NIAGARA COUNTY COMMUNITY COLLEGE

Student Radiographer Manual

THE SMART PLACE TO START

2021-2022

TO THE STUDENT:

The following ***Student Radiographer Manual*** has been prepared to help the student have all current policies and procedures for Niagara County Community College's Radiologic Technology Program. It is the student's responsibility to maintain this book for the entire length of the program, to ensure the student has the policies to follow.

It consists of two sections: ***General Guidelines*** and ***Clinical Requirements***. All sets of guidelines must be adhered to. Failure to comply may lead to dismissal from the program. The student is also responsible for observing college rules and regulations as stated in the College Catalog and Student Handbook.

These guidelines, didactic instruction, laboratory and clinical experiences will prepare you to become a competent, dedicated health care professional.

Elaine Beaudoin, MS, R.T. (R)(ARRT), LRT
Program Coordinator
(716) 614-6458

Michele Burke, MS, R.T. (R)(ARRT), LRT
Clinical Coordinator
(716) 614-6416

INDEX

GENERAL GUIDELINES

CLINICAL GUIDELINES

GENERAL GUIDELINES

NIAGARA COUNTY COMMUNITY COLLEGE

PLEASE PRINT

GRADUATING CLASS OF _____ TODAY'S DATE _____

NAME: _____ SSN _____
Last First Middle Initial

BIRTH DATE: _____ GENDER: _____

HOME OR LEGAL ADDRESS

_____
STREET CITY COUNTY

_____ _____
STATE ZIP PHONE NUMBER

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

_____
STREET CITY COUNTY

_____
STATE ZIP PHONE NUMBER

YEAR AND HIGH SCHOOL GRADUATED FROM OR GED # & YEAR.

_____

DID YOU GRADUATE FROM A HIGH SCHOOL OUTSIDE OF NEW YORK STATE?

YES_____ NO_____

MAIDEN NAME_____

IF YOU HAVE EVER BEEN CHARGED WITH OR CONVICTED IN COURT OF A MISDEMEANOR OR FELONY, INCLUDING CONVICTION OF A SIMILAR OFFENSE IN A MILITARY COURT-MARTIAL, YOU WILL HAVE TO GO THROUGH AN ETHICAL REVIEW BEFORE YOU CAN BE CERTIFIED BY THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS OR LICENSED BY THE NEW YORK STATE DEPARTMENT OF HEALTH.

THESE DO NOT INCLUDE ANY OF THE FOLLOWING:

- JUVENILE OFFENSES AND CONVICTIONS PROCESSED IN JUVENILE COURT
- SPEEDING AND PARKING TICKETS THAT DID NOT RISE TO THE LEVEL OF A MISDEMEANOR OR FELONY AND DID NOT INVOLVE DRUGS OR ALCOHOL
- CHARGES THAT WERE DISMISSED IF THERE WERE NO COURT CONDITIONS REQUIRED
- SEALED OR EXPUNGED CASES WITH COURT DOCUMENT

FOR ADDITIONAL INFORMATION OR GUIDANCE, VISIT WWW.ARRT.ORG AND SEARCH FOR THE ETHICS REVIEW CHECKLIST FOR HONOR CODE VIOLATIONS OR CALL 651-0048, EXT. 8580.

NAME_____
PRINT

NAME _____
SIGNATURE

DATE _____

MISSION STATEMENT

The mission of Niagara County Community College is to provide a teaching and learning environment dedicated to excellence. Niagara County Community College is committed to maintaining the hallmarks of student centeredness, accessibility, comprehensiveness, collegiality, community partnership and life-long learning.

Our College nurtures and empowers its students in ways that recognize and value our common humanity as well as the richness of our diversity. NCCC offers high-quality academic programs leading to degrees and certificates which are supported by outstanding student services. NCCC provides a variety of cultural, social and international experiences, as well as community education and workforce development that supports economic development programs, which positively impact the quality of life. The college operates through a collegial model of shared governance and is accountable to meet the highest standards of professionalism and integrity.

The mission of the Niagara County Community College Radiologic Technology Program is to provide students with educational experiences to become competent, entry level technologists within the health care field.

Goal 1: Students will demonstrate clinical competence

Student Learning Outcomes:
Students will exhibit proper positioning skills
Students will select technical factors
Students will practice radiation protection
Students will exhibit quality patient care skills

Goal 2: Students will develop critical thinking skills

Student Learning Outcomes:
Students will perform non-routine procedures
Students will perform image analysis

Goal 3: Students will demonstrate effective communication skills

Student Learning Outcomes:
Students will demonstrate written communication skills
Students will demonstrate oral communication skills

Goal 4: Students will display professionalism

Student Learning Outcomes:
Students will demonstrate professional behavior
Students will recognize ethical values

Reviewed and approved by Radiologic Technology Advisory Committee 5/2021

STUDENT LEARNING OUTCOMES REQUIRED FOR GRADUATION

1. Use oral and written medical communication.
2. Perform basic mathematical functions.
3. Demonstrate knowledge of human structure, function and pathology.
4. Anticipate and provide basic patient care and comfort.
5. Apply principles of body mechanics.
6. Demonstrate professional behavior.
7. Operate radiographic imaging equipment and accessory devices.
8. Position the patient and imaging system to perform radiographic examinations and procedures.
9. Modify standard procedures to accommodate for patient condition and other variables.
10. Process radiographs, operate CR, Indirect and Direct Radiography systems.
11. Determine exposure factors to obtain diagnostic quality radiographic images with minimal radiation exposure.
12. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality.
13. Practice radiation protection for the patient, self and others. (ALARA)
14. Recognize emergency patient conditions and initiate first aid and basic life-support procedures.
15. Evaluate radiographic images for appropriate positioning and image quality.
16. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
17. Demonstrate knowledge and skills relating to quality assurance.
18. Apply and be knowledgeable of standard precautions.
19. Exercise independent judgement and discretion in the performance of medical imaging procedures.
20. Perform clinical competencies in areas of diagnostic radiography.
21. Demonstrate knowledge and understanding of the New York State Licensure Law and Code.
22. Complete all radiologic technology and biology course work with a passing grade of C.

ACADEMIC POLICIES

GRADING POLICY: The Radiologic Technology clinical courses (RAD 103, 104, 202, 204, 205) have three components: Lecture (theory), College Laboratory and Clinical Education. A student must earn a minimum "C" grade in Lecture (didactic), and a satisfactory, "S" grade in the College Laboratory, and Clinical Education components. If a student is not successful in each component, the resulting grade will be a "F" for the course.

A minimum "C" grade is required for Radiologic Technology non-clinical courses (RAD 100, 101, 102, 201, 203, 212 and BIO 246).

MINIMUM GRADE IN ANATOMY AND PHYSIOLOGY FOR RADIOLOGIC TECHNOLOGY STUDENTS: A minimum "C" grade in Anatomy and Physiology lecture and lab (BIO 213, 214) must be obtained for successful completion of the Radiologic Technology program.

Failure to obtain a grade of "C" or higher will result in the loss of matriculated status in the program.

REPEAT POLICY: In the sequence of Radiologic Technology clinical courses (RAD 103, 104, 202, 204, 205) a student may repeat only one clinical course in the Radiologic Technology clinical course sequence.

All prerequisite Radiologic Technology clinical and non-clinical courses must be successfully completed before progressing to the next sequential Radiologic Technology clinical or non-clinical course.

A student who withdraws and is failing a Radiologic Technology Clinical Course, will be allowed one repeat of a Radiologic Technology Clinical Course. This policy does not affect a student who withdraws in good academic standing from any Radiologic Technology course.

STANDARD OF ETHICS POLICY: When a student is unable to provide safe patient care and/or does not meet the ethical standards of the Radiologic Technology profession, in either the Academic or Clinical Education settings, the Radiologic Technology Program Coordinator, upon recommendation from the Radiologic Technology Faculty, will remove said student from the Radiologic Technology course and this action may result in dismissal from the Radiologic Technology program. Unsafe care is defined as "placing the patient and/or family in clear and present danger". This may include, but is not limited to: radiographic exposure of the wrong patient or body part, unsafe patient transfer, violations or infractions of ALARA (As Low As Reasonably Achievable), breaches of the Health Insurance Portability and Accountability Act (HIPAA) and violations of the Student Conduct Code. The student is not eligible for re-admission into the Radiologic Technology program.

