Champlain Valley Physicians Hospital
Medical Center
RADIOLOGIC TECHNOLOGY PROGRAM
75 Beekman Street
Plattsburgh, NY 12901
STUDENT ORIENTATION BOOKLET

Disclaimer Clause
Assessment is an important element in a program's overall evaluation and leads to continual improvement. Program policies, offerings, and requirements are continually being assessed and improved. The contents of this booklet are in effect at the time of revision and are subject to change. Students will be notified of changes in policy and requirements.

11/2010, deo

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Radiologic Technology Program
MISSION

To provide a quality education in the radiographic sciences, utilizing a current, progressive, competency-based clinical/didactic method of instruction to prepare our graduates for a professional career as a radiographer and qualify to sit for the American Registry of Radiologic Technologist examination.

Liberal arts studies are provided as part of the program to assure the minimum of an associate degree in Science, Math, and Technology with a concentration in Radiological Studies, to better position the student for the future.

GOALS
2009-2012

1. Graduates/ Students will have the knowledge of an entry-level Technologist and will meet the needs of the community.
2. To facilitate development of applied skills in effective communication, critical thinking, and problem solving in the practice of Radiology.
3. To graduate a student who will recognize the need for professional development and life long learning.
4. To facilitate development of a graduate so that they must behave in a compassionate, ethical, and professional manner.

REQUIREMENTS

1. Students are required to complete all courses and clinical exams set forth by the school of Radiology with a grade of 75% or better within the 24 month school schedule.
2. Students are required to complete at least 24 credits at Empire State College (ESC) to complete an associate's degree or a bachelorette degree within the same 24 month period.
3. Failure to successfully complete either the CVPH requirements or the ESC courses will result in the student not being eligible to graduate from the CVPH school of Radiology, Empire State College, or to sit for the ARRT registry exam.

CVPH
Radiologic Technology Program

Please Print Class of_____Date_____Social Security Number_____

Name _____
Last First M Mr/Miss/Ms

Permanent or Legal Address

_____
Street City County

_____(_____)_____
State Zip Telephone Number

Temporary Address (Address while attending CVPH, if different from above.)

_____
Street City County

_____(____)_____
State Zip Telephone Number

Birth date:____/____/_____ Age:_____ Sex: M_____F_____

E-mail:_____Cell Phone: (_____)_____

Ethnic Origin (check one)
___Black / African American
___American Indian or Alaskan Native
___White
___Hispanic / Latino
___Native Hawaiian / Pacific Islander
___Asian

Disability/Need Accommodation
___Impaired mobility
___Impaired vision / blind
___Impaired hearing / deaf
___Impaired speech
___Learning Disability
___Emotional Disorder

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CVPH

Radiologic Technology Program

In order to assure your eligibility for licensure at the completion of the program in Radiologic Technology at CVPH, it is necessary that the department have the following information in order to assist you in applying for verification that you will be able to obtain a license/certification to practice.

This question and information appears on the Application for State of New York Licensure.

Except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent, have you ever been convicted of an offense against the law, forfeited collateral or are you now under charges for any offense against the law? (___) Yes (____) No

If yes, please provide details under Remarks for each charge. Also include copies of all Documents from the court. (Certificate of Disposition, Certificate of Relief from Disabilities, Parole/Probation documents, etc.)

A conviction is not an automatic bar to licensure. Each case is considered on its own individual merits.

This question and information appears on the ARRT application for radiography certification.

Have you ever been convicted of a misdemeanor or felony? (____) Yes (____) No

Note: Convictions or charges resulting in any of the following must also be reported:
** plea of guilty * plea ofnolo contendere * withheld or deferred adjudication*
** military court-martia l * suspended or stay of sentence*

Misdemeanor charges or convictions that occurred while a juvenile and that were processed through the juvenile court system are not required to be reported to ARRT. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use. Convictions or charges previously reported to ARRT that have been formally cleared as evidenced by a letter from ARRT to that effect should be indicated as "No. " If response is "Yes, "provide official court documentation to confirm charge and sentencing, and the status of all court conditions, along with a detailed explanation of the events that occurred.

If the answer is yes, it is imperative that you make an appointment to see the Program Director. Also, refer to Policy #2, located in the Student Orientation Booklet for more information.

Name _____ Date_____
(Signature)

blSOB:!
rev. 2/89, 10/93, 4/97, 4/99,11/2010

DECORUM IN THE CLASSROOM

A professional is expected to show maturity, courtesy and restraint. Professional education in Radiologic Technology begins in the classroom and carries into the clinical setting. Therefore appropriate, professional decorum is expected in the classroom at all times.

A free exchange of ideas and opinions is welcomed. It is expected that when addressing college faculty and classmates, it will be done in a respectful manner. One should not speak until recognized by the instructor or facilitator.

If you take issue with an event that took place during class, you should wait until after class to discuss it with the instructor. Confrontation, at any level, is inappropriate.

Tardiness is disruptive to the flow of the learning activities and should be avoided. Likewise cell phones, pagers, and watches that have alarms should not be brought into the classroom. Text messaging shall not go on during class and cell phone calculators may never be used during class testing time.

These decorum standards apply to the clinical education setting as well. All clinical staff, technologists and other hospital personnel should be treated in the same respectful manner as college faculty. Repeat episodes of disregard for classroom decorum will be reported to the Program Director for further action.

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The Radiologic Technologist is a professional skilled in medical imaging.

Student success in Radiologic Technology is dependent on...

1. Emotional maturity, academic ability, motivation, self-discipline, and willingness to devote a considerable amount of time to academic study.
2. Patience and enjoyment of working with and serving others.
3. Ability to follow orders, yet think critically and assess situations quickly and accurately.
4. Physical ability to perform the duties of the job.

Language Arts / Communication

Verbal - speak clearly, concisely employing correct vocabulary and grammar for communication.

- Ability to give verbal explanation and instructions to patients.

Written - ability to write on patients' charts and requisition, describe incidents that occur, and record medical information.

Sensory Attributes

Visual - ability to confirm patient identity, read physician's orders, read gauges, and panels.

- ability to observe patient's physical conditions.

Auditory - response to verbal information from the patient, physician, team members.

- ability to respond to auditory radiation protection indicators.

Touch - ability to locate anatomical landmarks on the patient by touch.

Body Mechanics

- ability to move and support patients by lifting and sliding.
- ability to push/pull radiographic equipment, wheelchairs and stretchers

.

Intellectual and Mental/Emotional

- use of algebra in solving technical equations, graphs, curves and numerical tables.
- Ability to think critically and assess a situation.
- emotional strength in dealing with trauma situations and patients with chronic, acute and terminal conditions.
- willingness to provide service to all patients, regardless of age, sex, race, national origin, religion, social status, sexual orientation, physical conditions or disease processes.

TUITION AND FEES

Tuition (as found in current program brochure) must be paid each six months.
July- due no later than the 10th of the month.

January-- due no later than the 10th of the month.

The above does not apply if waiting for financial aid awards or special payment arrangements have been made.

Books must be paid for in two installments. The first half will be due by July 10th of the first year and payment #2 by July 10th of the second year and will cover all phases of the Radiology School including a review book. The cost of books may change every year without notification. Students will be charged the hospital rate for all books and electronic media.

Books for the Empire State College Liberal Arts studies, however, must be purchased by the student as needed per course. A one-time fee is charged the first semester to cover processing fees for Empire State College. As of 2011 this amount is $450.00, and is due by September 1.

LOANS AND FINANCIAL AID

Applications for Federal Student Aid are sent to all persons accepted into the program. You are urged to apply for financial aid as soon as possible.

Awards from TAP, PELL, Veterans and student loans may be used to pay all CVPH bills, except registration fees, if the forms have been filed with the financial aid representative at CVPH Medical Center.

Federal Stafford (subsidized and unsubsidized), Federal SLS, and PLUS Loans are also available.

WITHDRAWAL OR RESIGNATION FROM THE PROGRAM

Many students discover within the first few weeks, that caring for the sick or working in the hospital atmosphere is not quite what they expected and not their desired goal in life. Others may meet with personal complications, health problems, or realize displeasure with the program for a variety of reasons. Some find the technical aspect of the program too difficult to comprehend.

Students contemplating withdrawal should discuss this matter with the program director. Grievances should be discussed before any rash steps are taken. Academic, financial and personal counseling is available. Assistance will be given to those desirous of it, but withdrawal cannot be refused or discouraged.

Students wishing to withdraw from the program MUST submit their reason for resignation in writing to the program director. This information will be sent to the New York State Department of Health and kept with your personal records for future reference.

REFUNDS

A refund may be obtained only for tuition unless the Empire State assessment fee has not been paid to Empire State. This assessment fee would also be returned to the student. To obtain a refund of tuition, it is necessary to make the request, in writing, to the Director of the school. Refunds will be pro-rated as of the date the director is notified or if the student has just dropped out without notice, the last day of classes attended. Refunds will be based on the following schedule:

100% of the tuition charges will be refunded, less an administrative fee of $100.00 if a student withdraws on or before the first day of classes for the period of enrollment

During the first twenty days (10%) of the enrollment period, the student will receive a 90% percent refund.

During the time period from 20 days to 45 days (10% to 25%) of the enrollment period, the student will receive a 50% refund.

No refunds will be made for textbooks or assessment fees (unless not already paid to Empire State) and registration fees.

Students who are dismissed for disciplinary reasons are not entitled to any refunds.

FINANCIAL AID STATUS FOR UNSATISFACTORY ACADEMIC PERFORMANCE.

Financial aid awarded will be discontinued if the student does not meet the following: By the end of the second academic semester measured as a period of time, not by the student's grade level, the student must, in general, 1) have a C average in both clinical and didactic, 2) have an academic standing consistent with the requirement for a graduation from the program **ALLOCATION OF REFUNDS AND OVERPAYMENTS**: An institution shall allocate refunds and overpayments collected from the student in the **following order:**

(1) To eliminate outstanding balances on Federal SLS loans received by the student for the period of enrollment for which he or she is charged.

