

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **Policies and Procedures**

#### **I. Notification**

- Students are provided a handbook on the first day of class.
- During Introduction to Radiography, students review/discuss all policies in the student handbook.
- Students must sign a “Handbook Acknowledgement Form” indicating that they have reviewed and understand all policies contained in the handbook.
- Handbooks are revised annually or as needed.
- Policy revisions will be reviewed by faculty members and enrolled students with written documentation of all reviewed policy revisions.
- Student handbooks are readily available at the Radiography Program’s school and each clinical site.
- Policies and procedures are accessible on the program’s website for prospective and enrolled students.

#### **II. Actions for not following policies and procedures**

- Students that do not follow policies and procedures of the program will be disciplined. Discipline actions will occur in the following order:
  - 1. Anecdotal Record**
  - 2. Oral Warning**
  - 3. Written Warning**
  - 4. Notice of Suspension**
  - 5. Notice of Termination**

Termination may occur at the first occurrence if the offense is severe. Suspension and termination may be recommended by any faculty member and is subject to review by the Program Director and Advisory Committee.

## **Test Taking Procedure**

- Students are not permitted to wear hats
- All free items must be cleared off the desktop and seats
- No electronic devices on one's person, to include smart phones and smart watches.
- Students will be assigned exam seats; only one student per table with an open seat between each student
- Once the test is handed out, talking is not permitted
  
- Students are not permitted to leave the classroom during the test without permission
- After handing in completed tests students need to avoid disruptive behavior (whispering, going in and out of doors, rummaging through personal belongings)

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### DISCIPLINARY ACTION PROCEDURE

It is the right and responsibility of the radiography program to maintain discipline and efficiency.

**The following list of offenses illustrates actions, which will be considered willful misconduct:**

1. Dishonesty, falsification or misrepresentation, cheating
2. Breach of confidentiality to include any patient related information “**Refer to the Social Media Policy**”
3. Theft or sabotage of equipment or other property
4. Possession, sale or use of intoxicating beverages or illegal drugs on WellSpan Health property or reporting to class/clinical assignments under the influence of illegal drugs or intoxicating beverages.
5. Fighting or attempting bodily injury to others on organizational property; using abusive or threatening language to others
6. Solicitation
7. Unauthorized possession of firearms, weapons or explosives on the organization’s property
8. Misconduct related to patients, students and/or staff, such as, physical or mental abuse, inconsiderate treatment or neglect.
9. Insubordination, refusal, or intentional failure to complete assignments.
10. Harassment including sexual, racial, or general
11. Smoking (see nicotine policy)
12. Failure to report an accident, injury, or hazardous and unsafe situation
13. Unexcused absenteeism and/or tardiness
14. Other conduct considered illegal or immoral acts
15. Persistent serious infraction of rules and regulations after having been informed that such infraction is grounds for dismissal

**The above list includes but is not limited to offenses considered to be serious misconduct. Disciplinary action for the above and similar offenses may include:**

1. Anecdotal Record
2. Oral Warning
3. Written Warning
4. Notice of Suspension
5. Notice of Termination

Termination may occur at the first occurrence if the offense is severe. Suspension and termination may be recommended by any faculty member and is subject to the approval of the program director and advisory committee.

# WELLSPAN HEALTH RADIOGRAPHY PROGRAM

## **POLICY #1**

### **ADMISSION POLICY**

#### **I. Academic and Admission Requirements**

**Please Note:** Students are required to have an associate's degree or higher or be eligible to receive an associate's degree or higher upon completion of the program.

**Please Note:** Students enrolled in WellSpan's Radiography Program are required to have the following prerequisites. All college prerequisites must be acquired through a regionally accredited college:

- 1) **Mathematical Logical Reasoning** – “College Algebra” course or higher (3 credit college course minimum) 2.0 “C” average
- 2) **Written/Oral Communication** – (3 credit college course minimum) 2.0 “C” average
- 3) **Human Anatomy and Physiology I** – 3 lecture hours with laboratory (4 credit college course minimum) 2.0 “C” average
- 4) **Human Anatomy and Physiology II** - 3 lecture hours with laboratory (4 credit college course minimum) 2.0 “C” average
- 5) **Medical Terminology** – (1 credit course minimum or certificate) 2.0 “C” average.

#### **Academic and Admission Requirements (Associate Degree Minimum)**

- High School diploma or GED
- High School and/or college transcripts minimum 2.5 “C” overall average; 3.0 “B” is highly recommended
- College prerequisite courses with 2.0 “C” for each course
- College prerequisites will need to be completed within the spring semester of that enrollment year
- Official transcripts of a completed Medical Terminology course must be received by the first day of school.
- Imaging Department Observation (3 hours minimum)
- Willingness to submit to a criminal background check upon program acceptance
- Upon program acceptance, the student will undergo a complete physical and drug/tobacco screen. If the student fails the physical, drug and/or tobacco screen he or she will be released from the program.

#### **II. Application Requirements**

Applications are accepted until January 31<sup>st</sup> for the class starting in August the same year. Responsibility lies with the applicant to ensure the program receives all listed materials on or before the deadline. Information received after the January 31<sup>st</sup> deadline will not be considered for that year's enrollment (**no exceptions**). **Applications are considered complete when the School has received all of the following information:**

- \$35.00 dollar non-refundable application fee
- Completed application form (which includes the observation form)

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #1**

#### **ADMISSION POLICY (CONTINUED)**

- Official transcripts and transcript forms from all high schools and colleges listed on the application.
- Three completed reference evaluation forms
- Professional career statement
- Completed applications are valid for one year

### **III. Application Process**

- The admissions committee will review all completed applicants
- A numerical evaluation is used during the interview selection process to objectively select applicants.
- Interviews are held February through March. A minimum of 15 applicants who scored highest on the application point system will be interviewed. The application point system is based primarily on G.P.A., college course work, work-related experience, personal and volunteer experiences, and professional statement essay
- Selected applicants are interviewed
- All interviewed applicants will be notified by e-mail of their final status (admitted, alternate, or not accepted) by May 1<sup>st</sup>
- Final selection is the responsibility of the school's Admissions Committee
- New classes begin in August

### **IV. Post Acceptance / Pre-Enrollment**

- Receipt of all official transcripts with appropriate GPA
- Maintaining college GPA average at or above 2.5
- Prerequisite course GPA at or above 2.0
- Non-refundable \$100 acceptance fee
- Completed and approved Criminal Background Check
- Completed and approved PA Child Abuse History clearance
- Valid two-year health care provider CPR certification
- Documentation of personal health insurance
- Confirmation of required health screenings, tests, and immunization. Documentation is verified through Occupational Health
- Official transcripts of completed prerequisite requirements with appropriate GPA
- *Professional Liability Insurance.* The student must carry liability malpractice insurance, at his/her own expense, unless such coverage is provided by the College. The limits of the policy shall be a minimum of \$1,000,000 per claim and an aggregate of \$3,000,000 per occurrence. This policy must remain in full force and effect for the duration of the Program, and proof of coverage must be provided.

Accepted students who fail to meet the above mentioned requirements will not be permitted to enter the program.

### **Applicant Cancellation**

Applicants can withdraw their file for review at any time. Any applicant's file that is withdrawn by applicant request may reapply to the program at a later date. Incomplete applications are not reviewed by the Admission Committee.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #2**

#### **ATTENDANCE POLICY**

##### **I. Weekly Hours**

- Students are required to be present for all didactic and clinical education hours, which do not exceed 40 hours per week.

##### **II. Vacations/Holidays**

- See academic calendar

##### **III. Absenteeism**

- All students will be given three (3) occurrences of unexcused/unscheduled benefit time per academic year. Consecutive days are considered only one occurrence.
- If absent for three consecutive unexcused days the student must return with a doctor's excuse. If the student fails to return with a doctor's excuse the student will be docked for another occurrence.
- If a student calls off sick for any hours of a scheduled day, they are not permitted to report for the rest of the day.
- If a student calls off sick during scheduled evening hours, they are required to make-up those evening hours.
- If an occurrence exceeds all benefit time and comp time of didactic or clinical days, the student must make up the clinical hours up to a maximum of ten (10) clinical days. The student is required to make up didactic assignments and tests. However, the faculty may request additional assignments or clinical rotations if they feel it is warranted.
- If the student exceeds three (3) occurrences of unexcused absences per academic year, disciplinary action will be taken.
- **Unused occurrences cannot be carried over into the next academic year.**

##### **IV. Calling Off**

- When a student calls off on didactic or clinical time, they must call the Radiography School at **812-3599**. If faculty is not available, the student must leave a voice message with the following information: **name and reason for absence**. Whenever possible, the student should call off within 30 minutes prior to his/her start time.

##### **V. Illness during School Time**

- If a student becomes ill or injured during clinical and/or didactic time, he/she may ask the instructor to report to Employee Health Services for treatment or go home. (Benefit time can be used in one (1) hour increments.)
- In this situation the student is required to use benefit time and therefore will not be docked an occurrence of unexcused time.
- If the student has no remaining benefit time, they will be required to make-up the missed time.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #2**

#### **ATTENDANCE POLICY (CONTINUED)**

##### **VI. Benefit Time**

- All students will be given 42 hours of benefit time per academic year. The time can be used in one (1) hour increments.
- **Benefit hours will be used for scheduled and unscheduled absences.**
- A scheduled benefit day must be requested one day in advance.
- Benefit time may not be used for evening rotations
- If before the end of an academic year, the student reaches the 42-hour limit, time will be taken from comp time.
- If no comp time is available students are required to make-up time.
- **Any unused benefit days can be carried over to the next academic year.**

##### **VII. Comp Time**

- Students will receive comp time for attendance at approved seminars, staff meetings, and career days.
  - ◆ Advanced notice is not required, except for evening rotations
  - ◆ Comp time must be used in 30-minute increments except during evening rotations, in which a one-hour increment must be used
  - ◆ A total of 1 hour of comp time may be used during evening rotations per semester. The hour must be used at one time. No more or less comp time will be granted during evening rotations per semester.