FIVE YEAR POLICY: If a student has taken any course with a RAD or BIO prefix five or more years before enrolling in a subsequent RAD or BIO course, the Program Coordinator of the Radiologic Technology Program shall have the right to request that the RAD/BIO course(s) be repeated. This course must be repeated for a minimum grade of C, no other grade will be accepted: ie: S, J, U grade. The student will be allowed to do so as a recognized exception to the general college policy that students may only repeat courses in which they have received grades of D, F or U.

MATRICULATED POLICY: Failure or withdrawal from RAD 100, 101, 102, 103, 104, 201, 202, 203, 204, 205 or 212 or any prerequisite and co-requisite courses that are necessary for continuing in the Radiologic Technology program will result in loss of matriculated status in the Radiologic Technology program. The student will be advised of his/her options.

*STUDENTS MUST BE CPR CERTIFIED. THIS MUST BE COMPLETED AND PROOF OF CERTIFICATION MUST BE TURNED IN TO THE CLINICAL COORDINATOR BY THE END OF THE FIRST SEMESTER OF THE PROGRAM.

Certification in Basic Cardiac Life Support, including Adult, Infant and Child, is required prior to entering RAD 103 and must remain current throughout the remainder of the program. This requirement must be fulfilled through successful completion of HED 214 or an equivalent program offered by the following:

- American Heart Association: Basic Life Support (BLS Provider)
- American Red Cross: CPR/AED for the Professional Rescuer
- Canadian Red Cross: Level HCP for the Health Care Professional.
- National Safety Council: Basic Life Support (BLS for the Health Care Provider)

On-line certification is not acceptable.

*STUDENTS MUST ALSO HAVE CLEARANCE FROM THE WELLNESS CENTER AND PROOF OF CLEARANCE TURNED IN TO THE CLINICAL COORDINATOR BY THE END OF THE FIRST SEMESTER OF THE PROGRAM. EXCEPTIONS OF DUE DATE WILL BE DETERMINED BY THE CLINICAL COORDINATOR.

*IF A STUDENT DOES NOT HAVE CLEARANCE FROM THE WELLNESS CENTER AND CPR CERTIFICATION TURNED IN TO THE CLINICAL COORDINATOR PRIOR TO ENTERING RAD 103, THAT STUDENT WILL NOT BE ALLOWED TO ATTEND CLINIC.

C U R R I C U L U M

YEAR I

First Semester

- BIO 213 - Human Anatomy and Physiology I **4 Cr.** *
- BIO 213L - Human Anatomy and Physiology I Lab **1 Cr.**
- Computer Technology (CIS) selected through advisement **1 Cr.**
- RAD 100 - Introduction to Radiologic Technology **4 Cr.** *
- RAD 100L - Introduction to Radiologic Technology Lab **0 Cr.**
- RAD 101 - Radiologic Technology I **5 Cr.** *

Total Credit Hours: 15

Second Semester

- BIO 214 - Human Anatomy and Physiology II **4 Cr.**
- BIO 214L - Human Anatomy and Physiology Lab II **1 Cr.**
- RAD 102 - Radiologic Technology II **5 Cr.**
- RAD 103 - Radiographic Procedures I **6 Cr.**
- RAD 103C - Radiographic Procedures I Clinic **0 Cr.**
- RAD 103L - Radiographic Procedures I Lab **0 Cr.**

Total Credit Hours: 16

Summer Session II

- RAD 104 - Clinical Education I **2 Cr.**

Total Credit Hours: 2

YEAR 2

Third Semester

- ENG 101 - Writing I **3 Cr.** *
- PSY 110 - Introduction to Psychology **3 Cr.**
- RAD 201 - Radiologic Technology III **4 Cr.**
- RAD 202 - Radiographic Procedures II **7 Cr.**
- RAD 202C - Radiographic Procedures II Clinic **0 Cr.**
- RAD 202L - Radiographic Procedures II Lab **0 Cr.**

Total Credit Hours: 17

Fourth Semester

- BIO 246 - Radiation Biology/Protection **2 Cr.**
- ENG 102 - Writing II & Introduction to Literature **3 Cr.**
- RAD 203 - Radiologic Technology IV **4 Cr.**
- RAD 204 - Radiographic Procedures III **7 Cr.**
- RAD 204C - Radiographic Procedures III Clinic **0 Cr.**
- RAD 204L - Radiographic Procedures III Lab **0 Cr.**
- RAD 212 - Seminars in Radiologic Technology **1 Cr.**

Total Credit Hours: 17

Summer Session I

- RAD 205 - Clinical Education II **2 Cr.**

Total Credit Hours: 2

TOTAL CREDITS FOR GRADUATION – 69

MINIMUM GRADUATION REQUIREMENTS

Radiologic Technology
Associate in Applied Science

1. A total of at least 69 hours with a minimum curriculum grade and point average of 2.0. Academic **Foundations courses do not count toward the degree.**

2. **Radiology Technology:** A minimum of 47 credit hours to include:

RAD 100	Introduction to Radiologic Technology
RAD 101	Radiologic Technology I
RAD 102	Radiologic Technology II
RAD 103	Radiographic Procedures I
RAD 104	Clinical Education I
RAD 201	Radiologic Technology III
RAD 202	Radiographic Procedures II
RAD 203	Radiologic Technology IV
RAD 204	Radiographic Procedures III
RAD 205	Clinical Education III
RAD 212	Seminar in Radiologic Technology

3. **Biological Science:** A minimum of 12 credit hours to include:

BIO 213 E	Human Anatomy & Physiology I
BIO 213 L	Human Anatomy & Physiology Lab 1
BIO 214 E	Human Anatomy & Physiology II
BIO 214 L	Human Anatomy & Physiology Lab 11
BIO 246	Radiation Biology/Protection

4. **Computer Technology:** A minimum of 1 credit hours, selected through Advisement.

5. **Humanities:** A minimum of 6 credit hours to include

ENG 101	Writing I
ENG 102	Writing II and Introduction to Literature

6. **Social Sciences:** A minimum of 3 credit hours to include

PSY 110	Introduction to Psychology

7. A minimum grade of C in all RAD and BIO courses.

COURSE DESCRIPTIONS – RADIOLOGIC TECHNOLOGY

BIO 246 RADIATION BIOLOGY/PROTECTION 2 Credits

Radiation protection procedures related to diagnostic use of radiation and the concept of As Low As Reasonably Achievable (ALARA), Effective Dose (EfD), Negligible Individual Dose (NID), Deterministic and Stochastic effects. Radiation effects on biological molecules and organisms and factors affecting biological responses. Acute and chronic effects of radiation are discussed. Regulatory agencies will be identified and agency involvement in radiation protection will be discussed.
2 Lecture Hours Per Week

RAD 100 E/L INTRODUCTION TO RADIOLOGIC TECHNOLOGY 4 Credits

The positioning and topographic landmarks of upper and lower extremities, chest, abdomen, and contrast studies. Basic radiation protection is presented.
3 Lecture Hours, 3 Laboratory Hours Per Week

RAD 101E RADIOLOGIC TECHNOLOGY I 5 Credits

An introduction to radiography including orientation, patient care, medical terminology, professional ethics, hospital law and film processing to include accessories and supplies.
5 Lecture Hours Per Week

RAD 102E RADIOLOGIC TECHNOLOGY II 5 Credits

Advanced study of the factors contributing to the radiographic image and basic fundamentals of radiographic physics.
5 Lecture Hours Per Week

RAD 103 E/L/C RADIOGRAPHIC PROCEDURES I 6 Credits

Instruction, demonstration and practice in radiographic positioning of the axial and appendicular skeleton along with exposure techniques. Drug administration is also presented. Observation and clinical experience are provided for the development of competency in an affiliated hospital or health care facility.
1 Lecture Hour, 3 Laboratory Hours, 12 Clinical Hours per week

RAD 104C CLINICAL EDUCATION I 2 Credits

Clinical experience for development of competencies involving general radiographic procedures in an affiliated hospital or health care facility.
(80 Clinical Hours Total)

RAD 201E RADIOLOGIC TECHNOLOGY III 4 Credits

Physics of radiographic equipment including fundamental electronics, x-ray production, the x-ray tube, image intensification, digital fluoroscopy and related circuitry and preventative maintenance.
4 Lecture Hours Per Week

