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1 Welcome to the Radiologic Technology Program at HCC

This student Handbook is a student’s guide for the Radiologic Technology (RADT) Program at Howard Community College (HCC). Policies and procedures for the program are included in this Handbook. It is the responsibility of each student to read and understand the contents of the Handbook. After reading, each student is required to sign and return the receipt on the last page of this Handbook.

The radiologic technology program is located in the new state-of-the-art Health Sciences Building. The training is rigorous and comprehensive. The skills laboratory (HS 264) is equipped with a computed radiography (CR) image processor and direct radiography (DR) units. Student training includes: patient care skills, procedures, and CR and DR image production and archiving. The Program has a PACS system where students can practice image archiving and retrieving. Students actually produce radiographs utilizing phantoms and archive them in PACS. Instructors utilize PACS to critique radiographs for image analysis.

The program is accredited by The Joint Review Committee on Education in Radiologic Technology (JRCERT). The faculty members welcome you to the program and stand ready to help you achieve your objective of becoming a radiologic technologist. We thank you for choosing HCC. You will be a valuable asset in the process of building the program. We believe that we can coach you and provide you with all necessary resources to perform your duties as a competent radiologic technologist upon graduation.

Disclaimer
This Student Handbook is reviewed every year and may be amended from time to time. The Program maintains the right to make modifications. A current copy of the Handbook is posted on the program’s webpage. Any amendments made to the Handbook will be communicated to the students in a timely fashion. Students can access the electronic copy or print a hard copy of the updated Handbook.
2 Mission, Vision, and Program Goals

2.1 Mission statement

The mission of the Howard Community College, Radiologic Technology Program is to recruit, educate, and prepare clinically competent students to become entry level radiographers.

2.2 Vision

The Radiologic Technology Program is a dynamic and creative learning community, where students are able to discover greatness in themselves and others.

2.3 Program goals

At the completion of the Radiologic Technology Program, the student will be able to:

1. Practice as a clinically competent entry-level radiographer.
2. Employ strong critical thinking and problem solving skills.
3. Demonstrate communication skills in a healthcare setting.
4. Model professionalism.
3 Course Offerings

The Howard Community College Radiologic Technology (HCC-RADT) Program provides a well-structured, competency-based curriculum that prepares students to practice as entry level radiographers. The program follows the latest American Society of Radiologic Technologists professional curriculum, which is JRCERT-adopted curriculum. The curriculum is well-structured, appropriately sequenced, and is designed to facilitate evaluation of student achievement. According to the ASRT, the curriculum is “designed to ensure that entry-level radiographers possess the technical skills outlined in the ASRT Radiography Practice Standards (ASRT, 2012).”

The contents of the curriculum and sequence of courses and sections are structured as didactic, laboratory, and clinical courses. Similar to the ASRT objectives, the didactic courses are designed to prepare students for the laboratory and clinical rotations and promote qualities that are necessary for graduates to practice radiographer duties competently, become critical thinkers, provide appropriate patient care, communicate effectively, and keep abreast of current advancements within the profession.

The laboratory courses are competency-based and appropriately sequenced so as to allow effective student learning by providing knowledge foundation and hands on practice prior to performing procedures in a clinical setting. Similarly, the clinical courses are competency-based and appropriately sequenced. Students apply and refine their knowledge and skills in a clinical setting. The clinical rotations are designed for continuous knowledge and skills improvement until students develop skills necessary to perform radiographs independently. The current ARRT list of required mandatory and elective competencies is used to determine the number of competencies a student must complete during the program. For details and course descriptions, refer to the College Catalog or the following link: http://howardcc.smartcatalogiq.com/en/2015-2016/Catalog/Areas-of-Study-By-Academic-Division/Health-Sciences-Division-Areas-of-Study/Radiologic-X-Ray-Technology-A-A-S-Degree-Career.
4 Program Faculty and Staff

Georgene Butler, PhD, RN

Dean, Health Sciences

Assefa Fisseha, MSc. RT (R) (CT) (MR) (ARRT)

Chair

Joanne Niewood, M.Ed. RT (R) (CT) (ARRT) Clinical Coordinator

Adebayo Olokodana, MSc. RT (R) (CT) (ARRT) Didactic Faculty

Evette Pinkowitz, BA, RT (R) (ARRT) Laboratory Instructor

Faculty Clinical Instructors

John Ansah AAS, RT (R) (ARRT) – Technologist - Bon Secours
Fai'ye D.R - Applications System Analyst II- Radiant
Christine Ayers - OR Technologist – Johns Hopkins
Brittnie Wilson - Lead Mammography Technologist - Balum Imaging

Division Office Staff (HS 236)

Margaret Wedde Office Manager
Candace Thomas Office Associate V
Lauren Nitz Office Associate III

Division Clinical Liaison office (HS 353 and 354)

Margaret Tricoli BSN, RN
Susan Linden MA, BSN, RN-BC
Karen Reider RN
5 Program Expenses and Student Resources

5.1 Tuition

The Radiologic Technology Program at HCC follows the tuition and consolidation fee schedule as listed in the HCC Schedule of Classes. Tuition fee per credit hour varies based on legal residency. However, consolidation fee is assessed as a percentage of the in-county tuition rate, regardless of residency. Additional and current information can be obtained by referring to the Schedule of Classes or the college website http://www.howardcc.edu/admissions-aid/pay-for-college/tuition-rates/index.html.

5.2 Books

The cost for books will vary by semester. Each course will have a required list of textbooks to purchase, which can be found in the college bookstore. Students are encouraged to buy in packages as they can have access to additional online resources. Throughout the program, students will purchase the following books:

- Bontrager’s Handbook of Radiographic Positioning and Techniques, 8th Ed. Mosby
5.3 Transportation and Parking

Each student will be expected to travel to clinical sites in the Baltimore/Washington metropolitan area. All students are responsible for their own transportation to and from clinical sites. To ensure timely attendance, students will need to know the location, approximate travel time (with and without traffic), before the first day of clinical assignment.

Parking on the college campus is free. However, some clinical sites require parking fees. Transportation and parking at off campus sites are the responsibility of the student.

5.4 Miscellaneous costs

Students are also responsible for additional costs such as ARRT certification exam registration fee, Anne Arundel Community College organized ARRT certification exam review seminar, and Trajecsys access fee.

5.5 Student Resources and Services

Students have access to college computers, library, cafeteria, and study rooms. Students can use college printers for free up to their maximum number of copies allowed per semester and pay per page basis for more pages than the limit. Some computer rooms may be reserved for training and/or examination purposes. Students are advised to check for availability.

HCC has several Student Service provisions. The following is list of services provided: Career Services, Childcare, Co-ops/Internships, Counseling, Disability Support, Learning Assistance Center, Library, Password Services, Adult Learners, Military & Veterans, Online Writing Lab, Student Support Services, Tutoring, and Wellness. Students are advised to refer to the HCC Catalogue for further information. Any student who is in need of support and / or life enrichment can contact the aforementioned service providers for assistance.
6 Academic standards

All students are expected to adhere to the policies, procedures and standards of conduct as determined by HCC. These policies are listed in several college documents including the HCC College Catalog, and the HCC Student Handbook.

6.1 Code of Ethics

The Code of Ethics has been established by the American Society of Radiologic Technologists (ASRT). It serves to provide a framework by which Radiologic Technologists assess professional conduct in relation to patients, the public, colleagues, allied health professionals, healthcare consumers, and employers. Students in the program should act in a professional and ethical manner as outlined by the ASRT Code of Ethics. The ASRT Code of Ethics can be accessed at http://www.asrt.org/docs/default-source/practice-standards/codeofethics.pdf.

6.2 Academic Honesty

The following information is obtained from the HCC Academic Honesty Policy for RADT Program use. The original document can be accessed at the following link http://howardcc.smartcatalogiq.com/en/2015-2016/Catalog/Academic-Information/Academic-Honesty.

Academic honesty is of utmost importance to Howard Community College (HCC). Broadly, academic honesty means incorporating one’s own thoughts and materials in all academic activities (e.g., papers, projects, lab reports). A violation of academic honesty involves misrepresentation, the submission of materials for evaluation that are not the student’s own, or fulfillment of an academic exercise that does not result from individual effort or intellectual production. Examples of academic dishonesty include, but are not limited to: unauthorized use or copying of materials, unauthorized assistance with assignments, unauthorized use of devices or tools, unauthorized prior knowledge of the contents of assessment instruments, such as exams, quizzes, or surveys, and falsification or fabrication of information.

To preserve the value of educational endeavors at HCC, faculty and students must exhibit academic honesty.

For procedures dealing with infractions of the academic honesty policy and disciplinary actions, refer to the HCC's Academic Honesty Policy. Students are required to sign Academic Honesty Policy acknowledgement documents.

Students cannot refuse to sign any required school related and / or disciplinary document. Signing a document does not imply automatic agreement. Students can
submit a written disagreement letter to the Program Chair, within 3 business days after signing date, if they do not agree with the contents or characterization of a situation. A student will be suspended from class and clinical for refusing to sign any required school related and/or disciplinary document. Making up any missed exams and/or clinical hours until the student is cleared to return to class or clinical is not allowed.

6.3 **Drug, Alcohol, and Smoking**

HCC is drug, alcohol, and smoke free campus. Drug and alcohol use and smoking on campus is prohibited. All students shall abide by the college policy.