##### **VIII. Tardiness**

- All students must report to the approved faculty at the scheduled time.
- All students will be given three (3) tardy days per academic year. If the student is arriving late he or she must call the Radiography school at **812-3599**.
- On the days that the student will be tardy he/she must report to school within a two (2) hour time frame or the student will be forced to use an entire benefit day. Regardless of when the student arrives within the two (2) hours the student will automatically be docked two (2) hours of benefit time.
- If the student has no remaining benefit time, they will be required to make-up the missed time, a minimum of 2 hours.
- If the student exceeds three (3) tardy days in an academic year disciplinary action will be taken.
- **Tardy days cannot be carried over into the next academic year.**

##### **IX. Appointments**

- All appointments should be made on scheduled days off or after scheduled hours if possible.

**POLICY #2**

**ATTENDANCE POLICY (CONTINUED)**

**X. Leave of Absence**

- Leave of absence or unplanned absence due to military leave, illness, injury, or pregnancy etc. is granted by the Program Director after evaluating all circumstances. The student must discuss his/her unplanned absence with someone directly. Messages are not acceptable. In the event of a leave of absence the student will be required to make up a maximum of ten (10) clinical days. However, the clinical instructors reserve the right to increase the number of clinical make up days if the student's clinical performance warrants it. Program Director and faculty will discuss the options for making up any missed learning activities upon returning to class. Make-up time agreed upon must be completed within the time frame established in order for the student to graduate. Make-up time will not be scheduled in a manner that would require more than 40 hours per week, unless on a voluntary basis. The student may be required to make-up the time/activities missed at the end of the program.
- Depending on the length of the leave, students may not be able to continue in the program immediately after the leave of absence for the following reasons:
  - Courses are sequential
  - Tuition payments are per semester, not per course
  - Time constraints

In this situation, the students may have the option to return the following year. This is subject to availability and at the discretion of the Program Director. The student must return to the program at the beginning of the missed semester. The student must complete the semester and each successive semester in its entirety.

**XI. Cutting Classes**

- Cutting class is not permitted. This will result in disciplinary action. Refer to Disciplinary Action Procedure.

**XII. Missed Classes and Clinical Time**

- It is the responsibility of the student to obtain all notes or material covered in class.
- It is the responsibility of the student to contact didactic instructors within 24 hours of their return after an absence to discuss make-up plans for tests, etc. If students neglect to contact the instructor, 5 percentage points will be deducted from their test score.
  - If the test is not made up by the specified date a 0% will be the recorded grade.
- It is the responsibility of the student to inform the appropriate instructors of scheduled time off after submitting a benefit time request form or using comp time. Disciplinary action will be taken if they fail to inform the appropriate clinical and/or didactic instructor.



## **POLICY #2**

### **ATTENDANCE POLICY (CONTINUED)**

#### **XIV. Excused Absences**

- Jury duty
- Military leave - Reserves, National Guard duties
- Interviews - further schooling or job
  - Students are permitted one interview day.
  - On the day of the interview the student is to obtain a note from the prospective employer or school stating that they did attend an interview. The note should be on the institution's letterhead and signed by the interviewer. The note is to be given to the Program Director.
- Funeral Leave - A student may request a leave of absence of a maximum of three days.
- The faculty requests proof of attendance of the aforementioned.

#### **XV. Miscellaneous**

- Any questions regarding attendance should be brought to the attention of the Program Director and Clinical Instructor in private.
  - The student should keep track of their own attendance so that no mistakes are made.
  - Accidents or serious illnesses will be dealt with on an individual basis.
  - Student's attendance record is confidential.
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- **After an extended leave, re-entry into the Program is at the discretion of the Program faculty.**
  - **If a student needs to leave during clinical time due to an emergency or illness they must notify their clinical instructor. In the event that their clinical instructor is absent, they must leave a message with the Program Director.**
  - **Any student who abuses the attendance policy will be subject to immediate dismissal from the program. Examples of such abuse may include:**
    - **Consecutive use of occurrences (always calling off two or more days in a row)**
    - **A pattern of calling off at the beginning or end of a week for long weekends**
    - **Not adhering to program call-off procedure**
      - **Calling the appropriate number**
      - **Calling-off at least 30 minutes before scheduled attendance time**

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #3**

#### **CLINICAL POLICY**

- I. **Purpose:**
  - The clinical policy shall provide the students and staff of the Imaging Services Department with a guide to follow during clinical hours.
  
- II. **Shift/Reporting in**
  - 7:30 am to 3:30 pm. (regular scheduled hours)
  - 1:00 pm to 9:00 pm Monday & Wednesday (scheduled evening hours 4<sup>th</sup> and 5<sup>th</sup> semester)
  - 4:00 pm to 11:00 pm Friday (scheduled evening hours 4<sup>th</sup> and 5<sup>th</sup> semester)
  - Students must report in or call the clinical instructor's phone at their assigned clinical educational setting. If the clinical instructor is not in their office, the student must leave a message on their phone. In the absence of the clinical instructor, the student must call the Radiography Program at **812-3599**. Students must call from one of the designated phones in the department not a cell phone.
  
- III. **Clinical Instructor**
  - Ratio of students to clinical instructors is 10:1. One full-time equivalent clinical instructor is required for every ten students involved in the competency achievement process.
  
- IV. **Clinical Staff**
  - The ratio of students to registered radiological technologists prior to student competency achievement in a given examination procedure shall not exceed 1:1.
  
- V. **Adherence to Health System Policies and Procedures**
  - Students are to adhere to the WellSpan Health System policies and procedures while in training at the Radiography Program. Imaging Department policies are available to all Imaging Service employees and students in the York Hospital Imaging Service Department Administrative Office. This assures the health and safety of students associated with educational activities are safeguarded through documented policies and procedures.
  - Organizational policies are available on the WellSpan Inet.
  
- VI. **Lead Markers**
  - Right and left lead markers will be provided for each student. The student is responsible for their markers. Evidence of markers must be present on all images.
  - Students may be subject to a fee to replace lost markers.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #3**

#### **CLINICAL POLICY (CONTINUED)**

#### **VII. Computation of Clinical Education Grade**

The clinical grade for each semester shall be determined based on the following:

➤ **Clinical Performance Evaluations**

These evaluations are used to assess the daily performance of the student in the clinical setting. **Five percent** of the student's clinical grade is derived from these evaluations.

- Students are evaluated as they progress through the stages in their clinical assignments.
- Performance evaluations will be used continually throughout the student's clinical education to evaluate the student's progress.

➤ **Clinical Competency-Based Evaluations**

- These evaluations are used to assess the student's skill and competency in completing procedures. **Forty-five percent** of the student's clinical grade is derived from these evaluations.

➤ **Clinical Progress Reports**

- **Fifty percent** of the student's clinical grade is derived from these reports. Personal observations of clinical performance by the clinical instructors will include all of the following categories:
  - Cooperation and attitude
  - Quantity of work
  - Quality of performance
  - Initiative
  - Patient care
  - Professional ethics
  - Judgment
  - Clinical records
  - Communication
  - Preparedness
  - Clinical Final/Project (25 percent of progress report grade)
    - The clinical final is given first, second, fourth, and fifth semester
    - In the third semester, students will be required to complete a project

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #4**

#### **DRESS CODE AND APPEARANCE POLICY**

**\*The dress code goes into effect on the first day of school.**

#### **I. Purpose**

- To assure that students present a professional and positive image while attending the program.

#### **II. Professional Attire:**

- Cherokee Work Wear pewter scrub pants (assigned styles) and/or skirt with nude or white stockings. Assigned styles will be provided upon acceptance.
- Cherokee Work Wear pewter uniform top (assigned styles). Assigned styles will be provided upon acceptance.
- White or black shoes (with minimal colors); Closed back clogs are permitted (No open heel clogs)
- White or matching socks
- Suitable undergarments (bra/briefs/t-shirts/boxers)
- Students may wear a plain white or black tee shirt or long sleeve shirt under scrub top. No print or decals.
- Clothing must be maintained in a neat and clean manner.
  - Stain free
  - In state of good repair
  - Neatly pressed. The exception would be the Operating Room scrubs
  - Appropriate length and size
- All students should dress appropriately and look professional at all times.
- If a student does not look professional according to the faculty of the program, the student may be dismissed from the clinical area.

#### **III. Identification/Radiation Badges**

- Student identification badges must be worn at all times, collar level with name and photo visible. No items should be attached to the student badge. Example: Stickers, pins, etc.
- Radiation badges must be worn when the student is in the clinical education setting.

#### **IV. Warm-up Jackets**

- A solid Cherokee Work Wear pewter waist length warm-up jacket can also be worn. The warm-up jacket must have snaps (zipper jackets are not permitted).

#### **V. Surgery Scrubs**

- Surgery scrubs are provided and laundered by the health system for students assigned to surgery.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #4**

#### **DRESS CODE AND APPEARANCE POLICY (CONTINUED)**

##### **VI. Jewelry and Tattoos**

- Jewelry should not be excessive or present a safety hazard or distraction for faculty, staff, or patient.
- No dangling earrings, necklaces, or bracelets will be allowed in the clinical education setting for overall safety reasons.
- No visible body jewelry; the student must present a professional business image to our customers. **Note: You may be asked to remove any or all jewelry if it is deemed a safety concern.**
- If possible, tattoos should not be visible. You may be required to wear an undergarment to cover body tattoos while in the clinical setting.

##### **VII. Fingernails**

- No artificial or acrylic fingernails are permitted.
- Natural fingernails must be short (no longer than ¼” from the tip of the finger), free from snags or rough edges that could harbor germs or potentially tear gloves.
- Students may wear fingernail polish as long as it is in good repair, a tasteful conservative color, and there is no evidence of chipping.