RAD 202 E/L/C RADIOGRAPHIC PROCEDURES II 7 Credits

Instruction and practice in positioning techniques involving the skull, facial bones, and advanced radiographic procedures. Clinical application of advanced positioning techniques with emphasis on the skull and facial bones. CT will be introduced.
1 Lecture Hour, 3 Laboratory Hours, 15 Clinical Hours Per Week

RAD 203E RADIOLOGIC TECHNOLOGY IV 4 Credits

Presentation of the various medical and surgical diseases and their relationship to radiographic procedures. Introduction to radiographic examinations involving surgical procedures and specialized equipment.
4 Lecture Hours Per Week

RAD 204 E/L/C RADIOGRAPHIC PROCEDURES III 7 Credits

Principles and techniques of quality assurance testing through emphasis on laboratory experiments. Major emphasis on digital radiography and computed radiography imaging systems providing minimal patient exposure along with optimal radiographic information presented. Radiation protection procedures related to diagnostic use of radiation. Clinical assignments devoted to the application of radiographic procedures in an affiliated hospital or health care facility
1 Lecture Hour, 3 Laboratory Hours, 15 Clinical Hours Per Week

RAD 212S SEMINARS IN RADIOLOGIC TECHNOLOGY 1 Credit

Preparation of the technical report and its organization for both written and oral presentation. Readings in current literature and journals involving trends in radiography. General topics include mammography, surgical radiography, pediatric radiography, trauma, magnetic resonance imaging (MRI) and career placement in radiography.
1 Lecture Hour Per Week

RAD 205C CLINICAL EDUCATION II 2 Credits

Clinical experience for development of competency for an entry-level radiographer.
80 Clinical Hours Total

ACADEMIC INTEGRITY POLICY

Honest participation in academic endeavors fosters an environment in which optimal learning can take place and is consistent with the mission of NCCC. Academic misconduct is destructive to the spirit of an educational environment and, therefore, cannot be condoned.

The following definitions will apply:

1. The term "cheating" includes, but is not limited to, use of any unauthorized assistance in taking quizzes, tests or examinations; including all assessment tests, unless prior permission has been given (this assistance includes but is not limited to smartphones, tablets, and other electronic devices); dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems or carrying out other assignments; the acquisition without permission of tests or other academic materials belonging to a member of the college's faculty.
2. The term "plagiarism" includes, but is not limited to, the use by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or by an agency engaged in the selling of term papers or other academic materials.
3. The term "academic misconduct" includes any or all forms of the above.

Unless an instructor has provided students with an alternative academic integrity policy at the start of the semester, the college policy that follows will apply:

For the first incident of academic misconduct in a course, the student will receive a grade of F (or zero) for the test, assignment or activity.

If there is a second incident in the same course, the student will receive a grade of F for the course.

The instructor who believes that an incident of academic misconduct has occurred will discuss it immediately with the student. If, in the judgment of the instructor, the student has committed an act of academic misconduct or if the student admits that there has been misconduct, the instructor will assess the appropriate penalty.

Instances of admitted or proven academic misconduct should be reported in writing to the Assistant Vice President of Academic Affairs/Nursing and Allied Health. The purpose of this reporting will be to track individuals who have repeated offenses. If such a pattern of behavior is found, the Assistant Vice President of Academic Affairs/Nursing and Allied Health will determine an appropriate sanction on a case-by-case basis.

Students who think they have been treated unfairly may invoke the Academic Grievance procedure, which is explained in the student code of conduct handbook.

ATTENDANCE POLICY

Attendance will be taken at the beginning of each class. Students will be expected to attend all classes and will be responsible for all assigned work. In the event of absence, it is the student's responsibility to contact the instructor on the day he/she returns to campus to initiate make-up work.

MAKE-UP EXAMINATIONS

The instructor will notify the students when exams and/or quizzes will be given. Makeup examinations will be arranged with the instructor. **Only one makeup exam is given per course per student.** Failure to take an exam will result in a zero (0) for that exam.

GRADING SYSTEM

Final grades are given at the end of each semester. Mid-semester deficiency letters may also be issued so that students will be aware of their standing in each course. Each instructor and class will have a grading system that is explained on the course syllabus.

Grading Scale for Radiologic Technology Courses

A - 95 -100	B- - 81 - 83
A- - 91- 94	C^+ - 78 - 80
B^+ - 87 - 90	C - 75 - 77
B - 84 - 86	F - Below 75

LAB GRADING POLICY

This policy is based on a merit system.
Each student will begin with 10 merits at the beginning of each semester.
One merit will be deducted for each of the following:

1) Each failed competency (Repeat)

2) Each competency requiring more than 10 minutes (Seniors) or 15 minutes (Juniors).

3) Missed lab or tardy. If you are not present for roll call, you are considered tardy.

4) Any action on the part of the student that can be construed as “helping”, “assisting” or cheating in the proper performance of a lab simulation. This includes verbal and nonverbal cues.

5) Not having your OSL for lab.

The Final Competency is worth 4 merits. When you have 0 merits left you have failed lab.

DISMISSAL

A student must demonstrate discernible progress toward achieving a degree in a given program. If a student fails one or more courses in the major sequence as determined by the department, or has a GPA of 2.0 or less, the student will be dismissed from the program.

The major sequence includes all RAD courses, including clinical education, and Anatomy & Physiology I & II. Failure of the RAD courses, including Clinical Education, will be any grade less than a C or a grade of less than 2 in clinic. No D's will be given. Less than a C will result in an F. Anatomy & Physiology I & II in lecture and lab must be completed prior to entering the second year of the program with a minimum grade of C to remain matriculated in the program.

If all competencies for clinical education are not met, the student will fail the course. A student may continue at the college in another program if they meet the requirements and seats are available.

STUDENT INSURANCE REQUIREMENT

Accident (health) insurance must be in place for each student enrolled in the Radiologic Technology Program.

The information must be returned to the Wellness Center where it will be kept on file. No student will be allowed to attend clinical rotations without insurance in place.

Professional liability insurance is provided. A copy of the certificate is available in the Program Coordinator's office.

ACADEMIC AND STUDENT POLICIES

All academic and student policies/services are available to students in the Niagara County Community College Catalog which is available to all students on the NCCC web site. This includes, but is not limited to, grievance policy, financial and current tuition information, transfer policy and student counseling services.

CELL PHONES

Use of cell phones during class time is forbidden. Cell phones must be turned off or put on vibrate or silence mode during class time. If a student is using a cell phone during class time, they will be asked to leave. No cell phone may be answered or text messages received or sent during class. Cell phone usage along with electronic devices, including Apple watches and similar “smart’ accessories, are prohibited in the lab or clinical settings.

COMPUTER USAGE

Radiologic Technology courses will require students to use computers to access the campus wide Course Management System named *Blackboard Learn* and/or utilize course specific software. Computer usage will be required to deliver course content, support assignments, and enhance class communication. Students may use their home computers or the open access computers located in the Library. If a student requires support or training in the use of computers and/or the use of *Blackboard Learn,* please contact the instructor the first week of classes to obtain information regarding training sessions for students.

ACCESSIBILITY SERVICES

Accessibility Services supports pregnant students and those with documented disability by providing reasonable academic adjustments and accommodations to remove barriers to academic success. If you would like to speak to the Accessibility Services Coordinator to determine eligibility, please call (716)614-6728 or go to Accessibility Services, room A-167, to make an appointment.

SOCIAL MEDIA POLICY

Social media is defined as user generated content that is shared over the internet via technologies that promote engagement, sharing and collaboration. It includes, but is not limited to social networking sites such as Facebook, Twitter, Instagram, LinkedIn, personal websites, news forums, chat rooms and blogs.

It is recognized that social media is an avenue for self-expression, but radiologic technology students must remember that they are personally responsible for the content they contribute and should use social media responsibly. Be mindful that what you publish/post may be public for a long time and that limiting access to postings through privacy settings is not sufficient to ensure absolute privacy.

The following are code of conduct guidelines regarding social/electronic media that must be adhered to:

- Be respectful. Students must not use any form of social media to harass, bully, coerce, intimidate or retaliate against any other student, college faculty or staff member, the NCCC Radiologic Technology program, clinical agency employee, or patient nor make degrading comments about the program, school or clinical agency.
- Students must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times.
- Students must not transmit by way of any electronic media any patient relationship information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.
- Students must not share, post or otherwise disseminate any information (including images) about a patient or information gained in the technologist-patient relationship with anyone.
- Students must not take photos or videos of patients, staff or of anything on clinical agency property on personal electronic devices, including mobile devices.
- Students must promptly report any inappropriate postings, breach of confidentiality or privacy to the Radiologic Technology program or clinical coordinator, or the Assistant Vice President of Academic Affairs for Nursing and Allied Health.