6.4 **Classroom, Skills Lab, and Clinical Attendance**

Classroom, skills lab, and clinical attendance is key to the success of all courses and intended to maximize the student’s potential to obtain required knowledge and skills. Students should attend all didactic classes to increase potential for success in the program.

Attendance policies for skills lab and clinical rotations are the same. Tardiness to and absence from skills lab and clinical can drastically affect student’s performance in the program. A student must complete the minimum number of clinical rotation hours stated on each clinical course syllabus. A student is allowed to take one leave day in a semester. The student may use the leave day for emergency or planned activity. If a student is absent a second clinical day, for a valid reason, the day MUST be made-up during finals week in consultation with the clinical coordinator. Medical emergency and death in immediate family are examples of unanticipated valid reasons.

TARDINESS is not acceptable and it will likely affect the student’s ability to meet the clinical course requirements. Tardiness and absenteeism impact the student’s professional performance evaluation. The grace period for tardiness, is 5 minutes. A student who arrives at a clinical site later than 5 minutes after the scheduled clinical start time is considered late. A student should not go to clinical site if he/she is going to arrive 1 hour later than the clinical start time. If a student goes to clinical site, disregarding the above 1 hour limit, the clinical site will deny access. Students may use the leave day for such an occurrence. Lateness occurrences are not eligible for makeup time. Students are required to inform their clinical site, if they will be late or absent.

**EXCESSIVE ABSENTEEISM** - attending less than the minimum number of clinical hours stated on a course syllabus during a semester will result in course failure if the hours are not made up during the final exam week. However, if a student misses
clinical rotation hours for serious medical condition, child birth, or an unanticipated serious event with proper documentation, he/she might be allowed to make up the hours, provided that there is a clinical site for makeup. It is the sole discretion of the Program, in accordance with federal, state, and college laws or policies, to evaluate the practicality of making up missed clinical hours for a prolonged illness/injury and assigning a student to make up missing clinical hours.

If a CLINICAL SITE REQUESTS a student to leave the department and/or site during an assigned rotation, due to no fault of their own, the missed clinical hours must be documented on attendance sheet but it will not be held against the student. However, if the CLINICAL SITE or HCC clinical instructor requests a student to leave the department and/or site during an assigned rotation, due to issues such as disruptive behavior, concern for patient safety etc., the student will be held accountable and the missed day/s cannot be made up.

PLANNED LEAVE - a student is required to inform their clinical site, HCC Clinical Coordinator, and Program Chair via e-mail in advance to use his/her leave day. For emergencies, students must contact the clinical site, Clinical Coordinator, and Program Chair by Phone (leave voice message) and email. The student must provide the Program proof of the emergency such as a doctor’s note indicating that the student was treated for emergency illness. The student should also provide documentation from the physician releasing him/her back to clinical duty without any limitations.

CLOCKING-IN/CLOCKING-OUT must be done when the student is physically located at the assigned clinical site, in the work area. CLOCKING-IN/CLOCKING-OUT from any other location is not permitted and is considered document falsification. Students are permitted to clock in within 15 minutes before the scheduled clinical start time and clock out within 15 minutes after the scheduled clinical end time. A clock out within the 15 minutes after the scheduled end time is ONLY permitted to complete an exam currently being performed.

LEAVING CLINICAL SITE EARLY – Students cannot leave the clinical site early or request to leave early, for any reason. Only the Imaging Director or Supervisor of a facility can dismiss students for safety or emergency reasons. In such cases, the student must notify HCC Clinical Coordinator and Program Chair via email. If a student leaves clinical site without permission, disregarding the above rule and/or fails to notify the Program he/she will be considered absent. Students are prohibited from leaving their assigned area for any reason.
Clinical rotations are assigned by the Program Chair and Clinical Coordinator. Students cannot change or volunteer to change their clinical site under any circumstances. If a change in the student’s assignment is necessary, it will be done only by the Program.

6.5 Bereavement Policy

Bereavement leave is not earned time and will be granted only if needed. Documentation of the death (e.g., death certificate, obituary, documentation from funeral home, etc.) may be required.

The amount of bereavement leave granted is as follows:

1. Upon the death of a father, mother, spouse, domestic partner, son, daughter, sister, brother, or legal guardian, the maximum bereavement leave time is 40 hours.
2. Upon the death of an uncle, aunt, grandparent, grandchild, niece, nephew, father-in-law, mother in-law, brother-in-law, sister-in-law, son-in-law, and daughter-in-law, the maximum bereavement time is 8 hours.

6.6 Leave of Absence Policy

The Radiologic Technology Program may authorize and grant a Leave of Absence for up to 4 weeks of leave per rolling 12-month period for specified reasons as outlined below. All semester and program requirements must be met upon return from leave.

1. Hospital Care – inpatient care (i.e., an overnight stay) in a hospital including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
2. Pregnancy - Any period of incapacity due to pregnancy or for prenatal care.
3. Multiple Treatments (Non-Chronic Conditions)

   Any period of absence to receive multiple treatments (including any period or recovery there from) by a health care provider for restorative surgery after an accident or injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absences of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

6.7 Classroom and Clinical conduct

A student may be dismissed from a classroom or a clinical training if the student is exhibiting behaviors of substance abuse or unprofessional behavior. Students are expected to be respectful to their classmates, college community, clinical staff, and instructors. If an incident of misconduct does occur, the faculty or the Program Chair will immediately investigate the incident. The student has the right to due process.
the student is found to be at fault, the student will be considered absent for the day/s missed.

Students are expected to be on time and prepared for all classroom and clinical activities. Eating and drinking in classrooms and clinical patient care areas are prohibited. All cell phones and electronic devices must be turned off while in the classroom and clinical sites.

6.8 **Falsifying Clinical Attendance or Other Documents**

Any student found falsifying clinical attendance, competency, or any other documents may be dismissed from the Program and he/she may be ineligible for readmission. Any student or technologist who collaborates in such act, especially falsifying attendance and competency, will be considered equally guilty. The accomplice student may be dismissed from the Program and he/she may be ineligible for readmission. The technologist/s involved will be reported to the imaging director/manager of the facility.

6.9 **Use of Electronic Devices**

Cellular phones must not be used during any clinical rotation under any circumstances, unless unproved by the Program and the site for Trajecsys clinical tracking. Clinical site computers and other clinical site electronic devices must be used strictly for site-related clinical activities. For emergency purposes, the student may use the facility telephone with permission.

6.10 **Grading**

Student grades in the HCC RADT Program are governed by both college and program grading policies and are based on performance. A student can earn a “W”, an “I”, or a “NA” grade based on attendance in some extraordinary situations such as illness. For detailed college grading information, refer to HCC Student Handbook.

RADT students are evaluated on regular basis to assess comprehension of didactic concepts, clinical skills, and ethical and professional behaviors. The program uses the following letter grading scale for didactic and clinical courses:

100 - 90 = A, 89.9 - 80 = B, 79.9 - 75 = C, 74.9 – 65 = D, and < 64.9 = F.

Students must receive a “C” grade or better to progress in the program. If a student receives a “D”, “F”, or a “W” grade for any RADT course, the student is not eligible to
The student may apply for readmission to the program to join the next cohort.

6.11 Admissions policy

6.11.1 Standard admission to HCC credit courses

Howard Community College maintains an open door policy of admission. Prospective students who are interested in taking classes at the college can be admitted on a space availability basis.

6.11.2 Admission to Radiologic Technology Program

1. Priority admission will be given to prospective students who complete Anatomy and Physiology I (BIOL 203), College Algebra (Math 141), Interpersonal Communications (SPCH 110), and College Composition (ENG 121) by the priority application deadline in the Office of Admissions and Advising.

2. Achieve an average score of 65% or higher for the Reading, Grammar, Vocabulary, Anatomy and Physiology, and Mathematics components of HESI A2 Entrance Exam. Students cannot take the exam more than 2 times in one year. Entrance exam must be taken within 2 years of the application deadline. (This new requirement will be applicable to any student who is seeking admission to the program beginning May 2017).

3. Completion of Anatomy and Physiology I with a grade of “B” or higher.

4. A grade of “C” or higher in the following courses: Interpersonal Communications, College Composition, and Mathematics.

5. Anatomy and Physiology I and II course grades have a five-year limitation for consideration. Any grade earned more than five years prior to the admission application deadline to the RADT program will not be considered.

6. General Biology I (BIOL 101) or Fundamentals of Microbiology (BIOL 107) course grades have a ten-year limitation for consideration. Any grade earned more than ten years prior to the admission application deadline to the RADT program will not be considered.

7. For students who do not have college credit courses completed, a high diploma or GED is required.

8. For students who have college credit courses completed, a cumulative GPA of 2.0 or higher for all courses and a cumulative GPA of 2.5 or higher for all science courses is required.

9. Courses and degrees from international colleges must have course by course transcript evaluation according to the HCC Office of Admissions and Advising approved policy.
6.11.3 Advanced Placement

Advanced Placement into RADT Program at HCC is intended to provide a pathway to ARRT certification eligibility. It is designed for individuals who have previously completed an educational program not accredited by a mechanism recognized by the ARRT such as international colleges, hospital-based Radiologic Technology programs, and Military on the job training. Advanced Placement also provides pathway to individuals who have completed an accredited program but who are no longer eligible for certification due to unsuccessful examination attempts or expiration of their eligibility time period. An applicant who has attended a JRCERT accredited program, but has not completed the training may also be eligible for Advanced Placement.