(2) To eliminate outstanding balances on unsubsidized Federal Stafford loans received by the student for the period of enrollment for which he or she is charged.

(3) To eliminate outstanding balances on subsidized Federal Stafford loans received by the student for the period of enrollment for which he or she is charged.

(4) To eliminate outstanding balances on Federal Plus loans received on behalf of the student for the period of enrollment for which he or she is charged.

(5) To eliminate outstanding balances on subsidized Federal Direct Stafford loans. Not applicable.

6) To eliminate outstanding balances on subsidized Federal Direct loans. Not applicable.

(7) To eliminate outstanding balances on Federal Direct PLUS loans. Not applicable.

(8) To eliminate outstanding balances on Federal Perkins loans. Not applicable.

(9) To eliminate any amount of Federal Pell Grants awarded to the student for the period of enrollment for which he or she is enrolled.

(10) To eliminate any amount of Federal SEOG Program Aid. NOT applicable.

(11) To eliminate any amount of other assistance awarded to the student under programs authorized by Title IV for the period of enrollment for which he or she is enrolled.

(12) To repay required refunds of other Federal, State, private, or institutional student financial aid assistance received by the student.

(13) To the student.

CONFIDENTIAL MATTERS

You are reminded that information regarding a patient is always strictly confidential. HIPPA regulations will be followed; Medical records must never be placed in the hands of the patients or of anyone else except people directly concerned with patient care and treatment. Likewise, any information about a patient must never be discussed with the patient or with people in or outside the hospital. **A violation may result in immediate dismissal.**

STUDENT RECORDS REVIEW AND RELEASE

The CVPH Medical Center School of Radiologic Technology Program provides students the right to inspect and review the educational records and to challenge the contents of these records to insure that such records are not inaccurate, misleading, or in violations of the student's privacy or other rights. Certain information is considered to be public and will be released to individuals who in the best judgment of the school have legitimate purpose. This includes your name, address, and your participation in any school activities, date of attendance, and diploma awarded, and most recent previous educational agency. If you choose not to have this public information released, you must notify the program director within two weeks of the opening of school. Any other record such as transcripts, placement folders, etc. will not be released unless we have your written consent specifying which records are to be released and to whom you want them to go.

STATEMENT CONCERNING RECORDS OF STUDENTS ENROLLED IN THE SCHOOL OF RADIOLOGIC TECHNOLOGY

The purpose of recording and storing information on students is two fold:

1. To facilitate your educational process
2. To facilitate the certifying process of the school

The student informational needs of this program are varied and are designed to gather only essential information. The following information is gathered and stored for varying lengths of time in different areas.

a. Application records which will include your statement of Application, references, transcripts and medical examination forms
b. Daily procedure and hour's cumulative record
c. Clinical evaluation records
d. Health records
e. Financial aid records
f. Access record (which records to whom and when certain information was released.)
g. Records of disciplinary actions
h. Bursar receipts
i. Privileged by law information, (statements by Psychiatrist, M.D., etc.)
j. Copies of correspondence with you

k. Academic progress reports
l. grade reports
m. Signed patient information protection form
n. Notarized emergency treatment form
o. Radiation dosage reports
p. Checklist of procedures form

With the following exceptions, all of the above are accessible to all administrative and instructional school personnel.

a. Health records - accessible to school physician, school nurse, director for counseling purposes, administrative assistant for certifying or transcribing purposes.
b. Financial aid information - accessible to director for counseling and certifying purposes, administrative assistant for certifying purposes.
c. Disciplinary records - accessible to student personnel director, (if involved), director, and individual faculty (if involved, e.g., in charges of plagiarism).
d. Privileged by law information - accessible to creator of record and appropriate school personnel, e.g., school nurse, school physician, director, student, personnel director, faculty (if involved).

A student who wishes to review his record should make his request in writing to the Director of the school. Since much of the information is intended for specific purposes, the review process will include interpretation by appropriate staff members.

It should be further pointed out that in attempting to maintain only essential records; during periodic review certain records are destroyed. The record retention schedule is available to you on request.

If the occasion ever arises that a student questions the validity of his record an attempt will be made to informally resolve this situation. If an information hearing does not mutually settle the situation, the school will subscribe to the formal hearing procedures described in the January 6, 1975 Federal Register which deals with the Privacy Rights of Parents and Students.

RELEASE OF INFORMATION

Certain information is considered to be public and will be released to individuals who in the best judgment of the school have legitimate purpose. This includes your name, address, telephone listing, date and place of birth, your participation in any school activities, date of attendance, and diploma awarded, and most recent previous educational agency. If you choose not to have this public information released, you must notify the director of the program within two weeks of the opening of school. Any other record such as transcripts, placement folders, etc., will not be released unless we have your written consent specifying which records are to be released and to whom you want them to go.

BUCKLEY AMENDMENT- Students need to be aware that the post-secondary student receives their grades directly from the school. Parents may access the student's records only with the written permission of the student or with the student present. The school policy is to communicate with the student as per this law.

HOLIDAY AND VACATIONS

There are 8 holidays granted to students:

NEW YEARS DAY	THANKSGIVING DAY
GOOD FRIDAY	CHRISTMAS DAY
MEMORIAL DAY	PRESIDENT'S DAY
INDEPENDENCE DAY	LABOR DAY

One-week vacation is allotted in the spring, ½ of the class will have the week before Easter Sunday and the other ½ will have the week after Easter Sunday.
Two-weeks of vacation will be given each student per year as assigned by the program during the Christmas Season.
Two-weeks of vacation will be taken during the course of the summer between the freshman and senior year.

PARKING

All students must obtain on the first day of school a parking sticker to be placed on the driver's side window of your car. This allows you to use the first parking lot on the left when entering the back gate of the hospital from North Prospect Street. **Parking anywhere other than the designated area will result in disciplinary action.**

LIBRARY RESOURCES

1. The CVPH Medical Center Radiology School has a library of dedicated books to use as references. Students have access 24 hours per day

2. The CVPH Medical Center has a hospital-wide medical library to use for research and reference. However, it is not a lending library. Students have access 24 hours a day.

3. Your enrollment with Empire State College allows you to use the Plattsburgh State College Library. Hours vary but are listed on doors of Library.

4. There are five computers and three printers in the classrooms with access to the internet.

SMOKING

Smoking is not permitted anywhere in the hospital or on the grounds.

FACILITIES/ACTIVITIES AVAILABLE TO STUDENTS:

CAFETERIA (The Garden)

For the benefit of all employees and students meals are available in the cafeteria. Students also receive the employee discount.

GIFT SHOP

The Gift Shop is available for the purchase of any number of different gifts and snacks.

PHARMACY

The pharmacy stocks several items at a low cost to employees and students of the CVPH School of Radiologic Technology.

Extras
Students may also participate in the Verizon Wireless discount and/or AT&T discounts for wireless phones, etc.
Students are also welcome to participate in any trip or tickets offered through our R&R Committee.
There is gym with a pool located on our PARC campus. Students are eligible for a low cost membership.

ABSENCE FROM SCHOOL
In the case of a death, the school follows the Bereavement Policy of CVPH Medical Center.
Three days are allowed for immediate family which includes: parents, stepparents, foster parent, mother-in-law and father–in-law. Spouse, domestic partner (regardless of gender) residing in same household for the previous six months, children, step children, grandparent, grandparent-in-law, grandchildren, step grandchildren, brother, sister, brother-in-law, sister-in-law and blood relatives who are members of the family's household.
Four hours may be used for other relatives up to first cousin.

In the event of sickness, see sick leave below.
For all other absences you must have the approval of the program director or medical director/advisor.

SICK LEAVE
Points will be deducted for each class missed due to illness. Points will be deducted from the students final grade for days missed from clinic. If absent 3 days or more, you will be asked to bring a doctor's certificate to your program director upon returning to school. You must report to your program director that you are ill and unable to report to school no later than 7:15 am. On clinic days the student is to call the checking area, (518-562-5510) or if at the plaza, (518-562-1043) by 7:00 am. Repeated absences or lateness may be noted on your transcript. Remember that steady attendance is important to everyone.

Personal Day
Each student is allowed 1 personal day each twelve month period. If a student does not use their personal day from the first year, it may be carried over to the second year. However, personal days may not be taken in sequence. They have to be taken at separate times. All personal days **must** have prior approval. If a student **does not** have prior approval it will be counted as a sick day.

SUMMARY

Serious business-like conduct on the part of everyone training and working here is of even more importance than in most other organizations. Your contact with the patients, no matter how brief, is important. Any act of misconduct may lead to disciplinary action ranging from reprimand up to and including dismissal. The following are examples of such:

1. Violation of any rule, regulation, or practice of the hospital or of a division or department of the hospital.

2. Falsification of application or other hospital records.

3. Leaving school during school hours or failure to return to school after lunch period without permission.

4. Loitering, loafing, or sleeping during the course of the school day.

5. Failure or refusal to accept an assignment.

6. Using vile, intemperate, or abusive language in addressing any supervisor, faculty member, hospital employee, patient, family member, or fellow student or acting in a disrespectful manner toward any of the above at anytime, **whether on or off the hospital premises.**

7. Immoral or indecent conduct of any nature.

8. Using any or possessing any intoxication beverage or the use or possession of illegal drugs on or off hospital premises.

9. Reporting to work under the influence of intoxicants or illegal drugs.

10. Threatening, intimidating, or coercing another student or employee by work, deed, or both.

11. Fighting, "horseplay", annoying another student or employee or other disorderly conduct.

12. Possession of any weapon of any type while on hospital premises.

13. Gambling, conducting games of chance or possessing gambling equipment on hospital premises (other than hospital sanctioned fund raisers).