##### **VIII. Make-up**

- A moderate amount of make-up may be worn.
- Fragrances are not permitted.

##### **IX. Hairstyles**

- All students should report to school with clean, neatly groomed hair.
- Hair should be of a natural color.
- Longer than shoulder length hair should be pulled up and away so it does not hang down away from the body (i.e. in a bun or clip if needed) when students are in the clinical area.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #5**

#### **DUE PROCESS POLICY**

##### **Purpose:**

Rules and regulations of acceptable conduct are defined for each educational program and distributed to students prior to their clinical orientation or as part of the orientation process. Faculty and program officials are responsible for enforcement, impartial application and periodic review of all program policies. Students may question and voice concern about rules without fear of retribution.

The grievance procedure serves as a mechanism for neutral evaluation of academic and non-academic misunderstandings and/or disagreements. Students are ensured due process and fair disposition of any grievance.

Academic policies, including situations such as grade disputes, probation and dismissal, are described in the "Student handbook." These policies are administered as indicated so that students' grades are assigned fairly and consequences are consistent. A dispute regarding grades is initially discussed between the student who disagrees and the instructor who assigned the grade.

Resolution of misunderstandings regarding non-academic issues will also be attempted between the student and the instructor (supervisor and/or program director) involved in the situation.

##### **Policy:**

A grievance is a situation in which a student has a complaint regarding the administration of program rules and regulations or feels that partiality has been shown in the application of program policies.

The grievance procedure encourages resolution of these situations in a timely, organized and honest way. The immediate supervisor (instructor and/or program director) and the aggrieved student should attempt to resolve the problem(s) through direct discussion of the issue(s). If a reasonable solution is not found, the student may institute the formal four step procedure as follows:

##### **Step One: Clinical Instructor/Program Director**

The grievance will be presented verbally to the student's instructor or immediate supervisor within 14 calendar days after the incident or dispute arises. The student must clearly indicate that a review of a particular decision is being requested as an initiation of the Grievance Process. The clinical instructor will document the notice when it is received and the dates and times of meetings or other actions associated with the grievance.

The clinical instructor will review and, if necessary, investigate the issue to promote understanding or encourage compromise on the matter consistent with established policies and practices. The clinical instructor will review his/her decision or resolution with the student within 7 calendar days. The instructor will prepare a written summary of the grievance and his/her proposed resolution. The student will acknowledge this written summary. This summary will be forwarded to and retained by the Allied Health Education Department Coordinator.

If the student is not satisfied with the instructor's response or proposed resolution, s/he is encouraged to take the problem to the Program Director. The grievance will be put into writing by the student on the AHED grievance form and given to the Program Director within 5 calendar days. The Program Director will meet with the student and the instructor to discuss the matter, and then put in writing a response documenting the steps taken to date and the rationale behind the director's decision within 7 calendar days. The Program Director will meet with the student and the instructor again to relate his/her response. The written description of the grievance and copies of any associated documents will be forwarded to the Allied Health Education Department Coordinator for review.

If the student is not satisfied with the decision made or the solution proposed by the Program Director, the student may proceed to STEP TWO. The student must communicate his/her intention to proceed to STEP TWO to the Allied Health Education Coordinator within 5 calendar days of the receipt of the Program Director's decision.

### **Step Two: Allied Health Education Department (AHED) Coordinator**

The student's grievance and the Program Director's review and decision will be referred to the Allied Health Education Department Coordinator for review and discussion. S/he will discuss the matter with the student and other involved persons. This review and related decision will be completed and delivered to the student within 7 calendar days of referral.

The AHED Coordinator will review this decision in person with the student and the instructor involved in the initial action or decision being grieved. The written description of the grievance and copies of any associated documents will be forwarded to Human Resources for review. A Human Resources representative will be assigned to the grievance to review and help facilitate the process.

The student will be asked to sign the response of the AHED Coordinator's review, acknowledging a willingness to abide by the decision OR indicating a desire to proceed to the Peer Review portion of the process. This response must be delivered to the assigned

Human Resources representative within 5 calendar days of the delivery of the AHED Coordinator's decision.

### **Step Three: Peer Review**

A Peer Review Group will be selected from the current pool of Allied Health students. The group will include three Allied Health students, two supervisors and/or managers from the related service department and a facilitator. The group will meet within 14 calendar days of the request for peer review.

Students from the same program as the student requesting peer review are ineligible to serve on the Peer Review Group.

The student seeking peer review will have the opportunity to disqualify any proposed student participants prior to their random selection.

Faculty or program administrators associated with the program that the student seeking peer review is from are ineligible to serve on the Peer Review Group.

The facilitator will be the Human Resources representative assigned to the grievance.

An individual selected to serve on the Peer Review Group may elect not to serve.

In the event that the Peer Review Group is unable to meet during normal student hours, the group (including the student requesting peer review) will convene at a mutually agreed upon time.

The Peer Review Group will hear direct information from the student, the instructor and other parties involved in the grievance. The group may request additional information or identify others that could provide clarification or insight and request to meet with them. The group may call for relevant documentation and request interpretation from Human Resources representatives.

The Peer Review Group will work toward consensus in determining a resolution for the grievance. If consensus cannot be reached, a vote may be taken. All group members will be required to vote, but the results of the voting will be kept confidential by the participants and the facilitator.

The decision of the Peer Review Group will be recorded in writing as response to the written grievance. The members will each sign the written decision, and the decision will be shared with the student within 7 calendar days by the facilitator.

The AHED Coordinator will retain copies of all documentation associated with the Peer Review Group in a confidential file. No reference to the process will be entered into the student's file.

If the student is not satisfied with the decision or proposed solution of the Peer Review Group, the student is encouraged to proceed to STEP FOUR. A request to proceed to STEP FOUR must be delivered to the Human Resources representative within 5 calendar days of the delivery of the Peer Review Group decision.

#### **Step Four: Senior Management Review**

A Senior Management Group comprised of the Vice President of Human Resources, the Director of Medical Education and the Vice President of the related service department will meet within 7 calendar days of the request to proceed to STEP FOUR to review the grievance. The Human Resources representative will assist in the coordination of people and information to support the senior management review.

The Senior Management Group will review the information accumulated throughout the prior steps of the grievance process and meet with the student requesting the review and the clinical instructor (or other supervisor) initially involved in the grieved action or decision. The committee may also request to discuss the matter with other involved individuals.

The Senior Management Group will determine a resolution or decision for the grievance and record that information in writing. This information will be presented to the student by the Human Resources representative within 7 calendar days of the initial group meeting.

**The decision arising from the Senior Management Group is final and binding.** Copies of documentation used by the group will either be destroyed or retained in the AHED Coordinator's file on the matter. No reference to the process will be entered into the student's file.

If the investigation reveals that the program has or has not met substantial compliance with the STANDARDS following established accreditation policies one or two actions will result:

1. The program will submit a report and documentation within thirty (30) days of the notification of the JRCERT determination, demonstrating that the substantiated allegations have been corrected. All parties will be notified of satisfaction and resolution of the matter.
2. If the response is determined inadequate or lacking evidence of continuing substantial compliance with the STANDARDS or adherence to accreditation policies, the program may request a site visit as soon as feasible in that the allegations of non-compliance with accreditation policies may be investigated by the JRCERT.

Students have the right to contact the JRCERT with concerns regarding noncompliance issues.

#### **JRCERT**

**20 North Wacker Drive**

**Suite 2850**

**Chicago, IL 60606-3182**

**(312) 704-5300**

**Email: [mail@jrcert.org](mailto:mail@jrcert.org)**

**[www.jrcert.org](http://www.jrcert.org)**



## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #6**

### **TRANSFER CREDIT, EXPENSES, REFUND, & WITHDRAWAL POLICY**

#### **I. Purpose**

- To ensure students are aware of the transfer credits, student expenses, and refund & withdrawal procedures.

#### **II. Transfer Credits**

- Outside credits are non-transferrable.
- We do not offer advanced placement into the program.
- Students are required to successfully complete all program courses.
- Wellspan Health Radiography Program is non-credit granting.

#### **II. Lab Fees**

- Upon acceptance into the program the student will pay a \$100.00 deposit (non-refundable). The rest of the lab fees are due the 1st day of each semester.
- It is the responsibility of the student to have tuition payments in the school office by the due date.
- Only a check or money order is acceptable for lab fees made payable to WellSpan Health Radiography Program. This fee is to be given to the Program Director.
- A cost of \$5.00 will be charged to students who write checks with insufficient funds.
- Failure to pay lab fees by the first week of each semester will result in a late fee of \$25.
- Students may not be permitted to continue past two weeks with an unpaid balance.
- An invoice for lab fees are not sent out but receipts are available upon request.

#### **III. Other Expenses**

- Students are responsible for paying for their own meals, transportation, housing and hospitalization.
- Students are required to purchase their own uniforms.
- Pre-admission health screen and drug/nicotine testing.
- Pre-admission child abuse and fingerprint clearances.
- Professional Liability Insurance, unless coverage is provided by the College. Proof of coverage must be provided.

#### **IV. Books**

- Students are required to purchase textbooks before the first day of school. .
- Textbooks sold to the student are not returnable to the school for reimbursement.

#### **V. Withdraw/Termination**

- If the student decides to withdraw they must notify the Program Director by submitting a letter of withdrawal. Upon receiving the letter of withdrawal, an exit interview will be conducted by the Program Director.