The application process is complex, given the nature of assessing candidates’ performance in different curricula at other institutions. Furthermore, admission to the RADT Program as advanced standing is contingent upon available seats. Advanced standing credits may be awarded for college level work provided that the course grade earned is equivalent to a grade of C or higher. The Radiologic Technology Program Chair and an Academic Advisor determine which of the transferable credits are applicable to the program of study at HCC. The admission must be approved by the Dean of the Health Sciences Division prior to student’s enrollment of any RADT courses. Advanced standing students enter the program without a GPA, their GPA is determined by the courses taken at HCC.

Applicants for admission as advanced standing into RADT program are accepted as second year students (Clinical Radiography III) and they must meet the following requirements:

- Proof of a minimum of one year Radiologic Technology didactic and clinical experience or Military on the job training.
- Provide curriculum of college attended at the time of attendance.
- Provide course by course transcript (US equivalence for international graduates).
- International students must provide proof of completion of College Composition (ENG-121) and Interpersonal Communications (SPCH-110) with a grade of “C” or higher.
- Proof of completion of Anatomy and Physiology I and II with a grade of “B” or higher, if previous course was done earlier than 5 years ago.
- Proof of completion of Mathematics with a grade of “C” or higher.
• Score of 70 or above on an aggregate Advanced Placement theory examination for RADT-101, RADT-111, and RADT-121.
• For application and examination deadlines refer to section 6.13 - **Steps for Readmission**.

### 6.12 Withdrawal and Readmission

Any student who earned a “D” or “F” grade for any of RADT courses will not be allowed to progress in the program. Students who do not progress in accordance with the Radiologic Technology Program course sequence may choose to withdraw from the program. Students may be dismissed for inappropriate behavior and/or at-risk behaviors.

Readmission to the Radiologic Technology Program is neither automatic nor guaranteed, but based on seat availability. To be considered for readmission, students must make application through the Office of Admission and Advising. A student is ineligible for readmission to the Radiology Program if his/her prior withdrawal/dismissal was due to an at-risk behavior, conduct-related issues, or he/she was banned from two clinical sites. A student who withdrew for health-related issues is required to obtain health clearance from a physician to be considered for readmission. If clearance cannot be obtained, the student is ineligible for readmission.

**Steps for Readmission/Advanced Placement Admission:**

1. Students applying for readmission to the program should review their coursework while waiting for readmission.
2. Readmission eligibility is NOT determined based on the Student Handbook that was valid during the student’s dismissal but based on the Student Handbook that is valid for the period of time that the student is seeking readmission.
3. Completed readmission application must be submitted to the office of Admissions and Advising by the following deadlines: May 15 for Fall readmission, September 15 for Spring readmission, and February 15 for summer readmission.
4. A student who earned an unsuccessful grade for any course in any semester must take an aggregate comprehensive readmission theory examination for all courses that the student completed successfully prior to dismissal/withdrawal and must score a grade of 70 or above.
5. For RADT-101, the student should take readmission theory examination and should score a grade of 70 or above, regardless of withdrawal date.
6. Readmission exams are administered three times a year: June 15–June 20 for Fall readmission, October 1–October 10 for Spring readmission, and March 1–March 10 for summer readmission.

7. A Prospective student should schedule the readmission exam with the Program Chair two weeks prior to the start of the examination window date.

8. If a student earns a passing score on the readmission exam, he/she will be readmitted to the program provided that there is a clinical seat.

9. The prospective student must meet ALL clinical clearance requirements prior to clinical placement assignment.

10. Clinical competencies earned during successful clinical courses will be credited upon readmission. Clinical competencies acquired during the unsuccessful or failed course will not be credited upon readmission.

11. A student cannot be readmitted during a semester he/she completed successfully.

12. A student cannot repeat the same RADT course more than once.

### 6.13 Grievance

The grievance policy is adopted from the current HCC Student Handbook. RADT students must adhere to the steps to resolve any academic or nonacademic complaints.

#### 6.13.1 Academic Complaints

An academic complaint is defined as an issue related to classroom instruction or a grade dispute. A student who has an academic complaint, including a specific academic complaint involving a faculty member, that remains unresolved through informal means, may enter into a formal process of problem resolution. The student academic complaint procedures and the appropriate form may be obtained from the division offices or the counseling center. A student who wants to initiate a formal academic complaint must submit an academic complaint form no later than the end of the seventh week of the next full semester.

1. The student must begin the formal complaint process by scheduling an appointment with the instructor to discuss the problem. Many times misunderstandings can be resolved by honest, open dialogue.

2. If the student cannot resolve the problem during a meeting with the instructor, the student may contact the Program Chair.

3. If the student cannot resolve the problem during a meeting with the Program Chair, the student may contact the division office to schedule an appointment to see the Dean. Prior to scheduling the appointment, the student must submit the
student academic complaint form, including a written description of the problem, the resolution the student is requesting, and the signature of the instructor to confirm that the initial required meeting has taken place. If the concern is not resolved at the division level, the student's written complaint, the instructor's written response, the Program Chair's written response, and the Dean's recommendation will be forwarded to the vice president of academic affairs. At this stage in the academic complaint process, the student has the right to meet with the Vice President of Academic Affairs (VPAA), but the student is not required to do so. That appointment must be made within two weeks of the meeting with the Dean. If the student has not made contact within two weeks, the student has waived the right to the meeting. After that two-week period, the VPAA will make a judgment on the case.

4. The decision of the VPAA is final. This decision will be communicated to the student in a formal correspondence.

6.13.2 Non-Academic Complaint Procedures

Procedures for resolution of student concerns involving student services are as follows:

1. Students should make an appointment with the appropriate administrator or staff member to discuss the problem (refer to the section titled "Who Do I See?" in the HCC Student Handbook).
2. If the student cannot resolve his/her problem by meeting with the administrator or staff person, the student may make an appointment with the staff member's immediate supervisor.
3. If the concern is not resolved at the administrator or supervisor level, the student may make an appointment to see the vice president of student services or designee.
4. The vice president of student service's decision is final.

6.14 Critical Thinking Portfolio

Radiologic Technology is both a science and an art. "Science is knowledge, as of facts or principles; knowledge gained by systematic study” [http://dictionary.reference.com/browse/science](http://dictionary.reference.com/browse/science). On the other hand “art is the class of objects subject to aesthetic criteria; works of art collectively, as paintings, sculptures, or drawings” [ibid](http://dictionary.reference.com/browse/science). Teaching the science part in classrooms and skills labs is fairly easy. Training students to be critical thinkers is, however, not as easy and straightforward as is teaching the science. The RADT program at HCC strongly believes students should be trained and mentored to think outside of the box. According to “Scrvin, 1996” cited in
Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action.

To facilitate the process of developing students’ critical thinking skills and measure their progress, each student will maintain a Critical Thinking Portfolio. More information will be provided in individual course syllabus.
7 Skills Laboratory

The skills laboratory serves to connect the learned didactic content with the clinical application. Students will practice and reinforce several areas of required objectives, including, but not limited to:

- Patient care and safety
- Communication, history taking, and document review
- Radiographic anatomy and pathology
- Radiographic image analysis
- Patient positioning
- Equipment manipulation and utilization
- Radiographic technique selection

Practicing in energized skills laboratory requires that a registered radiologic technologist be present at all times with a student. Students are prohibited from practicing in the energized skills lab without the supervision of a registered radiologic technologist. Students can practice positioning without energizing the x-ray machine, if they have indirect supervision from a registered radiologic technologist.

All procedures courses have mandatory didactic and skills lab practice. In addition optional open lab sessions are available. Additional skills lab practice can be arranged with the faculty or skills lab instructor. Students are required to attend all scheduled skills lab sessions prior to obtaining laboratory competencies. Performing skills lab competencies is similar to performing clinical competencies. A student who does not complete the required number of lab competencies for a particular course will fail the associated procedures course. Moreover, a student will not be permitted to obtain clinical competencies until the simulation requirements have been met. Grades for skills laboratory performance are incorporated into the radiographic procedures course grade. Uniforms and a radiation monitoring badge must be worn at all times when practicing and performing simulated competencies. Attendance is mandatory and the attendance policy is the same as clinical attendance policy. If a student misses a skills lab session for any reason, it is the student’s responsibility to arrange a makeup practice session before the next class.

Students, under direct supervision of a registered technologist, are required to complete a total of 56 competencies with a minimum grade of 90% on all basic projections demonstrated in the lab. The breakdown for skills lab competencies is as follows: RADT 111 - a minimum of 23 skills lab simulation competencies, and RADT 121 - a minimum of 33 skills lab simulation competencies.
8 Clinical Rotation

8.1 Clinical On-boarding Documents

8.1.1 Health Requirements

Prior to beginning of the first semester of the program, students are required to submit Health Forms, which are completed in conjunction with their Health Care Provider. These forms document that the student is physically and psychologically able to meet the requirements of the Radiologic Technology Program. These forms are considered clinical onboarding documents and must be maintained. Health requirements, due dates and specific forms are included in the Health Sciences Division Clinical Student Booklet and available at the following websites:

http://www.howardcc.edu/programs-courses/academics/academic-divisions/health-sciences/resources/forms/2015forms/a_HEALTH_SCIENCES_DIVISION_CLINICAL_BOOKLET_Revised_October_2015.pdf
http://www.howardcc.edu/programs-courses/academics/academic-divisions/health-sciences/resources/index.html

Health forms, including CPR, must be submitted, and the student must be clinically cleared before the student can be scheduled to attend a clinical site. Clinical Clearance is obtained when:

1. All required documents are submitted on time.
2. Health care provider and/or tests indicate that there are no restrictions and/or unacceptable lab values.