14. Creating or contributing to by act or omission, unsafe or unsanitary conditions.

15. Smoking is prohibited at all times at **all** CVPH locations.

16. Unauthorized solicitation or distribution of literature on hospital property at anytime.

17. Unauthorized posting or removing of notices in the hospital at anytime.

18. Unauthorized possession, use, copying, or reading of hospital records or disclosure of information obtained to unauthorized persons.

19. Theft, fraud, or misappropriation of property belonging either to the hospital, to another hospital employee or student, or to a patient or visitor at the hospital.

20. Negligent or deliberate destruction or misuse of property belonging either to the hospital, to another hospital employee or student, or to a patient or visitor at the hospital.

ACCUMULATIVE CURRICULUM GUIDE

FIRST YEAR **HOURS**

1. Introduction to Radiography.....15

2. Office Procedures…….....……...10

3. Medical Terminology.....…....30

4. Radiographic Procedures I.....….....45

5. Radiographic Film Evaluation I.....15

6. Methods of Patient Care (Nursing Proc).....45

7. Contrast Medias and Pertinent Procedures...15

8. Anatomy & Physiology.....….....78

9. Radiographic Film Processing.....….....15

10. Radiation Physics.....…….....60

11. Ethics and Law.....…….....15

12. Principles of Radiographic Exposure I.....50

SECOND YEAR

1. **Radiographic Procedures II.....….....54**
2. **Radiographic Film Evaluation II.....15**
3. **Department Administration.....….....15**
4. **Pharmacology.....…….... 15**
5. **Principles of Radiographic Exposure II.....26**
6. **Radiographic Pathology.....…….....26**
7. **Radiation Biology & Protection.....….... 15**
8. **Special Procedures.....…….....…..15**
9. **Quality Assurance.....…….…15**

CLASS ATTENDANCE REQUIREMENTS
Policy #1

The College's policy on student class attendance states that; "prompt and regular attendance at all class and laboratory sessions is expected." CVPH does not have an "unlimited cut" system of attendance, nor does it allow absences equal to the number of hours for the course, i.e., the so called a "three-cut system".

Each student is personally responsible for the satisfactory completion of course work prescribed by his/her instructors. Regular attendance and active participation in classes are essential elements in the learning process. The student, therefore, is expected to attend classes regularly. Students shall communicate reasons for absences directly to the instructor. If it is possible, this communication should occur prior to the absence. Faculty members may report students for excessive absence when such absence is adversely affecting the student's academic achievement in a particular course (not necessarily failing work). When this occurs, the student will be reported to the Program Director by the professor with the recommendation to warn the student or withdraw him/her from the course. The student will be informed in writing of the recommendation. In the event the student is withdrawn from the course, the grade of "W" will be assigned.

Students should be aware that non-attendance at classes would not result in automatic withdrawal from a course. Unless the student initiates a formal course withdrawal request in writing and submits it to the Program Director, non-attendance may result in an "F" grade.

Students are reminded that an important part of the attendance policy is that it does not provide for blanket excuses for curricular or co-curricular activities, e.g., field trips, scheduled athletic events, conferences, college and placement interviews, etc. Students should plan for the above contingencies by regular attendance in all classes. Students who continually meet their responsibilities with regard to regular attendance will have few, if any, problems as a result of absence for the above reasons.
It is to the students' advantage to contact the Program Director either by phone or in person as soon as possible when illness occurs. In this way, more serious illness might be prevented and students can be advised as to procedures to follow upon return of classes.

LICENSURE AND CERTIFICATION REQUIREMENTS-
* Graduates of this accredited Radiologic Technology Program attain an Associates Degree, and are eligible to sit for the American Registry of Radiologic Technologists (ARRT) national certification examination. Employers throughout the United States professionally accept ARRT certification.

In New York State, licensure is mandatory. Graduates qualify for NY State Licensure by submitting an application and passing the ARRT certification examination.
The Program offers a curriculum based on "two years of full-time study", with an "adequate" number of didactic and clinical experience hours to assure student competency achievement (compliance with NYS & JRCERT).
The Radiologic Technology program at CVPH may be requested by the
ARRT or NYS to supply documented evidence of each student's clinic and didactic attendance. Therefore, it is the responsibility of the student to attend all classes as scheduled, in order to become eligible for the ARRT examination and New York State Licensure.

PROCEDURE FOR RECORDING STUDENT ATTENDANCE AT CLINICAL EDUCATION SITE

1) The daily attendance record, including unsatisfactory punctuality, shall be recorded by the student time stamping their daily exam card.

2) All students are requested to phone the clinical instructor and the Program Director's office whenever they are unable to attend their clinical assignment.

The student must:

* Call the clinical affiliate hospital between 7:00 a.m. and 8:00 a.m.
* Ask to speak with or leave a message for the assigned clinical instructor.
* The call should include the student's name and the reason for the absence.

3) Clinical grades will be computed by the average of the clinical competencies, dress code, personal growth evaluation, and attendance. Attendance will be determined by a 3-point deduction/ day, 5-points for a no-call, no-show, and ½ point for every hour late. There will be no sick days built into the program.

4) If the clinical grade average, at the end of each semester, is calculated below a 75%, the student will be dropped from the program.

ABSENCE DUE TO RELIGIOUS BELIEFS

The Radiologic Technology Program will concur with the Educational Law, Section 224-A, which states the following:

1) No person shall be expelled from or be refused admission as a student to an institution of higher education for the reason that he/she is unable, because of his religious beliefs, to attend classes or to participate in any examination, study, or work requirements on a particular day or days.

2) Any student in an institution of higher education who is unable, because of his religious beliefs, to attend classes on a particular day of days shall, because of such absence on the particular day or days, be excused from any examination of any study or work requirements.

3) It shall be the responsibility of the faculty and of the administrative officials of each institution of higher education to make available to each student who is absent from school, because of his religious beliefs, an equivalent opportunity to make up any examination, study or work requirements which he/she may have missed because of such absence on any particular day or days. No fees of any kind shall be charged by the institution for making available to the said student such equivalent opportunity.

4) If classes, examinations, study or work requirements are held on Friday after four o-clock post meridian or on Saturday, similar or make-up classes, examinations, study or work requirements shall be made available on other days, where it is possible and practicable to do so. No special fees shall be charged to the student for these classes, examinations study or work requirements held on other days.

5) In effectuating the provisions of this section, it shall be the duty of the faculty and of the administrative officials of each institution of higher education to exercise the fullest measure of good faith. No adverse or prejudicial effects shall result to any student because of his/her availing him/herself to the provisions of this section.

6) Any student, who is aggrieved by the alleged failure of any faculty or administrative officials to comply in good faith with the provisions of this section, shall be entitled to maintain an action or proceeding in the Supreme Courts of the county in which such institution of higher education is located for the enforcement of this rights under this section.

CVPH
Radiologic Technology Program

REPORTING VIOLATION/CONVICTIONS AGAINST THE LAW
TO N.Y. STATE AND ARRT Policy # 2

STATE OF NEW YORK (NYS)
The State of New York disqualification rule requires that Radiologic Technology students who have been convicted of any crime/violation of the law (except for minor traffic violations and adjudications as youthful offender, wayward minor or juvenile delinquent) or are defendants in a criminal proceeding should contact NY State in writing.

New York State Department of Health
Bureau of Environmental Radiation Protection
547 River Street, Room 530
Troy, NY 12180-2216
(518)402-7580
* For specifics see the ATTACHED State of New York, School Distribution No. 51, Disqualification from Examination, August 1, 1992.

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT)
An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime is strongly advised to file a pre-application with the ARRT in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication, or suspended or withheld sentence.
A Pre-application Review of Eligibility may be obtained on the web at www.arrt.org or by mail.

The American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
Telephone: (612)687-0048

Declaration of Understanding:
I have been informed and I realize that I am responsible for writing to New York State and the ARRT, for the purpose of attaining a ruling on eligibility for licensure and certification in the radiologic sciences.

_____ _____
Student's Signature Date

CVPH
Radiologic Technology Program

GRADING POLICY policy#3

A grade of 75% must be accomplished in each subject in order to continue in the program. This is consistent with the requirement of 75% on the ARRT registry as a passing score.

During the two years, a student must pass all major subjects as noted. The failure of any course with a GPA of 74% or less will result in dismissal from the program and the inability to graduate.

Student grades will be evaluated at the end of each semester and the student may be dismissed for unsatisfactory didactic or clinical progress. A "C" or above in clinical practicum must be maintained, along with the required number of competencies, to be eligible for graduation. Clinical competency is an integral part of the program.

Practical and oral examinations will be given periodically during your training period in each didactic subject with or without notice. The type, sequence and grading of the examination will be at the discretion of your instructors. All Numerical grading will be as follows:

Below 75	F	85-86	B
75-78	C-	87-89	B+
79-80	C	90-93	A-
81-82	C+	94-96	A
83-84	B-	97-100	A+

The GPA will follow that of SUNY New York.

Original projects and papers will be asked from the student at various levels of his or her training to develop initiative and research abilities.

CLINCAL COMPETENCY REQUIREMENTS AND CLINICAL ASSIGNMENTS

The Radiographer program includes the training for diagnostic procedures, basics of mammography, bone densitometry and the basics of computerized axial tomography.

There are no set rotations or assignments for any of the specialty areas, such as, Nuclear Medicine, Sonography and MRI.

Students must demonstrate competence in all 36 procedures identified as mandatory and a minimum of 15 elective competencies. Procedures should be performed on patients; however, a minimum number of mandatory procedures may be simulated if demonstration on patients is not feasible. Simulations may only be obtained during the 30 day time period prior to graduation allowing for more opportunity to perform on patients.
All competencies and assignments apply to both male and female in a fair and equitable manner.