WELLSPAN HEALTH RADIOGRAPHY PROGRAM

**POLICY #6**

**TRANSFER CREDIT, EXPENSES, REFUND, & WITHDRAWAL POLICY  
(CONTINUED)**

- After submitting a letter to the school, it will be determined if the student is eligible for a refund.
- If the student is eligible for a refund, lab fees paid prior to or during that semester will be refunded according to the following schedule:

**1st, 2nd, 4th & 5th Semesters**

Week I & II	-	80%
Week III & IV	-	60%
Week V & VI	-	40%
Week VII & VIII	-	20%
Week IX & X	-	0%

**3rd Semester**

Week I	-	80%
Week II	-	60%
Week III	-	40%
Week IV	-	20%
Week V	-	0%

WELLSPAN HEALTH RADIOGRAPHY PROGRAM

**POLICY #7**

**GRADING SYSTEM POLICY**

**I. Purpose**

- To ensure that students are aware of the program’s grading system for each course of study.

**II. Consultations:**

- Student consultations are held at the end of each semester. Grade reports will be distributed at this time. **(See Student’s Progress Policy)** Additional consultations will be conducted when necessary.

**II. Grading Scale**

- Didactic Grades are based on each course of study.
- The clinical grade is comprised of the following:
  - Clinical Performance Evaluation – 5%
  - Clinical Competency Evaluations average – 45%
  - Clinical Progress Report – 50%

<u>Didactic &amp; Clinical Grading Scale</u>	<u>G.P.A Score</u>
100 – 95% = A	A = 4.0
94 – 90% = B	B = 3.0
89 – 85% = C	C = 2.0
< 85% = F	F = 0

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #8**

### **GRIEVANCE POLICY**

#### **I. Purpose**

To ensure all students are treated fairly and have the right to an established procedure to insure a timely and nondiscriminatory resolution to all grievances. Students may question and voice concern about rules without fear of retribution. They are ensured due process and fair disposition of any grievance.

#### **II. Definition**

A grievance is a situation in which a student has a complaint regarding the administration of the program rules and regulations or feels that partiality has been shown in the application of program polices.

#### **III. Procedure**

The grievance procedure encourages resolution of these situations in a timely, organized, and honest way. The procedure serves as a mechanism for neutral evaluation of academic and non-academic misunderstandings and/or disagreements. The immediate supervisor (Instructor and/or Program Director) and the aggrieved student should attempt to resolve the problem(s) through direct discussion of the issue(s). If a reasonable solution is not found, the student should follow the steps of the grievance procedure, which are found in the “**Due Process Policy**”.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #9**

### **GUIDANCE POLICY**

#### **I. Purpose**

- To assist or give guidance to those individuals seeking counseling. Counseling may be initiated by the students or faculty.

#### **II. Objectives**

- Offer guidance to individuals seeking a career in Radiologic Technology.
- Assist the student in his/her orientation to the school and adapt to new experiences.
- Provide continuous guidance to the student through discussion of personal or academic problems.
- Foster professional and personal growth.
- Provide career counseling.
- Promote mental and physical health.

#### **III. Procedure**

- Documented counseling sessions are minimal requirements for all students. (This is accomplished during semester consultations.)
- Program Officials are available for guidance assistance upon request.
- The Employee Assistance Program of WellSpan Health System is available to provide student counseling.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #10**

### **INFECTION CONTROL POLICY**

#### **I. Purpose**

- To provide the student with infection control protocols for the care of patients undergoing procedures associated with the department (interdepartmental, portable, operative, etc.). These protocols will be based on the principle that all blood and body substances (urine, feces, sputum, vomitus, etc.) are potentially infectious and must be treated as such, through appropriate use of protective equipment. Students will learn infection control protocols during Hospital Orientation.
- Prevent the transmission of microorganisms among patients, hospital personnel, students, and visitors, via needle sticks, cuts, or lacerations from used instruments, splashes on mucous membrane, contact with broken skin, and known or suspected airborne organisms.

#### **II. Practice**

- WellSpan Health Radiography Program follows the Imaging Services Infection Control Policy. This policy is located on the INET by clicking on Departments/WellSpan Infection Control/ Department Specific Infection Control Policies/Imaging.
- A copy of the policy may also be found in the Radiography Program classroom.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #11**

### **PREGNANCY POLICY**

#### **I. Purpose**

- To ensure that the radiation exposure to the embryo/fetus of the declared pregnant woman who works with radioactive materials or radiation-producing equipment remains well below the regulatory limit established by the Nuclear Regulatory Commission, the State of Pennsylvania and the guidance of the National Council of Radiation Protection (NCRP), the following policy is established.

#### **II. Procedure**

- If a student becomes pregnant while attending the program, it is the student's option to inform the faculty of her pregnancy. Students who do not report their pregnancy in writing will be considered and treated as non-pregnant, regardless of physical appearance. If the student elects to inform the faculty, she must do so in writing to the Program Director and the facility Radiation Safety Officer. A conference will be held with the faculty members, a qualified medical physicist and the student to discuss student risks and choices. In addition, it is recommended that the student discuss this situation with her physician and seek his/her written advice. The pregnant student will not be placed at an academic or clinical disadvantage due to pregnancy. A pregnant student can choose one of the following options:

**Option A:** Continue in the radiography program without any restrictions. No substitute rotations will be provided. A fetal radiation monitor will be ordered immediately for the student to use throughout the duration of her pregnancy. This "baby" badge will be worn at the abdominal level and under any protective apparel for the duration of the pregnancy.

**Option B:** Continue in the didactic aspect but withdraw from the clinical aspect (must have a Doctor's excuse). The student will re-enter at the time deemed appropriate for the program.

**Option C:** Withdraw from the program and re-enter at the time deemed appropriate for the program.

**Option D:** Formally withdraw declaration of pregnancy at any time

- **In any Withdrawal or Leave of Absence situation, re-admission to the radiography program is subject to faculty/or program vacancy.**
- **The student can withdraw the declaration of pregnancy at any time.**
- **Options A through D must be formal written declarations submitted by the student.**

WELLSPAN HEALTH RADIOGRAPHY PROGRAM

**NOTIFICATION OF PREGNANCY FORM**

I submit this notification of pregnancy to the Program Director of the WellSpan Health Radiography Program and the facility Radiation Safety Officer.

I, \_\_\_\_\_ (student name), do/do not (circle one) choose to continue my enrollment in the radiography program. I fully understand the possible risks to myself and my unborn child, and I elect to:

\_\_\_\_\_ **Option A:** Continue in the program without restrictions and be supervised by the Clinical Instructor.

\_\_\_\_\_ **Option B:** Continue in the didactic aspect but withdraw from clinical (must have a Doctor's excuse) and re-enter at a time deemed appropriate for the program.

\_\_\_\_\_ **Option C:** Withdraw from the program and re-enter at a time deemed appropriate for the program.

\_\_\_\_\_ **Option D:** Formally withdraw declaration of pregnancy at any time

Comments:

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Student: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Radiation Safety Officer: \_\_\_\_\_

Date: \_\_\_\_\_



## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #12**

### **RADIATION SAFETY**

#### **I. Purpose**

- To ensure that all students learn and adhere to the principles of keeping individual and collective doses as low as is reasonably achievable (ALARA) to themselves, their colleagues and their patients. Radiation safety and ALARA principles are introduced during student orientation. Continued emphasis on radiation safety and ALARA continues throughout the didactic and clinical instruction of each student. Furthermore, adherence to good radiation safety practices and the principles of ALARA are enforced by each Clinical site's radiation safety program and through the Radiation Safety Officer. Students will be instructed in recourse available if they feel that radiation safety and ALARA are not being promoted on the job.

#### **II. 10 Key Elements of Good Radiation Safety Practice**

- The cardinal principles of **TIME, DISTANCE and SHIELDING** will be used at all times when working with radiation sources.
- It is the student's responsibility to maintain their radiation exposure As Low As Reasonably Achievable (ALARA) at all times.
- Personal monitoring devices will be issued to each student. Each student will wear their film badge while attending classes and at the clinical site and position it outside of lead protective apparel at a location that will receive the highest exposure to the unprotected whole body (i.e., head, upper arm).
- Students will always stay behind protective shielding or wear protective apparel (i.e., aprons, gloves, thyroid shield)
- Students will always wear a lead apron during fluoroscopy procedures.
- Students will always collimate to the smallest field of interest.
- Students will always take the time to properly position the patient to avoid retakes.
- Students will move the image intensifier of a portable C-arm close to the patient to maximize the distance of the patient's skin to the source of x-rays.
- Students may not be used routinely to hold image receptors or patients during radiographic procedures.
- Students will use gonadal shielding for all patients, unless the shield interferes with the anatomy of interest.

#### **III. Review of Personal Occupational Exposures**

- Monthly film badge results are first reviewed by the Clinical site's Radiation Safety Officer (RSO). Monthly results are then forwarded to the WellSpan Health Radiography Program Director who reviews student radiation exposure results and investigates exposures that exceed ALARA level 1 trigger levels, as described below.

WELLSPAN HEALTH RADIOGRAPHY PROGRAM

**POLICY #12**

**RADIATION SAFETY (CONTINUED)**

- The Program Director and Clinical site’s Radiation Safety Officer will investigate all known instances of deviation from good ALARA practices and, if possible, will determine the causes. When the cause is known, the program director in cooperation with the Clinical site’s RSO will implement changes in the program to maintain doses ALARA.
- The Clinical site’s RSO will request an immediate investigation of exposures in excess of ALARA Level 2 exposures. Corrective action will be coordinated with the WellSpan Health Radiography Program Director.
- In accordance with each Clinical site’s radiation safety program, all student exposures exceeding the ALARA investigational levels will be reported at the institutional Radiation Safety Committee meeting.

**IV. Establishment of Investigational Levels in Order to Monitor Individual Occupational External Radiation Doses**

- The WellSpan Health Radiography Program hereby establishes investigational levels for occupational external radiation doses which, when exceeded, will initiate review or investigation by the Program Director and the Clinical site’s RSO.

ALARA Level 1:            125 millirem/quarter  
                                     500 millirem/annum

All individuals who exceed the ALARA Level 1 investigational level will be notified by written memo, with a copy to the Director of the Radiography Program.