It is the student’s responsibility to ensure that health requirements are kept up-to-date, in accordance with clinical clearance policies. Health requirements will be kept on file in the HSD Clinical Liaison’s offices, HS-353 and HS 354. If any clinical onboarding document expires during a term, it must be updated in accordance with published deadline dates. Dates are available on the HCC Health Sciences Division website. If a student fails to keep clinical documents and requirements up-to-date, the student will not be permitted to attend clinical rotations which may jeopardize successful completion of clinical course requirements.

Background Check and CPR

In addition to the aforementioned health related documents, the Program requires the following clinical onboarding documents to be in compliance:

1. Criminal Background Check;
2. Urine Drug Screen (10-Panel);
3. CPR

Criminal Background Check and Drug screening are clinical requirements. If a student is prohibited from attending a clinical site due to an unsatisfactory criminal background check and/or positive drug results, the Program will not reassign the student to any other clinical site. Thus, the student will not be permitted to continue in the Program.

8.1.2 Health Clearance Cards

Students must fulfill all Clinical On-boarding Documents in accordance with the designated deadlines determined by the Division Clinical Liaison. Once a student is in compliance with all required documents, the HSD Clinical Liaison Office will provide the student with a Health Clearance Card. Students must maintain the Card with them during their clinical rotation as part of their uniform. The Health Clearance Card indicates compliance and expirations of PPD/CXR and CPR.

8.1.3 Health and Liability Insurance

Howard Community College does not provide or sponsor health insurance to the students. If a student sustains any injury while on campus or in the clinical setting, student should utilize their own health insurance or pay out of pocket to cover the cost of treatment and/or follow-up care. Students are strongly encouraged to obtain their own health care insurance. The Office of Student Life, Admissions and the Wellness Center maintain Health Insurance information packets for students.

Howard Community College provides liability insurance coverage for students while they are attending approved clinical activities arranged by the Program. Liability insurance provides for legal expenses, according to the limits specified by the coverage. Students are eligible for liability coverage only if they were acting within the approved scope of practice and were being appropriately supervised at the time the incident occurred.

NOTE: Liability insurance is not health insurance.

STANDARD PHYSICAL REQUIREMENTS FOR CLINICAL ROTATIONS IN RADIOLOGIC TECHNOLOGY

The following are the Standard Physical Requirements for working in the clinical environment as a student in the Radiologic Technology Program. These requirements were established as a result of a survey of clinical affiliates that provide training to RADT students. If you cannot meet these requirements, please contact the Program Chair to discuss the matter.
**Lift While Standing** - Light to Moderate - Less than 50 pounds - Frequent

**Lift While Sitting** - Light - Under 25 pounds – Frequent

**Lift With Assistance** - Heavy - Over 50 pounds (Patient Transfer, etc.) - Occasionally/Frequent

**Pushing** - Heavy - Over 50 pounds – Frequent

**Pulling** - Heavy - Over 50 pounds - Frequent

**Reaching** - (Full Extension - Elbow Flexion) at shoulder level - Occasional/Frequent

**Reaching** - (Full Extension - Elbow Flexion) Above shoulder level - Occasional/Frequent

**Standing for extended periods** - Frequent

**Standing for extended periods with radiation protective device** - Frequent

**Sitting for prolonged periods** - Frequent

**Walking** - (Moderate distances within clinical environment) - Frequent

**Carrying** - Light to Moderate - Less than 50 pounds - Occasional

**Bending** - Occasional/Frequent

**Stooping** - Occasional/ Frequent

**Kneeling** - Occasional/ Frequent

**Turning** - Frequent

**Hand Manipulation** - (Hand controls, simple grasping, power grasping, fine manipulation) - Frequent

**Foot Controls** - Frequent

**Visual Requirements** - Ability to observe alarms, monitors, indicators, patients and the public. Ability to recognize and respond to safety issues.

**Auditory Requirements** - Ability to hear and understand orders from a physician or supervising technologist. Ability to hear warning buzzers, safety alarms and responds appropriately.

### 8.2 Change in Health Status Policy

Any student experiencing a change in health status (any illness or injury) while enrolled in the program will be required to submit a written statement from his/her healthcare provider as to his/her ability to perform all expected functions fully, safely, and without jeopardizing the health and/or well-being of the student or others. Documentation must be provided prior to re-admittance into the didactic and/or clinical setting.
8.3 **Education Requirements for ARRT Certification**

The American Registry of Radiologic Technologists (ARRT) tests and certifies qualified candidates who have met the didactic and clinical requirements within the profession. ARRT is the world’s largest credentialing organization that seeks to ensure high quality patient care in radiologic technology.

ARRT requires Mandatory and Elective clinical competency exams that MUST be completed as Education Requirements for ARRT Certification Effective January 2012. The following is a list of those requirements:

- Six (6) mandatory general patient care activities.
- Thirty-one (31) mandatory imaging procedures.
- Fifteen (15) elective imaging procedures to be selected from a list of 35 procedures.
- One (1) elective imaging procedure from the head section.
- Two (2) elective imaging procedures from the fluoroscopy studies section, one of which must be either an Upper GI or a Barium Enema

For more information students are encouraged to visit the following ARRT's website links: www.arrt.org and radiography didactic and clinical competency requirements.

8.4 **Uniform**

For clinical practice, procedures class and skills lab practice, student MUST wear a uniform. The vendor’s name is Flynn O'Hara Uniforms and their website is http://www.flynnohara.com. Students can order uniforms online. If a student wants to utilize their financial aid money, they can let the book store personnel know. The following is information about the specifications of the uniform:

- Navy Blue Unisex V-neck scrub top with top pockets embroidered with HCC logo (rn# 4876)
- Navy Blue Drawstring Cargo Pant (rn# 4100)
- Navy Blue Scrub Jacket (optional)
- White short sleeve crew neck shirt
- White long sleeve crew neck shirt (optional)
- White socks
- White tennis shoes
- Radiation badge
- Technique book (spiral notebook)
- Current Howard Community College Student ID
- Assigned numbered R/L markers
- Health Clearance Card
• Site ID badges, if issued
Students must secure the Radiologic Technology patch on the left sleeve of the scrub top.

Students may not wear facial jewelry or artificial nails. Additionally, all tattoos and body piercings must be covered, and not visible. All of the above uniform items are required each day for clinical practice. If a student lacks one of the above, he/she will be dismissed for the day. The dismissal will be counted as an absence, regardless of the reason or time of day.

The uniform must be clean and ironed. If any portion of the uniform is unserviceable (i.e. wear/tear, dingy, etc.) the student must replace the item promptly, else the student will be dismissed for the day. The dismissal will be counted as a day of absence, regardless of the reason or time of day.

Nail-polish and artificial nails ARE NOT permitted at a clinical site. Fingernails must be clean and kept short. Perfume/Cologne should be used in moderation to maintain professionalism. If there is a complaint about perfume/cologne usage, the student must immediately refrain from its use during clinical rotations. Infection control must be maintained regarding hair, beards and mustaches, which must remain in compliance with the assigned clinical site’s policies. If hair is longer than shoulder-length, it must be pinned in a neat fashion above the shoulders. Visible body piercings are not permitted, with the exception of two small piercings per ear in the lower earlobe. Students must maintain a “professional and well-groomed appearance and good personal and oral hygiene.” Students must also adhere to the assigned site’s departmental policies.

8.5 **Clinical Evaluation and Grading**
The clinical experience is sequenced to correlate with didactic objectives of clinical education. Clinical rotations will provide students with the practical experience and exposure to the responsibilities of a radiographer in the following areas:

- Patient care
- Professional behavior
- Radiation protection
- Radiographic procedures
- Equipment manipulation and setting technical factors

The grading criteria for clinical courses are the same as that of didactic courses.

**Clinical Competencies** require a grade of ≥ 90 %, based on the following criteria:
a. Room preparation  
   b. Patient preparation  
   c. Technical factors  
   d. Cognitive skills  
   e. Radiographic image analysis

Students are assessed by faculty and staff clinical instructors during the semester. All registered technologists can provide clinical assistance and instruction to students; however, clinical competencies must be completed by a registered, radiographer with at least 2 years of experience. Unless specifically, designated by the Clinical Coordinator, PRN technologists, who are not aware of Program policies, are not permitted to perform clinical competencies.

8.6 Professional Conduct

Students are responsible for conducting themselves in a manner consistent with the professional organizations’ Codes of Conduct (ARRT and ASRT) and the HCC’s Code of Conduct, its supporting policies, as well as state and federal laws and regulations. Students will show professional courtesy and respect during clinical interactions at all times.

8.7 Conduct Violations

The Program upholds industry standards regarding education and professionalism. HCC Faculty and/or clinical staff have the right and responsibility to require a student to leave the clinical setting if the student’s behavior is considered a breach of professional conduct. A breach of professional conduct includes the disruption of the physical and/or psychological well-being of patients, faculty, students, or clinical staff. Under these conditions, a student will be removed from a clinical site. If a student acts in any of the follow ways, the student may be immediately dismissed from the Program and he/she is not eligible for readmission.