Behavior related to social media must comply with all NCCC policies, clinical agency policies, discrimination and harassment policies, HIPAA policies, FERPA regulations, and standards of radiologic technology practice.

Ultimately, you have sole responsibility for what you post or publish in any form of online social media. If your social media activity shows that you have exercised poor judgment in such activities, or if your activities violate any of the guidelines as stated in this policy, disciplinary action may be taken against you, which may include dismissal from the radiologic technology program. Violations could be construed as federal offenses with legal ramifications.

PREGNANCY POLICY

The National Council on Radiation Protection and Measurements (NCRP) recommends that the effective dose limits to the embryo-fetus from occupational exposure to the expectant mother should be limited to 5 mSv (500 mrem) for the entire gestation period or .5 mSv (50 mrem) for monthly dose equivalent limits. It is recommended by the NCRP that persons involved in the occupation should voluntarily notify the program/clinical coordinator as soon as pregnancy is suspected. Through proper instruction of all safety precautions and personnel monitoring and strict adherence to these precautions, it can be possible to limit all occupational exposure to under 5 mSv (500 mrem) for the entire gestation period.

1. Declaration of pregnancy is voluntary. The program encourages the student to notify the program officials so the pregnancy policy can be reviewed with the student.

2. Sign off on Declaration of Pregnancy Form.

3. The following options are available, upon medical advice:
   a. Immediate withdrawal from the program.
   b. Continued full time status with no modifications.

4. A student may withdraw the Declaration of Pregnancy at any time, in writing.

5. Under the regulations, the dose received by the embryo/fetus due to occupational exposure is limited to 5 mSv for the entire gestational period of the pregnancy. Also, monthly exposure to the embryo/fetus cannot exceed .5 mSv. Niagara County Community College does provide a monthly monitoring device to monitor the fetal radiation dose.

If remaining full time status, you must abide by the following:

1. Strict adherence to <u>ALL</u> safety precautions for protection purposes.

2. Submit statements from your physician as to any changes or problems in your pregnancy and advisability of continuation full time.

3. Wear 2 personnel monitoring devices, one on the collar and one on the abdomen for fetal monitoring. Readings will be monitored closely, and the student will be subject to immediate leave of absence from the clinical environment if at any point it is deemed necessary.

4. At any time you feel you are working in an unsafe area or under conditions you feel detrimental to yourself or the fetus, stop immediately and report to the clinical instructor or clinical adjunct faculty.

4. At no time and for no reason will the pregnant student place herself in the primary beam of radiation.

Withdrawal from clinical rotations with continued participation in didactic instruction:

1. The student will be required, upon her return, to complete all clinical competencies and rotations missed or not completed prior to and during her maternity leave.

2. Realize that the student must complete, upon her return, **ALL** requirements for graduation, including length of time in the program, required courses and clinical competencies and rotations. No degree will be issued until all requirements have been successfully met.

   For students who withdraw from the Program, should they decide to come back and complete the Radiologic Technology Program, they must follow the Readmission Process or the Change of Curriculum Process. (Refer to respective policies in the College Catalog.)

NIAGARA COUNTY COMMUNITY COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM

DECLARATION OF PREGNANCY
Pursuant to the 10 NYCRR part 16

I, _____, am making a declaration of pregnancy.
(print name)

My expected due date is _____. I understand that this information is used to track the amount of radiation throughout my pregnancy.

I understand that I do not need to provide any medical proof in completing this form and that I may withdraw this declaration at any time.

I have been advised of and understand the limits on the dose to an embryo/fetus and I further understand that I will be given a badge whereby the school will monitor the dose to the embryo.

I have reviewed and understand the Pregnancy Policy initially provided to me in the Student Radiographer Manual.

_____
Signature

_____
Witness

_____
Date

ACADEMIC GRIEVANCE PROCEDURE OVERVIEW

Informal — Faculty Member
The first discussions about an academic fairness issue should be between the student and instructor.

Program Coordinator
If the concern is not resolved, the student should meet with the Program Coordinator who will try to resolve the concern.

Assistant Vice President of Academic Affairs/Nursing and Allied Health
If the concern is not resolved, the student should meet with the Assistant Vice President of Academic Affairs/Nursing and Allied Health who will try to resolve the concern.

Office of Academic Affairs
If the problem is not resolved at the division/area level, the student should contact the Office of Academic Affairs to meet with a member of the Administrative staff who will convene appropriate individuals to further discuss and try to resolve the concern.

Formal Preliminary Hearing
If the informal steps do not resolve the concern, a representative from Academic affairs will assist the student to file an academic grievance. The purpose of the Preliminary Hearing is for the Academic Grievance Board to decide if the subject matter of the student's concern(s) is grievable or not grievable. If the Academic Grievance Board decides the subject matter of the student's concern(s) is grievable, the burden of proof to substantiate the existence of the unfair academic treatment shall rest with the student(s).

Academic Grievance Hearing
If the Academic Grievance Board decides the subject matter of the student's concern(s) is grievable, an Academic Grievance Hearing will be scheduled. The purpose of the Academic Grievance Hearing is for the Academic Grievance Board to decide if the student received fair or unfair academic treatment. If the Academic Grievance Board decides the student received unfair academic treatment, the Board shall make a recommendation(s) to redress the treatment.

Sanction
The Vice President
Academic Affairs will decide to implement any recommendation.

Appeal
Either the student or instructor may appeal the decision of the Vice President of Academic Affairs to the President of the College.

President
The decision of the President is final and may not be appealed.

For a full description of the Academic Grievance Procedure, consult the Student Rights and Responsibilities Code of Conduct Handbook found on the NCCC webpage.

NON-ACADEMIC GRIEVANCE PROCEDURE

Non-academic concerns or complaints are resolved in the same manner as the Academic Grievance Procedure. The procedure begins as an informal process, first with the faculty member and continues through the process outlined in the Academic Grievance procedure, until the issue is resolved or finalized.

COMPLAINT RESOLUTION POLICY

In order to resolve potential problems, complaints, or allegations of noncompliance with the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program (STANDARDS), the program provides several mechanisms. The Program will maintain any records of non-compliance with JRCERT STANDARDS.

The Program Coordinator and Clinical Coordinator maintain "open door" policies regarding student complaints, issues or problems.

All student concerns are treated seriously, confidentially, and respectfully. All concerns should be brought to faculty with the same degree of respect.

All concerns will be handled based on their severity. If the matter is of a serious nature, the Program Coordinator will consult with the Assistant Vice President of Academic Affairs/Nursing and Allied Health and may consult with members of the Advisory Committee before making a decision.

All complaints should follow the grievance procedure outlined on the previous page and within the Student Rights and Responsibilities Code of Conduct Handbook.

After following the grievance procedure, if the student is dissatisfied with the decision, the student can contact the JRCERT at any time.

The STANDARDS for an accredited program are available on the JRCERT website: https://www.jrcert.org/ and upon request from the program coordinator. These STANDARDS are discussed during RAD 100. Students can confirm integrity of the program by reviewing criteria whenever in doubt. If the student feels that there is non-compliance with the STANDARDS after following the grievance procedure, the student can contact the JRCERT. The number for the JRCERT is 312-704-5300 or through the JRCERT website at: https://www.jrcert.org/. All allegations will be documented.

Students meet with faculty every semester and it is the desire and belief of program officials and faculty that all concerns, issues or complaints can be resolved on an informal basis. Additionally, students are represented at Advisory Board biannual meetings. Their concerns or complaints may be presented at these meetings.

DISCIPLINARY POLICY

The Conduct Code, Prohibited Conduct and Disciplinary Procedures for students in the Radiologic Technology Program at NCCC are listed in the Student Rights and Responsibilities Code of Conduct Handbook. This code must be adhered to at the College and all clinical affiliations. It is the student's responsibility to be aware of the contents of this handbook and the disciplinary procedures outlined within.

It is essential that certain necessary regulations be established to serve as guidelines and to provide the best care possible to patients.

