2023-2025 RADIOGRAPHY PROGRAM MANUAL

Revised:

3/2023

8/2023

All Information in this Manual is Subject to Change



**CARTERET COMMUNITY COLLEGE
3505 ARENDELL STREET
MOREHEAD CITY, NC 28557**

**An Equal Opportunity Educational Institution Serving the Community without
regard to Race, Creed, Sex, National Origin or Disability**

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INTRODUCTION

This manual is intended to be a guide and reference. Students should read the information contained here every semester, as a reminder of their rights and responsibilities. Any questions should be directed to the Program Director (Chair).

The purpose of this program is to produce competent, responsible health science imaging professionals, through a competency-based educational system. This CBE system lets the students know exactly what is expected of them as students, how they will be evaluated and the level of achievement that is indicative of success.

Part of this educational process is developing and/or refining a sense of responsibility. Students in this health science program are considered adults and are responsible for their actions just as if they were employees in a health care facility. While in the clinical facility, the student must conduct him/herself as if employed by that clinical facility. The impressions made on hospital staff members will follow the students after graduation as they seek employment. The students' reputation will precede them and may be a help or hindrance in securing a job.

In those areas where departmental policy varies from the general college policy as listed in the college's "College Catalog & Student Handbook", the student is to adhere to the policy as outlined in the "Radiography Program Manual". When in the clinical facilities, the policies of that institution take precedence.

Students are encouraged to read and understand not only this document, but also the College's Catalog & Student Handbook, which can be found on-line at the college's website: www.carteret.edu.

INSTITUTION AND PROGRAM

COLLEGE MISSION, VISION AND VALUES

The Carteret Community College Mission:

Carteret Community College serves and empowers our students and coastal community by providing high-quality education, workforce training, and lifelong enrichment in an innovative and inclusive learning environment.

Approved by the Board of Trustees November 9, 2021.

The Carteret Community College Vision is based on the pursuit of excellence in four dimensions:

- An excellent learning college
- An excellent place to work
- An excellent resource for workforce development and quality of life
- An excellent steward of the public trust

At Carteret Community College, we believe our purpose is to serve the citizens of Carteret County. To fulfill this purpose, we further believe our greatest assets are the people we employ. We the employees of Carteret Community College, united by common purpose, share these values:

Learning: We value lifelong learning for students and ourselves.

Service: We provide excellent service and help to the community and to each other.

Quality: We hold ourselves to high standards of quality in everything we do.

Innovation: We encourage each other to use our talents and abilities.

Integrity: We trust each other and are trustworthy in word and deed.

Diversity, Equity, & Inclusion: We welcome, value and respect each person's uniqueness.

Teamwork: We work together and encourage collaboration.

Commitment: We are committed to the goals and mission of the College.

RADIOGRAPHY MISSION STATEMENT

Carteret Community College's Radiography Program is dedicated to the delivery of a quality education in radiography through continuous program improvement and actualization of program goals while fostering life-long learning. Through an outcome-focused learning environment, the program will provide our healthcare community with competent, compassionate, professional entry-level radiographers who are prepared to sit for the American Registry of Radiologic Technologists (ARRT) examination, secure employment in the field, and engage in professional growth and development.

GOALS

- 1. Students will possess the knowledge and clinical competency skills of an entry-level radiographer.**

Outcome #1

Students will apply radiographic positioning knowledge and skills to accurately demonstrate the anatomy of interest.

Outcome #2

Students will perform radiographic exams in a time frame consistent with clinical standards.

- 2. Students will communicate effectively.**

Outcome #1

Students will demonstrate effective oral communication skills in the clinical setting using age appropriate instructions and explanations on procedures performed in the clinical setting.

Outcome #2

Students will demonstrate written communication skills addressing clinical content.

3. Students will demonstrate critical thinking skills.

Outcome #1

Students will possess the knowledge and ability to adapt positioning skills to various patient conditions and clinical situations.

Outcome #2

Students will evaluate images for proper positioning, demonstration of anatomy and image quality and will adjust as needed to obtain a diagnostic radiograph.

ADMINISTRATION OF CARTERET COMMUNITY COLLEGE

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Revised; August 2023

CARTERET COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM

DIDACTIC AND CLINICAL INFORMATION

STUDENT HEALTH AND SAFETY PROGRAM

I. Procedures Prior to Enrollment

- A. Tetanus Toxoid
- B. Polio vaccine (full series)
- C. Physical examination (3 months prior to clinical assignment)
- D. Urinalysis
- E. Rubella Titer or proof of current booster within last 10 years – if non-immune reaction – student immunized
- F. Rubeola Titer (if date of birth is after 1957 or proof of current booster within last 10 years) – if non-immune reaction – student immunized
- G. Varicella Zoster, IGG (if negative history or vague about having chicken pox) **x 2**
- H. Chest x-ray – if clinically indicated or history of positive TST (tuberculin skin test)
- I. Hepatitis B vaccine (required) – in process prior to first day of enrollment and titer
- J. Flu shot during designated time period
- K. Tuberculum Skin Test – a two-step test as per policy

II. Procedures in Second Year

- A. Tuberculin Skin Test – annual
- B. Flu shot during designated time period Required Education Programs

III. Sponsoring Institution

Hazardous Materials Control Program
Substance Abuse Information Program
Campus Security Program
Fire Safety Program
Non-Harassment Program
Occupational Exposure
Emergency Preparedness
Communicable Disease Policy

Clinical Education Settings

Hazards (chemical, electrical, fire)
Emergency Preparedness
Medical Emergencies
HIPAA
Standard Precautions

REQUIRED TEXTBOOKS/MATERIAL

SEMESTER 1 – Fall/First Year

1. Radiography Program Manual
2. Introduction to Radiologic Sciences and Patient Care; Adler & Carlton; Saunders; including instructional material
3. Basic Medical Techniques and Patient Care in Imaging Technology; Torres; Norcutt; Dutton; Lippincott; Williams & Wilkins (Optional)
4. Exploring Medical Language; LaFleur;
5. Merrill's Atlas of Radiographic Positions and Procedures 3-Vol.Set; Ballinger & Frank; El Sevier (M); including instructional material
6. Merrill's Atlas of Radiographic Positions and Procedures, 2 Vol. Workbook; Ballinger & Frank;
El Sevier(M)
7. Pocket Guide to Radiography; Ballinger & Frank; El Sevier (M)
8. Mosby's Medical Dictionary; El Sevier(M) (Recommended)
9. Trajecsys Clinical Record System
10. ViewPoint Compliance Tracker System
11. Extra Clinical Forms
12. Radiation Dosimeter
13. RAD TECH BOOT CAMP Software License

SEMESTER 2 – Spring/First Year

1. Principles of Radiographic Imaging an Art and a Science; Carlton & Adler, Delmar; including instructional material
2. Carlton & Adler, Delmar Workbook/Lab Manual
3. Radiologic Science for Technologists Bushong; El Sevier (M)
4. Radiation Dosimeter

SEMESTER 3 – Summer/First Year

1. Radiation Protection in Medical Radiography; Statkiewicz, Sherer, Visconti and Ritenour; El Sevier (M); including instructional material and Workbook.

SEMESTER 4 – Fall/Second Year

1. Comprehensive Radiographic Pathology; Eisenberg and Johnson, El Sevier Textbook and Workbook
2. Radiation Dosimeter

SEMESTER 5 – Spring/Second Year

1. Radiation Dosimeter
2. Lange Radiography Examination Review (Recommended)
3. Certification Exam Prep

SUPPLEMENTAL TEXTBOOKS

The student is not required to purchase these textbooks. They are recommended to enhance student learning. They are referenced by instructors throughout the program.

Radiographic Pathology for Technologists – Mace

Textbook of Radiographic Positioning and Related Anatomy – Bontrager

Revised: 8/2/21

GRADING SYSTEM

Part of any competency-based educational program is the establishment of minimum levels of achievement. The course materials distributed for each RAD course include a list of learning outcomes and/or competencies, how each will be evaluated and a minimum level of achievement for each. **The lowest level of acceptable achievement in a RAD course is 80%.** Some course work requires higher levels, even to 100% for essential items. The 80% minimum falls in the “B” range on the College’s grading scale. (See CCC Student Handbook) Eighty percent is selected so that the minimum competence of the students will be average. Any sick and/or injured patient has the right to expect care from a health professional that has at least average abilities.

Thus, the program’s grading scale is as follows:

A = 90 – 100

B = 80 - 89

F = below 80

Effective and Implemented: 8-22-16

ACADEMIC PERFORMANCE

High standards are essential to the education of health care professionals, and anything less than average is unacceptable in this program.

A Radiography student who fails to meet the minimum competency level on any individual evaluation (test, etc.) will be directed by the instructor as to how they may correct that deficiency.

Whether or not a student can remain in the program after failing a RAD course is determined by whether or not that course is a prerequisite for other courses. (See Course Descriptions in the College Catalog) If it is a prerequisite, the student will be withdrawn from the program. If the

Student wishes to re-enter the program they will be referred to the Health Science re-admission/re-entry policy under the policy section of this program manual.

Continuation is possible only if there is a space available in the next year's class. Accreditation policies and procedures put limits on the number of students in the program. Thus, there can be no guarantee of space availability for any student. It is the student's responsibility to maintain contact with the Radiography Program Director to determine if there is available space in the current cohort so that he/she may continue.

A student can only re-enter the program this way one time. If the course that was failed is not a prerequisite for other courses, the student must make it up without interrupting the rest of the curriculum sequence. This may delay graduation for the student.

Refer to Readmission/Re-entry Policy under the policy section of this manual.

GRADING SYSTEM FOR GENERAL EDUCATION COURSES AND BIOLOGY IN RADIOGRAPHY PROGRAM

A letter grade of no lower than a "C" will be accepted for credit in the Radiography Program:

ENG 111

ENG 112 or 114

PSY 150

HUM 115

BIO 168

BIO 169

**CLASS/CLINICAL SCHEDULES
(RADIOGRAPHY COURSES)**

The didactic portion of the program is divided into five semesters, four 16-week semesters and one 8-week summer semester. The Radiography classes are held in the **Wayne West Building in Rooms 123 and 128.**

FIRST YEAR – FALL SEMESTER

<u>Day of Week</u>	<u>Time</u>
Monday	Class: 9:30-10:50; 1:00-3:50
Tuesday	Clinical Ed. I
Wednesday	9:30-12:20; 1:00-3:50
Thursday	Clinical Ed. I
Friday	Lab: 8:30-11:20 or 12:00-2:50 (8 Fridays during semester)

Clinical Education is scheduled two days per week during weeks 7-16 in the first fall semester.

A Mandatory Radiography Boot Camp Orientation is conducted the first 6 Tuesdays in the fall semester. 8:30-4:30

(Revised 7/2023; Implemented 8/2023)

FIRST YEAR – SPRING SEMESTER *Begin Weekend Clinical Rotations – 2 Rotations

<u>Day of Week</u>	<u>Time</u>
Monday	9:00-10:50 1:00 – 3:50
Tuesday	Clinical Ed. II
Wednesday	9:00 – 11:50 1:00 – 3:50
Thursday	Clinical Ed. II
Friday	Lab 8:30-11:20 or 12:00-2:50 (8 Fridays during semester)

Revised: 7/2022; Implemented: 8/2022

NOTE: Clinical Education Hours will vary depending on clinical assignments. The hours include the following shifts: 7:00am-3:30pm; 8:00am-4:30pm; 9:00am-5:30pm; 10:00am-6:30pm; and 1:00pm-9:30pm.

FIRST YEAR – SUMMER SEMESTER

Day of Week

Time

Monday	8:00 -9:50 am; 10:30-12:20; 1-3:50 Pm
Tuesday	8:00-9:50 am; 10:30-12:00; 1:00-2:20 Pm
Wednesday/Thursday/Friday	Clinical Ed. III

Revised: 4/2022; Implemented 5/2022

SECOND YEAR – FALL SEMESTER

*Weekend Clinical Rotations – 2 Rotations

Day of Week

Time

Monday/Wednesday/Friday	Clinical Ed. IV
Tuesday	9:00-9:50; 10:30-2:30 (1-hour lunch 12-1)
Thursday	9:00-12:20; 1:00-2:50

Revised; 6/2022; Implemented: 8/2022

SECOND YEAR – SPRING SEMESTER

*Weekend Clinical Rotations

2 Rotations (One weekend 10:30 PM – 7:00 AM)

Day of Week

Time

Monday/Wednesday/Friday	Clinical Ed. V
Tuesday	No Class or Clinical Scheduled except for 3-4 days for Senior Presentations)
Thursday	8:30 – 11:20; 12:30-2:30

NOTE: Clinical Education Hours will vary depending on clinical assignments. The hours include the following shifts: 7:00am-3:30pm; 8:00am-4:30pm; 9:00am-5:30pm; 10:00am-6:30pm; and 1:00pm-9:30pm.

Revised: 8-1-22



RADIOGRAPHY (A45700)

Associate in Applied Science
2021-2022

Name _____ ID # _____

- COURSES IN BOLD & ALL CAPS ARE "REQUIRED CORE COURSES." NO SUBSTITUTIONS ALLOWED.
- Minimum (Maximum) required courses for degree completion.
- The following suggested schedule is based upon full-time enrollment

FALL SEMESTER

<u>Course</u>	<u>Course Title</u>	<u>Grade</u>	<u>Credit</u>	<u>Class</u>	<u>Lab</u>	<u>Clinical Hours</u>
BIO-168	Anatomy & Physiology I	_____	4	3	3	0
ENG-111	Writing and Inquiry	_____	3	3	0	0
RAD-110	RAD INTRO & PATIENT CARE	_____	3	2	3	0
RAD-111	RAD PROCEDURES I	_____	4	3	3	0
RAD-151	RAD CLINICAL ED I	_____	2	0	0	6
RAD-181	RAD Clinical Elective	_____	1	0	0	3
RAD-113AB	RAD Lab Elective	_____	.5	0	1.5	0
Semester Total			17.5	11	10.5	9

SPRING SEMESTER

<u>Course</u>	<u>Course Title</u>	<u>Grade</u>	<u>Credit</u>	<u>Class</u>	<u>Lab</u>	<u>Clinical Hours</u>
BIO-169	Anatomy & Physiology II	_____	4	3	3	0
ENG-112	Writing/Research in the Disc (OR)	_____	3	3	0	0
ENG-114	Prof Research and Reporting	_____	(3)	(3)	(0)	(0)
RAD-112	RAD PROCEDURES II	_____	4	3	3	0
RAD-121	IMAGE PRODUCTION I	_____	3	2	3	0
RAD-161	RAD CLINICAL ED II	_____	5	0	0	15
RAD-113BB	RAD Lab Elective	_____	.5	0	1.5	0
Semester Total			19.5	11	10.5	15

SUMMER SEMESTER

<u>Course</u>	<u>Course Title</u>	<u>Grade</u>	<u>Credit</u>	<u>Class</u>	<u>Lab</u>	<u>Clinical Hours</u>
RAD-122	IMAGE PRODUCTION II	_____	2	1	3	0
RAD-141	RADIATION SAFETY	_____	2	2	0	0
RAD-171	RAD CLINICAL ED III	_____	3	0	0	9
RAD-281	RAD CLINICAL ELECTIVE	_____	1	0	0	3
Semester Total			8	3	3	12

RADIOGRAPHY (A45700)

FALL SEMESTER

<u>Course</u>	<u>Course Title</u>	<u>Grade</u>	<u>Credit</u>	<u>Class</u>	<u>Lab</u>	<u>Clinical Hours</u>
PSY-150	General Psychology		3	3	0	0
RAD-211	RAD PROCEDURES III		3	2	3	0
RAD-231	IMAGE PRODUCTION III		2	1	3	0
RAD-251	RAD CLINICAL EDUC IV		7	0	0	21
Semester Total			15	6	6	21

SPRING SEMESTER

<u>Course</u>	<u>Course Title</u>	<u>Grade</u>	<u>Credit</u>	<u>Class</u>	<u>Lab</u>	<u>Clinical Hours</u>
HUM-115	Critical Thinking		3	3	0	0
RAD-261	RAD CLINICAL ED V		7	0	0	21
RAD-271	RADIOGRAPHY CAPSTONE		3	2	3	0
Semester Total			13	5	3	21

TOTAL CURRICULUM HOURS: 73

TOTAL CLINICAL HOURS: 1248

DIDACTIC CREDIT HOURS: 47 (64.38%)

CLINICAL CREDIT HOURS: 26 (35.62%)

Program Contact Information:

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Chair

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RADIOGRAPHY SURVIVAL TACTICS

Due to the nature of courses and their quick pace, listed below are a few suggestions to help students succeed:

1. **Read the syllabus** each night prior to class so you can be prepared for what will be covered.
2. **Complete the reading assignments** prior to each class.
3. **Bring all required textbooks**, note paper, writing instruments, etc., to each class. Be prepared to take notes and be an active learner.
4. **DO NOT MISS CLASS.** Courses move at a very fast pace and a large amount of material is covered during each class session. Absences will be detrimental to student success!
5. **DO NOT ARRIVE LATE TO CLASS.** Students who come into class late disrupt the instructor and the other students. This is not conducive to learning. **In order to maintain an effective learning environment, the classroom/lab door will be locked at 5 minutes after the start of each class session.** Only a pre-approved doctor's appointment will allow entrance once the door is locked. All late arrivals will be permitted to enter the classroom at the first break.
6. Traffic situations/parking situations have and will occur. Therefore, to avoid being late, plan to leave your home earlier to give extra time in case of such a situation. If multiple students coming from the same area find themselves in a traffic situation that will cause them to be late, the instructor must receive a phone call stating what the situation is and which students are involved. Under these circumstances, entrance into the classroom will be permitted. However, this cannot become a routine occurrence.
7. Leaving a lecture while the instructor or guest lecturer is presenting material is very disruptive. **Therefore, breaks will be given periodically to maintain good health and permit a sound learning environment for all students.** If, for some reason, a student has a medical condition that requires them to get up and leave class before a break, a doctor's excuse will be required. Constant up and down during lectures makes it difficult for other students to pay attention and may cause all students to miss critical information being covered in class.
8. **When testing, students should use the facilities prior to distribution of the tests. Limit your liquid intake prior to the test.** We are all adults; and therefore, should be able to sit for at least two hours to complete an assignment/test.

INSTRUCTIONAL: CREDIT HOUR POLICY

RESPONSIBLE DIVISION: INSTRUCTION & STUDENT SUPPORT

Carteret Community College operates on the semester system. The fall and spring semesters are sixteen (16) weeks each in length; summer term is eight (8) weeks in length (total hours are equivalent to a sixteen-week semester). The College is in session six (6) days per week during the fall and spring semesters and four (4) days per week during the summer term.

CREDIT HOUR: A unit of measure representing an hour (50 minutes) of instruction over a 16-week period in a semester. It is applied toward the total number of hours needed for completing the requirements of a degree, diploma, or certificate.