The following is list of behavioral activities that are considered a breach of professional conduct, but it is not all encompassing:

1. Mistreatment of patients in any manner  
2. Medical negligence such as leaving patients unattended while undergoing diagnostic procedures  
3. Falsifying attendance, competency form or other documents  
4. Failure to notify the Clinical Instructor and Program Chair of an absence or lateness prior to the assigned starting time  
5. Loitering on hospital premises outside the Radiology Department or other unauthorized places and/or within Radiology Department beyond assigned hours
6. Refusal to sign Program or College documents
7. Exhibiting insubordination (refusal to follow instruction from designated supervisors), immoral conduct, or indecency
8. Willfully damaging, destroying, or misusing institutional property.
9. Stealing or be in unauthorized possession of hospital or another person’s personal property
10. Touching a patient inappropriately
11. Touching a staff, student and/or faculty member inappropriately
12. Sexual Harassment
13. Deliberately causing danger in the workplace or campus activities
14. Breach of patient / staff confidentiality
15. Create or contribute to unsanitary conditions on hospital or other premises.
16. Intimidate or coerce another student or employee through physical or verbal threats
17. Be in possession of a weapon of any kind while on hospital or college premises
18. Exhibit signs and symptoms of drug and/or alcohol use, or having possession of drugs and/or alcohol on hospital premises
19. Failure to report any accident or injury involving student, patients, other hospital employees, or visitors
20. Leave the clinical area early without prior permission of the Clinical Instructor
21. Sleep or loiter during clinical time
22. Accept or coerce gifts from patients
23. Misuse of site ID badge

Students may be required to submit alcohol and drug screenings, if at any time, signs and symptoms of possible use are observed. The student is responsible for all costs of any lab tests or screenings, which are performed.

8.8 **At-Risk Behaviors**

During a student’s progressive learning experience, the Program assesses the student’s pattern of obtaining and applying previously learned concepts and skills. When the student’s learning pattern is not consistent, after being assessed and evaluated as competent by the Program in specific skills, the student’s behavior is considered At-Risk.

More than three (3) separate and/or repeat incidences of At-risk behaviors in a term or more than six (6) separate and/or repeat incidences of At-risk behaviors during the entire program will warrant immediate termination from the Program. A term is defined as the length of time designated for the completion of a sequenced course (class).
At-Risk Behaviors includes, but is not limited to:
1. Not providing adequate radiation protection
2. Non-use of Right and Left markers, repeatedly
3. Misuse of Right and Left markers (incorrect side of body)
4. Double exposure of images
5. Positioning patients incorrectly for exams previously learned
6. Incorrect placement of the image receptor, such that an image would not be produced
7. Improper uniform attire
8. Unauthorized use of electronic devices
9. Failure to maintain medical and surgical asepsis and implement proper infection control
10. Demonstrable lack of progress in learning or performing radiologic exams
11. Failure to maintain an environment conducive to patient and personal safety
12. Failure to follow the JRCERT’s and Program’s repeat, direct or indirect supervision policies
13. Insubordination of any kind
14. Smoking in undesignated areas of the Radiology Department or other undesignated areas of the hospital
15. Disobeying other regulations concerning fire, safety, parking, and visiting.
16. Engaging in excessive talking, laughing, and other disturbances not appropriate in the hallway, around patients, or on hospital premises

At Risk behavior procedures

1. At Risk behavior(s) will be documented on the Faculty-Student Consultation Form.
2. A student/instructor conference will be held.
3. A copy of the Student Conference Form will be given to the student, and Program faculty will maintain the original copy on student’s file.

Clinical Sites have the right to request for a student to be removed or not return to their site due to valid reason such as student’s disruptive and/or At-Risk behaviors. The Program will attempt to place the student in another clinical site one additional time, provided:

1. There is an available seat to place the student.
2. The student has not obtained 3 At-Risk behavior notifications for that term or 6 At-Risk behavior notifications for program duration.
3. The site change does not affect another student’s scheduled objectives and learning.
4. The request for removal is not related to drug or alcohol use.

8.9 Incident reporting / Overexposure
Following a clinical incident of patient or student injury or abnormal radiation exposure, the incident must be reported immediately to Site Clinical Instructor, Department Manager, Program Director, and Clinical Coordinator. The clinical site may require additional documentation. In addition, any incident that the student or staff considers to be inappropriate or unethical, must be reported immediately to the Departmental Manager, Clinical Coordinator, and Program Chair.

8.10 Clinical Administration and Clinical Data Tracking
HCC student progress in a clinical setting develops from an observer to a competent radiographer who can perform radiographic procedures independently. In preparing the student to be a competent entry level radiographer, the following format is employed:

- Skills Lab practice and competency
- Clinical observation
- Pre-clinical competency practice
- Clinical competency
- Clinical and Skills Lab reinforcement (additional) competency
- Post competency practice for proficiency

Required Procedural Steps for Competency Achievement

Lab Requirement
Students must practice and successfully perform an Exam Competency in the Skills Lab prior to performing steps 3 and 4 (outlined below) in a health care setting. Steps 1 and 2 may be performed in the health care setting before a Skills Lab Competency is achieved.

Health Care Setting
Documenting competency in a health care setting has four levels, each of which is completed chronologically and documented. However, Step 2 - Assisting the Technologist (Assist with much help) may be omitted if the student feels confident and ready to move to step 3 - Performing Exam for Determination of Competency Readiness (Assist for Competency).
The four levels include:

1. Exam Observation
2. Assisting the Technologist (Assist with much help)
3. Performing Exam for Determination of Competency Readiness (Assist for Competency)
4. Competency Performance Evaluation

**Level 1: Exam Observation** (Observe) is defined as no direct involvement with equipment manipulation, technique setting, or positioning. Students can earn observe credit at any time during the program.

**Required Documentation:** Trajecsys only

**Level 2: Assisting the Technologist** (Assist with much help) is defined minimal involvement with equipment manipulation, technique setting, and positioning. This level follows Exam Observation. Students may set technical factors provided by the technologist and move the x-ray tube and IR receptor into position at this level. The student may assist the technologist to get the patient into position but independent positioning of the patient may only be performed after content coverage in class/skills lab.

**Required Documentation:** Trajecsys only

**Level 3: Performing Exam for Evaluation of Competency Readiness (Assist for Competency)** is defined as direct involvement with equipment manipulation, technique-setting and positioning. The student will perform the exam with minimal assistance by the technologist to determine readiness for a Competency Evaluation. Student markers must be used. This level follows Exam Observation, Assisting the Technologist (optional), and a Skills Lab Competency Evaluation. A student can only earn “assist for competency” credit after the didactic and skills lab portion of a body part is covered at HCC and the student documented competency at the skills lab.

**Required Documentation:** Trajecsys and Hard Copy

**Level 4: Competency Performance Evaluation (Perform Competency)** is defined as independent student performance of a radiographic exam including equipment manipulation, technique-setting, and positioning of the patient. This level follows all prior levels. The technologist or clinical instructor will complete an evaluation of the student’s performance at this level.
Note: Some exams are considered exempt from the standard procedural steps for competency achievement. Students are exempted from documenting Step 3 - Performing Exam for Determination of Competency Readiness (Assist for Competency) for the following exams: all repeat competencies, skull and facial bone exams, and barium enema.

In addition, if a student has completed a cervical spine competency, she/he does not need to observe or assist prior to completing a soft tissue neck competency. Similarly, if a student has achieved competence for any decubitus examination, she/he does not need to observe or assist prior to completing other decubitus competencies.

As the student achieves competency in radiographic studies, he/she is allowed to perform with increased independence and indirect supervision, thus promoting the development of self-confidence in exam performance. Ultimately, the result is a graduate who possesses competency as entry level radiographer.

Clinical Binder and Trajecsys Tracking

Trajecsys will electronically profile the student’s entire clinical experience. All clinical experiences must be tracked via Trajecsys. Students should also organize necessary documents in a clinical binder that they should carry to their clinical site at all times. The following are tasks that must be tracked and documented via Trajecsys and/or hard copy for program credit:

1. Attendance (Clock in/out), (Trajecsys and hard copy)
2. Objective forms, (Trajecsys only) - It is a student responsibility to request a Site or HCC CI to complete all Objective forms in Trajecsys within two weeks of their assignment to a new clinical site.
3. Exam Observations, (Trajecsys only)
4. Assisting the Technologist (Assist with much help), (Trajecsys only)
5. Daily Clinical Log Sheet
   a. Performing Exam for Evaluation of Competency Readiness (Assist for Competency), (Trajecsys and hard copy).
   b. Competency Evaluation (Perform Competency), (Trajecsys and hard copy), a hard copy is necessary only if technologist does not have Trajecsys access).
   c. Daily Log Sheet Exams and Competencies must be entered into Trajecsys during the same week of occurrence to avoid a grade reduction of 15%. Course credit will not be given for any clinical experience that is not documented in Trajecsys.
6. Student self-evaluation (Trajecksys only) - Students are required to complete a Self-evaluation within two weeks of their semester assignment.

7. Clinical site and CI evaluations (Trajecksys only) - Students are required to complete evaluations of the Clinical Site and Clinical Instructors by the last Friday of a clinical rotation.

8. Competency Tracking Form (hard copy only)

9. Time exception (only with program director’s permission). If a student forgets to clock in or clock out more than once in a semester, every clinical day with missing clock in or clock out will be considered as an absent day.