ALARA Level 2:            375 millirem/quarter  
                                     1,500 millirem/annum

Any individual who exceeds the ALARA Level 2 investigation level will be required to complete a questionnaire and document any sources of the excessive radiation exposure above good ALARA practices.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #13**

#### **STUDENT EMPLOYMENT POLICY**

##### **I. Purpose**

- To inform students, who become employees of WellSpan Health System during the duration of their education in the Radiography Program, that school is completely separate from work. Any clinical experience gained by the employed student will not be recognized as being part of their clinical education.

##### **II. Recommendation**

- Upon the student's request, a faculty member may recommend that student for employment purposes.

##### **III. Schedules**

- The employed student's work schedules must not interfere with the school's established didactic and clinical schedule.

##### **IV. Adverse Actions**

- The Radiography Program will not be held responsible for any adverse actions made by a student while under the employment of the WellSpan Health System. The employed student shall abide by the policies established by the Imaging Services Department, Human Resources and Administration.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #14**

### **STUDENT HEALTH PRE-ENTRANCE POLICY**

WellSpan Health NUMBER H-1  
Allied Health Education  
ISSUE 10  
EFFECTIVE 4/15/13

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Subject: Student Health Services

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#### Policy:

In order to protect Allied Health students, the patients they work with and other health care providers, procedures have been established in conjunction with the Employee Health Services Department (EHS), WorkFirst, WellSpan Employee Assistance Program (EAP), WellSpan pharmacies, the Family Practice Center, the Department of Laboratory Services, the Department of Pulmonary Services and the Department of Imaging Services.

#### Procedures:

##### A. Pre-placement Screening

1. Each Program will notify the WorkFirst Clinical Nursing Coordinator of all new students and their mailing addresses.
2. WorkFirst will send an instructional letter and necessary documentation to each new student. A fee schedule will accompany this letter.
3. Each student is required to schedule an appointment with WorkFirst for a pre-placement screening. This appointment will include an examination as determined by Employee Health Services and WorkFirst. This examination may include, but is not limited to a health history, vital signs, review of immunizations, lab testing, PPD skin test or baseline chest x-ray for tuberculosis screening, vision screenings and a urine drug screen test.
4. Each student must have either started the Hepatitis B vaccine or completed the documentation necessary to decline the vaccine prior to having patient (clinical) experience. It is recommended that the student have at least the first 2 of the series of 3 injections prior to having patient contact.
5. A student may receive other required immunizations from WorkFirst, and the student will be responsible for the cost of such services. A student may, instead, elect to go to his/her personal physician for these immunizations, however documentation of such must still be reviewed by WorkFirst (which may necessitate another appointment and its charge).
6. Each student will be responsible for payment for any services rendered at the time of the service. The student's bill will be dependent upon his/her ability to bring the necessary documentation to the appointment.
7. WorkFirst will convey to each AHED Program the evaluation results for that Program's students. A student (as well as an employee) must be given approval by WorkFirst in order to begin his/her responsibilities at WellSpan Health.

8. All health records and other health-related data are confidential and will be retained by WorkFirst. WorkFirst will make available to a designated program representative health information required in order to schedule training at locations other than a WellSpan facility.

9. This screening must be completed prior to the start of the student's training. Failure to complete and/or pass this screening may impact a student's ability to begin training.

#### B. Medical Insurance

1. Each student is required to have some type of medical insurance coverage while a student. Coverage may be provided by a collegiate insurance plan (if applicable), through a spousal or parental plan (if applicable) or through an individual health plan.

2. Each Student will be required to submit proof of medical insurance coverage to his/her program prior to the start of training.

#### C. Employee Health Services (EHS)

1. EHS provides assistance to all departments of the health system, including the Allied Health Education Department.

2. EHS requires that, at the start of training, each student in a WellSpan Health Allied Health Program (Radiography, MLS, EMS Academy, CRNA, Phlebotomy, Respiratory Care) sign a WellSpan Health Allied Health Program Responsibility Waiver.

3. EHS does NOT substitute for an individual's personal physician and is NOT a "student health service." [A student who is not a local resident may register with the Family Practice Center (FPC) as a patient while a student. FPC is a private physician group practice; therefore, a student is charged for any services provided through FPC.]

4. For a non-occupational illness/injury while in training (examples include: chest pain, seizure activity, conjunctivitis, cold-like symptoms that arise while in clinical or didactic aspects of training), the student should be referred to his/her primary care provider, the Emergency Department (ED) or urgent care offices in order to obtain the medical attention appropriate for the level of medical necessity. The student is responsible for the financial implications of these medical services.

5. For occupational illness/injury during the student's learning activity (examples include: strained back from lifting a patient, slip down steps, pinching finger in doorway while in clinical or didactic aspects of training), the student should be referred to his/her primary care provider, the Emergency Department (ED) or urgent care offices in order to obtain the medical attention appropriate for the level of medical necessity, as these events can not be covered by Pennsylvania Workers Compensation or EHS. Employee Health can provide first aid (bandaids, ointment, ice) only. The student is responsible for the financial implications of these medical services.

6. For bloodborne pathogen exposure: in the event that a student suffers a needlestick or splash of hazardous bodily fluids while engaged in student learning experiences or activities, the student shall contact EHS and be seen by an Employee Health (EH) clinician, either via the York office

(717-851-2909) or, after hours, via the on-call schedule (717-851-4444). The student is required to fill out an Accident and Injury Form. Standard protocols will apply per EH 26: Management of Bloodborne Pathogen Exposures.

7. EHS will provide an influenza vaccine, annually, free of charge while a student is in an Allied Health program. EHS will provide other work-related vaccinations, as deemed necessary, through the student's program tenure, free of charge, but limited to i.e. H1N1 or other pandemic flu vaccine.

8. Allied Health students are required to remain compliant with the WellSpan Tuberculosis surveillance program. WellSpan Employee Health will provide this service free of charge.

9. Personal Protective Equipment (PPE) and Powered Air Purifying Respirator (PAPR) Training is the responsibility of the Allied Health student and program and is to be included in orientation and on an annual basis.

#### D. Pharmacy Utilization

1. Each student is eligible for a 15% discount on prescription medications and a 20% discount on over the counter items in a WellSpan pharmacy. These discounts are extended ONLY to the student, not to other family members.

2. Each student must identify himself/herself as an Allied Health student at the WellSpan pharmacy in order to receive the discount.

#### E. Employee Assistance Program (EAP)

1. EAP provides a confidential and voluntary program designed for WellSpan employees, Allied Health students and other qualified individuals who want to seek help for personal issues without worrying that someone might "find out" about their problem.

2. The services provided by EAP include confidential face-to-face assessment, short term counseling and referral.

3. Each student is entitled to receive a total of up to three (3) EAP sessions per contract year at no charge to the student.

4. Each student must identify himself/herself as an Allied Health student when contacting EAP in order to receive these services.

Approved by: Reviewed by:

4/15/13

Program Director Date Initials Date

Coordinator - Allied Health Education Date

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #15**

#### **STUDENT PROGRESS POLICY**

##### **I. Didactic Education Progress**

- Didactic Education includes each course taken per semester.
- **Satisfactory Progress**
  - The student must maintain an 85% (C) average or higher in each didactic course per semester student consultation.
- **Unsatisfactory Progress**
  - If a student receives below an 85% (C) average in any didactic course at the end of any semester, he/she will be placed on academic probation for **5 weeks** beginning the next semester. When the academic probation period is over, another consultation will be given to evaluate the student's status.
    - By the end of the probation period the student must have an 85% (C) or higher average or he/she will be dismissed from the program
  - Academic probation is only offered if there is a continuation of the course into the next semester. Therefore, if the course is not continued the student will be dismissed.
  - At the completion of the course, if the students overall cumulative didactic average is not above an 85% (C), he/she will be dismissed from the program.
  - If a student receives below an 85% (C) average in two or more courses per semester (didactic and/or clinical), he/she will be given the option to withdraw or be dismissed from the program.

##### **II. Clinical Education Progress**

- Clinical Education includes Clinical Performance Evaluations, Clinical Competency-Based Evaluations, and Clinical Progress Reports per semester.  
**Refer to the Clinical Education Procedure.**
- **Satisfactory Progress**
  - The student must maintain an 85% (C) average or higher in the Clinical Education.
- **Unsatisfactory Progress**
  - If the student receives below an 85% (C) average in Clinical Competency-Based Evaluations and/or Clinical Progress Reports per semester (prior to Clinical Final), one of two courses of action will follow:
  - He/she will be subject to immediate dismissal from the program
  - He/she will be placed on clinical probation for **5 weeks**.
    - When the probation period is over, another consultation will be done to evaluate the student's status.
    - If the student has not gained satisfactory progress, he/she will be dismissed from the program.
  - Failure of two Clinical Progress Reports, with or without Clinical Final, will result in dismissal from program.

##### **III. Dismissal**

- A student that is dismissed for unsatisfactory performance and/or progress either in didactic or clinical education, will not be permitted to re-apply to the program.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #16**

#### **STUDENT REPEAT POLICY**

##### **I. Purpose:**

- To describe the correct process when students have unsatisfactory images that need repeated. All images must be evaluated by a qualified practitioner to ensure diagnostic quality radiographs and patient safety. If a repeat image is warranted, the qualified practitioner along with the student must repeat the images. Deviation from this policy will result in disciplinary action.