In compliance with the North Carolina Administration Code, the formula for computation of credit hour equivalency is as follows:

16 class hours	=	1 semester hour
32 experiential lab hours	=	1 semester hour
48 hours of faculty directed lab work	=	1 semester hour
48 hours of clinical practice	=	1 semester hour
160 hours of work experience	=	1 semester hour

Class work is lecture and other classroom instruction under the supervision of an instructor.

Experiential laboratory work means instruction given to a student by an instructor to increase the student's knowledge and skills without immediate student application.

Faculty directed lab work involves structured and coordinated demonstration by an instructor with immediate student application.

Clinical practice is a structured, faculty –directed learning experience in a health sciences program which develops job proficiency. Clinical practice requires significant preparation, coordination and scheduling by the faculty and is under the supervision of an instructor or preceptor who is qualified for the particular program.

Work experience includes cooperative education, practicums and internships. Work experience involves the development of job skills by providing the student with employment that is directly related to, and coordinated with the educational program. Student activity in work experience is planned and coordinated by a college representative, and the employer is responsible for the control and supervision of the student on the job.

These regulations apply regardless of course level or of method of delivery. Method of delivery includes traditional, web-supported, hybrid, internet, and modular instruction.

STUDENT CLINICAL COMPLAINTS

If a student has a complaint pertaining to the clinical facility, this should be discussed first with his/her clinical preceptor at that facility within five school days of the incident.

If and when it becomes necessary, the Clinical Coordinator and/or Program Director, will become involved. If the matter is not resolved to the student's satisfaction, the student may then proceed with the grievance process. (Refer to Informal Phase of Grievance Procedure.)

STUDENT EVALUATIONS/CONFERENCES

A student may request a conference with his/her advisor or another program faculty member at anytime that may be convenient for both parties.

A Mid-Semester Student Evaluation will be conducted with each student during the middle of each semester, excluding the summer semester. Conferences will be scheduled by and with a faculty member of the program if necessary. The purpose of these conferences is to discuss student and/or faculty concerns. If there are problem areas, they will be addressed and remedial action planned, if necessary. Areas of successful progress are noted, as well.

These conferences offer the student the opportunity to express his/her feelings and to ask questions concerning policies, progress, and problems. The Mid-Semester Evaluation/Conference is based on academic and clinical performance.

The first clinical course is a probationary period. Therefore, any student who seems to have difficulty adjusting to the profession in the opinion of all instructors (including clinical preceptors) may be informed of this opinion during the Mid-Semester Evaluation/Conference. During this conference, specific documented problem areas will be discussed, along with specific suggestions for ways to improve. If there is no documented improvement by the end of the semester, the student may not successfully pass Clinical Education I and will not be permitted to progress to Clinical Education II. Continuation through the clinical courses is a progressive process and is determined by successful completion of each pre-requisite clinical education course.

Revised: 9-1-22

(Mid-semester CP evaluations are not conducted on those students doing 8-week clinical rotations. After the 8-week rotation is complete the student will receive an evaluation of their clinical performance. The 8-week clinical and the mid-semester didactic course work will be evaluated at the mid-point of the semester.)

GRIEVANCE PROCEDURE FOR ACADEMIC

AND NONACADEMIC ISSUES

A student may appeal any decision involving academic or non-academic disputes or complaints arising within the student body, or between student/students/student body/faculty/and the clinical facility. A group grievance should be presented by one representative. To ensure a prompt resolution, each step must be completed in sequence with strict adherence to time limits. Failure to do so will result in dismissal of the grievance. Guidance through the procedure is available from the Dean of Student Services. The grievant has the option of discontinuing the proceedings at any stage of the procedure.

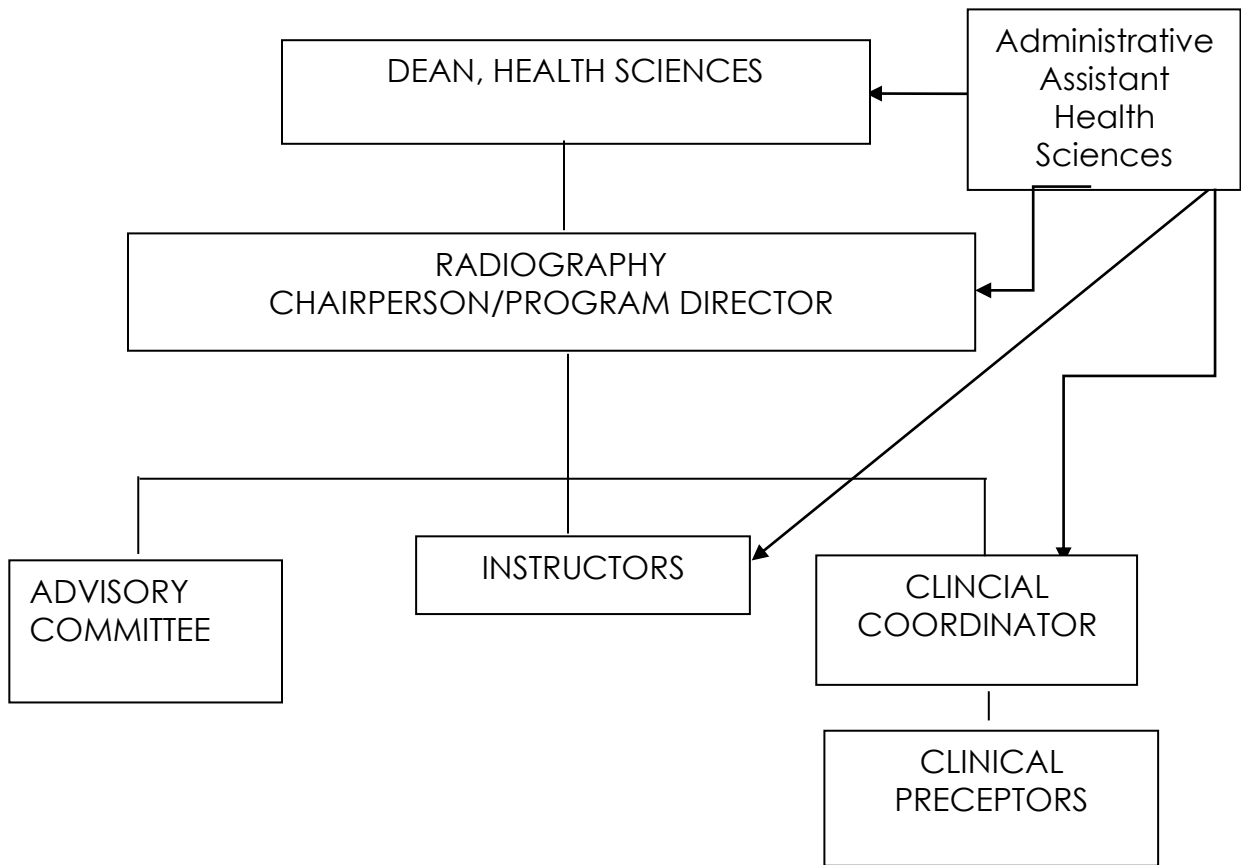
GRIEVANCE PROCEDURE

A. Informal Phase

1. The person initiating the grievance must discuss the incident with individual(s) directly involved within five school days of the incident. If the grievance involves the clinical facility or the clinical preceptor at the facility, the student will meet with the Clinical Coordinator within five school days following the initial discussion with the clinical preceptor. The meeting will be documented in writing.
2. If the grievance remains unresolved, the grievant and involved individuals will meet with the Radiography Program Director within five school days following the student/Clinical Coordinator meeting. If the Radiography Program Director is unavailable during this time frame, the Dean of Health Sciences will continue with the proceedings. Written documentation of the proceedings will occur.
3. If the grievance remains unresolved, the grievant must submit the grievance in written form to the Dean of Health Sciences or the Director of Student Services within five days following the meeting with the Radiography Program Director. The Director will either make a final decision or forward the complaint to the appropriate vice president, if deemed necessary.

Grievances, which relate to the appeal of Academic Deficiency Action or Disciplinary (Nonacademic) Action must follow the formal procedures for student appeal outlined under the "Procedure for Student Appeal" in the college catalog.

**RADIOGRAPHY
ORGANIZATIONAL CHART**



Revised; 8-2-21

Removed Medical Advisor

Replaced Clinical Instructor with Clinical Preceptor

FEES AND STUDENT EXPENSES

The following are expenses students will have in addition to tuition, books, uniforms, and travel expenses, which will vary from person to person.

First Year Students:

Approximation

ITEM	FEE	PROVISION
1. *Radiation Dosimeter	\$171.20/yr. (\$85.60-Fall and Spring Semester)	Provides permanent record of radiation exposure
The dosimeter must be returned whenever a student leaves the program (if lost, there will be a \$10.00 charge)		
2. Liability and Accident Insurance	Approx. \$37 per year	Liability:(Required) Provides one million dollars of coverage during clinical experience Accident:(Required) provides coverage during school activities
3. Compliance Tracking System: (CBC, DS, Immunizations, clinical requirements)	\$123	Required for Clinical Participation at Clinical sites
4. Medical Exam	\$300	
5. CPR Certification	\$45	
6. Trajecsys Clinical Record System	\$150.00	
7. Activity/Technology Fees	\$108 per year	
8. Lab Fee	\$65	
9. Miscellaneous Supplies	\$50	
10. Simulation Software	\$190	

***Revised: 8-1-22**

Second Year Students:

ITEM	FEE	PROVISION
1. *Radiation Dosimeter	\$104/yr. (\$52.00/ Fall and Spring semesters)	Provides permanent record of radiation exposure
dosimeter must be returned whenever a student leaves the program* (if lost, there will be a \$10.00 charge)		
2. Liability and Accident Insurance	\$25 per year	Liability: (Required) Provides one million dollars of coverage during clinical experience Accident: (Required) Provides coverage during school activities
3. ARRT Exam Application	\$225	(Required)
4. Professional Conference	\$350 (not mandatory)	
5. Activity/Technology Fees	\$88 per year	
6. Lab Fee	\$80	Certification Exam Prep
7. Miscellaneous Supplies	\$50	
8. Graduation Ceremony Fees	At Cost	Cap and Gown
9. Degree	At Cost	(Required) Graduates must pay for their degree to be produced

***Revised: -22**

STUDENT RESPONSIBILITIES

DIDACTIC

Learning is the responsibility of the student. It is, therefore, necessary for the student to complete reading assignments and submit written work when due, as well as be prepared to participate in all class discussions. The student is responsible for knowing content of all assigned materials. Content will not always be repeated in class. Specific responsibilities relating to each course will be further clarified in the course syllabi.

Do not hesitate to question information which is not understood. There is a good chance that one or more of your classmates also need clarification.

Students are expected to write neatly and legibly and to use correct grammar and spelling on all written materials submitted to the instructor. Failure to do so may result in no credit and/or an unsatisfactory grade. In addition, the instructor may request that the paper be rewritten with or without a change in grade.

All class/lab/Moodle assignments are to be submitted on time. Late clinical documentation will result in an unsatisfactory clinical performance and an incomplete grade for clinical in the semester involved.

When copying material from a book, journal, handout, another student's paper, etc. properly credit the source. Unless otherwise specified by the instructor, any style of footnoting may be used. To copy material without crediting the author is plagiarism or cheating and **will** result in disciplinary action.

CLINICAL:

ROOM ASSIGNMENTS

The student must report to assigned areas **at least five minutes** (preferably fifteen minutes) prior to the start of the shift. Rooms should be kept clean and well-stocked at all times.

PATIENT CARE/SAFETY

1. The student **must use three (3) patient identifiers** (ask name, birth date and check arm band) to assure the exam is being performed on the correct patient.
2. The student will at all times be aware of the patient's needs and strive to maintain the patient's comfort. The patient's modesty is of utmost concern at all times. The patient's condition is confidential and should only be discussed in the context of delivering care to that patient.

Revised: 8-2-21 Added Number 1 patient identifiers

GENERAL CLINICAL EDUCATION REQUIREMENTS

1. The student must meet the technical(physical/emotional) standards of enrollment.
2. The student must meet announced deadlines.
3. The student must demonstrate a professional demeanor and appearance at all times.
4. The student must communicate effectively with patients, other students, College and hospital staff members.
5. The student must be able to function in stressful situations as a member of the health care team.
6. Students are not to be in the clinical area except when scheduled or otherwise approved by the Clinical Coordinator and Radiology Department Manager/Radiography Supervisor/Clinical Preceptor of that facility. Students must not be in the clinical area when there are no registered radiographers on duty.
7. Any time a student is at the clinical site to make-up clinical time and/or obtain image critiques, clinical competencies, etc., the student must be in the approved clinical uniform.
8. While in the clinical facilities, students are subject to all rules and regulations of that department and institution as well as those contained in this handbook.
9. Students are responsible for their radiation dosimeters at all times. Failure to return a dosimeter when withdrawing or graduating will prevent release of Carteret Community College transcripts and Registry exam eligibility.
- 10. Students are expected to apply and demonstrate what was learned/practiced in the classroom/lab when completing clinical rotations.**

Revised: 8-2-21 #1 and #3 and added #10.

PROFESSIONAL DEVELOPMENT OBJECTIVES: AFFECTIVE DOMAIN

In addition to offering a transition from theory to application of skills, one of the purposes of clinical education is to impress upon the student the importance of appropriate professional behavior.

A student who is achieving professional growth will demonstrate those observable characteristics defined as desirable in a true professional.

DEPENDABILITY:

The student will:

1. Be punctual and report to assignment area promptly.
2. Have few and explained absences.
3. Notify supervisor of absence or tardiness.
4. Be conscientious in handling patients in assisting all medical personnel.
5. Upon successful completion of clinical competency test, be prepared to perform the procedure under indirect supervision if the patient's condition permits.

PROFESSIONAL RELATIONSHIPS WITH PATIENTS AND PATIENT CARE:

The student will:

1. Attempt to make the patient comfortable and alleviate his/her fears.
2. Provide a safe and clean environment.
3. Include the patient in appropriate conversations which occur in the patient's presence.
4. Remain in the radiographic room with the patient unless checking images. Be sure to inform the patient you are going to do this.
5. Treat the patient as a person, not as an object. Call them by their proper name.
6. Never laugh loudly or discuss personal life or social activities when working with a patient or within the hearing range of the patient.
7. Conduct themselves in a dignified, polite, considerate and professional manner.
8. Never discuss the examination or the patient's condition diagnosis within the patient's presence or with anyone outside the radiology department.
9. Maintain a professional appearance.
 - A. Clean uniform and shoes.
 - B. Hair is neat.
 - C. Good personal hygiene.
10. Protect the patient's personal property.

PROFESSIONAL RELATIONSHIPS WITH THE HEALTH CARE TEAM:

The student will:

1. Recognize the chain of command.
2. Adhere to established policies of school, department and hospital.
3. Be willing to work with others.
4. Cooperate with others.

5. Be willing to assume his/her share of clinical duties.
6. Accept criticism and suggestions in a proper manner.

INITIATE:

The student will:

1. Actively and voluntarily seek further information in an effort to improve his/her knowledge and skills.
2. Question inconsistencies involving patient care and scheduling.
3. Demonstrate an active role in departmental procedures rather than a passive role.

JUDGEMENT:

The student will:

1. Recognize problems and emergency situations and take immediate steps to resolve them.
2. Use forethought and intelligence in arriving at decisions.
3. Act calmly and rapidly under stressful situations.

PERSONAL TRAITS:

The student will:

1. Demonstrate tactfulness in caring for patients and assisting the health care team.
2. Be friendly and pleasant at all times.
3. Be self-confident:
In patient care.
Positioning skills.
Quality assurance.
4. Demonstrate leadership.
5. Admit to mistakes.
6. Refrain from lying.
7. Adhere to the Code of Ethics.

RESPONSIBILITY:

The student will:

1. **Perform or assist with radiographic procedures scheduled for the assigned area.**
2. Report to the supervisor of assigned area promptly.
3. Return and replenish supplies as necessary.
4. Be familiar with the location and proper utilization of all emergency equipment.
5. **Record his/her clinical accomplishments accurately.**
6. Adhere to program policies when unsupervised by school faculty.
7. Refuse compensation for services from patients.

EFFICIENCY:

The student will:

1. Establish performance priorities in a logical sequence.
2. Maintain a clean, orderly, and safe clinical area.
3. Be effective in performing under pressure.
4. Practice good organizational skills.

SOCIAL MEDIA AWARENESS

The Health Sciences Faculty of Carteret Community College recognizes that social media can benefit health care in a variety of ways, including fostering professional connections, promoting timely communication with patients/clients, family members, and educating and informing consumers and health care professionals. The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications including blogs, video sites, and online chats.

However, there are increasing instances of inappropriate use of electronic media by professional health care providers as reported in the literature and news. In some cases, the inappropriate use causes licensure and certification regulatory boards (for example, The Board of Nursing; The ARRT) to issue disciplinary action. Students should be aware that as providers of patient care, you have an obligation to understand the nature, benefits and consequences of participating in social networking of all types. Online content and behavior have the potential to either enhance or undermine not only your particular career, but the profession for which you belong.

The Health Sciences Faculty will require that students enrolled in one of the programs at CCC will abide by the following principles:

- 1) Do not transmit or place online individually identifiable patient/client information
- 2) Do not post photographs, videos or information gained through clinical or working circumstances
- 3) Do not make disparaging comments or remarks about patients, employers, clinical facilities, co-op work sites or co-workers/students even if not identified
- 4) Always observe ethically prescribed professional patient/client-professional boundaries
- 5) Understand that patients/clients, colleagues, institutions, and employers may view postings
- 6) Use privacy settings and seek to separate personal and professional information online
- 7) Report content that could harm a patient's privacy, rights or welfare to the attention of the appropriate authorities

Disregard of any of the above behaviors will be grounds for disciplinary action and possible dismissal from the class and program of study.

Adapted from: National Council State Boards of Nursing and the American Nurses Association

CERTIFICATION ELIGIBILITY REQUIREMENTS:

ETHICS ELIGIBILITY

All candidates must comply with the Rules of Ethics contained in the *ARRT Standards of Ethics* (Appendix I). The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and candidates. The rules are intended to promote the protection, safety, and comfort of patients. Registered Technologists and candidates engaging in any of the conduct or activities noted in the Rules of ethics, or who permit the occurrence of such conduct or activities, have violated the rules of ethics and are subject to sanctions.

One issue addressed by the Rules of Ethics is conviction of a crime—which includes felony, gross misdemeanor or misdemeanor, the only exceptions being speeding and parking violations. All alcohol and/or drug related violations must be reported. “Conviction,” as used in this provision, includes a criminal proceeding where:

- the individual enters a plea of guilty, Alford plea or no contest (*nolo contendere*); or
- the adjudication of guilt is either withheld or deferred; or
- the sentence is stayed, set aside or suspended; or
- there is a pre-trial diversion.

Candidates are not required to report offenses that were committed as a juvenile and were adjudicated through the juvenile court system.

The Application for Certification asks: “Have you ever been charged or convicted of a misdemeanor, felony, or a similar offense in a military court-martial?” If your answer is “No, you move on to the next question. Anyone who answers “Yes” must provide a detailed explanation and official court documentation of the charges. Court documentation must verify the nature of the conviction, the sentence imposed by the courts, and the current status of the sentence. If you have a court-martial, you must provide a detailed personal explanation, documentation verifying the reasons for the court-martial, and the conditions of and status of the sentence.