DISCIPLINE POLICY

The primary purpose of discipline is to assure conformance with the rules and regulations which our school has established as an aid in achieving its' objectives. We will start with the assumption that you as a student technologist want to do a good job, therefore, we take constructive supportive measures to help you, but we also realize that some students will not live up to our standards and for these a policy of disciplinary penalties must be laid down.

To provide our patients with the best possible care, we must all work together as an effective team. If you have any problems, difficulties, suggestions, or grievances connected with your schooling, your supervisors would like to know about them promptly. Naturally, you may present these matters in private if you wish to do so. You are requested to go to the clinical instructor or program director with these matters. If unable to work out a compromise or settle issues the next step is due process.

A student may be dismissed at any time for the following reasons:

1. Clinical application or academic grades are unsatisfactory.
2. Failure to comply with rules or regulations pertaining to students' conduct, attendance, etc.
3. Insubordination.
4. Violation of any New York State Law whereby a student has been found guilty of a felony.
5. Unsatisfactory progress at Empire State College.
6. Use of alcohol or illegal drugs on hospital campus.

SEQUENTIAL METHODS OF DISCIPLINARY ACTION

STEP 1 - ORAL WARNING: explaining offense and possible further action if offense is repeated.
STEP 2 - WRITTEN WARNING: explaining possible further action if offense is repeated and placing student on PROBATION for a period not to exceed 90 days.
STEP 3 - SUSPENSION: not to exceed one week (7days) time will be counted as absent.
STEP 4 - FINAL DISMISSAL

Due to the variety of circumstances involved no one disciplinary standard can apply. The type and degree of disciplinary action will depend upon the type of infraction, the seriousness of it and the repetition of the offense.

The severity of the disciplinary action may range from STEPS 1-4 (above), in a progressive manner, or immediately to the dismissal at the discretion of the program director and/or medical advisor. As per Due Process.

APPEALS PROCESS: All members of the School of Radiologic Technology have the right to appeal certain decisions. This should be done through "due process". Due process is an elusive term. There are, however, two) concepts inherent in due process - one is substantive and the other, procedural.

Substantive due process requires the purpose of a rule (or law) examined for reasonable and fairness.

Procedural due process concerns the methods and steps utilized to maintain rules and regulations, while assuring justice and protection of the rights of all parties involved.

The student must be notified of his/her academic status. The student must be given the right to an orderly, unbiased examination of a faculty decision perceived by the student as capricious, arbitrary or based on inadequate rationale/documentation.

This is done through the APPEALS PROCESS OF THE SCHOOL OF RADIOLOGY.

ACADEMIC APPEALS PROCESS

Academic Appeals will be limited to:

1) Unsatisfactory Clinical Evaluation
2) The inaccurate recording & reporting of an academic grade

The Appeals Process will proceed in the following manner:

1) The student should attempt to settle the discrepancy with the involved faculty member(s)

2) If the student is not satisfied with the outcome of this meeting, he/she may request an appeal. This is instituted by submitting a written statement of the intent to the Program Director within 48 hours of the student/faculty conference. The Program Director will then immediately notify the student and the instructor involved of a meeting. The student may request the attendance of another instructor or leave the selection of the instructor to the Program Director.

3) The student and instructor (s) will meet with the Program Director and/or the Medical Advisor within 5 school days at a designated time to present the conflict, substantiate their respective positions and answer any questions.

4) The decision will be made by the Program Director and/or Medical Advisor. The Program Director will notify the student and the instructor of the final decision within 5 days.

5) Either party may request an Administrative Hearing if they are not satisfied with the decision.

a) A written request for this hearing will be submitted to the Program Director within 48 hours of receipt of the decision from the Program Director.

b) Members of the Administrative Hearing panel will be the

1) Director of Radiology
2) Program Director, School of Radiology
3) Medical Advisor School of Radiology
4) Vice President of Professional Services

c) All written materials from the previous appeal will be copied and distributed to all parties prior to the administrative hearing for review.

FINAL APPEAL: Within 7 days, the student may request a final appeal to the Vice President of Professional services (a source external to the school). That ruling will be given within 7 days and is final.

NON-ACADEMIC GRIEVANCE POLICY

The School of Radiologic Technology makes a distinction between acts involving academic matters and other conduct, which may be subject to disciplinary action. The School guarantees to all students due process, including both academic and non-academic disciplinary action. The Committee on non-academic grievances has the responsibility of investigating the validity of student complaints in the following areas:

1) Conduct involving violations against the School community
   a) Students are expected to abide by the rules and regulations as Stated in the Student Handbook.
   b) Violence against or forcible interference with the freedom of movement of any member or guest of the school community
   c) Behavior, which deliberately infringes upon the rights of others and endangers their well-being or safety.
   d) Failure to comply with the appropriate request of school faculty acting in the performance of their duties. (i.e. Insubordination)
   e) Disorderly conduct on school property or at school- sponsored function.

2) Conduct involving the provision of false information will lead to immediate dismissal
   a) Misuse of ID cards and/or school records
   b) Plagiarism and/or cheating

3) Conduct involving trespass or damage to school property
   a) Unauthorized entrance into school buildings or intentionally causing damage to school property.
   b) Theft of personal or school property

4) Conduct involving misuse of alcoholic beverages and/or non-prescription drugs during class time or on Hospital property will lead to immediate dismissal.

5) Conduct involving violations of civil and criminal law will be reviewed on a case-by-case basis.

PROCEDURE FOR NON-ACADEMIC GRIEVANCE

A student will be afforded the following procedural rights:

1) The student will submit a written statement of his/her grievance within 3 days in advance of the hearing and indicate the nature of the charge(s). The statement will be submitted to an investigative committee consisting of two 2) faculty members, one (1) of which is the Clinical Coordinator and the other (2) the Program Director. The Program Director will appoint a student representative from each class or allow the student to select the student representatives.

2) Upon receipt of the written complaint, an investigation will be conducted by the committee within 5 days to determine the validity of the complaint by means of interviewing the parties involved. If any member of the committee is unable to fulfill his/her duties when required, a substitute will be appointed by the Program Director. The committee will hear witnesses, one at a time. No spectators will be permitted at the hearings. The vote of the committee shall be taken as soon as possible after the hearing (within 3 days). The report will be documented. The decision of the committee will be limited to one of the following:

a) it may dismiss the grievance on grounds that evidence does not support the charge, thereby invalidating the grievance

b) If the committee finds the complaint valid, a letter with the findings and recommendations will be sent to the Program Director for Administrative action. Refer to FINAL APPEAL.

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CVPH

Radiologic Technology Program

PROCEDURE FOR REPORTING COMMUNICABLE DISEASES BY STUDENT
Policy #4

It is the student's responsibility to report 1) exposure to or 2) contraction of a communicable disease directly to the Employee Health. Reporting directly to Employee Health enables confidentiality to be maintained and information would not be released unless there is a safety factor involved. In the situation where the student is self-referred, Employee Health will provide no notification to the program unless there is a reason to restrict the student from the clinical area.

If a program faculty member becomes aware of a communicable disease problem, it is his/her responsibility to refer the student to the Employee Health immediately.
For those students referred by the program faculty, Employee Health will respond in writing with either a clearance for, or a restriction from the clinical area.
This policy will be included in the Student Orientation Booklet given to all students during fall orientation.
This policy will be discussed during semester orientations.

CVPH
Radiologic Technology Program

DRESS CODE policy #5

The patients we serve place themselves in the care of the entire hospital staff. They must be able to place their trust in us for the care we provide. It is important, therefore, that each employee and student display a personal appearance in which both patients and public alike can place their confidence.

In addition to their outward appearance, students should take precautions to assure personal cleanliness at all times because of their close physical contact with patients, co-workers and the public.

CODE OF DRESS:

1. School uniforms must be neat, clean and worn at ALL times while in the clinic. T-shirts under uniforms are to be the school standard (grey) and all students can wear only grey tops and black pants. Uniforms are worn for all hours including lunch and breaks.

2. White and/or black shoes/sneakers only. No Crocs with holes, sandals, or canvas shoes allowed. White or black socks, only solid colors.

3. Lab jackets are recommended (no long sleeved shirts under uniform top).

YOU'RE NAME TAG AND MARKERS ARE A REQUIRED PART OF YOUR FULL UNIFORM!

Name tags will be worn at the collar with your name facing out without any obstructions.

Good grooming is an essential. While in clinical, hair must be off the shoulders and collar (tied back) and hair dyes of abnormal colors (orange, purple etc) are not acceptable. It is essential that all students keep their hair neatly combed. Facial hair should be clean and neatly shaped and trimmed. The only jewelry allowed is a single set of earrings of the button type. Hoop earrings are not allowed.
No other facial or tongue piercing is allowed, not even clear plastic. No necklaces are permitted. Watches and rings are acceptable.
No long fingernails, fingernail polish, fake nails and no gum chewing.
Caps are not allowed in the public areas (cafeteria or on the 8th floor of hospital where school is located).
On Empire State days and review days, appropriate street clothes may be worn. No crop tops, sleeveless shirts, no shorts that go above the knees (male and female), no beach type sandals or clogs and no under garments showing under clothing. Tops showing cleavage are not allowed. .

FINAL JUDGEMENT ON GOOD GROOMING CONTROVERSIES IS AT THE DISCRETION OF THE PROGRAM DIRECTOR AND MEDICAL ADVISOR/DIRECTOR.

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CVPH
Radiologic Technology Program

STUDENT INVOLVEMENT IN PORTABLES AND OPERATING ROOM PROCEDURES policy #6

In order to provide high quality patient care, particularly in portable and the operating room environments, the ultimate responsibility is that of a more experienced, well-qualified radiographer. The student assigned to portable and operating suite procedures will be directly supervised by a licensed radiographer, until the student proves to be competent then indirect supervision will be acceptable for portables only. ***A student is never allowed to perform an exam in the operating room without a registered technologist in the room.***

DIRECT SUPERVISION policy #7

All students must abide by the direct supervision policy to maintain a safe environment for everyone:

The policy states that:

1) a qualified radiographer reviews the procedure in relation to the student's achievement

2) a qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.