**Note:** Course credit will not be given for any clinical experience that is not documented in Trajecksys.

**Clinical Packet Submission** – Students are required to submit clinical packets at mid-semester and the end of semester. The packet must be turned in to the HS Division Office (HS 236) by the due dates indicated on individual clinical course syllabi. Students are highly encouraged to keep hard copies of all clinical documents for their record.

The clinical packet must include the following hard copy items:

- Attendance Form
- Daily Log (only observe, assist for competency, and perform competency entries)
- Competency Tracking Form
- Competency Forms (if hard copies are used)

**8.10.1 Equipment and Examination Room Objectives**

The program requires Equipment and Examination Room Objectives be met through site training prior to performing patient care/exam duties. Satisfactory knowledge of these Equipment and Examination Room Objectives is indicated by the signature of a site technologist. The following is list of Equipment and Examination Room Objectives: CODE, CR/DR, OXYGEN/SUCTION, and EQUIPMENT PERFORMANCE

- The Equipment and Examination Room Objectives are completed for each location if rotating for the first time, within the first two weeks of the rotation.
- The forms indicate knowledge of proper access and utilization of the patient CODE procedure, knowledge of general RIS management and computed/digital image production, knowledge of departmental oxygen/suction access and use, knowledge of the site's policies, procedures,
general radiology protocols, and use of equipment, including electronic imaging.

- If a student rotates to the site more than once, the original completed forms remain valid and do not need to be completed again.
- The forms may be site-specific.

In addition to the forms of the Clinical Packet and the Equipment and Examination Room Objectives, there are site-specific forms and requirements, which are achieved through site training prior to performing patient care / exam duties. Satisfactory knowledge of these requirements is indicated by the signature of a site technologist. These may include:

**FLUORO ORIENTATION (Some sites may require completion of this objective)**
- Completed prior to a fluoroscopy exam competency
- Indicates that the student has learned the general operation of the equipment and software
  - If a student rotates to the site more than once, the original completed form remains valid.

**PICC (Howard County General Hospital, only)**
- Objective to be completed prior to rotating to the OR
- Form indicates to staff that the student has basic knowledge of aseptic technique, Sterile Field, Operation of stationary C-Arm

**PORTABLES**
- To be completed prior to performing mobile exam competencies
- Form indicates to staff that the student has basic knowledge of the proper use of the portable machine and portable protocols associated with patient care

### 8.11 Clinical Sites

Clinical rotations are conducted at the following sites:

- **AAM** - Advanced Radiology, Arundel Mills - 7556 Teague Rd, #200, Hanover, MD 21076
- **AM** – Advanced Radiology, Millersville (Shipley's Choice), 8601 Veterans Highway, #100, Millersville, MD 21108
- **AEC** - Advanced Radiology, Ellicott City, 4801 Dorsey Hall Drive, #101, Ellicott City, MD 21042
- **BI** - Balum Imaging, 5500 Knoll North Drive, #190, Columbia, MD 21045
- **BS** - Bon Secours, 2000West Baltimore Street, Baltimore, MD 21223-1558
• Bowie - Bowie Hospital Center, 15001 Health Center Drive, Bowie, MD 20716
• HCGH - Howard County General Hospital, 5575 Cedar Lane, Columbia, MD 21044
• HR - Howard Radiology, 11055 Little Patuxent Pkwy, Columbia, MD 21044
• HUH - Howard University Hospital, 2041 Georgia Avenue NW, Washington, DC 20060
• PFC - Patient First- Columbia - 5900 Cedar Lane, Columbia, MD 21044
• PFOW - Patient First – Owings Mills, 10210 Reisterstown Rd, Owings Mills, MD 21117-3606
• PG - Prince Georges Hospital Center, 3001 Hospital Drive, Cheverly, MD 20785
• UMROI – University of MD Rehabilitation & Orthopaedic Institute, 2200 Kernan Drive, Baltimore, MD 21207-6665
• VADC – Washington DC VA Medical Center, 50 Irving St NW Washington, DC 20422

8.11.1 Clinical Site Placement Procedure

Students’ assignments will be based upon the following criteria:
1. The number of students authorized by the JRCERT and agreed upon by the Clinical Site.
2. The clinical site has no objection to the placement of a specific student to their site. (Conflicts of interests, relatives employed by that facility, etc.)
3. The geographic location relative to Howard Community College.
4. Clinical competency achievement, rigor of the site, and how well a student is expected to acclimate to and learn from the staff at a specific facility. (Some students may learn better at a facility with more one-on-one mentoring, some students may benefit from repetitive rotations to reinforce skills, etc.). This is determined initially by observation and assessment during RADT 101 skills lab sessions.

Note. If a student works/volunteers in one of HCC’s clinical sites, the program will attempt to not assign the student to that clinical site. If that is not possible and the student is assigned to a clinical site where he/she works/volunteers, he/she must not use his/her employee ID or employee status during student clinical rotation or vice versa.

The following is the Radiography Program's clinical plan of education:
1. During RADT-101, term 1, students are assigned to clinical sites for observational rotations, 8 hours/day, one day/week, for 4 weeks.
2. During the RADT 112 and RADT 122, which are the 2nd and 3rd terms respectively, students will rotate 8 hours /day, two days/week, for 15 weeks.
3. During RADT-229, the 4th term (Summer) students rotate 8 hours/day, 5 days / week for 8 weeks.
4. During RADT-232 and RADT 252, which are the 5th and 6th terms respectively, students will rotate 8 hours/day, three days/week, for 15 weeks.
5. Evening rotation assignments do not exceed the JRCERT’s evening maximum rotation limit during the student’s tenure in the Program.
6. Students will be assigned to at least three main sites over the course of the Program to ensure that adequate and comparable opportunities are afforded to all students to develop the necessary skills and obtain the required number of clinical competencies.
7. Clinical assignments also include advanced modality experience.
8. Clinical rotation schedules are developed to provide all students comparable clinical experiences. Students are not permitted to change the schedule on their own. Students must remain in their assigned rotation. If the area has no radiographic exams in progress and there are radiographic exams in another area, the student may change areas under the following conditions:
   a. The Staff Clinical Instructor is in agreement;
   b. The change will not create an overload of students or personnel in the area with the radiographic examination in process; and
   c. The change will not interfere with the clinical objectives or opportunities of the student already assigned to the area.
   d. The student will return to the assigned area when there are clinical duties/exams to be performed.
9. The Clinical Coordinator will provide students, clinical sites, and the Health Science Division Clinical Liaison electronic notification of site placement in a timely fashion to allow for background checks and other site-specific requirements. The Program Clinical Coordinator will provide students with information about objectives, location, parking information, and contact person. The Clinical Coordinator will also provide room assignments, upon site request. Room assignments will be based on:
   a. Room/equipment availability
   b. Staff availability
   c. Student readiness
   d. Number of students assigned
10. The Clinical Coordinator will provide information about the clinical site regarding objectives.
11. A student will not be permitted to rotate to a clinical site if the student has not been clinically cleared.
8.11.2 Clinical Competency Requirements

1. Students are required to complete 31 mandatory and 15 elective clinical competency exams, as outlined by the American Registry of Radiologic Technologists.

2. Students must obtain a minimum number of clinical competencies per semester. The clinical competencies obtained by the student can be a new mandatory, new elective or repeat (additional) competency. Repeat (additional) competencies do not require an observe or assist step. If the student does not obtain the minimum number of clinical competencies in a semester, the student will receive a course failure and will not be permitted to remain in the Program. The following table indicates the number of competencies per clinical course.

<table>
<thead>
<tr>
<th>Minimum Number of Competencies</th>
<th>Course</th>
<th>Cumulative number of Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>RADT-101</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>RADT 112</td>
<td>5</td>
</tr>
<tr>
<td>12</td>
<td>RADT 122</td>
<td>17</td>
</tr>
<tr>
<td>10</td>
<td>RADT-229</td>
<td>27</td>
</tr>
<tr>
<td>10</td>
<td>RADT-232</td>
<td>37</td>
</tr>
<tr>
<td>9</td>
<td>RADT 252</td>
<td>46</td>
</tr>
</tbody>
</table>

3. If a student obtains more than the minimum required competencies during a semester, the excess number of competencies cannot be used for subsequent semesters to calculate the minimum. The total number will be used to calculate the ARRT requirement. A student can repeat previously performed exams to maintain the minimum competency requirements for a semester, provided that the cumulative number of new competencies is maintained. If a student repeats an exam to fulfill a given semester’s competency requirement, it will not be counted toward the cumulative number of competencies. Students can only repeat an exam once during the entire program to fulfill a given semester’s competency requirement.

8.11.3 Semester Competency Planning

All students MUST print a list of exams they are ready for or planning to perform for competency at the beginning of a semester and update regularly. The list must be displayed in an area where it is visible by the radiographers.
8.11.4 RADT Observational and Advanced Modalities Rotation

Students must be HIPAA compliant and receive Blood-borne Pathogens training prior to assignment to an observational rotation for RADT-101. Students are not permitted to perform patient care duties during observational assignments. Students will observe clinical activities that have been introduced in the didactic component of the RADT-101 course. Hundred percent attendance is required for observational rotation. Any missed observational days may be made up at the discretion of the Program.

For advanced modality rotations, students observe and assist in clinical activities that have been introduced in didactic courses. Students are permitted to perform patient care duties as indicated in the Program Advanced Modality Objectives.