Delay in disclosure to ARRT of misdemeanor or felony charges and/or convictions results in a minimum private reprimand in the R.T.’s ARRT file. Although private reprimands are not publicly reported, a private reprimand is still considered to be a sanction against an individual’s ARRT certification and registration

A second question asks whether you have had any license, registration, or certification subjected to discipline by a regulatory authority or certification board.

The certification application also asks you to respond to a question about violations or sanctions related to the honor code. All candidates must sign a written consent under the Family Education Rights and Privacy Act (FERPA). This consent allows ARRT to communicate freely and openly with program directors

and to obtain specific parts of your educational records concerning violations of an honor code.

If a candidate is concerned about whether his or her conviction record will affect eligibility, there is a way to find out in advance. ARRT investigates all potential violations in order to determine eligibility, and such investigations can cause delays in processing applications. Candidates can avoid delay by requesting a pre-application review of the violation before or during their education, rather than waiting until completing the educational program. ARRT will rule on the impact of the violation on eligibility for ARRT certification. Once ethics eligibility is established the candidate proceeds with application. The pre-application review packet can be downloadable from the www.arrt.org/handbooklinks or you may request a copy by phoning ARRT at (651) 687-0048, ext. 8580.

STANDARDS OF PROFESSIONAL PERFORMANCE

Students must learn the value of proper professional conduct as well as clinical competence. A professional realizes the value of having proper dress, good personal hygiene, being on time, and dealing with patients and staff in a courteous, professional manner. These standards are designed to guide the students toward attaining a sense of professionalism.

In actual practice, violation of some of these standards could result in legal complications. While in this program, violations result in points being deducted from the student's final clinical grade at the end of the course. The list of violations and their point values are provided in the next section. **The violation points are cumulative throughout the program. Any student accumulating ten points will be placed on clinical probation. Any student, while on probation, receiving additional points, may be immediately dismissed from the program.** The probation period lasts until the end of the semester following the one in which the probation occurs. The removal of probation is based on the following criteria:

1. Improvement in the following: achievement of clinical performance levels, clinical evaluations, image critiques and competency completions.
2. A clear violation record illustrating no program policy violations, and an improvement in the behaviors which caused the probation originally.

A conference with the Clinical Coordinator will be conducted to review the above criteria. If, in the opinion of the Clinical Coordinator, all criteria are satisfied, the student will be removed from probation. If not, the student may request another review when he/she feels the criteria have been met. These conferences may be held no more frequently than every five weeks. **A student on clinical probation is ineligible for graduation.**

If the student wishes to appeal any decision made under this system, he/she may do so following the Grievance Procedures located in this manual. Clinical probation is a departmental action not to be confused with the college probation policy as found in the "College Catalog & Student Handbook".

VIOLATION POINT VALUES

<u>Action</u>	<u>Points</u>
Failure to follow clinical schedule as assigned by Clinical Coordinator	10
Refusing to follow instructions, i.e.: perform an exam	10
Infraction against program policies; i.e.: Repeat Exposure Policy, Mobile Radiography Policy, Clinical Supervision Policy, Radiation Safety Policy Clocking in and Out Policy	10
Endangering a patient by: (i.e.: leaving them unattended, failing to properly ID patient, failing to report patient return from Radiology Dept. failing to obtain accurate patient history, failing to assist or provide safe environment. (8.15.21)	10
Possession of any personal electronic device in clinical area. (Does not require use) Second infraction, will result in involuntary withdrawal from program.	10
Use of personal laptop or clinical site internet service. Second infraction, will result in involuntary withdrawal from program.	10
Smoking in non-designated area	10
Demonstrating unprofessional conduct, i.e.: inappropriate language, sleeping while on clinical assignment, rudeness, physical abuse, lying, or any other violation of ARRT Code of Ethics. Second infraction, will result in involuntary withdrawal from program.	10
Being dismissed from a clinical facility (*See Note Below)	10
Arriving late or leaving early from clinical w/o prior approval from the Clinical Coordinator	5
Leaving clinical site while clocked in (Includes lunches)	5
Clocking in or out on device other than designated device at site	5
Failing to notify Clinical Coordinator concerning an absence or tardy	5
Reading material not pertinent to clinical education	5
Violating dress code/Personal Hygiene Policy	4
Failing to notify Clinical Preceptor concerning an absence or tardy	4

Visibly chewing gum in patient area

3

Other actions warranting violation points may be added pending notification of all concerned. The policy concerning academic integrity may be found in the College Catalog/Student Handbook.

***NOTE: A student who takes it upon himself or herself to pass an image and release the patient from the department without the approval of a qualified technologist will be involuntarily withdrawn from the program.**

****NOTE: The hospitals reserve the right to dismiss any student from their facility at any time. Depending on the nature of the problem, this may result in probation or dismissal from the program.**

(Revised 8-15-21)

ARRT CODE OF ETHICS

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

1. The Radiologic Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Radiologic Technologist acts to advance the 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 on the basis 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 radiation exposure to the patient, self and other members of the healthcare team.
8. The Radiologic Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The Radiologic Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

TERMINAL COMPETENCY DOCUMENTATION

To be eligible for graduation, every student must have documented the following competencies:

1. Effectively use medical terminology in spoken and written forms. RAD 110
2. Demonstrate knowledge of medical and legal ethics RAD 110, anatomy and physiology of the human body BIO 168 and BIO 169, radiographic pathology RAD 211, math appropriate to radiography RAD 121, 122, 141, 231 and principles of body mechanics RAD 110.
3. Assure patient care by anticipating and providing for the specific needs of pediatric, geriatric, critically ill and routine patients. RAD 110, 111, 112, 151, 161, 171, 181, 251, 261, 281
4. Demonstrate knowledge and skills of operating radiographic equipment and accessories. RAD 111, 112, 113, 121, 122, 141, 151, 161, 171, 181, 231, 251, 261, 281
5. Efficiently perform radiographic examinations through proper positioning of the patient and equipment manipulation. RAD 111, 112, 113, 211, 151, 161, 171, 181, 251, 261, 281.
6. Demonstrate knowledge and skills of image processing, including the equipment and procedures involved in CR/DR imaging. RAD 113, 121, RAD 122, 151, 161, 171, 181, 231, 251, 261, 281
7. Demonstrate knowledge and skills relative to quality assurance, including preventive maintenance and quality control tests for processing and radiographic equipment. RAD 231

8. Demonstrate practical use of the principles of radiation protection for the patient, operator and others. Orientation, RAD 110, 111,112,113, 122,141, 151, 161, 171, 181,231,251, 261,281
9. Demonstrate knowledge and skills relative to the performance of radiographic exams outside the radiology department. RAD 110, 111, 112,113, 151, 161, 171, 181, 211, 251, 261,281.
10. Adapt procedures according to patient condition. RAD 111, 112,113, 151, 161, 171, 181, 211, 251, 261,281.
11. Select exposure factors which will produce optimum quality images while keeping radiation exposure as low as reasonable. RAD111,112,113, 121, 122, 151, 161, 171, 181, 211, 251, 261,281.
12. Adjust standard exposure factors for varying patient conditions, different equipment and other changing circumstances to maintain a high level of quality. RAD 111,112,113, 121,122, 151, 161, 171, 181, 211, 251, 261,281.
13. Recognize life-threatening patient conditions and initiate first aid and/or cardiopulmonary life support as required. CPR certification, orientation, RAD 110.
14. Evaluate radiographic image quality and recognize changes necessary to improve the image as required including pathological changes. RAD 111, 112,113, 121, 122, 211,231.
15. Evaluate the performance of radiographic equipment and accessories, reporting any malfunctions to the appropriate authority. RAD 231
16. In any manner not addressed above, exercise independent judgment in the performance of radiographic exams. RAD 151, 161, 171, 181, 251, 261,281.
17. Successfully pass the Radiography Capstone Course RAD 271.

Revised: 8-3-18

**REQUIREMENTS FOR PROGRESSING FROM FIRST YEAR
TO SECOND YEAR:**

1. Successful completion of first-year curriculum courses.

2. Successful completion of clinical competencies for the first three clinical courses.
3. Successful completion of RAD 171 course (minimum grade of **80%**)

REQUIREMENTS FOR GRADUATION:

1. Successful completion of all curriculum courses and didactic competencies.
2. Successful completion of clinical competencies.
3. Successful completion of all terminal competencies
4. Successful completion of RAD 271 Course (minimum grade of **80%**).
5. Exit Evaluation Completed.
6. Paid all fees.
7. Return radiation dosimeter to Radiography Program Director

CONTINUING EDUCATION AND JOB PLACEMENT FOR GRADUATE STUDENTS

Recommendations are sent upon a student's written or verbal request to prospective employers and admission offices of advanced imaging schools and degree programs.

Those interested in future employment will be informed of job opportunities as they become available.

A listing of schools can be found in the program director's office for those students seeking further education.

Students can request a copy of their transcripts on-line at www.carteret.edu, **Go to helpful links at bottom of page, click on order transcripts and follow directions.**

The students will be directed to sign in to **Parchment Exchange** to order and track their requests. The students will select the colleges, companies or other locations they wish for transcripts to go to and pay online.

The transcript request is approved by the Registrar's office and the transcript is mailed or sent electronically shortly thereafter; sometimes even the same day. Students can track their orders through the website and see the progress every step of the way.

There is a small fee when requesting transcripts.

Revised: 8-15-21

PROGRAM POLICIES

STUDENT STATUS POLICY

Carteret Community College's Radiography Program is based on 5 semesters of didactic and clinical course work. Students are expected to complete all required courses within the 5-semester program period.

TRANSFER STUDENTS

Transfer students will be accepted and positioned in the program based upon a review of completed college course work and current didactic and clinical level of knowledge. Only course work from an **accredited college** will be considered.

Only course grades of 80% or higher in RAD courses will transfer. Only course grades of "C" or higher in General Education and Anatomy and Physiology courses will transfer. No "D" grades in any subject, including general education courses or Anatomy and Physiology will transfer for credit.

In order to evaluate the transfer student's didactic and clinical level of knowledge and skills the following will occur prior to official enrollment:

1. A written comprehensive exam to include course content from all radiography courses to receive transfer credit will be administered by the Program Director.
2. A clinical practical competency exam to include course content covered in the RAD procedures courses to receive transfer credit will be administered by the Clinical Coordinator.
3. The Clinical Coordinator will review the documented clinical progress of the student to date and will determine at what level he/she may enter the clinical portion of Carteret Community College's Radiography program.

A failing grade, **below 80% on the written comprehensive exam and/or below 80% on the clinical practical competency exam** will result in no transfer credit for the RAD courses requested. The student would have to apply to the program as a new applicant for the next enrollment year.

STUDENT IDENTIFICATION POLICY

All students must wear their ID badges when at their clinical site. The ID badge must be worn so it is visible. All badges will be distributed by the College. They will possess the student's name, picture, and will designate that he/she is a student technologist in radiography. This will make patients aware that students will be observing, assisting, and performing examinations in the Radiology Department.

DRESS CODE POLICY

Students must always appear neat, clean and possess a pleasant attitude. They must demonstrate a professional appearance and attitude since they reflect the Carteret Community College Radiography Program and clinical site. These policies must be abided by at all times in the clinical setting.

Uniforms:

1. The students will be permitted to wear the following uniform:
2. Navy uniform pants with ceil blue school shirt. A navy or white long sleeve t-shirt may be worn under uniform shirt.
3. Carteret Community College logo on left front of shirt
4. Pants must be neatly hemmed so not to touch floor.
5. White or navy socks (must cover ankle)
6. Approved ceil blue lab jackets and/or coats

Shoes:

1. White or black clinical or athletic shoes are permitted to be worn
2. Only minimal colored names or logos will be permitted on the shoe (blue or gray).
3. Shoes must appear clean at all times. For this reason, students should reserve their clinical shoes for the clinical setting only.

Undergarments:

1. Students must wear appropriate undergarments
2. Undergarments must not be visible and provide full coverage

Jewelry:

1. One small tasteful post earring is permitted on the lower ear lobe.
2. No Earlobe gauges are permitted
3. Visible body piercing jewelry (other than ear) is not permitted.
4. Bracelets are not to be worn in the clinical areas
5. Rings are restricted to two per hand
6. Neckwear is to be inconspicuous. A necklace, pendant and/or metal can be worn "under" the uniform.

Revised: 2018 to include black shoes

Hair:

1. Hair is to be clean, neatly groomed, appropriately styled and of natural color.
2. Hair which reaches the collar must be pinned neatly above the collar
3. Hair should not fall forward when positioning the patient and/or providing patient care
4. Mustaches and beards are to be neatly trimmed

Hygiene:

1. Daily bathing, use of deodorants and mouth care are expected
2. Fingernails are to be trimmed short, kept clean and free of colored nail polish
3. Clear nail polish is acceptable
4. Due to an infection control hazard, no acrylic nails, glue-on nails or nail ornamentation may be worn in the clinical areas.
5. The length of fingernails must promote client and employee safety and not hinder patient care. Nails should not exceed ¼" in length beyond the finger tip.

Contact Lenses:

1. Contact lenses are to be of an appropriate style and color.

Body Tattoos/Markings:

1. All body tattoos/markings must be covered with clothing, appropriate make-up, and/or a skin tone band-aid.

Gum Chewing:

Visible gum chewing is not permitted in the clinical areas

OVERALL ATTIRE AND CONDUCT:

Students are expected to be conservatively clothed in the classroom/lab and wear the approved uniform in the clinical setting, as patterns of proper attire are part of a professional image. Professional success depends upon more than academic achievement. The student is expected, to adhere to high standards of personal and professional conduct. This includes appropriateness of dress, politeness to others, cooperation, dependability, confidentiality and accountability. Integrity is essential. College and clinical site policies have been adopted for the welfare of the patients, and corrective action will occur if policies are not followed.

Students who disregard the dress code policy will be subject to corrective action which is discussed in their program manual.

CLINICAL PLACEMENT POLICY

The Radiography Program sponsored by Carteret Community College assures all enrolled students, who have been cleared and approved by the clinical facility, placement each semester in a clinical education setting and supervised by qualified technologists.

The Radiography Program only accepts that number of students each year for which it can provide quality clinical experiences. The number of accepted students may increase as additional clinical educational sites become recognized.

Revised: Clinical Placement Policy 3/2023

CLINICAL ROTATION POLICY

In order for students to receive the volume and variety of radiographic procedures to become competent radiographers, all students will complete clinical rotations at a minimum of 4 of the recognized clinical sites with three rotations at three separate recognized hospital sites (CHC, CEMC and OMH) while enrolled in the program. The student's home address or location of childcare facilities cannot be taken into consideration when scheduling clinical rotations.

CONSECUTIVE ROTATIONS AT THE SAME CLINICAL SITE WILL NOT BE PERMITTED AT ANY OF THE THREE MAIN HOSPITAL SETTINGS.

The only exceptions are:

1. At the discretion of the Clinical Coordinator in order to maintain JRCERT student approved capacity, supervision requirements and for students to earn required ARRT clinical competencies for graduation. (Revised 2/2023)
2. For a senior student to complete an advanced modality rotation at a site previously scheduled the prior semester.
3. In the event of an emergency or pandemic which inhibits students to move to different sites. **Revised: 3/2023**

WEEKEND ROTATION POLICY

1ST YEAR:

During the spring semester when a junior student is scheduled on a weekend rotation, he/she will be scheduled off the Thursday before the weekend rotation and the Tuesday after the weekend rotation. **NO EXCEPTIONS WILL BE MADE.**

2ND YEAR:

During the fall and spring semesters, when a senior student is scheduled on a weekend rotation, he/she will be scheduled off the Wednesday before the weekend rotation and the Monday after the weekend rotation. **NO EXCEPTIONS WILL BE MADE.**

Revised: 8/10/17

CLINICAL MAKE-UP TIME POLICY

All clinical absences will be rescheduled for "make-up" by the Clinical Coordinator. All make-up time will occur at the same clinical site and for the same shift on which the absence occurred.

Weekday absences will be made up on weekdays and weekend absences (Saturday and Sunday) will be made up on Saturdays and Sundays. Exceptions may be made by the clinical coordinator due to an emergent situation limiting student access to certain clinical sites. **Revised: 8-15-21**

Observed college holidays as posted on the academic calendar cannot be scheduled as clinical make-up days.

Contingency Plan

Added: 8-1-22

In the event of a natural or man-made disaster or weather event that would cause power outages, internet outages, or delay in routine city and county services for an extended period of time, the course calendar will be altered. In a known upcoming event, like a storm, students should be prepared to have their textbooks available, online resources for the next two weeks printed, printed copies of clinical forms and clean clinical uniforms. If the college is unable to conduct on-campus classes or labs due to damage to the facility or an emergent situation where city and county operations have been shut down, alternate learning sites at sister community colleges and/or clinical sites will be used to deliver instruction and meet course learning objectives and outcomes. In the event where students are unable to complete clinical assignments at area facilities, every effort will be made by the program faculty to schedule clinical make-up hours at a later time. This could delay the scheduled completion date for a particular cohort. (revised: 5.2022)

CLINICAL SITE POLICY

A criminal background check and drug testing are required prior to participation in the Radiography clinical component by the clinical site. Applicants, please be advised, the criminal background check and drug testing are requirements of the college or radiography program. However, a student's progress to graduation would be limited by any inability to complete the clinical portion of the program due to a clinical site not allowing the student to complete clinical rotations on its campus. The clinical sites have the authority to perform random drug screenings on any student on their campus and to deny students access to their campus due to results of a CBC and/or drug screening. (revised 2/2023)

The criminal background checks are done county, state and nationally and include sex offender checks and the Office of the Inspector General. They are completed once per program admission and progression and repeated for:

- Readmission
- Transfer from another school
- Transfer from one program to another within the same school
- Students will notify school if there has been a change in status including charges and/or convictions before the next scheduled clinical date.

Revised: 2/2023

STUDENT CLINICAL PARTICIPATION POLICY

In order for students to obtain the clinical experience necessary to master radiographic procedures, they will perform exams under direct and indirect supervision according to THE STANDARDS set forth by the JRCERT. Students, while present in the clinical area, must wear their ID badge where it is clearly visible to the hospital staff, the general public and the radiology patients. The ID badge will inform those concerned of the student's name and that he/she is a radiography student.

If, under any circumstances, a patient refuses the student's presence prior to an exam, the student will be asked to step out of the diagnostic room. If, for some coincidence, a student is unable to meet a clinical objective or complete a competency evaluation in a particular area due to the lack of patient participation, a contingency plan will be implemented. The contingency plan will offer the student the opportunity to simulate the exam in order to receive competency points and meet the clinical requirements of the program.

Revised: 8-15-21 Deleted mammography.

FIRST YEAR COMPETENCY VERIFICATION PROCEDURE

In order to verify that a student has the didactic and clinical knowledge and skills to progress to the second year of the program the following evaluations will occur during the summer of the first year of the program. These evaluations will constitute a portion of the RAD 171 final course grade.