##### **II. Supervision**

- Unsatisfactory images are repeated by students under the **direct supervision** of a registered radiologic technologist. If a repeat image is warranted, a qualified practitioner must be present in the x-ray room to directly supervise the student.
- All images must be evaluated for quality by a qualified practitioner before being submitted for interpretation.
- All student repeats are documented on the clinical education log sheet.
  - **Under no circumstances is a student permitted to repeat an image without a technologist present in the room.**

##### **III. Procedure**

- The radiologic technologist must check to be sure the following areas are achieved and correct before the student takes the exposure:
  - Room Readiness
  - Communication (adequate history)
  - Radiation Protection
  - Positioning of Part, Image, and Central Ray
  - Technical Factors
  - Patient Care
  - Equipment Manipulation
  - Patient identification

##### **IV. Documentation**

- Repeats shall be recorded in the appropriate portion of the student's clinical education log sheet along with the initials of the supervising technologist.
- The clinical instructor will verify that students have the proper documentation of their repeats.
- The clinical instructor will ensure that students and registered radiologic technologist are following the proper procedures for repeating unsatisfactory radiographs.
- The clinical instructor will review the documentation of repeats and include the information in the clinical performance and/or clinical competency evaluation grades.



## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #16**

#### **STUDENT REPEAT POLICY (CONTINUED)**

##### **V. Deviation from the Repeat Policy**

Failure to follow the repeat radiograph policy will result in following actions:

- **First Offense:** The student will receive consultation with written warning after the first offense and will be docked 5 percentage points off their overall Clinical Progress Report grade.
- **Second Offense:** The student will receive an automatic failure in clinical education resulting in immediate dismissal from the program.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #17**

### **STUDENT SUPERVISION**

#### **I. Purpose:**

- To describe how students must be supervised during performance of radiographic examinations in the clinical education setting.

#### **II. Student Supervision**

- During their clinical assignments, all students must be supervised by the following standards:
  - The clinical instructor is responsible for supervision and evaluation for the radiography student at each clinical facility.
  - A registered radiologic technologist must review the request for the radiographic procedure to; determine student capabilities to successfully complete the examination, determine if patient condition contraindicates student performance of the study, and to determine the student's competency procedure performance. If there is any question during this determination, the radiographer must be present in the radiographic room.
  - Radiography students must be under direct supervision of a qualified practitioner prior to competency validation.
  - A technologist must accompany a student during mobile/surgical radiography regardless of competency level. Under no circumstances should a student perform mobile/surgical radiography without supervision.

#### **III. Direct Supervision**

- **Direct supervision** is defined by the JRCERT as student supervision by a qualified practitioner who reviews the procedure in relation to the student's achievement, evaluates the condition of the patient in relation to the student's knowledge, is present during the conduct of the procedure, reviews and approves the procedure, and is present during student performance of any repeat of any unsatisfactory radiograph.
- All other medical imaging procedures are performed under the **direct supervision** of a registered radiologic technologist until the student achieves competency.
- Once competency is obtained, the student can perform under indirect supervision.

#### **IV. Indirect Supervision**

- **Indirect supervision** is defined by the JRCERT as student supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner 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.
- All medical imaging procedures are performed under the **indirect supervision** of a registered radiologic technologist after a student achieves competency.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #17**

#### **STUDENT SUPERVISION (CONTINUED)**

##### **V. RESPONSIBILITY**

- The clinical instructor and/or registered radiologic technologist are responsible to correct and direct students in proper clinical procedure and professional conduct while in the clinical education setting.
- The clinical instructor and/or registered radiologic technologist are responsible for critiquing images produced by students. They must check and approve the images in reference to image quality prior to submitting for interpretation. Direct supervision regarding film critique is mandatory throughout the program.

##### **VI. DEVIATION FROM STUDENT SUPERVISION POLICY**

Failure to follow the student supervision policy will result in following actions:

- **First Offense:** The student will receive consultation with written warning after the first offense and will be docked 5 percentage points off their overall Clinical Progress Report grade.
- **Second Offense:** The student will receive an automatic failure in Clinical Education resulting in immediate dismissal from the program.

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #18**

### **ELECTRONIC DEVICES**

- I. **Purpose:**
  - To ensure students are aware of Wellspan Health Radiography Program's electronic devices policy
  
- II. **Electronic Devices:**
  - Electronic devices include, but not limited to, cell phones and smart watches.
  - Electronic devices are to remain in the students' lockers at all times while in the clinical setting. It is inappropriate for these devices to be in pockets or bags in the clinical setting, even if they are turned off.
  - Electronic devices may not be used during didactic instruction and must remain off during class.
  - Electronic devices may be used while students are on breaks throughout the day.
  
- III. **Violation of electronic devices policy**
  - If students are found to be in possession of electronic devices during clinical or didactic time, they will be dismissed from the day's assignment and be required to use benefit time for the absence. If the student does not have benefit time they will be required to make up the time.
  - Repeated abuse of this policy will result in disciplinary action including termination (**Refer to "Disciplinary Policy"**)

## WELLSPAN HEALTH RADIOGRAPHY PROGRAM

### **POLICY #19** **TOBACCO USE**

#### **Allied Health Education: Tobacco use policy for applicants to AHed programs**

- I. It is becoming a common trend that employees who work in health care will not be allowed to use tobacco. WellSpan has already made this a requirement for new applicants.
- II. Therefore, following the guidelines as put forth for WellSpan employees, applications to Allied Health Education Programs may not be accepted if the applicant uses tobacco in any form, including the use of electronic cigarettes (E-cigs). Students must remain tobacco-free during the entire program. Furthermore, if a student presents to the clinical area “smelling like smoke”, the student will be asked to leave the clinical area until the odor is resolved.
- III. This statement must be included in the student handbook and be made known to the applicant as part of the application process to the program. Applicants will be required to sign a separate document that they are tobacco free or they will be required to sign a document that they have read and agree to the policies contained in the student handbook.

## **Appendix B:**

### **MRI Staff Education and Training Requirements**

#### **PURPOSE:**

The purpose of MRI safety training is to ensure that all individuals entering the MR environment comprehend the safety risks, and understand that proper screening of research subjects and individuals is necessary to maintain their well being.

#### **DEFINITIONS:**

Magnetic Environment: The area where the magnetic field is greater than 5 gauss resulting in the potential for objects to become missiles or projectiles as they are attracted into the magnetic field of the scanner. Individuals who may have cardiac pacemakers or other implants and devices may be at risk to enter the magnetic environment. The magnetic field is always present and is three dimensional around the scanner.

MRI Safety Training: The required procedure that must be completed prior to working within the magnetic environment.

Safety Screening: The process of inquiring about the safety of individuals, including research subjects prior to entering the magnetic environment. Screening also applies to checking equipment for safety prior to being used in the magnet room.

Non-MR personnel: patients, visitors, or facility staff who have not within the previous 12 months undergone the designated formal training in MR safety issues defined by the MR Safety Officer.

Level 1 MR personnel: individuals who have passed minimal safety MRI educational training (e.g., MRI department office staff, patient aids).

Level 2 MR personnel: individuals who have been more extensively trained and educated in the broader aspects of MR safety (e.g., MR technologists, radiologists, radiology nursing staff). Also, they should be ARRT (American Registry of Radiologic Technologists) registered technologists (RTs).

**PROCEDURES:** Individuals working with MRI scanners for research must complete the required MRI Safety Training prior to conducting or participating with studies in the magnetic environment. Education and testing materials specific to the needs of Non-MR and Levels 1 and 2 MR personnel as well as first responders is made available through the office of Imaging Physics.

The Imaging Department has developed guidelines following the Joint Commission Standard HR.01.05.03. These guidelines will assure that technologist who perform MRI examinations will be required to receive ongoing education that includes annual training on:

- Patient screening criteria addressing ferromagnetic items, electrically conductive items, medical implants and devices, and the risk for Nephrogenic Systemic Fibrosis (NSF)
- Proper patient and equipment positioning to avoid thermal injuries.
- Determining acceptable equipment and supplies
- MRI safety response procedures for patients who require urgent medical care
- MRI emergency shutdown procedures, including quench and cryogen safety procedures
- Patient hearing protection
- Management of patients with claustrophobia, anxiety or emotional distress.

#### **4.1.4 MR scanning of patients, prisoners, or parolees wearing RF ID or tracking bracelets**

Request that the patient be accompanied by the appropriate authorities who can and will remove the restraining device prior the MR study and be charged with its replacement following the examination.

#### **4.2 Guests**

Similar to the procedure conducted for screening patients, all other individuals (e.g., MR technologists, patient's family members, visitors, allied health professionals, maintenance workers, custodial workers, firefighters, security officers) should undergo screening by using appropriate guidelines before being allowed into the MR environment. This involves the use of a printed form to document the screening procedure, a review of the information on the form, and an oral interview to verify the information and allow discussion of any question or concern that the individual may have before entry to the MR environment is permitted.

In general, MR screening forms were developed with patients in mind and, therefore, contain many questions that are inappropriate or confusing to other individuals who may need to enter the MR environment. Therefore, a screening form was recently created for individuals who need to enter the MR environment and/or MR system room (Fig 2, Appendix B). To prevent problems that may occur in individuals who respond to the MR facility during emergencies, a procedure should be in place to screen these individuals well in advance of their entry to the MR environment.

All guests must complete and sign the MRI eligibility checklist before being allowed to accompany the patient into the scan room. Although guests will not experience the same magnetic and electro-magnetic fields that the patient does and the extent of exposure can be further limited by instructing the guest to remain distant from the scanner, if the guest has any condition that could possibly preclude him or her from being scanned then that guest shall not be allowed to accompany the patient.

#### **4.3 Employees**

As stated above, **all individuals**, including facility employees and other health care providers, must be thoroughly screened by qualified personnel before being exposed to the MRI environment. Employees should also view a 15-minute video tape on MRI safety as part of their employee orientation.

### **5 Sedation & Patient Monitoring**

Sedation providers must comply with the sedation guidelines developed by American Academy of Pediatrics, the American Society of Anesthesiology, individual state, practicing institution, and the JCAHO standards. **It is recommended not to use 3 T MRI scanners for imaging sedated patients.**

Listed below are the more general guidelines that pertain to sedating and monitoring patients during MRI scanning.



## **MRI ZONES**

In a recent JCHAO survey, reception and other imaging personnel were asked to describe the different Zones located in MRI. There is a national standard for "zoning" an MRI suite. Below are the definitions for each of the four Zones, along with examples from within our department, and who is permitted in the different zones.