8.12 Clinical Make-Up

1. If a student is eligible for makeup time, it MUST be made-up during finals week in consultation with the clinical coordinator.
2. If make up time is due to Excessive Absenteeism
   a. Students are not allowed to exceed 10 hours/day and 40 hours/week. Therefore, make up time should be scheduled on clinical off time.
   b. Make up time should at least be 30 minutes at a time. (i.e., not 15 minutes sporadically)

8.13 Tipping

Accepting tips or any form of gratuity from a patient, member of a patient's family, and/or staff member is prohibited.

8.14 IR Markers

At least 2 sets of initialed right and left lead markers are required and purchased by the student. The markers cannot be loaned to others. If markers are lost, the student is responsible for replacing the markers. If a lead marker lost or missing, the student must not go to clinical rotation.

8.15 Supervision

Student performance of patient exams / procedures must be under direct supervision of a registered technologist – (RT) until a student demonstrates competence, and then supervision can be indirect. Technologist supervision of students is clearly defined by the Joint Review Committee on Education in Radiologic Technology: (JRCERT)

Direct Supervision shall mean:
• A registered radiographer reviews the procedure in relation to the student’s achievement.
• A registered radiographer evaluates the condition of the patient in relation to the student’s knowledge.
• A registered radiographer is physically present during the procedure.
• A registered radiographer reviews and approves the procedure / exam.
• A registered radiographer is present during student performance of any repeat of any unsatisfactory radiograph.

**Indirect Supervision** is defined by JRCERT as “the supervision provided by a registered radiographer immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the presence of a registered radiographer adjacent to the room or location where the radiologic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.” (JRCERT Standard 4.5, 2014)

In accordance with applicable JRCERT standards, all unsatisfactory radiographs which are repeated by students must be performed under **direct supervision**, regardless of the student’s level of competence. The technologist must approve the student’s procedure prior to re-exposure. This policy is in effect for the entire time the student is enrolled. Students must adhere to the Supervision and Repeat Policies. Students must refuse to perform any examination if these policies are not adhered to. If the student does not abide by this policy, he/she is subject to suspension, or dismissal from the program.

**8.16 Confidentiality/HIPAA/OSHA**
HCC adheres to the federal HIPAA and OSHA regulations.

• HIPAA - The right to privacy of students, faculty, staff, patients, and their families should always be maintained by those associated with the Radiologic Technology Program. It is the student’s responsibility to keep confidential all patient and facility information. Any patient or related facility information should be accessed by students only if they are directly involved with the patient's care. Patient information should never be discussed in public areas with anyone, even those involved with patient care. If training materials or images are obtained by a student, all patient information must be removed or masked. Failure to adhere to HIPAA policy may lead to immediate dismissal from the program.
• Occupational Safety and Health Administration (OSHA) - Students must understand OSHA regulations and should discuss any observed irregularities with the clinical coordinator or program chair as appropriate.

8.17 Clinical Site Requirements:
Some clinical rotations require additional requirements for clearance. Clinical rotations specific requirements are as follows:

1. Advanced Radiology-Ellicott City - no specific requirement needed
2. Advanced Radiology-Arundel Mills - no specific requirement needed
3. Balum Imaging - no specific requirement needed
4. Bon Secours Hospital – attend orientation and obtain hospital ID badge before or during the first week of clinical rotation.
5. Bowie Health Center and Prince George's Hospital Center – submit confidentiality forms C, D and E (obtained from Clinical Coordinator) to HCC Health Sciences Clinical Liaison, complete online Medelearn training, and obtain hospital ID badge prior to start of clinical rotation.
6. Howard County General Hospital - obtain hospital ID badge during the first week of clinical rotation.
7. Howard Radiology - no specific requirement needed
8. Howard University Hospital - no specific requirement needed
9. Patient First-Columbia and Owings Mills – application is submitted online and an interview is conducted by a Patient First representative prior to starting clinical rotation.
10. University of Maryland Rehabilitation Orthopaedic Institute – obtain hospital ID badge and complete online orientation during the first week of clinical rotation.
11. VADC – Washington DC VA Medical Center - no specific requirement needed
9 Radiation Protection Policy and Procedure

9.1 General Radiation Protection Policy and Procedure

The Radiologic Technology Program is committed to maintaining radiation exposure levels As Low As Reasonably Achievable (ALARA), while still allowing each student to obtain all required clinical and didactic competencies. Education and training annual Effective dose equivalent for those under age 18 is 0.1 rem (1 mSv). The annual Effective dose equivalent for those above age 18 is 5rem (50 mSv.)

9.2 Personal Monitoring Badges

The purpose of personal monitoring is to ensure that a student’s exposure level is kept below the annual effective dose limit. Data from personal monitoring can also provide work habits and working conditions. Hence, the program follows a strict use of personal monitoring badges to promote safe radiation working habits by individuals and document radiation accidents. Hence:

1. Students without radiation monitors will not be allowed in any clinical setting and energized skills labs.
2. Badge should be worn at the collar outside of the lead apron during fluoroscopic procedures or any time a lead apron is worn.
3. Students should notify the program immediately if their radiation monitoring badge is lost.
4. Declared pregnant students will be provided with a fetal monitor. It is to be worn at the waist level and under any protective aprons.
5. Students will receive radiation monitoring badges biannually.
6. Students are to review their personal Radiation Report.

9.3 Annual Occupational Dose Limits:

Any dose received must not exceed the annual occupational dose equivalent limits established by the Nuclear Regulatory Commission regulations standard 10 CFR subpart C-Occupational Dose Limits 20.1201.

Annual Dose Limits
- Whole body
  - 5 rem/year
- Extremities
- 50 rem/year
- Lens of the eye
  - 15 rem/year
- Fetus
  - 0.5 rem/gestation
  - 0.045 rem/month

### 9.4 Provision for Pregnant Student

Title IX of the Education Amendments of 1972, is a comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity. Hence HCC cannot require a pregnant student to withdraw from classes or program or change her educational plans due to her pregnancy.

A student who is pregnant or suspects that she might be pregnant has the option of disclosing her pregnancy to the Radiologic Technology Program Chair. If the student chooses to inform the Program Chair, she must do so in writing and bring in a doctor’s note of pregnancy that states the expected date of delivery in order to obtain additional radiation monitoring for the fetus. The program Chair must complete a pregnancy counseling sheet with the student. The Pregnancy Counseling form is located in the back of this Handbook.

If the declared pregnant student continues in the program, she will be provided with a second radiation monitor for the fetus. At any particular time, the student can withdraw her declaration of pregnancy and the original Whole body effective annual dose limit for non-pregnant student will be applicable. If, however, the student wants to withdraw from the program, she MUST do so in writing by completing the Withdrawal form.

### 9.5 Exceeding dose limits

Radiation dose in excess of the annual dose limit is very rare in Diagnostic Radiology. Students are encouraged and supervised to follow the cardinal principles of radiation protection and achieve the ALARA-principle.

If a dose limit is exceeded:
- The person involved is notified.
- The incidence is documented and signed by the person involved.
- The person involved receives counseling on radiation protection.
- The program chair, clinical coordinator, and clinical instructor examine the cause of the exposure and student or faculty clinical work habits.
Depending on the cause, the Program can impose additional requirements, forbid activities, set penalties, and determine if student dismissal from the program is warranted.
10 Infection Control

This policy is consistent with Centers for Disease Control Recommendations for Standard Precautions.

10.1 General Principles

1. Consider all patients' blood and body fluids as infectious materials.
2. Equipment, instruments, and utensils which come in contact with patient excretions, secretions and body fluids are considered contaminated.
3. Infectious waste includes, but is not limited to, the following:
   a. all dressings
   b. used soiled pads/diapers
   c. intravenous tubing/catheters
   d. used foleys and drainage bags
   e. all used needles/sharps
   f. trash, gloves, gowns, masks, etc., from isolation room.
   g. sanitary napkins
   h. used suction containers and tubing
   i. chest tubes and other drains and tubes
   j. specimens
   k. disposable equipment and supplies once used on a patient
   l. endotracheal tube, laryngoscope blades, airways

10.2 Precautions

All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. The purpose of personal protective equipment (PPE) is to keep blood and other potentially infectious material from contacting skin, eyes, and mucous membranes. In some cases, adequate protection is provided solely by gloves. In other cases, masks and eye protection will also be needed. In still other situations, gowns, aprons and head covering may be required.

10.3 Procedures

1. Wash hands frequently between all patients and before and after glove use. Gloves should be changed after contact with each patient and immediately if they’re torn or punctured.
2. Wear PPE when exposed to any patient’s blood and body excretions and/or secretions such as when touching mucous membranes or non-intact skin, handling soiled equipment and venipuncture. (Other examples include):
a. collecting specimens.
b. cleaning up fecal/urinary incontinence or handling linen and soiled garments.
c. bathing a patient.
d. mouth care and eye care.
e. removing soiled bed linens.
f. beginning /discontinuing / intravenous and intraosseous therapies.
g. administering parenteral injections.
h. emptying foleys, bedpans, urinals, emesis basins, NG drainage and wound drainage, sitz baths.
i. changing dressings, perineal pads, and diapers.
j. Cleaning any surface the patient has contact with, spills of blood or body fluids.
k. Handling tissues or clothing contaminated with tears or perspiration.
l. Performing suctioning or intubation.

3. Place disposable syringes and needles, scalpel blades, and other sharp items into designated, puncture-resistant containers. Do not recap, bend or break off needles.