The First Year Comprehensive Exam is a required competency test for all first-year students. The grade earned on the exam will constitute **50%** of the final grade in the RAD 171 Clinical Ed. III course. All students must take the exam on the scheduled date and time. There are no make-up testing dates for this exam. If a student fails to be present for the exam a zero grade will be recorded for this test. The only exceptions would be a medical reason which must be verified with a valid doctor's excuse or a death in the immediate family.

The remaining percentages making up the RAD 171 course are:

10% Required Clinical Documentation for RAD 171

25% Grade on Timed Practical Competency (5 random exams completed in 30 minutes). If not completed in 30 minutes or less 5 points will be deducted from the overall score.

10% Clinical Preceptor Evaluation for RAD 171

5% Clinical Communication Evaluation

The student's final course grade for RAD 171 must be 80%. The student will be allowed to retake the final written competency exam one time in order to improve the course grade to 80%. This second attempt will be administered before the start of the fall semester.

If the student is unsuccessful in earning an 80% in RAD 171 they will be involuntarily withdrawn from the program. The student will be referred to the readmission/re-entry policy.

(Effective: 8/22/2016)

(Updated: 8-1-2022)

Removed technique chart and added clinical communication evaluation at 5% of grade)

(Updated: 8-7-23)

Removed Staff Technologist Evaluation and added 10% to Timed Practical Competency Grade. Added explanation of 30 minute time limit on timed practical simulated competency.

RAD 271 – RADIOGRAPHY CAPSTONE COURSE COMPREHENSIVE REVIEW POLICY

1. Senior radiography students will complete a final comprehensive review course during Semester V, prior to program completion. A student must successfully pass this course with a minimum grade of **80%**.
2. The course will proceed as follows:
 - Mock Exam will be given in the first month of the semester. This is a diagnostic tool and will only be used to demonstrate student's strengths and weaknesses. It **will not** generate a grade to be used to calculate the final course grade.
 - A final timed clinical simulated practice competency will be administered by the clinical coordinator. This competency will take place during the 5th semester. The student will be required to accurately perform 10 random exams within 45 minutes. The students' performance will be graded. The overall grade for the final clinical competency will comprise **25%** of the student's final grade for the RAD 271 course. If the student fails to complete the competency in the required 45 minutes, ten points will be deducted from the students' total earned points on the competency.
 - Five comprehensive exams, each consisting of 100-200 questions per content area will be administered throughout the semester. Each test will be scored and the student must reference each wrong answer. The answers must be written out. Laptop use is not permitted. An average score will be obtained for all five competency exams. For every exam that a student referenced, one point will be added to the overall average score for the five competency exams. The most points that can be added are five. The average score (including the extra points) will comprise **25%** of the student's final grade for the RAD 271 course.
 - The remaining **50%** of the final grade will come from the ARRT scaled score earned on the final comprehensive exam. The score on the final timed clinical simulated practice competency, the average score for the five comprehensive exams and the ARRT scaled score on the final written competency exam must result in an overall course grade of 80% for passing. If a student's overall course grade is below an 80, he/she will have two more attempts at taking the final comprehensive exam to achieve a passing course grade of 80%.
3. If the student is unsuccessful in passing the course, the following will result:
 - The student will not have met a program competency and will not graduate with their class.
 - The student will earn a final grade of "F" in the RAD 271 course.

- The student will be required to retake the RAD 271 course in its entirety during the summer semester. This option will only be given one time in the summer semester that immediately follows the spring semester in which the course was first attempted.
4. If the student is unsuccessful on the second attempt at RAD 271, he/she will not be granted a degree of completion from the Radiography Program. The student may apply for the next enrollment year.

*Any curriculum courses previously passed cannot be retaken for a higher grade unless permission is granted. The courses can be audited for review of content.

*The student may retake a curriculum course if the final comprehensive exam indicates an area of weakness with a specific course covered.

*Students are advised to discuss their schedule of classes with the financial aid officer in order to maintain financial assistance while enrolled in the college.

**The computation of the final grade for the course is subject to change at the discretion of the Program Director and with approval from the Program's advisory committee.

Revised: 2/2023

Revised: 8/2023

Readmission/Re-entry Policy Radiography Program

I. Program Re-Admission Procedure

- A. If a student does not successfully complete the first semester of the Program, the student **MUST** re-apply to the Program for the next academic year.
- B. Student Conduct Violation
 - i. A student that is dismissed from the Program due to a violation of the college and/or program student conduct policy is not eligible for re-admission to the Program.
- C. Re-admission is not guaranteed due to the competitive admission process.
- D. Refer to the published admission requirements for the following fall semester.

II. Program Re-Entry Procedure

A. Definitions of Withdrawal

- i. Involuntary Withdrawal
 - 1. Academic
 - a. A student that does not achieve a grade of “B” or better for any course in the curriculum plan with a RAD prefix. A grade of “C” or better is required for any general education or BIO course in the curriculum plan in order to graduate from the radiography program.
 - 2. Physical / Mental Health Issues
 - a. A student that is withdrawn from the Program due to the inability to meet program requirements.
 - 3. Student Conduct Violation
 - a. A student that is dismissed from the Program due to a violation of the college and/or program student conduct policy is not eligible for re-admission to the Program.
- ii. Voluntary Withdrawal
 - 1. Physical / Mental Health
 - a. A student that withdraws from the Program due to physical or mental health issues.
 - 2. Personal

- a. A student that withdraws from the Program due to personal reasons (e.g. financial, child-care issues).

B. Involuntary Withdrawal Procedure

i. Academic

1. If a student wishes to be considered for re-entry the next academic year, the student must:

- a. Submit a formal letter to the Chairperson of the Radiography Program (Chair) requesting re-entry to the program.

- i. Include a detailed action plan noting the corrective action that the student has completed in order to be successful if re-entry is granted.

- ii. This action plan is intended to encourage students to take responsibility for their education and actions and to increase awareness of pitfalls that may inhibit success.

- iii. The letter must be submitted at least one semester prior to the semester of desired re-entry.

1. The purpose of this is to allow time for didactic and laboratory competency testing prior to re-entry.

- iv. Following receipt of the letter, the Chair will review the applicant for re-entry.

- b. Schedule an appointment with the Chair to discuss the program requirements and possibility of re-entry.

- c. As recommended by the Chair, audit classroom courses to refresh previously learned material in order to make a smooth transition back into the program.

- i. The auditing will occur in the semester prior to the semester in which the student will return to full-time status.

- d. Schedule an appointment with the Chair, two months before desired re-entry, to take a comprehensive competency exam containing content from the courses passed when the student was last enrolled in the program.

1. The purpose of this is to allow time for didactic and laboratory competency testing prior to re-entry.
 - iv. Following receipt of the letter, the Chair will review the applicant for re-entry.
 - b. Schedule an appointment with the Chair to discuss the program requirements and possibility of re-entry.
 - c. As recommended by the Chair, audit classroom courses to refresh previously learned material in order to make a smooth transition back into the program.
 - i. The auditing will occur in the semester prior to the semester in which the student will return to full-time status.
 - d. Schedule an appointment with the Chair, two months before desired re-entry, to take a comprehensive competency exam containing content from the courses passed when the student was last enrolled in the program.
 - i. The student must earn an 80% grade on this test in order to be eligible for re-entry to the program.
 - e. Schedule an appointment with the Clinical Coordinator to complete a clinical competency practical exam to prove clinical competency before returning to the program.
 - i. The student must earn an 80% on the exam in order to be eligible for re-entry to the program.
 - f. Complete required orientations at designated clinical sites.
 - g. Submit a current *Student Medical Form*.
 - h. Present proof of current AHA BLS certification.
 - i. Provide documentation from a licensed healthcare provider stating that the health issue is now resolved or is currently being managed successfully.
 - i. This documentation is in addition to the *Student Medical Form* that is required of all students in the program.
2. Re-entry in the program is not guaranteed.

- a. Re-entry is only possible if there is a space available in the next year's class.
 - b. Students will be notified of their re-entry status at least 30 days prior to the date of requested re-entry.
 3. A student may only re-enter through this procedure once. If the student is unsuccessful at this attempt, counseling will be provided to explore other career opportunities.
- iii. Student Conduct Violation
1. A student that is dismissed from the Program due to a violation of the college and/or program student conduct policy is not eligible for re-entry to the Program.

C. Voluntary Withdrawal Procedure

- i. If a student withdraws from the program voluntarily, the student may be considered for re-entry the next academic year by fulfilling the following requirements:
 1. Submit a formal letter to the Chair requesting re-entry to the program.
 - a. Include a detailed action plan noting the corrective action that the student has completed in order to be successful if re-entry is granted.
 - b. This action plan is intended to encourage students to take responsibility for their education and actions and to increase awareness of pitfalls that may inhibit success.
 - c. The letter must be submitted at least one semester prior to the semester of desired re-entry.
 - i. The purpose of this is to allow time for didactic and laboratory competency testing prior to re-entry.
 - d. Following receipt of the letter, the Chair will review the applicant for re-entry.
 2. Schedule an appointment with the Chair to discuss the program requirements and possibility of re-entry.
 3. As recommended by the Chair, audit classroom courses to refresh previously learned material in order to make a smooth transition back into the program.
 - a. The auditing will occur in the semester prior to the semester in which the student will return to full-time status.

4. Schedule an appointment with the Chair, two months before desired re-entry, to take a comprehensive competency exam containing content from the courses passed when the student was last enrolled in the program.
 - a. The student must earn an 80% grade on this test in order to be eligible for re-entry to the program.
 5. Schedule an appointment with the Clinical Coordinator to complete a clinical competency practical exam to prove clinical competency before returning to the program.
 - a. The student must earn an 80% on the exam in order to be eligible for re-entry to the program.
 6. Complete required orientations at designated clinical sites.
 7. Submit a current *Student Medical Form*.
 8. Present proof of current AHA BLS certification.
 9. A student who withdraws from the program for physical or mental health reasons will be required to provide documentation from a licensed healthcare provider stating that the health problem or issue is now resolved or is currently being managed successfully.
 - a. This documentation is in addition to the *Student Medical Form* that is required of all students in the program.
- ii. Re-entry in the program is not guaranteed.
 1. Re-entry is only possible if there is a space available in the next year's class.
 2. Students will be notified of their re-entry status at least 30 days prior to the date of requested re-entry.
 - iii. A student may only re-enter through this procedure once. If the student is unsuccessful at this attempt, counseling will be provided to explore other career opportunities.

D. Re-Entry Timeline

- i. If a student does not re-enter the next academic year, the student must apply for re-admission.
 1. Re-admission is not guaranteed due to the competitive admission process.
 2. Refer to the published admission requirements for the applicable academic year.

CLINICAL SUPERVISION POLICY

It is the responsibility of the clinical site and the program to protect the rights of patients, employees and students by providing adequate supervision of all radiography students.

Clinical Supervision Procedure

The students of Carteret Community College's Radiography Program are under the supervision of the Program Director, School Faculty, and the Administrative Personnel of the Clinical Sites' Radiology Departments.

Each student is under **DIRECT** supervision of the staff technologist to whom he/she is assigned during all clinical rotations. Direct supervision occurs until the student is successful in completing a competency evaluation for a specific examination. After a student demonstrates competency, the technologist will provide **INDIRECT** supervision of the student.

DIRECT SUPERVISION assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

1. Reviews the procedures in relation to the student's achievement
2. Evaluates the condition of the patient in relation to the student's knowledge.
3. Is physically present during the conduct of the procedure, and
4. Reviews and approves the procedure and/or image.
5. A qualified radiographer is present during student performance of a repeat of any unsatisfactory radiograph.
6. A qualified radiographer must be present when performing pediatric examinations and/or examinations involving the introduction of contrast agents other than orally, into the patient.
7. A qualified radiographer must be present when performing all portable and trauma radiography.
8. A qualified radiographer must be present when performing all OR procedures.

Reviewed: 9/2022

INDIRECT SUPERVISION, after a competency has been demonstrated, is defined as "supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed." For example, a qualified radiographer must be present in the emergency department while a student is performing an examination. This availability applies to all areas where ionizing radiation equipment is in use.

In order to be compliance with this standard:

A qualified radiographer must be present during student performance of a repeat of any unsatisfactory radiograph.

A qualified radiographer must be present when performing pediatric examinations and/or examinations involving the introduction of contrast agents other than orally, into the patient.

A qualified radiographer must be present when performing all portable and trauma radiography.

A qualified radiographer must be present when performing all OR procedures

Qualified Radiographer – is a radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline and practicing in the profession.

In the event that the 1:1 ratio with a qualified staff radiographer cannot be met due to staff scheduling, the designated CI will be responsible for reassigning the student to an area where a qualified radiographer is present.

CLINICAL SUPERVISION POLICY: QUALIFIED STAFF TO STUDENT RATIO

STANDARD FOUR: CURRICULUM AND ACADEMIC PRACTICES

Objective 4.4

As stated in the 2021 JRCERT STANDARDS for an Accredited Educational Program in Radiography, a meaningful clinical educational plan assures that activities are educationally valid and prevents the use of students as replacement employees. The maximum number of students assigned to a clinical setting must be supported by sufficient human and physical resources. ***The number of students assigned to the clinical setting must not exceed the number of assigned clinical staff. The student to clinical staff ratio must be 1:1, however, it is acceptable that more than one student may be temporarily assigned to one technologist during infrequently performed procedures.***

Students assigned to imaging modalities, such as Computed Tomography, Magnetic Resonance, Interventional Procedures, and Sonography, are not included in the calculations of the approved clinical capacity unless the clinical setting is recognized exclusively for advanced imaging modality rotations. Once the students have completed the imaging assignments, the program must assure that there are sufficient physical and human resources to support the students upon reassignment to the radiography department.

RADIATION PROTECTION AND SAFETY POLICY

Because ionizing radiation can cause damage, it is important for students to adhere to the program's radiation protection and safety policy.

Standard 5 Objective 5.3 (Effective Date 1/1/2021)

The policy states: All students, regardless of age or gender: Must

1. Wear a lead apron and lead thyroid shield if in the x-ray room during an exposure. (Fluoro Procedures); (Mobile Radiography)
2. Wear a dosimeter at all times when in the clinical setting or making exposures in the energized lab on the college campus.
3. Wear the dosimeter at the collar level.
4. Wear lead gloves if there is a possibility of their hands being placed in the primary beam.
5. Not hold an image receptor during a radiographic procedure.
6. Never stand in the primary beam.
7. Place as much distance as possible between themselves and a patient during a fluoro procedure.
8. Not operate equipment either in the clinical setting or in the energized lab unless a qualified technologist is immediately available.
9. Not perform a mobile exam without a qualified technologist being present during the exposure.
10. Not perform an OR procedure without a qualified technologist present for the procedure.
11. Not perform an ER or trauma exam without a qualified technologist present for the procedure.
12. Obtain their dosimeter reading each reporting period and sign off on the exposure report.
13. Not be exposed or expose a classmate when doing imaging labs on campus.

All Students, regardless of age or gender:

14. Should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.
15. Are permitted to practice in the disabled energized lab when a qualified radiographer is not readily available.

MRI Screening

All CCC Radiography students, upon entry to the program, are to undergo an MRI screening process as part of their orientation, to ensure their own safety in the MRI environment. A signed screening form will be kept on file for each student. For their own protection, each student must immediately report to the Clinical Coordinator any trauma, procedure, or surgery they experience, in which a ferromagnetic metallic object/device may have been introduced within or on them. This will permit an appropriate screening to be performed to determine the safety of permitting them into the MRI environment.

Safety Information for Students

Important Note: Radiography students must be fully aware of the possibility of having to assist in the MRI department, of the magnetic fields that are used and also understand the consequences of not following safety guidelines. Students accepted into the radiography program will be required to undergo a safety screening by completing an MRI safety screening form. Please understand that rotation in MRI is conditional upon the screening form being reviewed and deemed safe for the student to perform his/her duties in the MRI environment. Please review the following information regarding MRI Safety and the: ACR Manual on MR Safety:

<https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>

In MRI, the magnetic field is ALWAYS on. The student will comply with each clinical site's policies and procedures pertaining to metallic objects being introduced into the MRI scanning suite. Carrying ferromagnetic articles or introducing them to the MRI scanning area is strictly prohibited. These objects can become projectiles within the scanning room causing serious injury or death and/or equipment failure.

Items that need to be removed before entering the MR system room include but are not limited to:

- Purse, wallet, money clip, credit cards or other cards with magnetic strips
- Electronic devices such as beepers or cell phones
- Hearing aids
- Metallic jewelry, watches
- Pens, paper clips, keys, nail clippers, coins, pocket knives
- Hair barrettes, hairpins
- Any article of clothing that has a metallic zipper, buttons, snaps, hooks, or under-wires
- Shoes, belt buckles, safety pins

During orientation, the student will be required to fill out a screening form asking about anything that might create a health risk or even death. If you have a bullet, shrapnel, or similar metallic fragment in your body, there is a potential risk that it could change position, possibly causing injury. Also, the magnetic field of the scanner can damage an external hearing aid or cause a heart pacemaker to malfunction.

Examples of items or things that may create a health hazard or other problems:

- Pacemaker
- Implantable cardioverter defibrillator (ICD)
- Neurostimulator system
- Aneurysm clip
- Metallic implant
- Implanted drug infusion device
- Foreign metal objects, especially if in or near the eye
- Shrapnel or bullet
- Permanent cosmetics or tattoos (if being scanned)
- Dentures/teeth with magnetic keepers
- Other implants that involve magnets
- Medication patches that contain metal foil (i.e., transdermal patch)

STUDENT SUPERVISION DURING MOBILE RADIOGRAPHY

*Surgical and All Mobile Exams, including mobile fluoroscopy, performed by students regardless of their level of competency, **must be** performed under **direct supervision** of a registered Qualified Radiographer = RT(R).

The Joint Review Committee on Education in Radiologic Technology's Standards for an Accredited Educational Program in Radiologic Sciences, in Standard Five, Objective 5.4, requires that all radiographs be performed by students under the direct supervision* of a qualified radiographer** until the student achieves competency in that exam.

Further, in Standard Five, Objective 5.4 all procedures performed by students after demonstrating competency, may be performed under indirect supervision*** of a qualified radiographer.

*Direct supervision:

- an RT reviews the procedure in relation to the student's achievement
- an RT evaluates the condition of the patient in relation to the student's knowledge
- an RT is physically present during the conduct of the procedure
- an RT reviews and approves the procedure and/or images
- an RT is present during student performance of any repeat of any unsatisfactory radiograph
- an RT is present during surgical and all mobile procedures.

**Qualified Radiographer:

A radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

***Indirect supervision:

- that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.
- immediately available is interpreted as the 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

Staff radiographers must understand that this means that students must always be supervised, directly or indirectly, according to their level of demonstrated

competence. No student is to perform any exam (including mobile exams) without supervision as described above.

Revised: 9/2022

REPEAT EXPOSURES POLICY

Students may find themselves in a situation where one of their exposures on a patient needs to be repeated.