3) a qualified radiographer is present during the conduct of the procedure.

4) A qualified radiographer checks and approves the procedure.

Indirect supervision (Competency complete)**:**
A qualified certified radiographer must be immediately available upon request to assist the student regardless of the level of achievement.

** A qualified radiographer is present during student performance of any repeat film or exam. The student is not allowed to accept an electronic image and send it to the PACS, only a radiologic technologist is able to perform this part of the exam.**

CVPH
Radiologic Technology Program

RADIATION PROTECTION SAFETY GUIDELINES
Policy #8

TABLE OF CONTENTS

POLICY#8 -Section A
OVERVIEW/PURPOSE

OVERVIEW/PURPOSE

It has been well documented that ionizing radiation can cause damage to living cells. Therefore, it is imperative that everyone involved in the medical application of ionizing radiation have an accurate knowledge and understanding of the various safety guidelines in order to minimize the adverse effects of radiation exposure.

We at CVPH, are committed to this endeavor. This Radiation Safety Policy is designed to inform and make available to each radiologic technology student and staff member, the various radiation safety methods and guidelines established to limit unnecessary radiation exposure to the patient, operator, and public.

ALARA PRINCIPLE

"As low as is reasonably achievable" (ALARA) means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to state of technology, the economic of improvements in relation to benefits to the public health and safety, and other societal and socioeconomic considerations, and in relation to utilization of nuclear energy and licensed or registered sources of radiation in the public interest. N.Y.S. Sanitary Code, Chapter 1 Part 16.2 (11).

RADIATION SAFETY OFFICER

Faculty and students shall be aware of the Radiation Safety Officer at CVPH. Additional information on state regulations for radiation safety can be obtained by contacting:

NYS DOH Bureau of Environmental Radiation Protection
New York State Department of Health
Bureau of Environmental Radiation Protection
Radiation Equipment Section
547 River Street, Flanigan Square- Room 530
Troy, New York 12180-2216

POLICY #8 –Section B
RADIATION MONITORING GUIDELINES

1. Who Needs A Film Badge - Because of the possible hazards when dealing with radiation, Federal and State Laws require all personnel to wear proper radiation monitoring devices (film badge) at all times while using energized radiographic equipment or near radioactive sources.

2. Proper Use of Film Badge - Film badges are issued and must be worn in accordance with NYS Sanitary Code, Chapter 1, Part 16, Ionizing Radiation and are used to measure occupational exposure at CVPH, and Hospital Affiliates.

3. Where To Wear The Film Badge - Film badges should be clipped to an article of clothing at the **collar level,** however, when working in Fluoroscopy or on Portable procedures, the film badge is to be worn outside the lead apron, clipped to the uniform collar, never on the lead apron.

4. Misuse of the Film Badge - A film badge that has been assigned to an individual may not be used by any other person. The participants' number is a lifetime assignment and is not transferable to another person. Film badges must not be tampered with in any manner. Keep your film badge away from extreme hot or cold temperatures, and radiation sources when not in use. Do not leave your film badge on lab coats, uniforms or lead aprons. If film badges are lost, misplaced or damaged, the Radiation Safety Officer (RSO) or designee must be notified promptly, and the individual will not be allowed to work in the radiation area until a new badge issued. **See illustration #1**

5. Exposure Data - Exposure results are received at monthly intervals from Landauer® in Glenwood, Illinois. This report will be posted in the CVPH school office, so that each individual is aware of his/her exposure each month. This monthly report must be signed and dated by each film badge wearer in order to verify that the individual has seen their report, in compliance with New York State Regulations. Report any unusual exposure to self or film badge immediately to the CVPH Radiation Safety Officer/designee. An annual written **radiation exposure report will be issued to each badge wearer.**

6. Monthly Replacement of Film Badge - At or around the 19th of each month the film packet must be returned and replaced with a current film packet **(no later than the 23rd of each month).** The changing of the film packet is the ultimate responsibility of the student and faculty. Late changing of the film packet will make accurate film badge evaluation impossible. **Please be prompt!**

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POLICY #8 - Section C
Radiation Exposure Limits

Part 1: Occupational Dose Limits
The following occupational dose limits are referenced in the New York State Sanitary Code Chapter 1, Part 16 (April 18, 2001) and the Nuclear Regulator Commissions (NRC) code of federal regulations - 10-CFR-20, effective January 1, 1994.
OCCUPATIONAL DOSE LIMITS
Adult
*** Whole Body Deep Dose**
Total Effective Dose Equivalent (TEDE) = 5 rem/year

*** Total Organ Dose Equivalent = 50 rem/year (organs other than eye, gonads, and blood forming organs)**

- **Dose Equivalent for Lens of the Eye = 15 rem/year**
- **Extremities Dose Equivalent = 50 rem/year**
- **Shallow Dose Equivalent to skin - 50 rem/year**
- **Embryo/Fetus: Total Dose Equivalent – .5 rem/gestation period; .05 rem/month**
- **Minors - (under 18 years) -10% of the Adult Limit**

NOTES: Total Effective Dose Equivalent (TEDE) is the sum of the deep dose equivalent (for external exposure) and the committed effective dose equivalent (for internal exposures)

Whole body is defined as the head and trunk, active blood forming organs, and gonads.

Embryo/fetus - (The developing human organism from conception until the time of birth) -10 NYCRR part 16.2, (42)

Deep-Dose - dose to internal body parts at a depth of 1000 mg/cm^2

Eye Dose - dose to the lens of the eye at a depth of 300 mg/cm^2 Shallow Dose - dose to the skin at a depth of 7 mg/cm^2

Part 2 - Student Exposure Limits Policy
New York State Department of Health, recommends that student diagnostic radiographer's whole body deep dose exposure for a given month should not Exceed 30 mR (Per NYS site-visit 1982).
If the student's whole body exposure totals or exceeds 30 mR in a given month, the attached "Radiation Protection Safety Notification Warning" must be issued by the RSO/designee.

1993 Dose Limits Recommended by NCRP **- Education and Training Exposures(annual)**
Effective dose limit 1 mSv (100 mrem)
Equivalent dose limit for tissues and organs: a.Lens of eye 15 mSv (1500 mrem)
b. Skin, hands, and feet 50 mSv (5000 mrem)

Policy #8 Section C
Radiation Protection Safety Notification Warning

Part3

OVERVIEW

The Program in Radiologic Technology at CVPH Medical Center adheres to the New York State Department of Health recommendation which states that the whole body Total Effective Dose Equivalent (T.E.D.E.) for a given month for a student diagnostic radiographer should not total or exceed 30 mR.

PROCEDURE

If the student exposure totals or exceeds 30 mR/month, the RSO/designee must meet with the student, complete and maintain this record of notification.
Name of student _____
Date _____
Social Security # _____ _____ _____

- The Radiologic Technology Program wishes to inform you that according to the ICN Radiation Report for the month of_____ , 200___ , the report reveals that you have received Deep dose_____ mR; Eye dose_____ mR; Shallow dose _____mR.

- The RSO/designee will review with the student the Radiation Protection Safety Guidelines Policy #8.

ANALYSIS OF FILM BADGE READING

- Hospital/affiliate:_____
- Radiographic Area(s) Assigned:_____
- Total Dose since beginning of the program:_____

- **Possible reasons for exposure received:** (List specific exams, dates, room assignments, and other information that may have contributed to the exposure listed above, especially involvement with Fluoroscopic, portable, and special procedures.)

Policy #8 Section C
Radiation Protection Safety Pregnancy Policy

Part 4

According to New York State Sanitary Code, Chapter 1 - Part 16.6(h), (4/18/2001) and the US NRC *Regulatory Guide 8.13 - Instruction Concerning Pregnant Radiation Exposure* (June 99) the **pregnant student/employee has the right to decide whether to declare her pregnancy or not.** This voluntary decision can be withdrawn at any time.

Upon written declaration of pregnancy by the student/employee the following procedures are required: The student/employee will:

Submit a statement from her physician verifying pregnancy and expected due date.
The statement must include the physician's recommendation as to which of the following options would be advisable (check one).

1) _____ Immediate withdrawal from the program for health reasons.

2) _____ Continued full-time status with limited rotation in fluoroscopy and portable/operating room procedures, including appropriate Radiation Safety precautions.

3) _____ Continue full time status without modification in clinical /lab assignment.
The physician's statement shall be submitted to the RSO and attached to this copy of the Policy. The student should sign this copy as proof that she has read and understands the procedure.

4) _____ Revoke declaration of pregnancy. The lower dose limit for the embryo/fetus will no longer apply and the student will return to previous clinical assignments. (USNRC Regulatory Guide 8.13, appendix item 16, June 1999.)

Options for continuance in the program

1. A student may withdraw for pregnancy and may apply for re-admission. Re-admission is dependant upon the availability of clinical space and academic standing and must be done within one year from the date of withdrawal.

2. A student may continue in the program. Required steps:
    A. Consultation with the College's Radiation Safety Officer prior to continuation in college laboratory/hospital clinical assignments.

B. The RSO and the declared pregnant worker will review the Program's Radiation Protection Safety Guidelines, and the potential risks involving ionizing radiation to the developing embryo/fetus.

C. The pregnant worker will be informed of the specific exposure limits as: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed .5 rem (500 mrem). The R.S.O. will review the past exposure history and may adjust working conditions so as to avoid a monthly exposure rate of .05 rem (50 mrem) to the declared pregnant worker. NYS - Chapter 1, part 16.6 (h). 4/01

D. Two film badges will be worn throughout gestation. The film badge type eleven (11) worn at the uniform collar, and the type twenty-one (21) worn at the waist under the lead protective apron to monitor the embryo/fetus exposure. (N.Y.S. Sanitary Code, Chapter 1.-Part 16.11, b (2).-4/18/01).