4. Place all infectious waste not suitable for disposal in "sharps" container into red (biohazard) plastic bags.

5. Wear gowns if splashing or soiling by blood and body fluids is likely. After exposure, remove protective clothing to avoid contaminating self. Place in the assigned area or container.

6. Wear other protective covering (e.g., masks, goggles, face shields, etc.) as indicated by particular situations such as newborns, infectious patients, during invasive procedures, or when splashing is likely. Wash after removing protective equipment and as soon as possible after blood contact with skin, eyes, or mucous membranes.

7. Individuals with exudative lesions or exposed skin surfaces should refrain from direct patient care and from handling patient-care equipment. Small cuts and scrapes should be covered with an occlusive adhesive dressing or bandage and monitored closely for integrity during patient care activities. Students with large open wounds (even sutured ones), should have a physician’s release prior to attending any clinical experience.
10.4 Infection Control during performing CPR

New guidelines by the American Heart Association recommend that the three steps of cardiopulmonary resuscitation (CPR) be rearranged. The first step is chest compressions (instead of establishing the airway), then perform mouth-to-mouth. The new guidelines apply to adults, children, and infants but exclude newborns. The old way was A-B-C -- for airway, breathing and compressions. The new way is C-A-B -- for compressions, airway, and breathing.

Since, students must work under direct or indirect supervision; the technologist should take over CPR by the time they get to the second step - establishing the airway. However, if the student is still performing CPR, he/she must use available resuscitation bags and ventilation devices or mouthpieces for mouth to mouth.

10.5 Exposure Incident

A significant exposure is defined as:

a. a needle stick or cut caused by a needle or “sharp” that was actually or potentially contaminated with blood or body fluids.

b. a mucous membrane exposure (i.e., splash to the eye or mouth) to blood or body fluids.

c. a cutaneous exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.

If you are directly exposed, report it immediately to your preceptor, clinical instructor, Clinical Coordinator and Program Chair.

- Use a solution or wipes specified by the site.
- If an accidental exposure occurs, faculty, students, and staff should follow the CDC guidelines for occupational exposure: if needle stick occurs, test for HIV to establish serum negativity first, then retest at 6 weeks, 3 months, 6 months, and 1 year.
- You will be directed to your personal physician for any treatment and follow-up required as a result of any exposure you encounter. Howard Community College and the clinical facility are not responsible for covering the costs of any associated treatments. Students are strongly urged to obtain their own health insurance.
10.6 Infection control faculty responsibilities

1. Teach students that all patients' blood and body fluids are to be considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C (HCV) and other blood borne pathogens.

2. Provide a general explanation of the epidemiology, disease process, modes of transmission, and symptoms of blood borne pathogens. Exposure incidents can lead to infection from HIV, HBV, or HCV. Early symptoms of HIV include: fever, sore throat, lethargy, swollen glands. Early symptoms of HBV are: fever, runny nose, flu-like symptoms, skin rash, and loss of appetite, fatigue, headache, nausea, vomiting and diarrhea.

3. Demonstrate/describe protective barriers such as gloves, gowns, goggles and masks/face shields including use, location, removal, handling, decontamination, and disposal of personal protective equipment.

4. Emphasize that it is mandatory that standard precautions be followed as outlined in the Infection Control Policy.

5. Provide information on appropriate actions to take if an exposure incident occurs, including the method of reporting that incident and the medical follow-up.
   - Document the circumstances, on the Incident Form, of the incident and route of exposure.
   - The source individual's blood is tested for HIV, HBV and HCV as soon as feasible, after consent is obtained.
   - The results of the source individual's blood tests are made available to the exposed person.
   - The exposed person's blood is collected as soon as practical and tested after consent is obtained.
   - Post-exposure follow-up may be indicated.

6. Provide an opportunity for interactive questions and answers. Faculty must work closely with inexperienced students, and choose assignments for which a student is prepared in terms of both knowledge and skill level.

7. Students and faculty must follow rules of confidentiality pertaining to test results and health records.

10.7 Exposure Control Plan for Invasive Skills

Student Preparation

1. Students attend a required practice session to prepare for this skill.
2. A review of precautions includes instructing students to wash their hands thoroughly with soap and water and to wear gloves.
3. Students are required to sign a release form before practicing and evaluating. Students are prohibited from performing any patient injections.

4. After "sharps" are used, the invasive piece of equipment is placed in a standard hospital "sharps" box. Supplies are "red bagged." Contaminated materials are disposed of at an approved site at the end of the semester or as needed.

5. If suspected contamination occurs, the student is instructed to soak the area with a 1:50 Clorox solution followed by thorough washing with soap and water. He/she is then referred to his/her physician or health care agency for follow-up testing. An incident report is filed through the program coordinator/director. Howard Community College and the clinical facility are not responsible for covering the costs of any associated testing or treatments. Students are strongly urged to obtain their own health insurance.
HOWARD COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

SEXUAL HARASSMENT POLICY

The Radiologic Technology program is committed to maintaining an equitable and objectionable learning environment. The following behaviors are, therefore, prohibited:

1. Behavior that is sexual or fraternizing in nature
2. Behavior that interferes with the student’s performance
3. Behavior that creates an intimidating, hostile or offensive learning/working environment

Sexual Harassment Procedure

1. The student is to report to the Clinical Instructor and the Program Chair any occurrence that they considered to be harassment of a sexual nature.
2. The Clinical Instructor or Supervisor will notify the appropriate personnel at the clinical education site of the accusation if the accused is an employee. The hospital’s policy on sexual harassment will then be followed.
3. The Clinical Instructor will notify the Program Chair if the accusation is against a student in the Radiography Program. At which time, the Sexual Harassment Policy, stated in the HCC Student Handbook will be followed.
PREGNANCY COUNSELING SHEET

The purpose of this document is to state that the student named below has met with the Radiologic Technology Program Chair, or designee, in regards to her declaration of pregnancy and the school’s policy regarding student pregnancy.

The following topics were discussed:

1. During the entire gestation period, the dose equivalent limit for the fetus is 0.5 rem, or 5 mSv.
2. The principles of radiation protection including time, distance, and shielding must be applied to limit the fetal dose.
3. The student is expected to continue in the clinical and classroom environment. Competencies, objectives, and attendance policies remain in effect.
4. Absences may be made up according to the Program’s make-up policy
5. The student has the option of withdrawing from the program and re-entering the following year, depending on space and availability.

I, ____________________________, have discussed the above topics with the Radiologic Technology Program Chair and fully understand these as stated.

___ I plan to continue with the Radiologic Technology program during my pregnancy.
   My approximate conception date was ____________________________

___ I do not wish to continue with the Radiologic Technology Program at this time.

________________________________________   ______________________
Student Signature                        Date

________________________________________   ______________________
Program Chair Signature                  Date
CONSULTATION SHEET FOR WITHDRAWING DECLARATION OF PREGNANCY

The purpose of this document is to state that the student named below has met with the Radiologic Technology Program Chair in regards to her withdrawing declaration of pregnancy.

The following topics were discussed:

1. Immediately turn in the dosimeter that was used for fetal monitoring.
2. The student has chosen to continue in the clinical and classroom environment. Competencies, objectives, and attendance policies remain in effect.
3. Absences may be made up according to the Program’s make-up policy.
4. The student has the option of withdrawing from the program and re-entering the following year, depending on space and availability.

I, _____________________________, have discussed the above topics with the Radiologic Technology Program Chair and fully understand these as stated.

___ I plan to continue with the Radiologic Technology program.
___ I do not wish to continue with the Radiologic Technology Program at this time.

__________________________________________  ____________________________
Student Signature                      Date

__________________________________________  ____________________________
Program Chair Signature              Date
HOWARD COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

EXPOSURE CONTROL PLAN
BLOODBORNE PATHOGEN

1. Distribution of Infection Control Policy to all nursing and allied health students, faculty and staff.

2. Explanation of causes, symptoms, and methods of transmission of pathogens, particularly bloodborne pathogens.

3. Explanation of methods that will prevent or reduce exposure to bloodborne pathogens including work practices, and personal protective equipment.

4. Description of types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.

5. Explanation of reasons for selection of personal protective equipment.

6. Description of actions to take in the event of an exposure to potentially infectious materials including method of reporting the incident, medical follow-up, post-exposure evaluation and follow-up. Follow CDC guidelines; www.cdc.gov/

7. Description of signs and labels and/or color-coding used to identify hazards.

I verify that I have received training/education in all aspects of the Exposure Control Plan.

_________________________________________  ____________________
Student                                      Date

SIGN AND RETURN THIS FORM TO THE DIRECTOR BY THE END OF THE FIRST WEEK, OF THE SEMESTER.
THE RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT HANDBOOK RECEIPT

This Student Handbook is a student’s guide for the Radiologic Technology (RA
DT) Program at Howard Community College (HCC). Policies and procedures for the
Radiologic Technology Program are included in this handbook. It is the responsibility
of each student to read and understand the contents of the handbook. After reading
the handbook, each student is required to sign and return the receipt on the last page
to indicate that the handbook has been received.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND ALL
INFORMATION IN THE RADIOLOGIC TECHNOLOGY HANDBOOK

Student’s Signature: ___________________________ Date: __________

Received by: _________________________________ Date: __________

SIGN AND RETURN THIS FORM TO THE DIRECTOR ONE WEEK FOLLOWING
RECEIPT.