No student may repeat any exposure without the direct supervision of a

The Joint Review Committee on Education in Radiologic Technology's Standards for an Accredited Educational Program in Radiologic Sciences, in Standard Five, Objective 5.4, require that unsatisfactory radiographs be repeated by students **only** under the direct supervision *of a qualified practitioner. **

registered technologist RT (R).

*Direct supervision:

- an RT reviews the procedure in relation to the student's achievement
- an RT evaluates the condition of the patient in relation to the student's knowledge
- an RT is present during the conduct of the procedure
- an RT reviews and approves the procedure
- an RT is present during student performance of any repeat of any unsatisfactory radiograph

**Qualified Practitioner:

A radiographer possessing American Registry of Radiologic Technologists certification or equivalent and active registration in the pertinent discipline with practice responsibilities in areas such as patient care, quality assurance or administration. Such practice responsibilities take place primarily in clinical education settings.

Staff radiographers must understand that this means that students are **required** to refuse to repeat exposures on patients without this supervision. Students must understand that this may mean that their patients may have to wait briefly to have their exams completed.

If a repeat exposure is made the student must fill out the repeat exposure form and obtain the technologist's signature that was present for the repeat exposure. (Implemented March, 2014)

RADIATION MONITORING POLICY

Radiation Monitor

1. While in the clinical arena the student is required to wear his/her Radiation Monitor in order to record the exposure obtained. The radiation monitor will be worn at the collar level with the name facing outward. When in fluoroscopy, the radiation monitor must be worn outside the lead apron. The student should not attach the radiation monitor directly to the lead apron. This could result in a lost radiation monitor if it is unintentionally left on the lead apron. At the end of the monitoring period, the student will turn in the current radiation monitor and replace it with the new one for the next monitoring period.

Lost Radiation Monitor

2. If a student loses his/her radiation monitor, it must be reported immediately to the Clinical Coordinator or Program Director. The student will be charged a fee of approximately \$10.00 for a new radiation monitor and will not be allowed in the clinical area until a new radiation monitor is purchased. All clinical time missed until a new dosimeter is purchased must be made up before the completion of the semester involved. The \$10.00 fee is nonrefundable.

Dosimeter Reading

3. The program director (RSO) reviews and signs the exposure report and distributes it to the students for review. The program director reviews the exposure report within 5 days of receiving the report. The PD reviews the very first exposure report a cohort receives collectively in the classroom setting and explains the meaning of the units and numbers. **(Revised 1-11-19)**
4. The student will receive their exposure readings every two months. Each student will place their initials and date by their name on the school's exposure report from Landauer to indicate they have received their exposure reading.

Radiation Dose Limits

5. The school will enforce ALARA in that all students' doses will be held at 80 mrem (0.8 mSv) or below for any given two-month monitoring period. This threshold dose is below the NCRP Report #116 recommendations which limits the annual effective occupational dose limit of 50 mSv or 5000 mrem for all workers 18 years of age or older. This is considered a Level 1 exposure. If a student's dose is 100 mrem (1mSv) or higher for any given two-month monitoring period then documentation will be completed concerning the student's dose as a Level 2 exposure. An investigation into the reason the student received this dose will be conducted and documentation will be kept on file by the RSO/Program Director. If the student's dose exceeds 250 mrem (2.5 mSv) in any given two-month

monitoring period, this will be documented as a Level 3 exposure. An investigation into the cause will take place and a meeting will be held with the RSO at the Clinical Site where the exposure occurred. In the event the Occupational Dose Limits are exceeded, the Program must submit report to the North Carolina State Department of Health and Human Services, Radiation Protection Section.

**Revised: January 2014 to include
NCRP dose limit information and 18 years or older.**

Revised: 9-21-16: to include mSv units and

**Revised to include date: 9-30-16
Report to Radiation Protection Section**

PROTOCOL FOR INCIDENTS WHEN DOSE LIMIT IS EXCEEDED

1. The Radiation Safety Officer (RSO) investigates incident:
 - A. Interview student to assess area of work.
 - B. Determine if others in same area also had high exposures.
 - C. Determine if student did not practice good radiation safety principles and retrain if necessary
 - D. Evaluate x-ray equipment for proper functioning and repair if faulty.
2. Place results of investigation in student file and exposure report file.

TOTAL HOURS POLICY

Clinical Educational hours will be limited to not more than 10 hours per day. Total hours of scheduled didactic and clinical instruction will not exceed forty hours per week as stated in the JRCERT STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOGRAPHY. If a student radiographer voluntarily remains in the clinical area to assist a staff technologist after his/her scheduled time off, he/she should report this to the Clinical Coordinator with verification from the staff technologist. Compensatory time equal to the additional time spent in the clinical setting will be granted to the student upon request.

HOLIDAY POLICY

The following holidays are observed by the college and program:

Easter Holiday

Memorial Day

July 4th

Christmas Holiday (5 days)

Martin Luther King, Jr. Day

Labor Day

Thanksgiving Day and Day After

New Year's Day (If on week day)

Clinical compensatory time due to a weekend rotation will not be changed due to a scheduled holiday. Students cannot schedule clinical make up days on an observed college holiday posted on college academic calendar.

APPOINTMENT POLICY

All appointments (doctor, personal) should be made on scheduled days off or after school hours.

Appointments should not interfere with didactic or clinical instruction. If for some reason a student needs to be excused from class or clinical instruction, contact the program director or clinical coordinator.

TRANSPORTATION POLICY

If a student commutes to and from school, it is his/her responsibility to report to school and clinical assignments on time. Excuses of not having transportation to school will not be permitted. Students are encouraged to become familiar with Carteret, Craven or Onslow counties and location of the clinical sites.

TARDINESS POLICY

Students are expected to be punctual for all classes, exams, and clinical education experiences.

The faculty believes that prompt attendance will facilitate the student's accomplishment of program objectives.

Class Tardy:

If a student is late reporting to class, without prior approval by the instructor, the following will occur:

1. The student will not be permitted to enter the classroom or lab.
2. The student will be responsible for any missed lecture material and assignments.
3. In the event of a quiz or exam, the student will:
 - A. Schedule a date with the instructor prior to the next scheduled class when a make-up quiz/exam can be given.

As in any employment situation, routine or regular tardiness must be avoided. Each instructor will use their own discretion in dealing with chronic tardiness. This may include deduction of points from grade average. Students will be informed of the tardy policy at the beginning of each course.

Clinical Tardy:

A clinical tardy is regarded as **no more than 60 minutes** past the scheduled clinical start time.

More than one (1) hour late is considered an absence unless, due to extenuating circumstances, the student had prior approval from the Program Director or the Clinical Coordinator. An example of an extenuating circumstance could be a scheduled doctor appointment.

If a Student is Going to be Tardy:

1. The Clinical Coordinator and the Clinical Preceptor or designee at the clinical site **MUST** be notified. CC notified by email to office address; CP notified by phone call to facility prior to the scheduled start time.
2. Failure to notify the Clinical Coordinator and the Clinical Site will result in demerits being issued and will affect the overall clinical course grade. Please refer to Standards of Professional Performance and Violation Point values. **All absence time must be made up prior to the completion of the semester or program.**

Tardy Procedure:

1. After the second clinical tardy occurrence in any one semester, the student will receive an oral warning from the Clinical Coordinator and documentation will be submitted to their file.
2. If a pattern of tardiness develops the student will be placed on clinical probation. While on probation any additional tardiness may result in involuntary withdrawal from the program.

Revised and effective: 6-9-22

ATTENDANCE POLICY

The specific policy as it relates to Health Sciences Division students is as follows:

Students must attend a minimum of **90%** of the total class time in all RAD courses.

Absences in excess of **10%** will result in the student being **automatically dropped** from the course with a failing grade. If the absence is due to extreme emergency conditions, the student may follow the routine appeal procedures. (See General Catalog under Attendance). The student will receive information at the beginning of each course relative to absences in that course.

Thus, it is the student's responsibility to keep up with how many absences he/she has in each course. These "cuts" must be used wisely. A student's attendance should be compared to being present for a job, where there is a limit to the amount of sick leave one can take.

Clinical Attendance Policy has been revised to incorporate the 10% HS attendance policy as stated on all clinical syllabi.

Revision date: 8-5-20 (replaced Meet with “incorporate” policy)

CLINICAL ATTENDANCE POLICY

All clinical absences **must be made up** prior to the completion of the semester. Failure to complete clinical education time will result in a grade of incomplete for the clinical education course. An incomplete will prevent the student from progressing to the next semester.

Only two (2) absences are permitted in the **first-year fall semester**. Three (3) absences are permitted during **first year spring and summer semesters** of the program. Only four (4) absences are permitted in **fall and spring one semester during the second year** of the program. All absences must be made up prior to the completion of the semester otherwise the student will earn an incomplete grade in the clinical education course.

Clinical absences in excess of the number allowed may cause the student to be dropped from the course, even though absences must be made up. The **only exception** would be a documented medical emergency involving the student or immediate family member. Using earned accumulated clinical compensation time from attendance at conferences or lectures **cannot be used to extend the absence limit**.

Making up clinical absences does not remove them from the cumulative count in any one semester. The cumulative count does begin anew each semester.

To properly document clinical attendance, the student's hours must be validated by the clinical preceptor's signature on the STUDENT'S TIME REPORT FOR CLINICAL EXPERIENCE-RADIOGRAPHY form.

In case of clinical absences:

1. The student **must call the clinical site and send an email to the clinical coordinator's work email** and notify the **Clinical Preceptor AND the Clinical Coordinator of their absence** within 30 minutes of the start of their assigned shift.
2. When the student returns to clinical, he/she **must** fill out an absentee form.
3. The Clinical Coordinator will schedule the student a clinical make-up day.
4. Make-up time will be for the same experience as the time originally scheduled. Week-days must be made-up on weekdays, evenings on evenings, and weekends on weekends **at the clinical site scheduled for that semester**.
5. Make-up time may be scheduled prior to an absence for doctor's appointments only. A doctor's slip must be provided for verification.

The deadline for make-up time is prior to course grade submission for that semester. The possibility of receiving an incomplete grade and making up the absences prior to the start of the next semester must be approved by the VP of

Instruction and Student Support. Approval for an incomplete grade is not guaranteed. In the final semester, all clinical time must be made up prior to the last day of the semester. Failure to make up time in the final semester will result in the student not participating in graduation exercises or receiving a degree.

No double-shifts are allowed. No credit will be given to any student who is present on any unauthorized shift. Authorization by a clinical preceptor AND the Clinical Coordinator is required for all make-up time.

Revised: 8-8-19
Effective: 8-14-19

Daylight shift hours may be from 7:00 AM to 7:00 PM, not to exceed 10 hours per day.

Afternoon shift hours will be from 1:00 PM to 9:30 PM

Evening shift hours will be from 10:30 PM to 7:00 AM

Punctuality is very important in meeting clinical assignments. Clinical tardiness will be handled as described in the tardiness policy.

Invalidated clinical hours are counted as absences. The following will **invalidate** clinical hours:

- A. Not being properly enrolled for that course (includes the payment of tuition).
- B. Not working as scheduled-includes hours, day and clinical site.
- C. Failure to have the Clinical Preceptor or other authorized person initial the time report.
- D. Failure to submit written documentation of clinical hours when the Trajecsys Clinical Record System is unavailable. The written documentation must be signed and dated by the Clinical Preceptor and submitted to the Clinical Coordinator within 10 days of the occurrence.
- E. **Clocking in on computers or electronic devices other than the designated computer at the clinical site. This will be regarded as falsification of clinical records and will result in clinical demerits applied to final clinical course grade in the semester involved and may result in involuntary withdrawal from the program.**
- F. Receiving payment for services rendered. (see Student Employment Policy)

Revised: 6-9-22 (included 5 demerits if clock in or out on device other than designated computer at clinical site.)

INCLEMENT WEATHER POLICY

In the event of adverse weather, (snow, hurricane, etc.) area radio and T.V. stations will provide information concerning whether or not classes are cancelled at the College. Refer to the College "Student Handbook", section on Closing of School for a listing of stations carrying information. From available reports, the student should determine if their scheduled travel is safe. If unsure of what to do, the student should contact their assigned hospital and Clinical Coordinator for guidance. **The Program Director and Clinical Coordinator will provide an emergency contact number where they can be reached.**

In event that College closes and cancels classes due to inclement weather, **students are not to report to their clinical assignments.**

In the event that the college implements a "delayed start" due to inclement weather and opens later than usual, **students are not to report to class or clinical prior to the time stated by the college.**

For example: If due to inclement weather the college enacts a two-hour delay. The college will be closed from 8:00 am to 10:00 am. The college will open and classes and clinical assignments will begin at 10:00 am and not before. If a student arrives at their clinical assignment prior to the "official delayed start time", they will be sent home. This is a liability concern for the college and is not up for debate. The student will not accrue clinical time if they arrive at clinical when the college is closed or prior to a delayed start time.

It is each student's responsibility to watch for college closings or delayed start times due to inclement weather.

If the College closes while students are completing clinical assignments, **the student must leave the assignment at the closing time designated by the College.**

The only day that a student would be permitted to complete a clinical assignment when the College cancels classes is on a Sunday. On Sundays, the College does not hold traditional classes.

If, due to extreme weather conditions, counties close and invoke curfews, then students scheduled for clinical assignments in those counties will not be permitted to go to their assignment. This would involve weekday as well as weekend clinical assignments.

All clinical time missed must be made up before the end of the semester.

The make-up procedure for classes missed (not clinical days) as a result of inclement weather includes the following options:

1. Additional time added to class until all class time has been made up. For example: there will be 5 minutes added to classes for a total of 75 minutes. In no way, should the time added be prohibitive to students being able to make it to their next class on time.

In order not to disrupt continuity of content, make-up time added to classes will be at a minimum of 30 minutes for all traditionally taught radiography courses.

2. Additional assignment on Moodle that will sufficiently cover the time missed due to inclement weather.
3. Additional assignment, such as a research paper, that will sufficiently cover the time missed due to inclement weather.

Revised: 8-3-16

MAKE-UP EXAM POLICY

If a student must miss an exam/test, the student should contact the instructor with a reason for the absence and provide appropriate documentation (Doctor's note for self or child, death certificate, etc.) **It is the responsibility of the student to make-up any tests missed due to absence from class before the next scheduled class in the course involved.**

Upon approval to make up the test the instructor involved will determine the time and location for the test. The test may be left in the MAPS Center in the Michael J. Smith Building as one option. The student is responsible for checking the hours the MAPS Center is open in order to meet this requirement. The student will receive a grad of zero if the test is not made up in the specified time given by the instructor.

Therefore, it is vital the student make up the test within the time frame established by the instructor. The instructor may reserve the right to offer early exams to students that have a legitimate request.

LABORATORY POLICY

In order to maintain the lab (Room 128) in the safest, most efficient manner, the following policies are designed to guide students in the use of these facilities.

1. **Students must wear their dosimeters at all times when in energized labs.**
(Revised: 5-1-23)
2. There is no smoking, eating, or drinking allowed in the lab area.
3. Students are to use the equipment under the direct supervision of an instructor until the instructor feels the student is competent enough for indirect supervision. This equipment is **never** to be used without the prior knowledge and approval of an instructor.
4. The cleanliness of the lab is to be maintained at all times, as is the neatness and organization of all supplies, equipment, and accessories.
5. Teaching Radiographs must always be returned to the appropriate filing jacket and filed properly.
6. Specific information about each piece of equipment will be given in class.
7. Student use of the lab after hours (evening or weekends) must be approved by the instructor for the course to which the lab work is related.

Students MUST wear their photo I.D. in order for Security to allow the student into the lab after hours. **ONLY ENROLLED STUDENTS IN THE RADIOGRAPHY PROGRAM ARE PERMITTED IN THE LAB. The equipment will be deactivated when no instructor is present.**

8. Abuse of the equipment and policies may lead to dismissal from the program.

ELECTRONIC DEVICE USAGE POLICY

Classroom Use:

All electronic devices (cell phones, smart watches, etc.) must be on mute and stored in a book bag or purse while class is in session.

Students are permitted to have a cell phone in their possession during class hours in an **emergency situation**. The course instructor must be made aware of the situation. An emergency situation would be one in which a family member is in the hospital or a child in daycare and the student would need to be made aware of any changes in their condition. The electronic device must be set to “vibrate” in order not to disturb other students or the instructor. Students are not permitted to send or receive text messages, calls, or voice messages while class is in session. Such action would result in a written warning. Additional infractions will lead to involuntary withdrawal from the program. **Verbal review of this policy with students is considered a “Verbal Warning”.**

Under no circumstances are any electronic devices permitted with the student during any testing situation. In the case of an emergency, as stated above, the student must give the following contact information to a third party: **Security: 252-222-6188. The student will be made aware of a situation by this department.**

If any electronic device is found with a student during any testing situation the student will be asked to leave the testing area and will receive a “0”. The student may be involuntarily withdrawn from the program due to not following the academic integrity policy of the college.

The academic integrity policy and this electronic device policy have been reviewed with the students during the first week of the program and also at the distribution of course syllabi each semester. revised: 8-15-21

Clinical Use:

Students are not permitted at any time to have any electronic device on their person or in their possession during clinical education at the clinical sites. Disregard of this policy will lead to a written warning and **10 demerit points** which places the student on automatic clinical probation. A second infraction against this policy will result in involuntary dismissal from the program.

This policy has been reviewed with the students during the first week of the program. It is also included on each clinical course syllabus and reviewed by the course instructor. **Verbal review of this policy with students is considered an “Oral Warning” (revised 8-5-20; replaced cellphone with any electronic devices)**

LAPTOP USE POLICY

Classroom Policy:

Students are permitted to use laptops in the classroom setting to access Moodle power points, posted assignments or tests. Students are not permitted to use a laptop to check e-mails, IM's, search the internet without permission by the instructor, or access other external communication media (i.e.: Facebook; Myspace) while class is in session. **Any infraction of this policy will result in the student losing laptop privileges in the classroom.**

This policy has been reviewed with the students during the first week of the program. It is also included on each course syllabus and reviewed by the course instructor. **Verbal review of this policy with students is considered an "Oral Warning".**

Clinical Policy:

Under no circumstances are laptops permitted at the clinical sites. Any infraction of this policy will result in a written warning and 10 demerit points, which will place the student on clinical probation.

Any additional infraction will result in immediate involuntary dismissal from the radiography program.

This policy has been reviewed with the students during the first week of the program. It is also included on each clinical course syllabus and reviewed by the course instructor. **Verbal review of this policy with students is considered an "Oral Warning".**

STUDENT ACTIVITIES: PROFESSIONAL DEVELOPMENT POLICY**Professional Meetings:**

Students are encouraged to attend at least one professional seminar or conference each year. Proper prior planning on the part of each student individually and each class collectively is essential. Prior to the professional conference, students will be given a schedule of events for the conference and instructions on sessions for which attendance is required. This routinely includes lectures, workshops, a "mock registry exam," and a student quiz bowl. Students are expected to participate as representatives of the College.

Those who do not attend required functions at the meetings will be required to "make-up" that time in the clinical area.

The cost for attending seminars varies. The cost to attend the conference is approximately \$350-\$400 per person, including transportation, rooms, registration, and meals. Students are notified of more precise costs as they become known.