E. A monthly radiation exposure log will be established throughout the entire gestation period. Analysis of the monthly exposure totals will be reviewed by both the pregnant worker and the R.S.O. This log will also document the entire past radiation exposure history (see page 29).

F. The faculty shall make every effort to schedule the declared pregnant worker, at least for the first 18 weeks of gestation, in areas which do not involve fluoroscopy and portable/operating room procedures.

G. Specific radiation protection measures are required when participating in fluoroscopic, portable/operating room procedures. The pregnant worker is to wear a lead apron (preferably .5 mm pb/eq.) with one film badge worn outside the apron at the collar, and the other under the lead apron at the waist level. These procedures do not need to be restricted (especially after the first 18 weeks of gestation) as long as their monthly radiation dose falls below the established limits. Time, distance, and shielding principles must be utilized by the pregnant worker.

H. The completed radiation record is to remain on file in 8- 803 however the recorded radiation exposure dose to the embryo/fetus will not be forwarded to a new employer unless the declared pregnant worker requests this in writing. N.Y.S. Chapter 1, Parti 6.14F (4).

3. A student may continue in the program without modification in clinical/lab assignment. Required steps:

A. Consultation with the College's Radiation Safety Officer prior to continuation in college laboratory/hospital clinical assignments.

B. The RSO and the declared pregnant worker will review the Program’s Radiation Protection Safety Guidelines, Policy 8, and the potential risks involving ionizing radiation to the developing embryo/fetus.

C. The pregnant worker will be informed of the specific exposure limits as: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed

D. Two film badges will be worn throughout gestation. The film badge type eleven (11) worn at the uniform collar, and the type twenty-one (21) worn at the waist under the lead protective apron to monitor the embryo/fetus exposure. (N.Y.S. Sanitary Code, Chapter 1. - Part 16.11, b (2).-4/18/01)

E. The completed radiation record is to remain on file in 8- 803 however the recorded radiation exposure dose to the embryo/fetus will not be forwarded to a new employer unless the declared pregnant worker requests this in writing. N.Y.S. Chapter 1, Parti 6.14F (4).

4. A student may revoke declaration of pregnancy. The lower dose limit for the embryo/fetus will no longer apply and the student will return to previous clinical assignments. (USNRC Regulatory Guide 8.13, appendix item 16, June 1999.)

NOTE: **Undeclared pregnant student/employee - refer to N.Y. S. Chapter 1, part 16.6 Occupational Dose Limits.**

Student Signature_____ Date_____

cc: Adjunct Clinical Supervisor at Student's Assigned Affiliate
RSO/Designee, CVPH
Student File,

Attach Physician's statement here, and give a copy of entire signed Policy to the RSO, and a copy to the student, and file original signed Policy in student's folder.

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FILM BADGE GESTATION LOG RECORD

NAME_____ SS# _____BADGE #_____

Written declaration of pregnancy on_____

Gestation Period_____

Expected date of delivery •_____

Film Badge Numbers Type II, Type 21_____

Previous exposure history from beginning of program/employment_____

Previous exposure history last 9 months_____

Report prepared by_____

MONTH	Collar (type11)	Waist (type21)	Deep Dose (DDE)	Eye Dose (LDE)	Shallow Dose (SDE)	Signature	

All documentation reviewed monthly with student/employee and R.S.O.

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Section D
Radiation Protection Precautions for Personnel

PART 1: DIAGNOSTIC AREAS

- Holding Patient Restrictions: No person shall be regularly employed to hold patients or films during exposures nor shall such duty be performed by any individual occupationally exposed to radiation during the course of his/her other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used. If patient or films must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored. Pregnant women and persons under 18 years of age shall not hold patients under any conditions. N.Y.S. sanitary Code, Chapter 1, Part 16.57, C-1.

- Mechanical devices (instead of persons) must be used whenever possible to restrain patients. Examples include adjustable restraints, sponges, sheets, tape, pigostat chest unit, velcro straps, etc.

- Always have proper film badge

- Protective Barrier Shielding - utilization of Primary and Secondary Barriers, lead glass window, lead equivalent lined walls, doors, floor and ceiling. Always, close doors, stay behind lead barriers and observe floor tape restrictions.

- Protective Tube Housing - protects both radiographer and patient from off-focus radiation (x-rays emitted through the x-ray tube window - see Figure 1).

- Shielding - lead-wrap-around apron no less than .25mm lead in thickness (.5mm is commonly used). NCRP report #102 recommends a lead apron of no less that .5 mm. pb./eq. for fluoroscopic examinations. Lead protective gloves no less than .25mm lead in thickness.

- * Never leave protective barrier while making x-ray exposures.

PART 2: FLUOROSCOPIC AND PORTABLE/OPERATING ROOM AREAS

Since Fluoroscopic and Portable/Operating Room procedures may cause the greatest potential for personal exposure from secondary and scattered radiation, precautions in these areas are essential. When on clinical rotation, be reminded of 3 **Cardinal Principles:**

- Maximize DISTANCE - Inverse Square Law - stand as far back as possible while securing patient safety.

- Utilize SHIELDING - Apron, gloves, protective fluoro drape, thyroid and eye shields, sliding panel and portable barriers.

- Minimize TIME - Know routine procedure, have room equipped, be efficient, have fluoro time set, etc.

a. DISTANCE - Maximize distance as the distance between the source of radiation and the receptor increases, the radiation intensity decreases by the square of the distance.

$$\frac{I_1}{I_2} = \frac{d^2_2}{d^2_1}$$

Example: 2 x distance = 1/4 intensity
3 x distance =1/9 intensity
4 x distance = 1/16 intensity

Keep as far back as possible for both Fluoroscopic and Portable exams

b. SHIELDING - Placing shielding material between the radiation source and technologist reduces the level of exposure. Such as:

- Protective apron, gloves, thyroid shield, eye glasses, (minimum of .25 mm lead eq.) N.Y.S. Sanitary Code, Chapter 1, Part 16.56 (c) 1 & 2.

- Sliding drape (minimal of .25mm lead)
  Sliding panel (on the x-ray table)
  Mobile Radiation Barriers (on wheels)
  Standing behind the Radiologist (They become a barrier)

- NOTE: NCRP - National Council on Radiation Protection and Measurements recommends that protective aprons of at least .5 mm. Pb. eq. shall be worn in fluoroscopy. A wrap-around protective apron should be used by individuals who are moving around during the procedure - NCRP Report #102, Page 18, 6/89.

c. TIME - Duration of exposure should always be minimized whenever possible. The dose to the individual is directly related to the length of exposure. Example:
Exposure = exposure rate x time
10mR/min x 5 min = 50 mR
It is noted that image intensification, the 5 minute reset timer, and the on-off fluoroscopic foot switch all aid in reducing the length of exposure for the patient and operator.

d. OTHER CONSIDERATIONS - Many of the methods and devices which reduce the patients and operators exposure when operating fixed radiographic equipment will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:

- Patient restraints - Radiographers should never stand in the primary beam to restrain a patient during a radiographic exposure. Mechanical devices should be used to immobilize the patient. Also utilize:
- a cumulative timing device (maximum 5 min limit)
- source to table distance (no less than 15" for fluoroscopy)
- the safest place to stand during fluoroscopy may be directly behind the radiologist.
- on portables (bedside radiography) a long 6-foot exposure cord is beneficial in reducing dosage to the operator.

Section E
Radiation Protection Guidelines for the Patient

RADIATION PROTECTION GUIDELINES FOR THE PATIENT

Possibility of Pregnancy

Always inquire about possibility of pregnancy **before** any x-ray exposures are taken. Follow appropriate hospital procedures and guidelines on patient pregnancy.

Collimation - Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used. The x-ray films used as the recording medium during the x-ray examination shall show substantial evidence of cut-off (beam delineation) N.Y.S. Sanitary code, Chapter 1, Part 16.56, (a) 2,3.

Radiographic filtration - The aluminum equivalent of the total filtration in the useful beam shall not be less than .5 mm below 50 kVp, 1.5 mm between 50-70 kVp, and 2.5 mm above 70 kVp. Minimum filtration equals inherent plus added. N.Y.S. Sanitary code, Chapter 1, Part 16.56 (a) 4.

Gonadal Shielding - Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. N.Y.S. Sanitary Code, Chapter 1, Part 16.57, C-2.

Entrance Skin Exposure (ESE) Measurements

It is essential that ESE measurements be available for common x-ray examinations preformed with each x-ray unit. N.Y.S. Chapter 1, Part 16.23 (v).

PROCEDURAL STEPS (not necessarily in the following order)

Read and evaluate the clinical requisition carefully.
Give clear, concise instructions. Promote effective communication thus reducing the possibility of error.
Collimate the primary beam only to area desired (show visible evidence of beam restriction on each radiograph).
Use proper film-screen combinations.
Use proper source to image distance.
Use proper lead gonadal shielding when appropriate, examples include: shaped contact shield, flat contact shield, shadow shield (.5mm lead).
Use proper immobilization devices when necessary
Use proper primary beam filtration (.25mm at over 75 KvP).
Use proper exposure factors (within ESE recommendations)
Use proper radiographic processing controls.* Avoid repeats (they double patient exposure dose)
Use proper positioning and respiratory phase for each projection.

CVPH
Radiologic Technology Program
Policy #9

Student Insurance and Hospitalization

INSURANCE: the student or parents must provide major medical coverage while the student is enrolled in the program. The student must supply the school a copy of the insurance provider card for the school records.