Academic Grounds for Immediate Dismissal

Academic grounds for immediate dismissal include:

1. Failing grade in Radiologic Technology core courses, BIO 246 and/or a grade of C- or lower in BIO 213/214 Lecture and/or Lab. Students must pass all three components of the courses, lecture, lab, and clinic.

2. Failure to accomplish all clinical competencies or unsatisfactory clinical behavior resulting in a grade below Two (2) for the Clinical Evaluation Tool. Accomplishment of clinical competencies does not insure satisfactory clinical behavior.

3. Lab and clinical portions will be graded according to their respective grading rubrics. A grade of 2 or higher must be obtained for a passing grade.

CONFIDENTIALITY

Health Insurance Portability and Accountability Act (HIPAA)

Students are required to keep all information concerning patients strictly confidential. All students are urged to refrain from gossiping, loud talking and any other activity that would be disturbing to the patients. Courtesy and cheerfulness are important at all times and make for a pleasant relationship with fellow students, staff, patients and the public.

Patients' charts are confidential and information concerning patients must not be discussed with the patient, the patient's family or visitors, or with anyone who is not directly concerned with the CARE AND TREATMENT OF THAT PATIENT.

As a member of the Niagara County Community College Radiologic Technology Program, you represent not only the College but the affiliating healthcare facility in your contacts with patients, visitors and members of the community. The impression you leave with each person is very important to the facility and all the people involved on the health care team as well as your fellow students.

A BREACH OF CONFIDENTIALITY WILL RESULT IN UNSATISFACTORY CLINICAL BEHAVIOR.

PROFESSIONAL AND STUDENT ORGANIZATIONS

Students can join societies at state and national levels. The American Society of Radiologic Technologists (ASRT) http://www.asrt.org/ and the New York State Society of Radiological Sciences, Inc. http://www.nyssrs.org/ are recommended.

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

Only upon successful graduation from the program (didactic and clinical) will the student be eligible to apply for the national certification examination "American Registry of Radiologic Technologists" (ARRT) http://www.arrt.org

.

LICENSE REQUIREMENTS FOR ALL OPERATORS OF MEDICAL X-RAY EQUIPMENT

1. Licensure is a requirement for all technologists to work in the State of New York. (Please refer to Attachment D pertaining to the New York State Department of Health.)

2. Licenses may be obtained through the New York State Department of Health.

3. Holders of ARRT Certification must also possess a current New York State License.

4. Once a student passes the ARRT examination, they must submit a copy of their current ARRT card and application to the New York State Department of Health, Radiologic Technology Section.

STUDENT RADIOGRAPHERS AS HOSPITAL EMPLOYEES

Students, while employed in a hospital in whatever capacity (office, aide, orderly, etc.), are prohibited from performing any radiographic procedures.

PROGRAM EFFECTIVENESS DATA

The program's assessment and effectiveness data is available to the general public. Five-year average credentialing examination pass rate, five-year average job placement rate and annual program completion rate is available in the program office, on the Radiologic Technology Program's web page or on the JRCERT website at: https://www.jrcert.org/.

FEDERAL LAW CONCERNING CHEMICAL HAZARDS

Federal law requires that all individuals must be notified about hazardous chemicals present in the workplace. This law applies to all occupations, with the basic purpose of raising the level of consciousness on chemical safety (but not to the point of over concern). Obviously, there are safe levels, proper procedures and precautions to be followed when working with any chemical just as there are when working with x-ray.

Chemical suppliers are required to prepare Material Safety Data Sheets (MSDS) for all chemicals in radiology. The MSDS, once available, should be accessible for your review. The Clinical Instructor will provide the student with information regarding the Imaging Department's MSDS in the clinical facility. The following information concerns x-ray and photographic processing chemicals which will be found on campus.

X-RAY AND PHOTOGRAPHIC PROCESSING

Photographic chemicals may be used in a health care facility for processing x-ray film, for film used in electron or light microscopy, and for slides and prints for scientific papers and lectures. Some of these chemicals must be used with more than routine precaution.

Photographic developers must be in alkaline solution for full activity. Sometimes a two solution formulation is used in which a small stock of concentrated alkali is added to a large volume of developer to obtain a working solution. In a similar way, some fixers require the addition of concentrated acid to a stock solution. These concentrated chemicals require extra care in handling since they have the potential to cause tissue damage more rapidly than the diluted working solutions. Concentrated (glacial) acetic acid is not only a strong, corrosive acid, but also produces a highly corrosive vapor that is extremely flammable. Even the more dilute working solutions should be handled with care since prolonged or repeated contact can lead to skin irritation, cracking, and blistering. Virtually all photographic chemicals, especially developers, can cause an allergic reaction that is characterized by itching, red scaly skin. The use of gloves, tongs, or barrier creams can minimize skin contact hazards.

Most photographic chemicals give off irritating vapors that can affect the nose and eyes. Work areas should be ventilated to reduce this hazard. Some automated x-ray processing equipment store large volumes of solutions in plastic reservoirs. As the liquid is used up, vapors accumulate in the "air space" above. When the lid is removed to refill the reservoir, high levels of vapor may be released. For example, sulfur dioxide may accumulate in reservoirs containing photographic fixers.

POLICY FOR TRANSFER OF STUDENTS INTO RADIOLOGIC TECHNOLOGY PROGRAM FROM OTHER RADIOLOGIC TECHNOLOGY PROGRAMS

The transfer of students into the College is referred to in the Niagara County Community College Catalog http://catalog.niagaracc.suny.edu/. Once accepted into the College, the program coordinator reviews the student's transcript to determine which Radiologic Technology courses were passed and course descriptions and/or syllabi to determine content. An interview is held to discuss the student's clinical skills. Based on this information, the student is placed in the appropriate Radiologic Technology Course. The program coordinator reserves the right to test the student's didactic and/or clinical skills for appropriate placement in the sequence of NCCC Radiologic Technology Courses.

TRANSFER ARTICULATION AGREEMENTS

NCCC graduates have successfully transferred to all of the SUNY colleges/universities and to countless other colleges throughout the U.S. and Canada. Upper-division and four-year colleges, both public and private, actively recruit NCCC graduates. Each college has unique policies regarding transfer. Some guarantee full junior status upon completion of the associate degree, while others evaluate transferability of credits on a course-by-course basis.

Transfer Agreements: Specific transfer (articulation) agreements have been developed with many colleges and universities. The purpose of these agreements is to facilitate the transfer process by outlining an optimal selection of NCCC courses to be taken prior to transfer. All transfer articulation agreements applicable to a curriculum are listed with the curriculum requirements in the catalog. Copies of agreements are available to students on the Admissions web page.

The Transfer Process: For students planning to transfer, Student Development offers a wide array of services that assist students with selecting a transfer college, selecting proper NCCC courses, and filing a transfer application. Early, careful planning will maximize transfer opportunities. Preparation for transfer should begin during a student's first semester at NCCC.

Students should consult the catalog of the prospective transfer institution when choosing electives at NCCC. Students should also work closely with their faculty advisor and the Student Development Department at NCCC. Course transferability varies from college to college, and the final determination of transfer credit is made by the transfer institution. It is the responsibility of the student to be informed about transferability before selecting courses at NCCC.

NCCC Dual Admissions Program: Dual Admissions is a special transfer program developed in conjunction with the four-year colleges and universities listed in the Student Services, Transfer Counseling section. Students must apply prior to the completion of 30 credits. They are granted guaranteed admission to the four-year college upon graduation with an associate degree in the appropriate NCCC curriculum. Additionally, junior level is guaranteed along with all transfer credits. For further information, contact the Student Development Department.

SUNY Transfer Guarantee: An opportunity to continue full-time study at a four-year State University of New York college is guaranteed to all New York residents who transfer directly from NCCC with an AA or an AS degree. Acceptance to a specific college or academic program is not guaranteed. Strict deadlines and other rules are enforced to qualify for this program. For further information, contact Student Development.

AWARDS AND SCHOLARSHIPS

There are several scholarships available to NCCC students. Scholarship deadline dates vary each semester. For more information, please visit the scholarship web page at **www.niagaracc.suny.edu/scholarships**. The NCCC Scholarship Office is located within the Financial Aid Complex, A-114 or by phone (716) 614-6205.