PERFORMANCE EVALUATION POLICY

It is the responsibility of the Radiography Program to conduct individual performance evaluations on each student. These sessions must be routinely

scheduled and permanent documentation must be submitted to the student's files.

PERFORMANCE EVALUATION PROCEDURE

Halfway through each semester, excluding summer, the student will receive a mid-semester update as to how they are performing in each course and in the clinical setting.

At the end of each semester, the student receives a grade transcript for that semester.

The program director, as well as all faculty members, continuously monitor student performance. If any areas of concern arise, they are addressed on an individual basis with the student. Every attempt is made to assist the student in being successful in the Radiography Program.

Prior to graduation, the Program Director will conduct an **EXIT EVALUATION** with each student. During this meeting the student will be asked to complete documentation and surveys which will provide the program director with valuable information on the structure and effectiveness of the program. This exit evaluation is conducted and recorded as official documentation of exit from the program.

ACADEMIC INTEGRITY POLICY

It is the right and responsibility of Carteret Community College's Radiography Program to maintain a quality education through the efforts of its instructors and the successful performance of its students.

I. Violation of Academic Integrity Policy

Any student caught using unauthorized assistance in taking exams, tests and quizzes, writing reports, carrying out assignments, or acquiring test and other materials belonging to faculty without permission will be immediately dismissed from the program. **Any student who falsifies clinical records relating to a clinical course grade or patient information will be immediately dismissed from the program.** Any student participating in deceptive practices regarding one's academic work, such as lying and plagiarizing, will be immediately dismissed from the program.

Lack of academic integrity in Radiologic Technology will:

1. Result in the student being unprepared for clinical experiences.
2. Have dire consequences in patient safety.
3. Affect collaborative relationships with others.
4. Affect critical thinking and decision-making since many radiographer tasks are autonomous functions.
5. Present liability issues to the person, clinical site, and school.
6. Create a negative reputation of the Radiography Program.
7. Lessen respect for the Radiography Program.
8. Result in failure to be successful on the National Registry Examination.

Any student dismissed due to violation of the Academic Integrity Policy will not have the option of reapplying to the Radiography Program.

UTILIZATION POLICY

It is the policy and practice of Carteret Community College to ensure that the Radiography students are not utilized within the Medical Imaging Departments or the institutions in place of paid employees.

Students are:

Not required to report to school on their scheduled day off and assist in the department when staff technologists call off.

Not required to stay after their scheduled clinical shift to assist in the department when there is an increase in the caseload or due to staff technologist call-offs.

STUDENT EMPLOYMENT POLICY

Students may find themselves in a position of being offered part-time employment in the radiology departments as the hospital personnel become aware of the abilities of each student.

At no time when students are working as hospital employees are they permitted to supervise other students or perform any evaluations of students. In addition, none of this employee-time may be counted as clinical time in the program, nor can they earn any clinical competency points. IN FACT, BEING PAID FOR CLINICAL TIME (SCHEDULED AS A PART OF THIS PROGRAM) WILL INVALIDATE THAT TIME. No educational credit may be obtained for time for which a student was paid as an employee.

Students should also be aware that the liability insurance coverage purchased through the College **will not** cover them as they work in the role of hospital employees. They are advised to carry their own separate liability insurance if offered employment as a student radiographer.

The College in no way endorses the employment of students prior to graduation.

Revised: 1-1-22

PREGNANCY POLICY

A female student enrolled in the Radiography Program sponsored by Carteret Community College has the option to voluntarily inform or not inform program officials of her pregnancy.

If the student chooses to voluntarily inform the program officials of her pregnancy, it must be done in writing after she receives confirmation of the pregnancy from her physician. Written disclosure of the pregnancy will be documented by the voluntary signing of a Declaration of Pregnancy form (See attached form). A copy of the form and a statement from the student's physician indicating the expected date of delivery and any restrictions will be submitted to the Program Director. All information regarding pregnancy will be held in the strictest of confidence by program officials.

Upon disclosure of pregnancy, the student will be counseled by the Program Director and the Radiation Safety Officer on the effects of radiation on the embryo/fetus, the Radiography Program's Pregnancy Policy and the student options. Student options include:

1. The student remains in the program on a full-time basis without modification as requested by the student.

The student may remain enrolled in the program on a full-time basis provided didactic and clinical performance is not adversely affected and continued enrollment is approved by the student's personal physician.

Upon written notification, during the nine-month gestational period, the student will be issued an additional fetal monitor and will **not receive more than 500 mR(5mSv) with no single month to exceed 50 mR (0.5 mSv) whole body deep dose**. The student may continue to attend classes as long as permission is granted from her physician. All clinical time missed due to the pregnancy and delivery must be made up and all clinical competencies must be achieved before a degree is granted.

Clinical make-up time can be **earned in advance** of the delivery due date. The amount of time earned will coincide with the amount of time the student's physician states she will be on maternity leave. A signed document from the physician must be submitted to the program director stating the anticipated duration of leave.

Clinical make-up time must be scheduled to be completed on semester breaks and non-scheduled clinical days. **Make-up time cannot be completed on an observed college holiday**. All course incompletes due to clinical absences must be removed from the student's transcript by the middle of the following semester.

If the incomplete is not removed by the designated date established by the registrar the student will receive an "F" in the course and be dropped

from the program. An option for re-entry will be made available at that time.

Following delivery, the student must submit a written physician's statement indicating when she is able to return to the clinical setting and reports to the office of the Program Director before returning to the scheduled clinical site.

2. The student remains in the program on a full-time basis with modification to their clinical assignment objectives. In order to protect the embryo/fetus from radiation exposure, the student, in consultation with the Radiation Safety Officer, may choose to have their clinical objectives and/or clinical rotations altered while pregnant. This modification may result in the student not being able to achieve the required clinical competencies of the program. Arrangements for the student to complete the competencies not met would be made at the end of the gestational period. A degree will be granted when all program requirements have been met.
3. The student may re-enter the program the next consecutive year on the date that would correspond to the commencement of their withdrawal. Re-entry will only occur if a position is available in that class.
4. The student withdraws from the program.

In the absence of this voluntary, written disclosure, the student cannot be considered pregnant. The student does have the option of continuing in the program without modification.

The student has the option at any time, to submit a written notification of withdrawal of the declaration of pregnancy. (Revised: 12-2013)

**CARTERET COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
PREGNANCY POLICY**

The College or Program will not be responsible for injury to either the mother or the child due to radiation exposure during pregnancy if the student fails to notify the Program Director of such circumstances or if the written notification is withdrawn.

*Because radiation exposure has the potential for causing harmful biological effects to the embryo or fetus, especially during the first trimester of pregnancy, the Radiography Program strongly encourages students, who become pregnant while enrolled in the program, to inform the program officials of this fact in writing after receiving confirmation of pregnancy from her physician.

I have read and understand Carteret Community College's Radiography Program's Pregnancy Policy.

STUDENT SIGNATURE

DATE

FACULTY MEMBER'S SIGNATURE

DATE

STUDENT DECLARATION OF PREGNANCY

Please complete the following and return to the Program Director as soon as possible. The Program Director will submit a copy of the completed form to the Radiation Safety Officer.

I am declaring that I am pregnant. I believe that I became pregnant in the month and year stated below:

(Please insert month and year of pregnancy conception here)

I understand that my radiation exposure during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisieverts) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in my clinical education rotations during my pregnancy.

If I find out that I am not pregnant or if my pregnancy is terminated, I will promptly inform you in writing that my pregnancy has ended. (Informing your Program Director in writing when your pregnancy has ended is optional. This sentence may be crossed out if your wish)

NAME (Please print):	
SIGNATURE:	DATE:

*The student's signature confirms that counseling on radiation safety during the gestational period has been completed by the Radiation Safety Officer and Program Director.

Option for Withdrawal of Pregnancy Declaration:

I, _____, am withdrawing my declaration of pregnancy which I submitted on _____. With this withdrawal, I understand I will be expected to adhere to all clinical requirements in place prior to my declaration of pregnancy.

NAME (Please print):	
SIGNATURE:	DATE:

INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE REGULATORY GUIDE 8.13

(Draft was issued as DG-8014)

Revision 3

June 1999

A. INTRODUCTION

The Code of Federal Regulations in [10 CFR Part 19](#), "Notices, Instructions and Reports to Workers: Inspection and Investigations," in [Section 19.12](#), "Instructions to Workers," requires instruction in "the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed." The instructions must be "commensurate with potential radiological health protection problems present in the work place."

The Nuclear Regulatory Commission's (NRC's) regulations on radiation protection are specified in [10 CFR Part 20](#), "Standards for Protection Against Radiation"; and [Section 20.1208](#), "Dose to an Embryo/Fetus," requires licensees to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv)." Section 20.1208 also requires licensees to "make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman." A declared pregnant woman is defined in [10 CFR 20.1003](#) as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements [Regulatory Guide 8.29](#), "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In [10 CFR 20.1502](#), "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of [10 CFR 20.2106](#), "Records of Individual Monitoring Results," the licensee must maintain records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of [10 CFR Parts 19](#) or [20](#), which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

B. DISCUSSION

As discussed in [Regulatory Guide 8.29 \(Ref. 1\)](#), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies "are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult" (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in [10 CFR 20.1208](#) provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in [10 CFR Part 20](#), the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION

Who Should Receive Instruction

Female workers who require training under [10 CFR 19.12](#) should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

Providing Instruction

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

Licensee's Policy on Declared Pregnant Women

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with [10 CFR 20.1208](#).

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

Duration of Lower Dose Limits for the Embryo/Fetus

The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

Substantial Variations Above a Uniform Monthly Dose Rate

According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known

(Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

D. IMPLEMENTATION

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide.

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

REFERENCES

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," [Regulatory Guide 8.29, Revision 1](#), February 1996.
2. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

APPENDIX: QUESTIONS AND ANSWERS CONCERNING PRENATAL

RADIATION EXPOSURE

1. Why am I receiving this information?

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?

No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?

No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in *United Automobile Workers International Union v. Johnson Controls, Inc.*, 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children--What Can the Employer Do?" which is an article in the journal *Radiation Protection Management*.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, 1990 *Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996. [\(1\)](http://www.nrc.gov/reading-rm/doc-collections/reg-guides/)
(Electronically available at <http://www.nrc.gov/reading-rm/doc-collections/reg-guides/>)
4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation (BEIR V)*, National Academy Press, Washington, DC, 1990.

5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.
6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology*, 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children--What Can the Employer Do?" *Radiation Protection Management*, 11, 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.
9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.
10. National Radiological Protection Board, *Advice on Exposure to Ionising Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.
11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty-Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.[\[2\]](#)

FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

DECLARATION OF PREGNANCY

To: _____

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

(Your Signature)

(Your Name Printed)

(Date)

REGULATORY ANALYSIS

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, "Standards for Protection Against Radiation" (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the "Regulatory Analysis for the Revision of 10 CFR Part 20" (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360).

1. Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to (DISTRIBUTION@NRC.GOV). Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

2. Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

Medical Condition Clinical Accommodations Policy

A student who needs to take medical leave due to a temporary medical condition may complete clinical time prior to going out on leave. The clinical make up time must be the same hours, (daylight, evening, or weekend) that would be missed while on leave.

The amount of time that can be earned in advance can only be for the number of hours the student's physician states they will be out on leave. Documentation from the physician is required.

If additional leave in excess of what was anticipated is required after the medical condition is addressed the clinical make-up time may occur on breaks or days scheduled off provided it does not jeopardize the 1:1 student to technologist ratio at the clinical site.

Make-up time cannot occur on observed college holidays.

If the clinical time cannot be made up prior to final course grade submission the student will receive an incomplete. The clinical hours must be made up prior to beginning the next clinical course.

All clinical make-up time earned in advance must be first approved by the Clinical Coordinator or Program Director.

HIV/COMMUNICABLE DISEASE POLICY

ALLIED HEALTH SCIENCES DIVISION CARTERET COMMUNITY COLLEGE

Date: August 8, 1991

PURPOSE:

The purpose of these policies is to insure clarity and uniformity throughout the Division for student instruction in proper communicable disease protection for both patient and student. It is important that this policy be given to the student upon entry into any Health-related program at the College. In addition, a thorough explanation of these policies and procedures must be covered in class prior to the students' entry into the Clinical sites. The prevention methods outlined in this policy must also be incorporated into the clinical competencies and evaluated each semester of the program through the normal clinical evaluations.

INTRODUCTION:

There are many communicable diseases which you may encounter as a health care worker, with the one receiving the most publicity being AIDS (acquired immunodeficiency syndrome). Another virus of concern today which does not receive the publicity as AIDS does is Hepatitis B. The protection/prevention methods described in the following pages apply to most communicable diseases.

GENERAL:

This policy is not intended to override any policy which a clinical site may have already in place but to insure you, the student, are aware of your responsibilities in protection and prevention.

GUIDELINES:

1. If a student has a disease or condition which causes them to be more susceptible to blood exposure/infection, the student's physician and/or curriculum coordinator should review the circumstances to determine any modifications in the clinical assignment.
2. All students with evidence of illness which may compromise their ability to adequately and safely perform invasive procedures should be medically evaluated to determine their fitness to perform assigned duties. These

conditions may include (not limited to) fever, productive cough, weeping lesions, chronic recurring fever blisters.

3. Students with weeping lesions or dermatitis will not be permitted to give direct patient care.
4. All students should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments or devices used during procedures; when cleaning used instruments; during disposal of used needles and when handling sharp instruments after procedures. Needles must not be recapped after use.
5. If a glove is torn or a needle stick or other injury occurs, the glove should be removed and a new glove used as soon as patient safety permits.
6. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
7. All students should routinely use appropriate barrier precautions to prevent skin and mucus-membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient and hands washed. Masks and protective eyewear of face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucus membranes of the mouth, nose, and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other blood containing fluids.

EXPOSURE REPORTING:

Exposure involving students must follow the reporting procedure of the clinical site and in addition, the curriculum coordinator must be notified. The required student accident policy covers most post exposure testing and treatment. The curriculum coordinator will keep a record of the exposure for the student's file and forward a copy to the Allied Health Division Chair.

ATTACHEMENTS:

Infection Control Guidelines for Caregivers

***INFECTION CONTROL GUIDELINES FOR CAREGIVERS**

WHEN CARING FOR PATIENTS WITH AIDS IN THE HOME*

AIDS is caused by virus called human immunodeficiency virus (/HIV). This virus is also known as HTLO-III, LVA, or ARV. Not all persons who are infected with the virus develop AIDS; many remain healthy. HIV has been found in the blood and in many body secretions (semen, saliva, tears, urine, feces) but reports indicate that the virus is primarily spread by exposure to blood. Casual contact does not

appear to lead to transmission as evidence by several studies and by the fact that AIDS has not spread to the general public, but rather has been limited to specific high-risk groups.

People caring for persons with AIDS in the home should use precautions designed to prevent blood and other body secretions from entering their body through any body opening including cuts or open areas on the skin. Hand washing before giving direct care protects the patient who is susceptible to infection. Hand washing after care protects the caregiver.

Caregivers should be in good health, free of symptoms of disease such as fever, abscesses, diarrhea, or yeast infections so that they will not be a possible source of infection to the patient.

Some specific precautions to use when giving direct care to someone with AIDS include;

1. Wash your hands. Gloves should be worn to protect hands when there will be excessive amounts of body fluid contact or where breaks in the skin occur.
2. Gloves are not necessary for handling patient clothing and other articles that are not soiled, or to touch the patient's intact skin (such as during backrubs).
3. Wear gloves when handling any secretions or excretions, especially blood. Avoid direct hand contact with blood.
4. Caregivers should wear a gown, lab coat or smock whenever their clothing is likely to come in contact with secretions or excretions.
5. Keep your hands away from your mouth and face while working. Wash hands before eating.
6. Always wash hands after completing care to the person with AIDS. Use lotion to replace natural oils and prevent dryness of the hands from frequent hand washing. Dry, chapped hands lead to open areas through which microorganisms may enter and result in minor skin infections which could be transmitted to the patient.
7. Dishes used by persons with AIDS may be used by other persons after they have been washed in hot, soapy water. A dishwasher is preferred, but water that is hot enough to require the use of gloves is sufficient. A disinfectant is not necessary.
8. Soiled dressing, tissues, gloves, Band-Aids and similar items should be disposed of in a plastic bag. Close and secure tightly for disposal with household trash.
9. Bedpans and urinals should be handled in a sanitary manner. Excrement may be disposed of down the commode without special treatment.
10. Diarrhea and vomitus should be cleaned up immediately. Gloves should be worn. Clean the patient and linens, rinse the soiled surfaces with soapy water. Place grossly soiled linens in a plastic bag until ready to launder.

11. Soiled linens and towels should be washed in a washing machine with a hot water cycle and detergent. Dry on high in a dryer.
12. People who do not have AIDS may share the same bathroom as someone with AIDS. As in any living situation, good sanitary practices (regular cleaning of the bathroom, immediate cleaning of excrement spills on the toilet seat, etc.) make it safe for everyone. Washing hands after use of the facilities is protective to others. Physical cleaning of surfaces visibly soiled with blood, fecal material, or other body secretions removes soil and disease-causing organisms. A good bathroom and kitchen disinfectant for soiled surfaces is household bleach (5.25%) diluted 1:10 to 1:100 with water depending on the amount of organic material
(eg 1:10 for heavily soiled surfaces and 1:100 for relatively clean surfaces). Bleach is also particularly useful on the shower floor to control the fungus of athletes foot.

There is no evidence that AIDS is transmitted through the air. A person with AIDS who has an active cough, however, may harbor other microorganisms which could be spread by the airborne route, such as tuberculosis. Other respiratory diseases associated with AIDS generally are only of importance to persons who are immunosuppressed. Instruct the person with AIDS to cough or sneeze into a tissue held close to his mouth. Person with AIDS are normally under the care of a physician and should be instructed to see their physician if they develop a persistent cough.

*Developed by Infection Control Program

UNC-School of Medicine, 1988

The "Summary for New Communicable Disease Law and Regulations for Health Care Providers" can be disseminated to nurses, physicians, teachers, health educators, and health care providers for information in implementing these new laws and regulations.

SUMMARY OF NEW COMMUNICABLE DISEASE LAW AND REGULATIONS FOR HEALTH CARE PROVIDERS

A new communicable disease law and rules went in to effect on February 1, 1988. This summary is provided to assist physicians in implementation of the new requirements. Physicians are required to report certain diseases and symptomatic conditions and to instruct patients and exposed persons for whom control measures are required as to what they must do to limit transmission. Control measures (except for AIDS and HIV infection which are outlined below) are contained in *Control of Communicable Diseases in Man* published by the American Public Health Association. Physicians may request the local health director to provide these instructions if they prefer.

Confidentiality: Previously confidentiality has been protected by common law rather than explicit law often leaving health care providers uncertain about what information was protected and in what cases information could be

shared. The new law explicitly states that “all information and records, whether publicity or privately maintained, that identify a person who has HIV infection or who may have a reportable communicable disease or communicable condition are strictly confidential.” Eleven exceptions are provided, the most important of these to practicing physicians are:

1. Release may be made with consent of the individual names;
2. Release may be made to health care providers providing direct medical care to the patient; and
3. Release may be made when necessary to protect the public health but only as provided in the rules of the commission.