EXTENDED ILLNESS POLICY

Before a student may return to their studies after an extended illness or absence of four or more consecutive weeks, a physician's certificate of health must be submitted to the program director. Re-admittance is then at the discretion of the program director based upon that student's academic achievement and that student's phase in training (semester).

FRESHMEN

First Semester Weeks 1-26	4 weeks or more	the student will be dropped from the program and allowed to re-enter the following July.
Second Semester Weeks 27-52	4 weeks-8 weeks	Possible continuation with tutoring and extra classes or allowed to re-enter in July.
	8 weeks or more	The student will be dropped from the program - allowed to re-enter in July.

SENIORS

First Semester Weeks 53-78	4 weeks-8 weeks	Possible continuation with tutoring and extra classes or allowed to repeat semester, if space allows.
	8 weeks or more	Student will be required to repeat this semester, if space allows.

Second Semester .	4 weeks-8 weeks	Possible continuation with tutoring and extra classes may be required to repeat semester, if space allows.
	8 weeks or more	Student will be required to repeat the semester if space allows.

CVPH
Radiologic Technology Program
Policy #10

Student Employment:

We do not discourage students from holding outside employment if they can maintain at least a 3.0 cumulative index.

It is suggested that students refrain from outside employment until after their first six months. By this time, a student has had most of the fundamentals and classes are less stressful.

It should be understood that during the last 6 months students would be assigned to some evening and weekend duty. Outside employment cannot interfere with these assignments.

According to Part 89 Chapter II of the Administrative Rules and Regulations and Article 35 of the NYS Public Health Law, Student Technologists could be hired to perform duties such as developing x-ray film, preparing developing solutions, assisting patients into proper attire and onto the x-ray table, or similar duties usually performed by an aide.

Students may practice Radiologic Technology only if they are enrolled and attending an approved school of Radiologic Technology. This indicated that when classes are not in session, student technologists may not; measure and position patients, adjust x-ray equipment, or make x-ray exposures, regardless of whether someone else closely supervises them or actually makes the exposure.

While employed as an aide by a Health Care Facility, all student identification shall not be worn including student name tags and/or CVPH student film badge.

STUDENT ACCIDENT/INJURY

Policy #11

1. Students involved in accidents at CVPH should report to Employee Health Services as soon as possible, preferably on the day of the accident.

2. By Contractual Agreement with affiliating hospitals, Radiologic Technology students will be provided with emergency care if an accident occurs while on hospital assignment. Payment of such emergency care is the hospital's option. Follow-up care will be provided by Employee Health Services at CVPH. Accidents occurring in the hospital must be documented by the Instructor/ Clinical Supervisor in charge, on the hospital accident/incident form to be given to the hospital for their records.

3. Copies (2) of the accident/incident form, report should be given to: Program Director of the X-ray School.

    a. The student who will report to the Employee Health Services, as soon as possible. The student will bring a copy of the accident/incident report with them.

    b. A copy of the accident/incident report will be retained in the student's record (folder) at CVPH, Radiologic Technology Program.

Be on the alert to notice any unsafe condition and report it as soon as possible to your supervisors. There is a Safety Committee whose work is to guard against danger and accidents. Each accident that is reported, however slight, will be investigated and the causes corrected.

All students must report criminal actions to hospital security immediately. The hospital security will report back to school and student the outcome of any such event.

Students will park in well-lighted areas patrolled by hospital security. Cars will be locked and a student sticker applied to rear window on driver's side.

The hospital security has a working relationship with Plattsburgh City police and New York State Troopers. Both are located close to facility and easily reached.

Staff and students receive annual review days and in-service education that includes security and safety.

DECORUM IN THE CLASSROOM
Policy # 12

A professional is expected to show maturity, courtesy and restraint. Professional education in Radiologic Technology begins in the classroom and carries into the clinical setting. Therefore appropriate, professional decorum is expected in the classroom at all times.

A free exchange of ideas and opinions is welcomed. It is expected that when addressing college faculty and classmates, it will be done in a respectful manner. One should not speak until recognized by the instructor or facilitator.

If you take issue with an event that took place during class, you should wait until after class to discuss it with the instructor. Confrontation, at any level, is inappropriate.

Tardiness is disruptive to the flow of the learning activities and should be avoided. Likewise cell phones, pagers, and watches that have alarms should not be brought into the classroom.

These decorum standards apply to the clinical education setting as well. All clinical staff, technologists and other hospital personnel should be treated in the same respectful manner as college faculty.

Repeat episodes of disregard for classroom decorum will be reported to the Program Director for further action.

PROFESSIONAL CONDUCT

As student radiographers entering an allied health profession, you will be expected to conduct yourself in a responsible, mature manner, both with patients and personnel.

It is not so much what you do, as the way you do it that impresses people. Sick people and their visitors need and appreciate more than anything else your quiet cheerfulness and willingness to help them. Courtesy and cooperation with your fellow worker, also, will do much to make your school days much happier.

Students must show empathy toward the patient, respect for their superiors and an industrious nature.

Students are to conduct themselves **BOTH IN AND OUT OF CLINIC** in a manner, which will not discredit the hospital, school, or the profession of Radiologic Technology.

Your actions and behavior will reflect upon the integrity and standards of our institution and program. This, in turn will reflect upon you, as students of the program.

Policy # 12 continued

PERSONAL TELEPHONE CALLS

Our switchboard handles hundreds of calls daily and the hospital phones must be kept open to handle calls, which concern the patient's welfare and hospital business. They must not be used for either in-coming or out-going personal calls. Pay phones are located throughout the building for your convenience to make out-going calls. Unless there is a real emergency, please ask your family and friends not to call you at school. In an emergency, have them call your program director or clinical coordinator who will relay the message to you.

CELL PHONES

Cell phones are not permitted in any patient care area or while students are in their clinical assignments. Cell phones are also prohibited during classes. Students may use their cell phones during lunch and break times, away from patient care settings. This is also true for texting. If a student is caught with a cell phone on an off-break time, disciplinary action will be taken. A 3-point deduction will be taken off the final clinical or class grade for each occurrence.

PERSONAL MAIL

Please do not use the hospital address to receive personal mail. The mailroom, as is the case with our switchboard, must be kept free for hospital business.

EXAMINATION OF PACKAGES

If you wish to carry any packages or bundles from the hospital, they may be inspected at any time.

CVPH
Radiologic Technology Program
STANDARD PRECAUTIONS/INFECTION CONTROL
Policy #13

(Infection Control Performance Guidelines for Health Care Workers)

- The Radiologic Technology Program curriculum includes **Standard Precautions** as recommended by the Center of Disease Control (CDC). CDC recommendations are formally incorporated into the **first semester orientation course,** prior to student assignment to the Clinical Education Environment.

- Furthermore, this policy and attached student handouts shall be included in the **"Student Orientation Booklet".** The booklet is distributed each fall to both freshmen and sophomore students.

- **Reinforcement** of Standard Precautions occurs during **semester orientation sessions** as well as **throughout Clinical Education I-V.**

Recommendations for Isolation Precautions in Hospitals
Hospital Infection Control Practices Advisory Committee
From Public Health Service, U.S. Department of Health & Human Services
Centers for Disease Control & Prevention

RATIONALE FOR ISOLATION PRECAUTIONS IN HOSPITALS
Standard Precautions
Standard Precautions synthesize the major features of UP (Blood and Body Fluid Precautions) (27,28) (designed to reduce the risk of transmission of blood borne pathogens) and BSI (29,30) (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals, regardless of their diagnosis or presumed infection status. Standard Precautions apply to 1) blood; 2) all body fluids, secretions, and excretions *except sweat,* regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

STANDARD PRECAUTIONS/INFECTION CONTROL
Transmission-Based Precautions
Transmission-Based Precautions are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. There are three types of Transmission-Based Precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. They may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

Airborne Precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5 mm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors; therefore, special air handling and ventilation are required to prevent airborne transmission. Airborne Precautions apply to patients known or

suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route.

Droplet Precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than 5 mm in size) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually 3 ft or less, through the air. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission. Droplet Precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

Contact Precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Direct-contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn patients, bathe patients, or perform other patient-care activities that require physical contact. Direct-contact transmission also can occur between two patients (e.g., by hand contact), with one serving as the source of infectious microorganisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment. Contact Precautions apply to specified patients known or suspected to be infected or colonized (presence of microorganism in or on patient but without clinical signs and symptoms of infection) with epidemiologically important microorganisms than can be transmitted by direct or indirect contact. A synopsis of the types of precautions and the patients requiring the precautions is listed in Table 1.

EMPIRIC USE OF AIRBORNE, DROPLET, OR CONTACT PRECAUTIONS

In many instances, the risk of nosocomial transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all patients should reduce greatly this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the empiric addition of enhanced precautions while a more definitive diagnosis is pursued. A listing of such conditions and the recommended precautions beyond Standard Precautions is presented in Table 2. The organisms listed under the column "Potential Pathogens" are not intended to represent the complete or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out. Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely, according to these criteria as part of their preadmission and admission care.

IMMUNO-COMPROMISED PATIENTS

Immuno-compromised patients vary in their susceptibility to nosocomial infections, depending on the severity and duration of immuno-suppression. They generally are at increased risk for bacterial, fungal, parasitic, and viral infections from both endogenous and exogenous sources. The use of Standard Precautions for all patients and Transmission-Based Precautions for specified patients, as recommended in this guideline, should reduce the acquisition by these patients of institutionally acquired bacteria from other patients and environments. It is beyond the scope of this guideline to address the various measures that may be

used for Immuno-compromised patients to delay or prevent acquisition of potential pathogens during temporary periods of neutropenia. Rather, the primary objective of this guideline is to prevent transmission of pathogens from infected or colonized patients in hospitals. Users of this guideline, however, are referred to the "Guideline for Prevention of Nosocomial Pneumonia" (95,96) for the HICPAC recommendations for prevention of nosocomial, aspergillosis, and Legionnaires' disease in Immuno-compromised patients.