CLINICAL GUIDELINES

CLINICAL EDUCATION ELIGIBILITY

In order to be assigned to the clinical education courses and continue in these courses, the student must meet the following requirements:

1. Be a matriculated student in the Radiologic Technology Program.

2. Attend all preparatory laboratories.

3. Demonstrate successful mastery of the proficiency examination in the preparatory laboratories.

4. The student must maintain a minimum grade of C in Radiologic Technology courses and required Biology courses.

5. Meet physical requirements, (Technical Standards). Students cannot attend clinic with medical restrictions. If a student is given medical restrictions while registered for a clinic course, it is the students' responsibility to notify their clinic instructor and the clinical coordinator as soon as the student is able. The student will not be allowed to return to clinic until they are cleared from the wellness center.

6. Meet all the clinical competency evaluation requirements, weekly clinical evaluations, and performance evaluations in order to remain in or progress to subsequent clinical education courses.

7. Adhere to all policies for clinical education.

8. Present a copy of your current CPR card which must be given to the clinical coordinator one month prior to the start of the clinical experience. It is the student's responsibility to make a copy of the card. If a current CPR card is not on file, the student will not attend clinic and will be considered absent.

9. All students must be registered for all courses when they begin the semester. This includes all summer courses. The student must be registered by the first day of Summer Session I & II. It is the responsibility of the student to be sure this is completed. If this is not done, students will be removed from clinic and lose clinical time until they are registered.

10. Students temporary New York State licenses are only given in person to the licensee, and only with a detailed degree evaluation from Degree Works.

CLINICAL SITE PLACEMENT REGULATIONS

STUDENTS WILL BE ASSIGNED AT RANDOM TO ALL CLINICAL EDUCATION FACILITIES. NO EXCEPTIONS. PLEASE BE AWARE THAT YOU MAY BE REQUIRED TO DRIVE TO FACILITIES THROUGHOUT NIAGARA, ERIE, ORLEANS, GENESEE, AND WYOMING COUNTIES. STUDENTS WILL NOT BE PLACED AT A CLINICAL SITE THEY ARE CURRENTLY EMPLOYED AT. IF A STUDENT BECOMES EMPLOYED AT THAT SITE, ARRANGEMENTS WILL BE MADE FOR PLACEMENT AT ANOTHER CLINICAL SITE. IT IS THE RESPONSIBILITY OF THE STUDENT TO INFORM THE PROGRAM OF THEIR SITUATION REGARDING THIS POLICY. THERE WILL BE NO EXCEPTIONS. **STUDENTS CLINICAL PLACEMENT CAN BE CHANGED AT ANY TIME DUE TO EDUCATIONAL NEED, AS DEEMED BY THE PROGRAM/CLINICAL COORDINATOR. NO ONE IS EXEMPT.**

CLINICAL EDUCATION HOURS

The basic clinical education hours for students are 7:00 A.M. to 6:00 P.M. Students will be scheduled for a five to eight hour period by their Clinical Instructor according to educational needs. This will be done in a fair and equitable way for all students. Any variations to these hours are subject to approval by the Program Coordinator and/or Clinical Coordinator.

CLINICAL ATTENDANCE REGULATIONS

The student is subject to all the rules and regulations of the clinical affiliation(s).

Students are required to attend each scheduled clinical education experience. There will be no deviation from the scheduled dates without the expressed permission and prior approval by the Program and/or Clinical Coordinator.

If you are ill and unable to attend clinic on a given day, you must contact your Clinical Instructor and the clinical site immediately. All missed clinic time must be made up. Clinical instructors can be contacted between 6:30 A.M. to 8:00 P.M.

The student is required to be in the imaging department at all times except when directed to, or given permission to, leave by the clinical instructor. Failure to comply will result in course failure.

Students must have completed a physical examination and full written clearance by their physician and the Wellness Center at NCCC prior to attending clinical education experiences. Failure to do so will result in being denied access to a clinical facility.

An up-to-date CPR card is required for each clinical experience.

Malpractice/liability insurance is provided through NCCC by the County of Niagara. A copy of this is available in the Program Official's office.

Students must report to clinic in proper uniform and be ready for their assigned duties. Tardiness will not be tolerated.

CLINICAL ATTENDANCE/TARDINESS GRADING POLICY

Attendance at clinical sites is mandatory for the successful completion of courses RAD 103 E/L/C, 104C, 202 E/L/C, 204 E/L/C, 205, in accordance with the procedures set forth in the Student Radiographer Manual. Students are also expected to be ready for assignments promptly at the assigned time in the clinical setting. However, in the instance an unexcused absence does occur, the following grading procedure will be utilized when evaluating a student's clinical performance in the Clinical Evaluation Tool:

Juniors and Seniors: The first unexcused absence from clinic, will be documented as an "A" on the time sheet. The second such occurrence will be documented as an "A" followed by an explanation of concern for successful completion of the course in the comment section of the Student Clinical Evaluations tool. Students are not allowed to be absent for more than the equivalent of one week of clinical time.
Juniors = 12 clinical hours – Spring semester
Seniors = 15 clinical hours – Fall & Spring semesters
Juniors & Seniors = 20 clinical hours – Summer session

All excused absences will receive an "EA" documentation for the appropriate date. Proper documentation must be submitted to the Clinical Instructor and Clinical Coordinator verifying the excused absence.

Grading for the clinical evaluation tool is based upon the summative evaluation of a student's overall clinical performance and is at the discretion of the clinical instructor.

TIMESHEETS

All student timesheets must be initialed by a technologist and time in/out entered by a technologist. Students are NOT allowed to fill in times.

Entries 6 minutes or later than the assigned starting time will be documented as a "late time".

Leaving the clinical site early without permission, will also be documented as a late time.

Three late times is equal to one day of absence.

Failure to have a technologist initial the student's timesheet will be documented as a late occurrence.

Timesheets are to be signed, dated and handed in to the clinical instructor/coordinator at the end of each semester.

STUDENTS CLINICAL AND ACADEMIC PARTICIPATION

Students will not exceed 10 hours per day in a clinical assignment or 40 hours per week for clinical and didactic activities.

STANDARD OF CONDUCT/ETHICS

STANDARD OF ETHICS POLICY: When a student is unable to provide safe patient care and/or does not meet the ethical standards of the Radiologic Technology profession, in either the Academic or Clinical Education environments, the Radiologic Technology Program Coordinator, upon recommendation from the Radiologic Technology Faculty, will remove said student from the Radiologic Technology course and this action may result in dismissal from the Radiologic Technology program. Unsafe care is defined as "placing the patient and/or family in clear and present danger". This may include, but is not limited to: radiographic exposure of the wrong patient or body part, unsafe patient transfer, violations or infractions of ALARA (As Low As Reasonably Achievable), breaches of the Health Insurance Portability and Accountability Act (HIPAA) and violations of the Student Conduct Code. The student is not eligible for re-admission into the Radiologic Technology program.

Discipline Policies: See Student Rights and Responsibilities Code of Conduct Handbook on NCCC website.

CLINICAL HOURS REQUIREMENT

The Radiologic Technology Program is based on a two year curriculum. Students are required to successfully complete all competencies required for clinical education. The JRCERT requires the program to provide a competency-based clinical education. The completion of clinical competencies are necessary for completion of the program. Students will not exceed 10 hours per day in a clinical assignment or 40 hours per week for clinical and didactic activities.

ATTENDANCE

Attendance sheets are kept with the student at the clinical affiliations. All students must have a technologist sign them in in the morning and when leaving their clinical site. Students must have a technologist initial the attendance sheets with the time in and out of the clinical rotation. No credit will be given if the student fails to have a technologist sign them in and out. Attendance sheets are the responsibility of the students and shall be turned in to the clinical instructor, upon completion of the clinical assignment. Three late occurrences equal one absence. There is a five (5) minute grace period for tardy.

ABSENTEEISM

1. In cases of absence from clinical assignments, it is the student's responsibility to call the clinical instructor and the clinical site to report their absence. The hours to contact clinical instructors/clinical coordinator/program coordinator for any reason are: 6:30 A.M. to 8:00 P.M, unless otherwise specified by the individual. Lack of notification will lead to unsatisfactory clinical behavior.