Reporting:

Reportable disease and conditions are not to be reported to the local health director where the physician practices rather than where the patient resides.

Reportable requirements for some diseases have been changed to require within 7 days, while 24-hour reporting has been maintained for those that require an immediate public health response. When 24-hour reporting is required, it is to be made by telephone and the physician is required to notify the health department of the control measures that have been given.

Three new diseases and conditions have been added to the list of reportable diseases and conditions: campylobacter (24 hours); carriers of hepatitis B (7 days); and carriers of typhoid fever (7 days).

AIDS AND HIV INFECTION

AIDS continues to be reportable; HIV infection is reportable as of February 1, 1990. * The Health Department only reports the demographic area of the patient, while a private physician must report the demographic area and the name of the patient. The new case definition for AIDS now includes most symptomatic HIV-infected children and adults with HIV encephalopathy, HIV wasting syndrome, presumptively diagnosed pneumocystis, and extrapulmonary TB in HIV-infected persons.

The control measures for HIV-infected individuals (including persons with AIDS) require that they:

1. Not have sexual intercourse unless condoms are used; exercise caution when condoms are used due to a possible condom failure.
2. Never share needles or syringes.
3. Not donate or sell blood, blood products, semen, ova, organs, or tissues.
4. Have a TB skin test.
5. Notify future sexual and needle-sharing partners and partners for the previous one year (unless the time of initial infection is known**).

The North Carolina Department of Environment Health and Natural Resources, Division of Health Services (DEHNR) will provide an aggressive, professional,

compassionate, and skilled partner notification and counseling service. HIV-infected persons may arrange appointments with AIDS counselors to enlist assistance in notifying and counseling their partners and/or for advice about how to accomplish notification. Alternatively, HIV-infected persons may send names and locating information for their partners to DEHNR, which will undertake notification and counseling.

Attending physicians of HIV-infected persons (including persons without AIDS) are required to:

1. Give the control measures to the patient.
2. Encourage the patient to complete a DEHNR form*** listing sexual and needle partners and to arrange an appointment with a DHS AIDS counselor or send the form to DEHNR.
3. Advise the patient about how to clean up blood and body fluid about the risk of perinatal transmission and transmission by breast-feeding.
4. If the physician knows the identity of the HIV-infected person's spouse, complete a DEHNR form listing the name of the spouse and locating information and send it to DEHNR; DEHNR will undertake notification and counseling of the spouse; the physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling obligations listed in #1, #2, and #4. Notification of others, except as noted below, is a violation of confidentiality provisions.

Testing: Physicians who test persons for HIV-infected must notify tested persons of the results (whether positive or negative) and counsel them appropriately. (For local health departments appropriate counseling is defined as individual pre- and post-test counseling, with risk assessment, risk-reduction guidelines, test result interpretation, and when the person listed is determined to be infected, the control measures.)

Beginning July 1, 1989, tests for HIV infection can be done only on specimens ordered by a physician and only by laboratories certified by the DEHNR. To be certified, lab must:

1. Be certified or licensed by HCFA, CLIA, JCAH, CAP, or AABB.
2. Participate in a periodic proficiency testing program (CAP-AABB) and perform acceptably.
3. Report final results to the ordering physician only after all initially reactive screening (ELISA) tests have been repeated and a confirmatory (Western Blot) test has been done. Preliminary results may be reported to the ordering physician after initially reactive tests have been repeated, but before confirmatory testing has been done if the results are clearly marked "preliminary." The results of all screening and confirmatory tests must be clearly reported.

Consent for testing has not been explicitly addressed in the law. Common law applies. This generally requires informed consent when any procedure or tests

would or could have a significant negative impact on the patient. Legal counsel to DHS advises that routinely obtaining consent prior to testing will avoid potential legal problems.

Special Rules for HIV-infected persons:

1. When an attending physician of an HIV-infected child believes the child may present a significant risk of transmission in school or day care, the physician is required to notify the local health director. The local health director will consult with the attending physician and, if concern about transmission remains, the local health director must consult with an interdisciplinary committee including an AIDS expert, the attending physician, appropriate school personnel, and the child's parent or guardian. If an alternate educational setting is needed, the local health director will notify the principal of the school the child will attend and will inform other school personnel directly involved with the student as appropriate. All informed persons are required to be notified what they are bound by the confidentiality law.
2. The attending physician of an HIV-infected person who, in good faith, has reason to suspect that the individual cannot or will not follow control measures and is thereby causing a significant risk for transmission, is required to notify the local health director. When the person cannot or will not follow control measures because of mental illness or mental retardation, the local health director is required to consult with the attending physician who made the notification and with the attending mental health physician or appropriate mental health authority to develop an appropriate plan to prevent transmission.

GENERAL AIDS CONTROL MEASURES:

1. All health care workers (including emergency responders and funeral service personnel) are required to follow blood and body fluid precautions with all patients.
2. Health care workers who have HIV infection and a secondary infection or an open skin lesion which would pose a threat to patients shall not provide direct patient care. The rules require no other restrictions in the work place for HIV-infected persons.
3. When a health care worker or another person has exposure to blood or body fluid that might be infected with HIV and:
 - A. The source is known:
 1. The occupational health care provider or attending physician of the exposed person who has been notified by the exposed person is required to:

2. Assess the exposure to determine if there is a significant risk transmission that could have occurred in this matter if the source were infected with HIV.
 3. Notify the attending physician of the source person if there is determined to be a significant risk transmission that could have occurred.
- B. The attending physician of the source person is required to:
1. Discuss the exposure with the source person.
 2. Assess the risk that the source person is HIV infected.
 3. Request permission from the source for HIV testing if the risk assessment indicated that the source is at high risk for HIV infection and has not already had a positive test for infection.
 4. Report the results of the risk assessment and test (if done) to the occupational health care provider or attending physician of the exposed person.
4. The occupational health care provider or attending physician or the exposed person is required to:
- A. Discuss the results of the risk assessment and testing (if done) with the exposed person.
1. Offer periodic HIV testing for up to one year to the exposed person.
 2. Instruct the exposed person regarding his/her legal obligation to protect the confidentiality of the source person.
 3. Instruct the exposed person: if the occupational health care provider or attending physician believes, based on the risk assessment and testing (if done) of the source, that there is a significant risk that the source is infected, that the source is infected, instruct the exposed person: avoid sexual intercourse unless condoms are used: exercise caution when using condoms because of possible condom failure; never share needles or syringes; and not donate or sell blood, blood products, semen, organs, or tissues.
- B. The source is unknown:
1. The occupational health care provider or attending physician is required to:
 2. assess the risk that HIV infection could have been transmitted in the setting and manner in which the exposure occurred;

3. if there is determined to be significant risk
 - a. offer the exposed person periodic testing for HIV infection for up to one year;
 - b. instruct the exposed person to:
 - c. avoid sexual intercourse unless condoms are used; exercise caution when using condoms because of possible condom failure;
 - d. never share needles or syringes;
 - e. not donate or sell blood, blood products, ova, semen, organs, or tissues.
5. All instruments used to puncture human skin (in medical and non-medical settings) must be disposed of in a puncture-resistant container and incinerated or disposed of in a sanitary landfill or be sterilized before reuse.
6. Physicians attending persons who die with known HIV infection are required to provide written notification to all persons handling the body to follow blood and body fluid precautions. This also applies to bodies of persons who die with hepatitis B infection, rabies, and Jakob-Creutzfeldt (viral encephalopathy). The notification must be presented before the body is removed from any medical facility. If the patient dies at home or in some other non-medical setting, the attending physician is required to notify funeral service personnel by telephone (as soon as the physician becomes aware of the death) to follow blood and body fluids precautions.

*The Commission took this action to preserve the option of anonymous testing. Several studies show that many persons at high risk for HIV infection will not present for testing and counseling unless anonymous testing is offered. Since anonymous testing provides a significant opportunity to provide one-on-one risk reduction counseling to persons at thigh risk, it seems prudent to maintain this option at the present time. Reporting of AIDS combined with carefully designed seroprevalence studies allows clear understanding and monitoring of HIV epidemic.

**RECOMMENDATIONS FOR PREVENTING TRANSMISSION OF
HUMAN IMMUNODEFICIENCY VIRUS AND HEPATITIS B VIRUS
TO PATIENTS DURING EXPOSURE-PRONE INVASIVE PROCEDURES**

This document has been developed by the Centers for Disease control (CDC) to update recommendations for prevention of transmission of human immunodeficiency virus (HIV) and hepatitis B virus (HBV) in the

health-care setting. Current data suggest that the risk for such transmission from a health-care worker (HCW) to a patient during an invasive procedure is small; a precise assessment of the risk is not yet available. This document contains recommendations to provide guidance for prevention of HIV and HBV transmission during those invasive procedures that are considered exposure-prone.

INTRODUCTION

Recommendations have been made by the Centers for Disease Control (CDC) for the prevention of transmission of the human immunodeficiency virus (HIV) and the hepatitis B virus (HBV) in health-care settings (1-6). These recommendations emphasize adherence to universal precautions that require that blood and other specified body fluids of all patients be handled as if they contain blood-borne pathogens (1, 2).

Previous guidelines contained precautions to be used during invasive procedures (defined in Appendix) and recommendations for the management of HIV- and HBV-infected health-care workers (HCWs) (1). These guidelines did not include specific recommendations on testing HCWs for HIV or HBV infections, and they did not provide guidance on which invasive procedures may represent increased risk to the patient.

The recommendations outlined in this document are based on the following considerations:

- Infected HCWs who adhere to universal precautions and who do not perform invasive procedures pose no risk for transmitting HIV or HBV to patients.
- Infected HCWs who adhere to universal precautions and who perform certain exposure-prone procedures (see page 4) pose a small risk for transmitting HBV to patients.
- HIV is transmitted much less readily than HBV.

In the interim, until further data are available, additional precautions are prudent to prevent HIV and HBV transmission during procedures that have been linked to HCW-to-patient HBV transmission or that are considered exposure-prone.

BACKGROUND

Infection-Control Practices

Previous recommendations have specified that infection-control programs should incorporate principles of universal precautions (i.e. appropriate use of hand washing, projective barriers, and care in the use and disposal of needles and other sharp instruments) and should maintain these precautions rigorously in all health-care settings (1,2,5). Proper application of these principles will assist in

minimizing the risk of transmission of HIV or HBV from patient to HCW, HCW to patient, or patient to patient.

As part of standard infection-control practice, instruments and other reusable equipment used in performing invasive procedures should be appropriately disinfected and sterilized as follows (7):

- Equipment and devices that enter the patient's vascular system or other normally sterile areas of the body should be sterilized before being used for each patient.
- Equipment and devices that touch intact mucous membranes but do not penetrate the patient's body surfaces should be sterilized when possible or undergo high-level disinfection if they cannot be sterilized before being used for each patient.
- Equipment and devices that do not touch the patient or that only touch intact skin of the patient need only be cleaned with a detergent or as indicated by the manufacturer.

Compliance with universal precautions and recommendations for disinfection and sterilization of medical devices should be scrupulously monitored in all health-care settings (1, 7, 8). Training of HCWs in proper infection-control technique should begin in professional and vocational schools and continue as an ongoing process. Institutions should provide all HCWs with appropriate in-service education regarding infection control and safety and should establish procedures for monitoring compliance with infection-control policies.

All HCWs who might be exposed to blood in an occupational setting should receive hepatitis B vaccine, preferably during their period of professional training and before any occupational exposures could occur (8,9).

Transmission of HBV During Invasive Procedures

Since the introduction of serologic testing for HBV infection in the early 1970s, there have been published reports of 20 clusters in which a total of over 300 patients were infected with HBV in association with treatment by an HBV-infected HCW. In 12 of these clusters, the implicated HCW did not routinely wear gloves; several HCWs also had skin lesions that may have facilitated HBV transmission (10-22). These 12 clusters included nine linked to dentists or oral surgeons and one cluster each linked to a general practitioner, an inhalation therapist, and a cardiopulmonary-bypass-pump technician. The clusters associated with the inhalation therapist and the cardiopulmonary-bypass-pump technician – and some of the other 10 clusters – could possibly have been prevented if current recommendations on universal precautions, including glove use, had been in effect. In the remaining eight clusters, transmission occurred despite glove use by the HCWs; five clusters were linked to obstetricians or gynecologist, and three were linked to cardiovascular surgeons (6, 22-28). In addition, recent unpublished reports strongly suggest HBV transmission from three surgeons to patients in 1989 and 1990 during colorectal (CDC, unpublished data), abdominal, and cardiothoracic surgery (29).

Seven of the HCWs who were linked to published clusters in the United States were allowed to perform invasive procedures following modification of invasive techniques (e.g., double gloving and restriction of certain high-risk procedures) (6,11-13, 15, 16, 24). For five HCWs, no further transmission to patients was observed. In two instances involving an obstetrician/gynecologist and an oral surgeon, HBV was transmitted to patients after techniques were modified (6, 12).

Review of the 20 published studies indicates that a combination of risk factors accounted for transmission of HBV from HCWs to patients. Of the HCWs whose hepatitis B e antigen (HBeAg) status was determined (17 of 20), all were HBeAg positive. The presence of HBeAg in serum is associated with higher levels of circulating virus and therefore with greater infectivity of hepatitis-B-surface-antigen (HBeAg) positive individuals; the risk of HBV transmission to an HCW after percutaneous exposure to HBeAg-positive blood is approximately 30% (30-32). In addition, each report indicated that the potential existed for contamination of surgical wounds or traumatized tissue, either from a major break in standard infection-control practices (e.g., not wearing gloves during invasive procedures) or from unintentional injury to the infected HCW during invasive procedures (e.g., needle sticks incurred while manipulating needles without being able to see them during suturing).

Most reported clusters in the United States occurred before awareness increased of the risks of transmission of blood-borne pathogens in health-care settings and before emphasis was placed on the use of universal precautions and hepatitis B vaccine among HCWs. The limited number of reports HBV transmission from HCWs to patients in recent years may reflect the adoption of universal precautions and increased use of HBV vaccine. However, the limited number of recent reports does not preclude the occurrence of undetected or unreported small clusters or individual instances of transmission; routine use of gloves does not prevent most injuries caused by sharp instruments and does not eliminate the potential for exposure of a patient to an HCWs blood and transmission of HBV (6, 22-29).

Transmission of HIV During Invasive Procedures

The risk of HIV transmission to an HCW after percutaneous exposure to HIV-infected blood is considerably lower than the risk of HBV transmission after percutaneous exposure to HBeAg-positive blood (0.3% versus approximately 30%) (33-35). Thus, the risk of transmission of HIV from an infected HCW to a patient during an invasive procedure is likely to be proportionately lower than the risk of HBV transmission from an HBeAg-positive HCW to a patient during the same procedure. As with HBV, the relative infectivity of HIV probably varies among individuals and over time for a single individual. Unlike HBV infection, however, there is currently no readily available laboratory test for increased HIV infectivity.

Investigation of a cluster of HIV infections among patients in the practice of one dentist with acquired immunodeficiency syndrome (AIDS) strongly suggested that HIV was transmitted to five of the approximately 850 patients evaluated through June 1991 (36-38). The investigation indicates that HIV transmission occurred during dental care, although the precise mechanisms of transmission have not been determined. In two other studies, when patients cared for by a general surgeon and a surgical resident who had AIDS were tested, all patients tested, 75 and 62, respectively, were negative for HIV infection (39, 40). In a fourth study, 143 patients who had been treated by a dental student with HIV infection and were later tested were all negative for HIV infection (41). In another investigation, HIV antibody testing was offered to all patients whose surgical procedures had been performed by a general surgeon within 7 years before the surgeon's diagnosis of Aids; the date at which the surgeon became infected with HIV is unknown (42). Of 1,340 surgical patients contacted 616 (46%) were tested for HIV. One patient, a known intravenous drug user, was HIV positive when tested but may already have been infected at the time of surgery. HIV test results for the 615 other surgical patients were negative (95% confidence interval for risk of transmission per operation = 0.0%-0.5%).

The limited number of participants and the differences in procedures associated with these five investigations limit the ability to generalize from them and to define precisely the risk of HIV transmission from HIV-infected HCWs to patients. A precise estimate of the risk of HIV transmission from infected HCWs to patients can be determined only after careful evaluation of a substantially larger number of patients whose exposure-prone procedures have been performed by HIV-infected HCWs.

Exposure-Prone Procedures

Despite adherence to the principles of universal precautions, certain invasive surgical and dental procedures have been implicated in the transmission of HBV from infected HCWs to patients, and should be considered exposure-prone. Reported examples include certain oral, cardiothoracic, colorectal (CDC, unpublished data) and obstetric/gynecologic procedures (6, 12, 22-29).

Certain other invasive procedures should also be considered exposure-prone. In a prospective study CDC conducted in four hospitals, one or more

percutaneous injuries occurred among surgical personnel during 96 (6.9%) of 1,382 operative procedures on the general surgery, gynecology, orthopedic, cardiac, and trauma services (43). Percutaneous exposure of the patient to the HCWs blood may have occurred when the sharp object causing the injury recontacted the patient's open wound in 28 (32%) of the 88 observed injuries to surgeons (range among surgical specialties = 8%-57%; range among hospitals = 24%-42%).

Characteristics of exposure-prone procedures include digital palpation of a needle tip in a body cavity or the simultaneous presence of the HCW's fingers and a needle of another sharp instrument or object in a poorly visualized or highly confined anatomic site. Performance of exposure-prone procedures presents a recognized risk of percutaneous injury to the HCW, and – if such an injury occurs – the HCW's blood is likely to contract the patient's body cavity, subcutaneous tissues, and/or mucous membranes.

Experience with HBV indicates that invasive procedures that do not have the above characteristics would be expected to pose substantially lower risk, if any, or transmission of HIV and other blood-borne pathogens from an infected HCW to patients.

RECOMMENDATIONS

Investigations of HIV and HBV transmission from HCWs to patients indicate that, when HCWs adhere to recommended infection-control procedures, the risk of transmitting HBV from an infected HCW to a patient is small, and the risk of transmitting HIV is likely to be even smaller. However, the likelihood of exposure of the patient to an HCW's blood is greater for certain procedures designated as exposure-prone. To minimize the risk of HIV or HBV transmission, the following measures are recommended:

- All HCWs should adhere to universal precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments. HCWs who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment and devices used in performing invasive procedures until the condition resolves. HCWs should also comply with current guidelines for disinfection and sterilization of reusable devices used in invasive procedures.
- Currently available data provide no basis for recommendations to restrict the practice of HCWs infected with HIV or HBV who perform invasive procedures not identified as exposure-prone, provided the infected HCWs practice recommended surgical or dental technique and comply with universal precautions and current recommendations for sterilization/disinfection.
- Exposure-prone procedures should be identified by medical/surgical/dental organizations and institutions at which the procedures are performed.