### **Zone 1 – Freely accessible to the general public**

All staff, patients and family members are permitted in Zone 1. An example of Zone 1 is the reception and waiting areas.

### **Zone 2 – Under supervision of MR personnel**

MRI patients, family members and staff are permitted in this area. In Zone 2, the MRI technologist will screen the patient for any implants, obtain the patient's history, and have the patient change into a gown. An example of Zone 2 is the patient changing area.

### **Zone 3 – Strictly controlled by MR personnel**

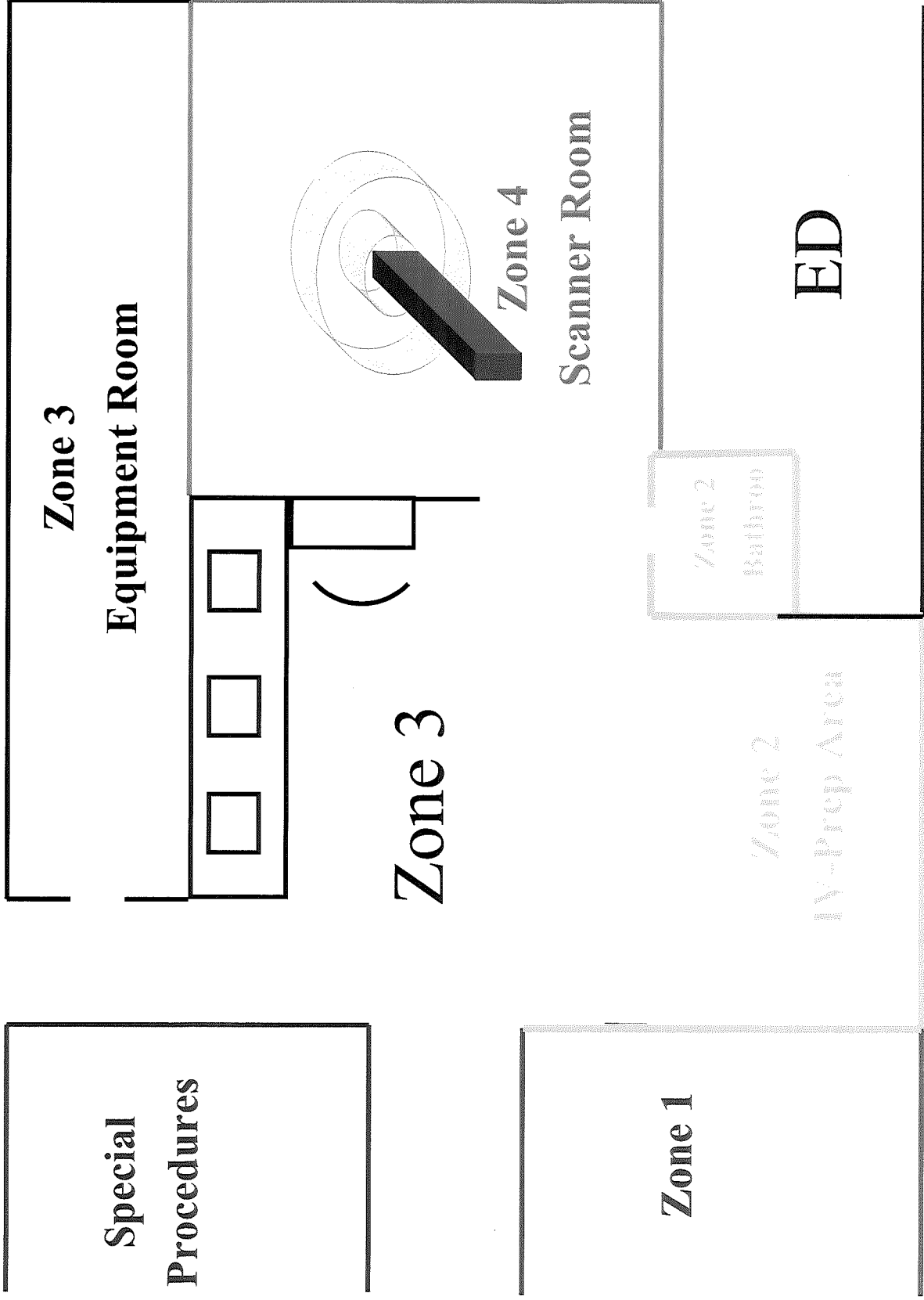
MRI personnel, SCREENED staff, and SCREENED MRI patients, are permitted in Zone 3. There is no free access for unscreened non-MRI personnel or ferromagnetic objects or equipment. Zone 3 is behind a locked or key pad door. An example of Zone 3 is the MRI control rooms.

### **Zone 4 – Synonymous with the MR scanner magnet room itself**

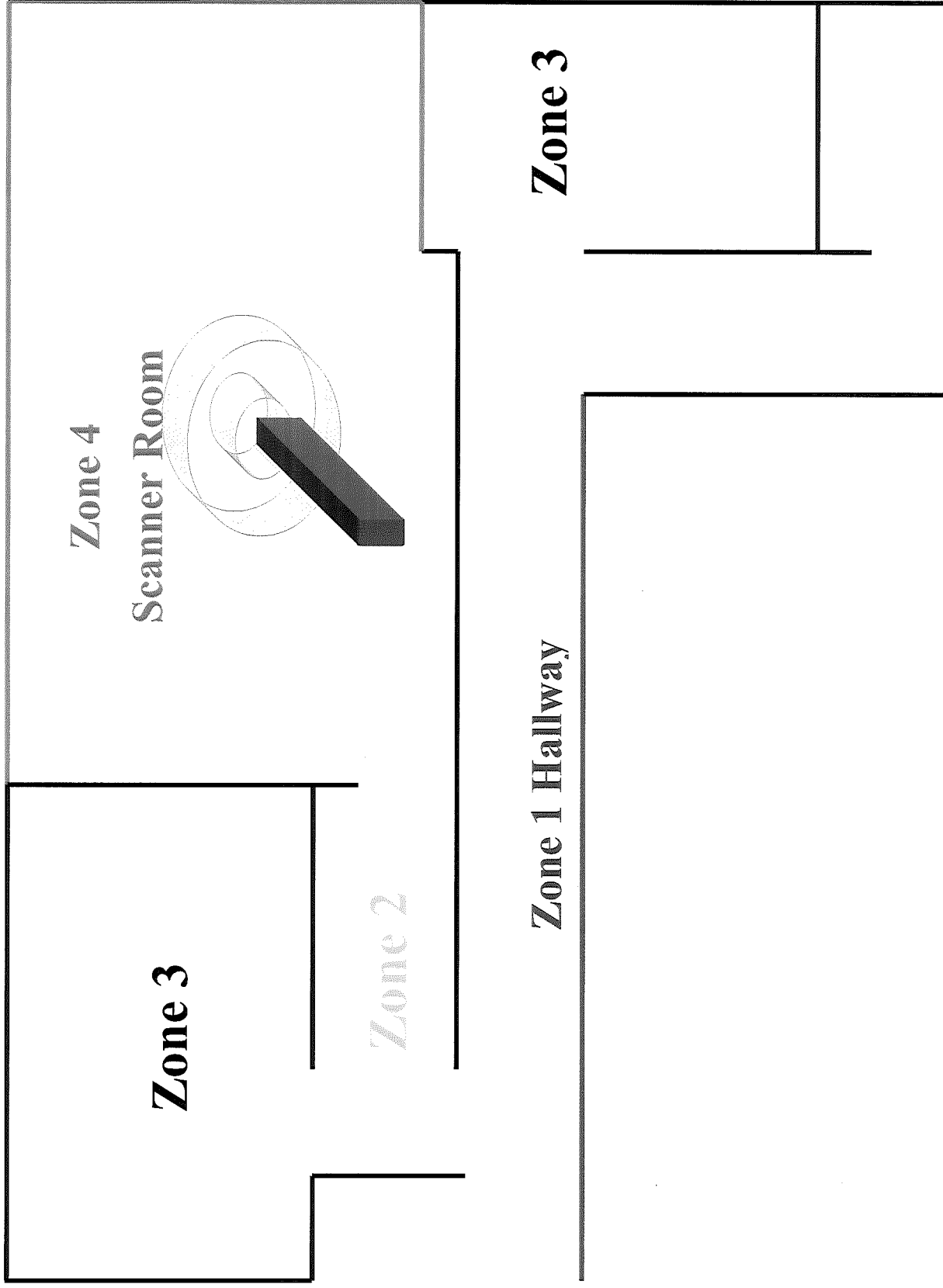
Zone 4 – the actual MRI magnet - is always located within Zone 4, and is clearly marked with a sign. The Magnet is **ALWAYS** on, even when MRI personnel are not performing an exam. Only MRI personnel and screened MRI patients are permitted in Zone 4. Only MRI personnel can admit access to Zone 4, and no one other than MRI personnel can be in Zone 4 without direct MRI personnel supervision.

Appendix A: Fig1, 2 and 3 four zones configuration at York Hospital, WC and IC, respectively.