2 **Imaging Department Phone Numbers:**

Bertrand Chaffee Hospital	-	716-592-8169
Buffalo General Medical Center	-	716-859-2840
DeGraff Memorial Hospital	-	716-690-2249
Eastern Niagara Hospital at Lockport	-	716-514-5623
Eastern Niagara/Lockport Imaging Center	-	716-439-4374
Erie County Medical Center	-	716-898-3416
Excelsior Orthopaedics	-	716-250-9999
Great Lakes Medical Imaging	-	716-836-4646
Millard Fillmore Suburban Hospital	-	716-568-6400
Mt. St. Mary's Hospital	-	716-298-2277
Niagara Falls Memorial Medical Center	-	716-278-4341
Orleans Community Health	-	585-798-8054
Summit Health Plex	-	716-298-5872
UBMD (Amherst & Orchard Park)	-	716-204-3200
United Memorial Medical Center	-	585-344-5444
VA Western NY Healthcare System, Buffalo	-	716-862-7820
Windsong Radiology in Amherst	-	716-691-1200
Windsong Radiology in Hamburg	-	716-648-5900
Windsong Radiology in Lancaster	-	716-668-4600
Windsong Radiology in Williamsville	-	716-631-4051
Wyoming County Hospital	-	585-786-1256

3. A student missing <u>two</u> (2) consecutive days of clinical education must produce a doctor's excuse to re-enter the clinical experience or NCCC Wellness Center permission to re-enter clinical assignments.

4. BEREAVEMENT LEAVE: Each student is allowed three (3) days of bereavement leave. This leave may be exercised in conjunction with the death of a spouse, child, brother, sister, parent, grandparent, grandchild, stepparent, stepchild, mother-in-law, father-in-law and legal guardian, or other as verified by NCCC Faculty. Verification must be provided to the clinical coordinator.

5. FUNERAL LEAVE: Each student is allowed one (1) funeral leave day. Verification must be provided to the clinical coordinator.

6. PERSONAL LOSS POLICY: If, due to circumstances beyond a student's control, e.g. fire, flood, natural disasters or accidents that completely destroy personal property, a student will be allowed to be excused for one day of clinic assignment, immediately following loss, to restore said possessions. Proof of disaster will be necessary to validate the day.

NAME TAGS AND RADIATION MONITORING DEVICES MUST BE WORN BY THE STUDENT WHENEVER AT CLINICAL ASSIGNMENTS. MARKERS MUST BE WITH THE STUDENT AT CLINICAL ASSIGNMENTS. THE STUDENT MAY BE ASKED TO LEAVE THE CLINICAL SITE IF THESE ITEMS ARE NOT WITH THE STUDENT, WHICH WILL RESULT IN UNSATISFACTORY CLINICAL BEHAVIOR.

CLINICAL ROTATIONS

Students will be rotated throughout a variety of facilities to offer students an ample variety and volume of radiologic procedures. Students are responsible for travel expenses to and from their clinical sites.

The rotation schedule will be made by the Clinical Instructor and posted at the clinical site and must be adhered to by all students. The following facilities are utilized as clinical affiliates:

Bertrand Chaffee Hospital
Buffalo General Medical Center
DeGraff Memorial Hospital
Eastern Niagara Hospital at Lockport
Eastern Niagara/Lockport Imaging Center
Erie County Medical Center
Excelsior Orthopaedics
Great Lakes Medical Imaging
Millard Fillmore Suburban Hospital
Mt. St. Mary's Hospital
Niagara Falls Memorial Medical Center
Orleans Community Health
Summit Health Plex
United Memorial Medical Center
UBMD Orthopaedics & Sports Medicine
VA Western NY Healthcare System Buffalo
Windsong Radiology in Amherst
Windsong Radiology in Hamburg
Windsong Radiology in Lancaster
Windsong Radiology in Williamsville
Wyoming County Hospital

Some clinical affiliations are geographically dispersed from the main campus. These affiliations include:

Bertrand Chaffee Hospital – Springville, NY
United Memorial Medical Center – Batavia, NY
Wyoming County Hospital – Warsaw, NY

Clinical Orientation Guide

In order to provide the best clinical education experience possible, new students should be oriented to the radiology (imaging) department, as well as the health care facility.

1. The students should be introduced to technologists, radiologists, and personnel in all imaging areas.

2. Students must be informed of the clinical policies, procedure books, reference materials, specific regulations concerning safety, hazards (fire, electrical chemical) emergency preparedness, medical emergencies, HIPAA and standard precautions. (These may include, but are not limited to fire exits/alarms/ extinguishers, MSDS manuals, hospital codes for cardiac arrest, fire disaster, etc., infection control, parking and confidentiality).

3. A tour of the imaging department and facility should be conducted. The following should be identified and discussed:
   supply areas
   emergency equipment and supplies
   bulletin boards
   schedules
   dressing areas/changing booths
   file room (if applicable)
   imaging requisitions, procedures and protocols
   reception area
   imaging areas, including control area, CT, Ultrasound, MRI, Nuclear Medicine, and any other modalities available
   locker room
   cafeteria
   facility areas, such as Intensive Care Unit (ICU), Emergency Room (ER), Surgery, Nursery, Urology, Gastrointestinal Unit (GI) etc..

INCIDENT REPORTING

APPROPRIATE ACTION AFTER AN INCIDENT:

During an affiliation at a clinical site, if a student is involved in an incident involving a patient or injury to themselves, whether reportable or not, the following guidelines must be followed.

1. The incident must be reported to the NCCC instructor and clinical adjunct faculty immediately.

2. Oral reporting, with a follow up written incident report worksheet, is expected to be completed by the student.

3. The NCCC instructor and student will then follow through with the facility's policy & procedure regarding reporting of the incident. The instructor is also responsible to see that all appropriate documentation and reporting is completed.

4. The Program Coordinator and Clinical Coordinator will be notified, as soon as possible, following the incident, by the NCCC instructor and student, that an incident has occurred and what course of action has been taken.

5. If approached by an individual for questioning regarding the incident at any time, the student or involved individual, must consult with the NCCC instructor, Clinical or Program Coordinator prior to providing any written or oral information.

6. Financial charges incurred because of the incident are the responsibility of the student.

NIAGARA COUNTY COMMUNITY COLLEGE
WELLNESS CENTER

MEMO TO: Radiologic Technology Students
FROM: Cheri Yager MSN, BSN, RN
Supervisor of College Nursing Services/Wellness Center
SUBJECT: Physical Requirements for Clinical Rotations

In addition to the requirements of the New York State Public Health Laws, Allied Health students have the following requirements:

1. Please review the entire physical form before submitting to your Health Care Provider, taking note of the essential activities required for Radiologic Technology students listed in red on the bottom of the physician's page.

2. Physical – must be on NCCC's *Physician's Physical for Clinical Rotations* form. Please be sure the physician has addressed all questions and signed all required areas. Make sure your physician's stamp is included on the *bottom of BOTH the third and the fourth pages* of the form.

   ** PLEASE NOTE: If your physician identifies a health problem/issue, we may ask for additional information from a specialist for personal and client safety purposes.**

3. Proof of immunity to Measles, Mumps, Rubella, and Varicella is required for all students regardless of age or disease history. Proof of two vaccinations or Titer results are acceptable to meet this requirement. (Note: A copy of the titer report submitted with the physical form.)

4. Tuberculosis skin testing (TST) is required with the initial physical and is updated on an annual basis. The date given, date read, result in mm, and MD/PA/NP/RN signature are required.

   (Please Note: TST read by LPN's are NOT acceptable)

   A chest x-ray and a physician's statement indicating no signs or symptoms of Tuberculosis disease is required for a positive skin test. (No further TST's are to be done after a positive skin test.)

5. Proof of Diphtheria Tetanus (NOT Tetanus Toxoid) within the last 10 years. (Tdap is requested as a one time update, rather than TD, if not already received.)

6. Hepatitis B vaccination is STRONGLY recommended. Please review the Hepatitis B Vaccine Information Sheet so that you may make an informed decision regarding this important immunization.

For your convenience, you may view your immunization information on file by:
Logging in to Banner Web – Personal Information – Immunization Data Display
** (Please Note: *Compliance refers to the Public Health Laws – NOT Clinical Compliance*)

Please submit the above information to the Wellness Center 1 MONTH PRIOR TO CLINICAL ROTATIONS to avoid any delay or restriction regarding your attendance for clinical rotations. Please allow at least 5 business days for your forms to be processed.