- HCWs who perform exposure-prone procedures should know their HIV antibody status. HCWs who perform exposure-prone procedures and who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status.
- HCWs who are infected with HIV or HBV (and are HBeAg-positive) should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances if any, they may continue to perform these procedures.¹ Such circumstance would include notifying prospective patients of the HCW's seropositivity before they undergo exposure-prone procedures.
- Mandatory testing of HCWs for HIV antibody, HBsAg, or HBeAg is not recommended. The current assessment of the risk that infected HCWs will transmit HIV or HBV to patients during exposure-prone procedures does not support the diversion of resources that would be required to implement mandatory testing programs. Compliance by HCWs with recommendations can be increased through education, training, and appropriate confidentiality safeguards.

HCWS WHOSE PRACTICES ARE MODIFIED BECAUSE OF HIV OR HBV STATUS

HCWs whose practices are modified because of their HIV or HBV infection status should, whenever possible, be provided opportunities to continue appropriate patient-care activities. Career counseling and job retraining should be encouraged to promote the continued use of the HCW's talents, knowledge, and skills. HCWs whose practices are modified because of HBV infection should be reevaluated periodically to determine whether their HBeAg status changes due to resolution of infection or as a result of treatment (44).

NOTIFICATION OF PATIENTS AND FOLLOW-UP STUDIES

The public health benefit of notification of patients who have had exposure-prone procedures performed by HCWs infected with HIV or positive for HBeAg should be considered on a case-by-case basis, taking into consideration an assessment of specific risks, confidentiality issues, and available resources. Carefully designed and implemented follow-up studies are necessary to determine more precisely the risk of transmission during such procedures. Decisions regarding notification and follow-up studies should be made in consultation with state and local public health officials.

ADDITION NEEDS

¹ The review panel should include experts who represent a balanced perspective. Such experts might include all of the following: a) the HCW's personal physician(s), b) an infectious disease specialist with expertise in the epidemiology of HIV and HBV transmission, c) a health professional with expertise in the procedures performed by the HCW, and d) state or local public health official(s). If the HCW's practice is institutionally based, the expert review panel might also include a member of the infection-control committee, preferably a hospital epidemiologist. HCWs who perform exposure-prone procedures outside the hospital/institutional setting should seek advice from appropriate state and local public health officials regarding the review process. Panels must recognize the importance of confidentiality and the privacy rights of infected HCWs.

- Clearer definition of the nature, frequency, and circumstances of blood contact between patients and HCWs during invasive procedures.
- Development and evaluation of new devices, protective barriers, and techniques that may prevent such blood contact without adversely affecting the quality of patient care.
- More information on the potential for HIV and HBV transmission through contaminated instruments.
- Improvements in sterilization and disinfection techniques for certain reusable equipment and devices.
- Identification of factors that may influence the likelihood of HIV or HBV transmission after exposure to HIV or HBV infected blood.

APPENDIX

Definition of Invasive Procedure

An invasive procedure is defined as “surgical entry into tissues, cavities, or organs or repair of major traumatic injuries” associated with any of the following: “1) an operating or delivery room, emergency department or outpatient setting, including both physicians’ and dentists’ offices; 2) cardiac catheterization and angiographic procedures; 3) a vaginal or cesarean delivery

or other invasive obstetric procedure during which bleeding may occur; or 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.”

Reprinted from: Centers for Disease Control. Recommendation for prevention of HIV transmission in health-care settings. *MMWR* 1987; 36 (suppl. No. 2S):6S-7S.

REPORTING OF COMMUNICABLE DISEASES

There exists in health care a potential for the spread of communicable diseases to and/or from patients. In order to minimize this potential, any student who contracts a communicable disease will immediately notify their Clinical Instructor and the Clinical Coordinator. If a student is not sure if his/her condition is communicable, he/she should contact the above-mentioned persons for assistance. Should this be unsuccessful, the student should contact his/her personal physician or the local Health Department.

For the safety of all concerned, the student may have to avoid patient contact until the condition is resolved. This may or may not necessitate the student staying out of clinical, depending on the condition.

The Allied Health/Nursing Division HIV/Communicable Disease Policy included in this manual also contains information about reporting such things as exposures, needle sticks, etc.

RESOLUTION OF NON-COMPLIANCE ALLEGATIONS WITH JRCERT STANDARDS POLICY

Students who believe that the Radiography Program sponsored by Carteret Community College is in non-compliance with the JRCERT STANDARDS have the right to initiate the JRCERT Allegations Reporting Process available at www.jrcert.org. Before initiating an allegation with the JRCERT, the complainant must first complete the program's grievance procedure as outlined in "Resolution of Student Grievances" in the College Catalog and Student Handbook and the "Procedure for Student Appeal" in the College Catalog and Student Handbook located under Student Rights and Responsibilities.

The program faculty and sponsoring institution have the students' educational interests in mind. The ultimate goal is to achieve a mutual resolution.

DOCUMENTS

;

**FAMILY EDUCATION RIGHTS AND PRIVACY ACT – 1974
(BUCKLEY AMENDMENT)**

PRINT NAME: _____

NOTICE: According to the FERPA – 1974, Carteret Community College's Radiography Program must have written permission from an eligible student before releasing information from a student's record. Refer to Carteret Community College's Buckley Waiver.

The Radiography Program reserves the right to release records without the required consent to the following individuals:

1. School faculty members
2. Certain government officials who need to know how to carry out lawful functions
3. Sponsors of financial aid to a student
4. Individuals who have obtained court orders or subpoenas
5. Persons who need to know in cases of health and safety emergencies.
6. Site visitors for reaccreditation purposes.

SIGNATURE: _____

DATE: _____

RELEASE OF INFORMATION FORM

In order to release the information contained in the performance evaluations and/or exit evaluation, the Radiography Program **must receive:**

1. Written communication received by mail, email or facsimile from the student, or
2. A written communication received by mail, email or facsimile from a third party with permission granted by the student to release the information to a third party. The student may communicate his/her approval of the release of information by:
 - A. Facsimile
 - B. In writing
 - C. E-mail

It is left to the discretion of the Program Director which of the above method(s) of information release they choose to use. This release of information form must be kept on file with the student's exit evaluation and final transcript.

SIGNATURE OF STUDENT

DATE

STUDENT'S PRINTED NAME

EMPLOYER SURVEY WAIVER

I, _____, have been informed of the employer survey program developed and implemented by Carteret Community College's Radiography Program.

I _____ **DO** _____ **DO NOT** authorize the Radiography Program to request information concerning my performance from future employers through the distribution of the aforementioned survey.

I _____ **DO** _____ **DO NOT** waive my rights to privacy to my future employers with respect to this survey.

STUDENT'S SIGNATURE

DATE

STUDENT'S PRINTED NAME

PREGNANCY POLICY AGREEMENT

I, _____, have read the Carteret Community College's Radiography Program's Pregnancy Policy located in this handbook.

I understand its content and agree to comply with the policy.

STUDENT'S SIGNATURE

DATE

STUDENT'S PRINTED NAME

FACULTY MEMBER'S SIGNATURE

**HEALTH RISKS TO FETUS FROM IONIZING
RADIATION ACKNOWLEDGEMENT**

Possible health risks to children of women who are exposed to radiation exposure during pregnancy has been explained to me, and a copy of the appendix to REGULATORY GUIDE 8.13 has been given to me for study. I fully understand the possible risks, and my own responsibility for safeguarding my unborn child during pregnancy.

STUDENT'S SIGNATURE

DATE

STUDENT'S PRINTED NAME

HIV/COMMUNICABLE DISEASE POLICY RECORD

By signing this form, the student acknowledges receiving the *Carteret Community College Health Sciences Division HIV/Communicable Disease Policy* and the *Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures* published on July 12, 1991 by the Centers for Disease Control.

Having read these documents, having had them explained by faculty and having had a chance to have my questions addressed, I now understand both the College's policy and the CDC recommendations and how they provide guidance for my safety in clinical situations.

Student Signature: _____

Student Printed Name: _____

Date: _____

**RADIOGRAPHY STUDENT CONTRACT: STATEMENT OF UNDERSTANDING
CONCERNING CLINICAL EDUCATION**

As a Radiography student, I understand that I will be expected to provide my own transportation to and from clinical affiliate sites. I understand that clinical experiences may vary depending upon availability, number of student positions available, and volume of procedures.

I understand that information regarding the clinical sites specific rotation schedules will be provided to me with as much advance knowledge as possible each semester and is subject to change. I agree that it will be my responsibility to be on time, maintain acceptable attendance policies and be prepared to participate in a professional manner during all clinical experiences. I understand that all patient information obtained during clinical experiences will remain confidential. I will not discuss specific patient information with or around those who are not directly involved in the patient's care. I will not utilize any form of social media to discuss patient information or clinical experiences. **A breach of confidentiality will result in my dismissal from the program.**

I understand that certain clinical facilities may require my social security number and vehicle tag information for identification purposes.

Student Signature

Date

Student Printed Name

Clinical Tracking Procedure

As a student in the Radiography Program I understand I will be scheduled to complete clinical rotations at designated clinical facilities.

I will be assigned 8.5 hour/day shifts during each semester. I must clock in and out in Trajecsyst (clinical tracking) system each day at an approved geolocation. I must use the computer available to me at the clinical site for clinical tracking purposes. I **MUST NEVER** use any personal electronic device to clock in or out of Trajecsyst. There are three exceptions (federal military facilities NMCCCL and NHCCCP) where I may be permitted to use other devices to track clinical hours if I am assigned to one of these facilities.

If I choose to leave the facility for lunch/dinner, I **MUST** clock out and back in for the **30 minutes** out of the facility on the approved device. Failure to follow this procedure will result in **5 demerits** due to falsification of clinical records.

If I choose to eat lunch/dinner at the clinical facility I **DO NOT** have to clock out and back in for the **30 minutes** I was at lunch/dinner.

Student Name-Print

Date

Student Signature

Clinical Coordinator Signature

Date

Carteret Community College
Radiography Program
MRI Screening Form

WARNING: Certain implants, devices, or objects may be hazardous to you and/or may interfere with MR procedure {i.e. MRI, MR angiography, functional MRI, MR spectroscopy). **DO NOT ENTER** the MR system room or MR environment if you have any questions or concerns regarding an implant, device, or object. Consult the MRI Technologist or Radiologist **BEFORE** entering the MR system room. The MR system magnet is always on.

Date _____ Name _____

Date of Birth _____

Address _____ City _____ State _____

Zip Code _____

Have you ever had prior surgery or an operation of any kind? YES, NO

If yes, please indicate type of surgery: Type _____

Type _____

Have you had an injury to the eye involving a metallic object or fragment? (metallic slivers, metal shavings, foreign body, etc.) YES NO If yes, please describe below.

Have you ever been injured by a metallic object or foreign body? (BB, bullet, shrapnel, etc.)

YES NO

If yes, please describe: _____

Are you pregnant or experiencing a late menstrual period? _____ (Answering is optional)

PLEASE INDICATE IF YOU HAVE ANY OF THE FOLLOWING

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cardiac pacemaker | <input type="checkbox"/> Yes <input type="checkbox"/> No Insulin or drug infusion pump |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Aneurysm clip(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No Glucose monitoring device |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Swan-Ganz catheter | <input type="checkbox"/> Yes <input type="checkbox"/> No Any prosthesis (eye, penile,) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Implanted cardioverter
defibrillator | <input type="checkbox"/> Yes <input type="checkbox"/> No Heart valve prosthesis |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Magnetically-activated implant | <input type="checkbox"/> Yes <input type="checkbox"/> No Eyelid spring or wire |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Neurostimulation system | <input type="checkbox"/> Yes <input type="checkbox"/> No Artificial or prosthetic limb |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Spinal cord stimulator | <input type="checkbox"/> Yes <input type="checkbox"/> No Metallic stent, filter, or coil |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Internal electrodes or wires | <input type="checkbox"/> Yes <input type="checkbox"/> No Shunt (spinal or intraventricular) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Bone growth/bone fusion
stimulator | <input type="checkbox"/> Yes <input type="checkbox"/> No Vascular access port and
catheter |

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cochlear, or other ear implant | <input type="checkbox"/> Yes <input type="checkbox"/> No Radiation seeds or implants |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Metallic fragment or foreign body | <input type="checkbox"/> Yes <input type="checkbox"/> No IUD, diaphragm, or pessary |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wire mesh implant | <input type="checkbox"/> Yes <input type="checkbox"/> No Dentures or partial plates |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Surgical staples or clips | <input type="checkbox"/> Yes <input type="checkbox"/> No Tattoo or permanent makeup |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Joint replacement (hip, knee.) | <input type="checkbox"/> Yes <input type="checkbox"/> No Body piercing jewelry |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Bone/joint pin, screw or nail | <input type="checkbox"/> Yes <input type="checkbox"/> No Hearing aid |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Bone/joint wire or plate | <input type="checkbox"/> Yes <input type="checkbox"/> No Other implant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Breathing problems | <input type="checkbox"/> Yes <input type="checkbox"/> No Claustrophobia |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Motion disorder | <input type="checkbox"/> Yes <input type="checkbox"/> No Medicated Patch |

IMPORTANT INSTRUCTIONS: Before entering the MR environment or MR system room, you must remove all metallic objects including hearing aids, dentures, partial plates, keys, beeper, cell phones eyeglasses, hair pins, barrettes, jewelry body piercing jewelry, watch, safety pins, paper clips, money clips, credit cards, bank cards, coins, pens, pocket knife, nail clipper, tools, clothing with metal fasteners, and clothing with metallic thread.

I attest that the above information is correct to the best of my knowledge. I read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature _____ Date _____

Form information 1st reviewed by (print name) _____

____ MRI Technologist ____ Nurse ____ Radiologist ____ Other _____

Signature: _____ Date: _____

Form information 2nd reviewed by (print name) _____

____ Radiography Clinical Coordinator ____ Faculty Member

Signature: _____ Date: _____



**Carteret Community College
Radiography Program
MRI Screening Procedure**

I have read, understand and agree to abide by the CCC Radiography Program MRI Screening Procedure and Safety guidelines.

Printed Name: _____

Signature: _____

Date: _____

CLASS/LAB PARTICIPATION

As a student in the Radiography Program, I understand that I will be participating in the class/lab setting by serving as a patient in order to promote the learning environment. The activities that I will be participating in include, but are not limited to, role playing, blood pressure measurement, respiratory monitoring, pulse monitoring, venipuncture, and radiographic positioning. Furthermore, I am not required to provide personal information as part of these activities.

I have read and understand the above statements.

Student Signature

Date

Student Printed Name

Academic Integrity:

Rule 6 of the Carteret Community College Student Code of Conduct states, "A student shall not engage in dishonest conduct of any kind including, but not limited to forgery, cheating, plagiarism, making false statements, providing false information on College documents, or altering College documents. Academic honesty is of particular concern." Students should work independently and provide original responses to assignments unless instructions indicate otherwise. Students who have questions about whether or not they should use the Internet as a resource or can consult with classmates about assignment responses should first ask their instructor about the expectations of the assignment.

Deliberate violation of the academic integrity policy will result in the following consequences:

First offense –A grade of zero on the assignment/test, which may or may not lead to failure in the course.

Second offense –Failure of the course, regardless of whether the second offense occurred in the same course/semester or in a different or subsequent course/semester. Students who are removed from a class for violating the academic integrity policy will receive a grade of "F" for the course and cannot receive a grade of "WD".

Third offense –Recommended student suspension or expulsion. Certain programs of study may employ different procedures or consequences as required by their outside accrediting bodies or agencies.

Example Violations of Academic Integrity:

- Copying or collaborating on assignments without permission.
- Quoting, paraphrasing or summarizing someone else's work without giving proper citations.
- Submitting an assignment purchased and/or copied from an online or commercial entity.
- Using unauthorized materials (e.g., textbook, notes, technological devices) during an examination.
- Sharing information about the contents of an assignment (including examination) that a student has not taken.
- Interfering electronically with the property of another individual via college computer or other means.
- Sharing a student CCC username/password or other course login information.
- Using unauthorized translation software and assistance from native speakers or advanced-level students in foreign language classes.

Complete information about the Academic Integrity Policy can be found in Section 3.1 of the College Catalog and Student Handbook.

By my signature, I pledge that I will neither give, receive, nor support inappropriate, dishonest, or illegal assistance while participating in the activities associated with this class."

Print and Sign Name

Date

STATEMENT OF CONFIDENTIALITY OF INFORMATION

As a student enrolled in Carteret Community College's Radiography Program, I hereby agree:

1. As assured to patients under the Patient's Bill of Rights, I will uphold patients' rights to privacy against disclosure of personally identifiable medical and social information, whether it be written, spoken, recorded electronically or printed, from accidental or intentional modification, destruction, or disclosure.
2. That I will not divulge any information concerning patients, their conditions, affiliation to anyone not authorized by the patients, the clinical sites, or by law to receive such information.
3. That I will not divulge any confidential or non-public information concerning the operations or strategic plans of the College or the clinical sites which I may acquire through my affiliation to anyone not authorized to receive such information.
4. That I will not similarly divulge any confidential or non-public information concerning employees of the College or the clinical sites such as employee medical records, personnel and disciplinary information and payroll authorization which I may acquire through my affiliation with the College or the clinical sites to anyone not authorized to receive such information.
5. I have reviewed and agree to abide by the policies of Carteret Community College and the Radiography Program.

Further, I understand if I have access to automated information systems, that my user identification code or password is equivalent to my legal signature. I agree not to disclose my code or allow others to use it. I shall not attempt to access, enter, load or alter any information for which I am not authorized. I understand that I am responsible for all activity performed under my password. If I suspect unauthorized use, I will report it to my site supervisor.

I acknowledge that violations of these policies can result in disciplinary measures, up to and

including termination of the affiliation, as well as possible civil and criminal penalties under

State and Federal confidentiality of record information laws.

STUDENT'S SIGNATURE

DATE

CCC Radiography Program

Please Print – STUDENT NAME

RECEIPT OF PUBLICATIONS ACKNOWLEDGMENT

This is to certify that you have received information regarding publications and understand the policies and procedures defined in each.

I am aware the Carteret Community College Catalog & Student Handbook is available on-line for my review and how to locate it.

___ **YES** ___ **NO**

I have read and understand the policies and procedures as described in all the aforementioned publications.

___ **YES** ___ **NO**

I agree to abide by the policies and procedures as described in these publications.

___ **YES** ___ **NO**

STUDENT SIGNATURE

DATE

STUDENT PRINTED NAME

Revised: 8-9-2017

I, the under-signed, hereby acknowledge possession of the "**RADIOGRAPHY PROGRAM MANUAL.**" I have read the manual, understand it and agree to comply with the guidelines contained therein.

In addition, and in particular, I acknowledge the policy on Radiation Protection and Pregnancy and its validity. I have read the policy; based on class work, I understand the policy; and I agree to comply with it. Armed with the knowledge I now possess, it is my responsibility to observe proper radiation safety practices. I agree that Carteret Community College, its personnel or its clinical affiliates will not be held responsible for any injury due to radiation exposure.

Signed this _____ day of _____.

Student Signature

Program Director Signature

Student Printed Name