Fig 1

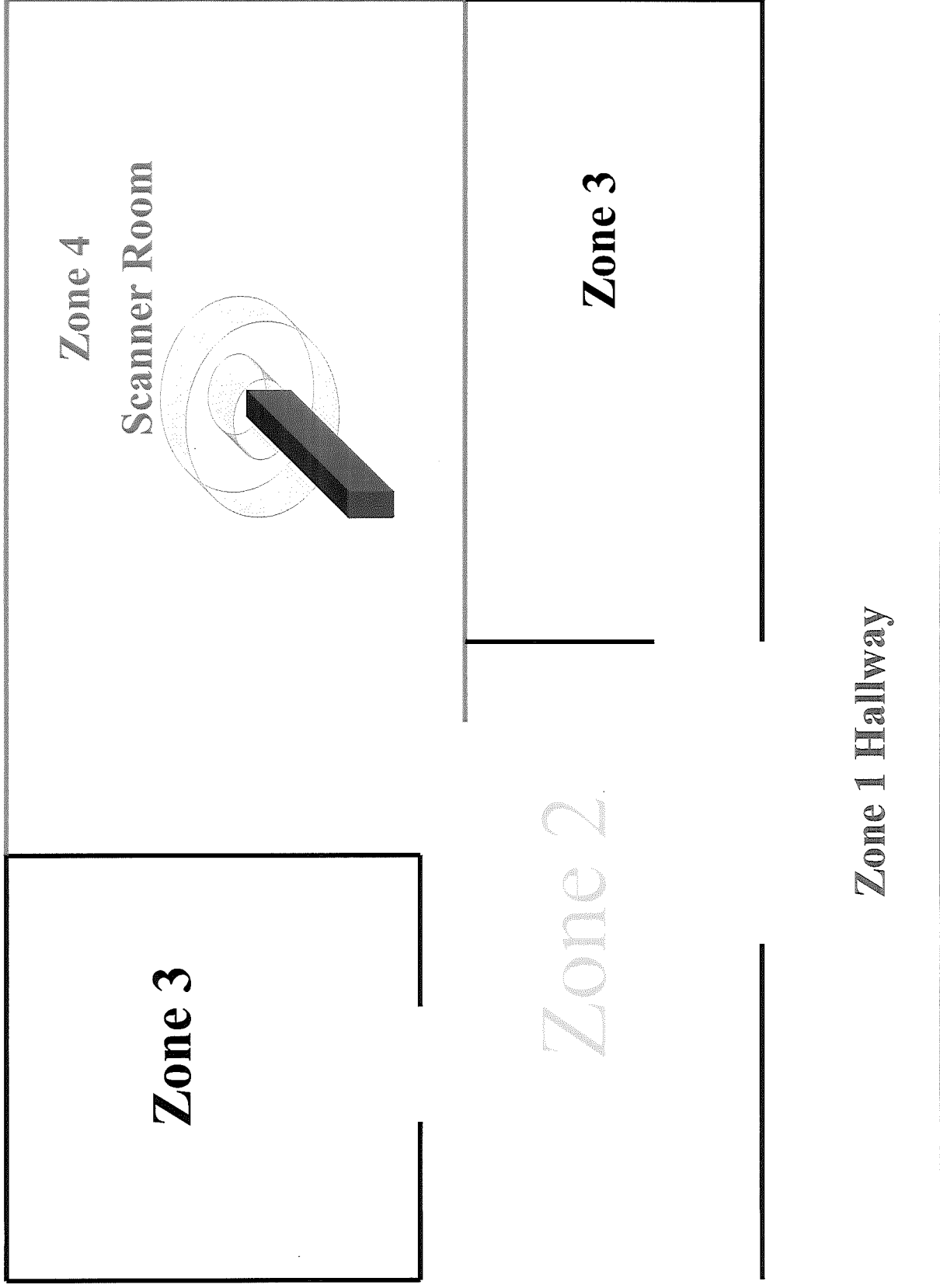


**Fig 2**



**2nd Floor 1.5 Women's Imaging**

**Fig 3**



**Zone 4**

**Scanner Room**

**Zone 3**

*Zone 2*

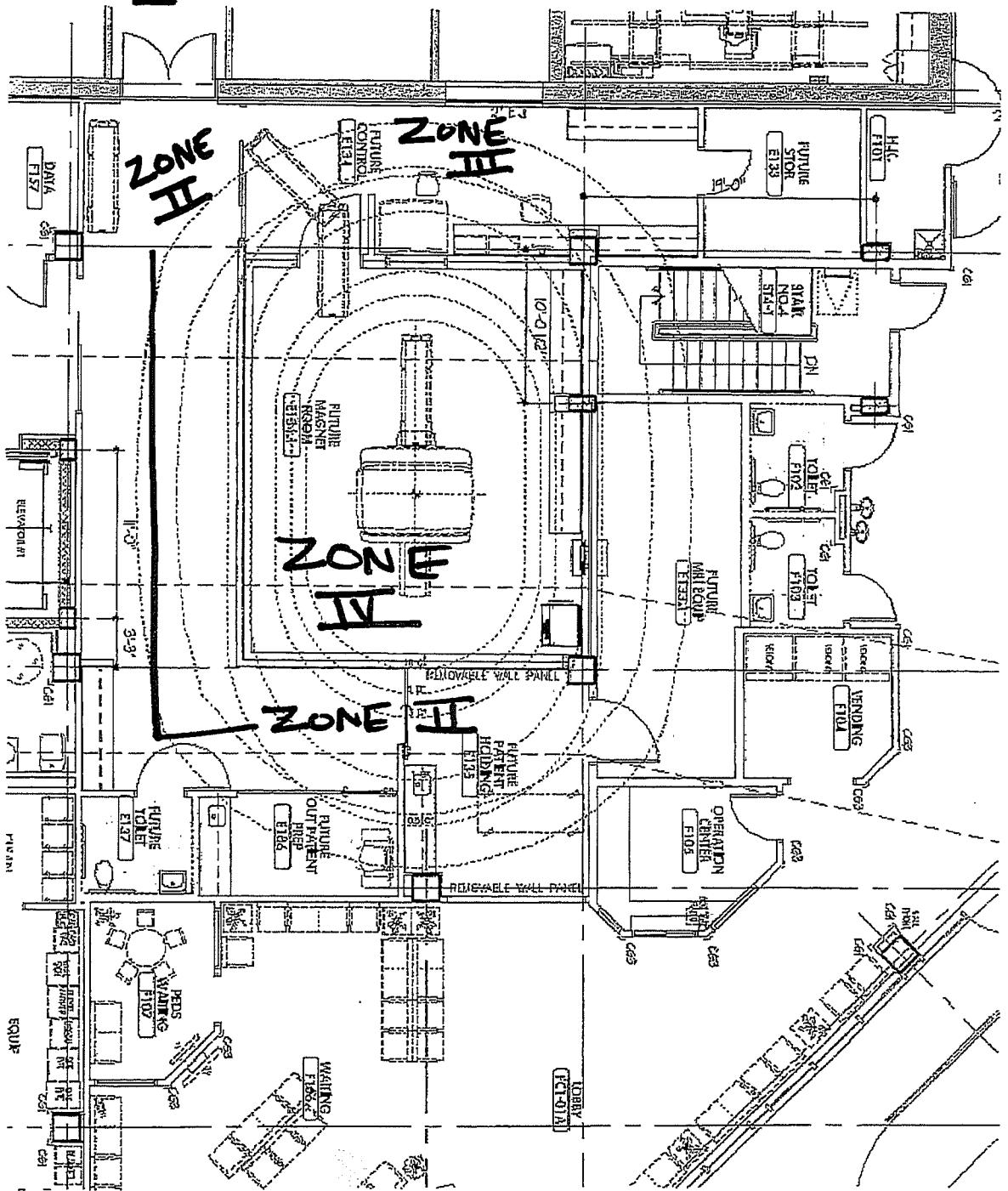
**Zone 3**

**Zone 1 Hallway**

**1st Floor 3T Imaging Center**

G H

# APPENDIX A 1/2



PLAN OPTION TWO - Dec 14, 2011

# 8447



- Ephrata Community Hospital     The Good Samaritan Hospital of Lebanon
- The Gettysburg Hospital             York Hospital

If label not available, please fill in below.

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

MRN: \_\_\_\_\_

Height: \_\_\_\_\_ in

Weight: \_\_\_\_\_ lbs

### MRI PATIENT SCREENING FORM

Please indicate if you have any of the following:

<b>Pacemaker or Implanted Cardiac Defibrillator:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: <b>STOP</b> and contact the MRI department for further directions.	<b>Brain Aneurysm Clips or Coils:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes: <b>STOP</b> An operative report will be required before proceeding.
--	---

Brain Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		Welding or Grinding with Metal Ever? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Type / Implants		Injury to eye involving metal or metal shavings? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ear Surgery / Cochlear Implants / Hearing Aids? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Type / Implant		*Name / Type
Medicine Pump or Neurostimulator? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shrapnel / Bullets / BB's? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Make / Model / Serial #		Type of bullet and Location
Any Metallic / Electronic Implants? <input type="checkbox"/> Yes <input type="checkbox"/> No		Breast / Tissue Expander? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Type/ Info		*Make / Model
Shunts / Stents / Filters / Coils? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tattoos / Piercings / Permanent Makeup / Extensions or Wig? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Name / Type		Internal Pressure Monitor / Temperature Probe / SWAN Ganz? <input type="checkbox"/> Yes <input type="checkbox"/> No
Eye / Retina Surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No		Orthopedic pins, screw, rods, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Name / Type		Drug Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Implant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any history of contrast reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Make / Model		Any chance of pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Transdermal Patches (Nitro, Nicotine, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Any IUD, diaphragm or pessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mesh Implants / Wire Sutures / Staples? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gastrointestinal clips / When placed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

List all surgeries in your lifetime: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Attention MR patients and/or family members:** The MRI room contains a very strong magnet. Before you are allowed to enter, we must know if you have any metal in your body that can interfere with your scan or be dangerous to you. Any inaccurate or non-disclosed information could lead to bodily harm or even death.

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

PATIENT SIGNATURE	PATIENT PRINTED NAME	DATE	TIME
TECHNOLOGIST SIGNATURE	TECHNOLOGIST PRINTED NAME	DATE	TIME

**Responsible party if patient is unable to sign. (Must be family member/Guardian/Power of Attorney)**

WITNESS/NURSE SIGNATURE	WITNESS/NURSE PRINTED NAME	DATE	TIME
RELATIONSHIP TO PATIENT			