RECOMMENDATIONS

The recommendations presented below are categorized as follows:

Category IA. Strongly recommended for all hospitals and strongly supported by well designed experimental or epidemiologic studies.

Category IB. Strongly recommended for all hospitals and reviewed as effective by experts in the field and a consensus of HICPAC based on strong rationale and suggestive evidence, even though definitive scientific studies have not been done.

Category II. Suggested for implementation in many hospitals. Recommendations may be supported by suggestive clinical or epidemiologic studies, a strong theoretical rationale, or definitive studies applicable to some, but not all, hospitals.

I. Standard Precautions

Use Standard Precautions, or the equivalent, for the care of all patients.

A. Hand washing

(1) Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination
of different body sites.

(2) Use a plain (non-antimicrobial) soap for routine hand washing.

(3) Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances (e.g., control of outbreaks or hyper endemic infections), as defined by the infection control program.

B. Gloves

Wear gloves (clean, non-sterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin.
Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching Non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

C. Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

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D. Gown

Wear a gown (a clean, non-sterile gown is adequate) to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

E. Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.

F. Environmental Control

Follow hospital procedures for the routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces.

G. Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and avoids transfer of microorganisms to other patients and environments.

H. Occupational Health and Blood borne Pathogens

(1) Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
(2) Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

I. Patient Placement
Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

II. Airborne Precautions
In addition to Standard Precautions, use Airborne Precautions, or the equivalent, for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [5 mm or smaller in size] of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance).

III. Droplet Precautions
In addition to Standard Precautions, use Droplet Precautions, or the equivalent, for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 5 mm in size] that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures).

A. Mask

In addition to wearing a mask as outlined under Standard Precautions, wear a mask when working within 3 ft of the patient. (Logistically, some hospitals may want to implement the wearing of a mask to enter the room.) Category IB

B. Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible. IV. Contact Precautions

In addition to Standard Precautions, use Contact Precautions, or the equivalent, for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

A. Gloves and Hand washing

In addition to wearing gloves as outlined under Standard Precautions, wear gloves (clean, non-sterile gloves are adequate) when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage). Remove gloves before leaving the patient's room and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent.(72,94) After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

B. Gown

In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, non-sterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving

the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.

C. Patient-Care Equipment

When possible, dedicate the use of noncritical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.

D. Additional Precautions for Preventing the Spread of Vancomycin Resistance

Consult the HICPAC report on preventing the spread of vancomycin resistance for additional prevention strategies. (94)
Contents
Updated: February 18, 1997
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Table 1
Synopsis of Types of Precautions and Patients Requiring the Precautions*

Standard Precautions
Use Standard Precautions for the care of all patients

Airborne Precautions
In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:
Measles
Varicella (including disseminated zoster) H
Tuberculosis l

Droplet Precautions
In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:
< Invasive *Haemophilus influenzae* type b disease, including meningitis, pneumonia, epiglottitis, and sepsis
< Invasive *Neisseria meningitidis* disease, including meningitis, pneumonia, and sepsis

Other serious bacterial respiratory infections spread by droplet transmission, including:
Diphtheria (pharyngeal)
Mycoplasma pneumonia
Pertussis
Pneumonic plague
Streptococcal (group A) pharyngitis, pneumonia, or scarlet fever in infants and young children

Serious viral infections spread by droplet transmission, including:
AdenovirusH
Influenza
Mumps
Parvovirus B19
Rubella

Contact Precautions
In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment.
Examples of such illnesses include:
Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance
Enteric infections with a low infectious dose or prolonged environmental survival, including:
Clostridium difficile For diapered or incontinent patients: enterohemorrhagic *Escherichia coli* O157:H7, *Shigella,* hepatitis A, or rotavirus Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children
Skin infections that are highly contagious or that may occur on dry skin, including:
Diphtheria (cutaneous)
Herpes simplex virus (neonatal or mucocutaneous)
Impetigo
Major (noncontained) abscesses, cellulitis, or decubiti
Pediculosis
Scabies
Staphylococcal furunculosis in infants and young children
Zoster (disseminated or in the immunocompromised host) H
Viral/hemorrhagic conjunctivitis
Viral hemorrhagic infections (Ebola, Lassa, or Marburg)*****

Table 2
Clinical Syndromes or Conditions Warranting Additional Empiric Precautions to Prevent Transmission of Epidemiologically Important Pathogens Pending Confirmation of Diagnosis*

Clinical Syndrome or Condition	**Potential Pathogens**	**Empiric Precautions**
Diarrhea		
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens'	Contact
Diarrhea in an adult with a history of recent antibiotic use	*Clostridium difficile*	Contact
Meningitis	*Neisseria meningitidis*	Droplet
Rash or exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	Neisseria meningitidis	Droplet
Vesicular	Varicella	Airborne and Contact
Maculopapular with coryza and fever	Rubeola	Airborne

Respiratory infections		
Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	Mycobacterium tuberculosis	Airborne
Cough/fever/pulmonary infiltrate in any lung location in a HIV-infected patient or a patient at high risk for HIV infection (23)	Mycobacterium tuberculosis	Airborne
Paroxysmal or severe persistent cough during periods of pertussis activity	Bordetella pertussis	Droplet
Respiratory infections, particularly bronchiolitis and croup, in infants and young children	Respiratory Syncytial or parainfluenza virus	Contact
Risk of multidrug-resistant microorganisms		
History of infection or colonization with multidrug-resistant organisms	Resistant bacterial	Contact
Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent	Resistant bacterial	Contact
Skin or Wound Infection		
Abscess or draining wound that cannot be covered	*Staphylococcus aureus,* group A streptococcus	*Contact*

* Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely according to these criteria as part of their preadmission and admission care.

Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (eg, pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

These pathogens include enterohemorrhagic *Escherichia* co//O157:H7, *Shigella,* hepatitis A, and rotavirus.

Resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical or epidemiological significance.

Updated: February 18, 1997

SUBSTANCE ABUSE POLICY
Policy #14

1. Education of student during basic orientation.

2. Tests for substances may be requested of the Employee Health Office only when the School Program Director or Medical Advisor has a reasonable suspicion, based on specific facts, to conclude that the individual to be tested is currently under the influence or is impaired by drugs or alcohol. Every effort must be made to differentiate between substance abuse symptoms and manifestations of other physical illness, depression and the usual stress associated with every day work life.

3. If testing is positive or student refuses to submit to testing, student will be terminated from the program.

4. If testing is negative for drugs or alcohol, student will be treated for the illness that is causing the condition that lead to the investigation.

Policy #15
Student Participation in Fluoroscopy Studies

According to New York State Public Health Law, Part 89, ″Practice beyond the scope of the practice of radiologic technology for the purpose of Section 3510 of the Public Health Law shall include, but not be limited to, any use of fluoroscopes of fluoroscopy. The foregoing notwithstanding, a radiologic technologist under the immediately personal supervision of a licensed practitioner may assist the licensed practitioner in the operation of fluoroscopic equipment in the course of the performance by the licensed practitioner of a fluoroscopic examination or of a special radiographic examination which includes fluoroscopy, and a radiologic technologist may use fluoroscopy for localization purposes prior to the taking of a spot film of a mobile organ such as the gall bladder or the duodenal cap.″

Therefore, students may operate fluoroscopic equipment, during a fluoroscopic examination, only under direct supervision of a licensed practitioner, when the need arises.

CVPH
Radiologic Technology Program

GRADUATION policy # 16

Students are eligible for graduation from the School of Radiography when all courses and clinical competencies have been successfully completed with a minimum of twenty-four months of full-time attendance. Successful completion requires an average no lower than a C. All clinical competencies with a grade of 85 and all terminal program objectives completed.
All courses with Empire State College must be passed and the mentor from Empire State College must clear the student for graduation. All classes at both the Hospital and Empire State College must be complete by June 30th of the second year in order to graduate with the class. A student's failure to complete these requirements will not be allowed to graduate with his/her class.

Graduation will be held on the last Thursday of June at 7:30 p.m. in the hospital auditoriums.

CVPH Medical Center provides each student with invitations to the graduation ceremony along with diplomas, flowers, and refreshments following the ceremony.

During the graduation ceremony awards are given to the graduates.

1. VALEDICTORIAN AWARD

2. PERFECT ATTENDANCE AWARD

3. A 1st year student receives a Rotary Club Award for Highest Academic Average in the freshman year.

4. The Stephanie Wheet Scholarship is also given to a 1st year student.

5. The Adam Jarvis Scholarship is also given to a 1st year student.

We sincerely believe that your training period with us at the medical center will be educational, productive, life changing, and pleasant by following a few simple rules and knowing thoroughly your rights, privileges, and duties.

Keep this manual as a reference and refer to it when in doubt. Please feel free at anytime to discuss your problems or issues with myself, the clinical coordinator, the clinical instructor and/or the medical advisor.

Douglas Osborn M.S.H.A., RT, (R)
PROGRAM DIRECTOR

DAVID HAMMACK, M.D.
MEDICAL ADVISOR

Rev. 2010, deo

CVPH
Radiologic Technology Program
Affirmation of Understanding

_____I received, read and understand the contents of:
_____Student Orientation Booklet
_____Policy 4 Procedure for Reporting Communicable Disease by Student
_____Policy 6 Student Involvement in Portables & Operating Room Procedures
_____Policy 8 Radiation Protection Safety Guidelines and Pregnancy Policy
_____Policy 9 Student Insurance Requirements
_____Policy 10 Student Employment in a Radiology Department
_____Policy 11 Student Accident / Injury
_____Policy 13 Standard Precautions / Infection Control
_____Health Information Portability and Privacy Act (HIPPA)

_____

Student Signature Date

Rev. 11/2010, deo