Students will be cleared for clinical rotations by one of the Registered Nurses in the Wellness Center after ALL requirements have been satisfied. *It is NOT the responsibility of the Support Staff to advise you of the status of your clinical clearance.* If you have any questions or need assistance, please contact a Nurse in the Wellness Center,
call (716) 614-6275.

Please make hard copies of all forms for your records prior to submitting them to the Wellness Center, if possible.

4-8-2020

NIAGARA COUNTY COMMUNITY COLLEGE
WELLNESS CENTER

RADIOLOGIC TECHNOLOGIST STUDENT CHECKLIST

IMPORTANT

Submit the Radiologic Technologist Student Checklist **with** the NCCC "Physician's Physical for Clinical Rotations" to the Wellness Center via mail.

- Forms will only be accepted by the Wellness Center after **ALL** items on both **Part I** and **Part II** of the checklist have been completed.

PLEASE NOTE:

1. **The NCCC** "Physician's Physical for Clinical Rotations" forms will be the **only** form accepted.

2. Initial the paragraphs on the front of the form **after** reading and agreeing with the contents. Sign and date the box on the first page with a witness at your Provider's office, if possible.

3. Please follow the instructions contained in the additional form provided to you for all Allied Health students during the pandemic.

4. Students are **not permitted** to write on the Physician pages, with the only exception being if signing the Hepatitis Declination Statement (back page).
   - **Student sections** are the first page and top area of the second page
   - **Physician pages** are the lower area on second page, entire third page and last page

*Please make **hard copies** of all forms for your records **prior** to submitting them to the Wellness Center, if possible.*

** **Note:** It is **your** responsibility to provide documentation to facilities requesting your information.

If you have questions or require assistance, please feel free to contact the ***Wellness Center at (716) 614-6275 and ask to speak to a ***Nurse.***

4-8-2020

STUDENT CHECKLIST

Place an "X" in the boxes after completing each item.

PART I:

Student Pages:

First Page:

☐ 1. Prior to submission of form, **read the front page**

- Initial all paragraphs
- Sign/Date form with witness

Top Second Page:

☐ 2. Student ID number

☐ 3. Student name, address, date of birth and phone

☐ 4. Allergies

☐ 5. Explain Allergies

☐ 6. Latex Allergy/Symptoms

☐ 7. Limitations

☐ 8. Explain Limitations

☐ 9. Emergency contact name, relationship, phone numbers

☐ 10. Signature/Date

PART II:

Physician's Pages:

***** Before leaving the doctor's office, be sure these sections of the checklist are* complete.**

Bottom of Second Page:

- 1. Height
- 2. Weight
- 3. Blood Pressure
- 4. Pulse
- 5. Personal medical history – check all that apply; Provide explanation
- 6. Each box of physical exam is addressed

Third Page:

- 7. Student Name
- 8. Student Date of Birth
- 9. Evidence of anxiety/problems requiring treatment
- 10. Physical/emotional problems to be followed in college
- 11. Medications (Prescription and Over the Counter)
- 12. Reason/Condition for Medications
- 13. Pregnant/EDD
- 14. Allergies with Explanation
- 15. Professional opinion regarding physical demands – BOTH Capable & Restrictions
- 16. Professional opinion regarding emotional demands - BOTH Capable & Restrictions
- 17. Explanation of Restrictions/Limitations
- 18. Health care provider:
- - Signature
- - Date
- - Stamp with address and phone

Last Page:

- ☐ 19. Name, Date of Birth
- ☐ 20. Proof of immunity to Measles, Mumps and Rubella
- ☐ 21. Tetanus/Diphtheria (Tdap recommended if update is needed)
- ☐ 22. Tuberculosis (TB) screening:
  - A. Signs of active TB
  - B. History of BCG
  - C. **TB skin test (Refer to Rad Tech Student Memo #4)**
    TB Skin Test (TST) is required with the **initial physical** and is then updated on an **annual** basis
    If provided separately -- Must state: **Date Given, Date Read, Results, and MD/PA/NP/RN signature**
    *****Note: TST readings by an LPN are NOT acceptable*****
  - D. Chest x-ray: Required if tuberculin skin test is positive -- **(Attach Copy of Report)**
  - E. Treatment plan if indicated
- ☐ 23. Chicken Pox:
  - ☐ A. Disease history

    OR
  - ☐ B. Varicella titer **(Attach Copy of Report)**

    ⇨Titer is Mandatory Regardless of Chicken Pox History

    OR
  - ☐ C. Two (2) Varicella immunizations
- ☐ 24. Hepatitis B: (3 dose series)
  - ☐ A. Vaccination dates
  - ☐ B. Titer: Hepatitis B Surface Antibody, **Quantitative – (Attach Copy of Report)**

    OR
  - ☐ C. Declination statement (student signature and date)
- ☐ 25. Health care provider:
  - ☐ - Signature
  - ☐ - Date
  - ☐ - Stamp with address and phone

PROCEDURE FOR REPORTING COMMUNICABLE DISEASES BY STUDENTS

It is the student's responsibility to report: 1) exposure to, or 2) contraction of a communicable disease directly to the Program Coordinator **immediately**.

The Program Coordinator will direct the student to the Niagara County Community College Wellness Center.

The student, upon returning, will bring a note from their physician clearing them to return. The student will report to the Wellness Center with the note.

The Wellness Center will respond to the Program Coordinator if the student has clearance or is restricted from didactic or clinical education. Any missed clinical time must be made up to achieve all competencies and fulfill requirements.

REQUIREMENTS FOR HEALTH CARE STUDENTS TO ATTEND CLINICAL SETTING

ANNUAL PHYSICAL TO INCLUDE:

DIPHTHERIA TETANUS (EVERY 10 YEARS)
TECHNICAL STANDARDS FORM
TB
HBV FORM

IT IS THE RESPONSIBILITY OF THE STUDENT TO COMPLETE THESE REQUIREMENTS OR THE STUDENT WILL BE REMOVED FROM CLINIC.

CONTACT THE WELLNESS CENTER, ROOM C-122, OR CALL 614-6275 IF YOU HAVE ANY QUESTIONS.

Exemptions

Q. Are there any exemptions for immunizations?

A. Medical contraindications recognized by ACIP will be permitted. These ACIP contraindications and precautions will be posted on the NYSDOH website to guide determinations made by individual practitioners as to the existence of a medical contraindication.

Q. Doesn't the state have to allow religious exemptions to vaccination?

A. There is no legal requirement to allow religious exemptions to influenza and other vaccinations. Health care personnel who care for ill patients have a responsibility to protect their patients from the inadvertent transmission of a communicable disease. HCP with direct patient care are required to show immunity to measles and rubella and undergo annual screening for tuberculosis, which is usually carried out by a skin test injection, as a condition of employment, without religious exemptions permitted. Only medical exemptions to vaccines and tuberculosis screening are permitted.

VACATION/HOLIDAYS/SNOW DAYS

VACATION AND HOLIDAYS

Accumulated vacation in order to shorten the length of the program will not be permitted. All holidays observed by the College will be honored for clinical education.

SNOW DAYS

When the campus is closed due to inclement weather, students will not be required to attend clinical education. It is the student's responsibility to look or listen for announcements for cancellations from a reputable source.

TRAVEL BAN POLICY

Students traveling from their home to their clinic sites that involves crossing a Travel Ban, do not have to report to clinic that day. They do not get charged an absence nor do they need to make this time up. This is for Travel Bans only (not Travel Advisories, no unnecessary travel, school closings, etc.).
The only school closings affecting clinical assignments would be when NCCC closes. Students need to refer to a reputable source for complete closings.

DRESS CODE

The personal appearance and demeanor of Radiologic Technology students at Niagara County Community College reflect both the College and Program standards and are indicative of the students' interest and pride in their profession. All students are expected to present a professional appearance at all times.

1. Maintain body hygiene by washing and by the use of deodorants - Refer to attachment E.

2. Hair will be neat at <u>all</u> times. Students will tie back long hair and keep it off the face and off the collar. Mohawks and rainbow color hair is not acceptable. Hair rollers, curlers, scarves and large barrettes or bows will not be worn. Discreet use of make-up will be required. Heavy eye shadow, mascara and blush will be avoided. Beards, mustaches, and sideburns must be well trimmed.

3. CDC, "Health care personnel should avoid wearing artificial nails and keep natural nails less than 1/4 of an inch long. All students' fingernails will be <u>short</u>, <u>neat</u> and <u>clean</u>. Only soft pastel shades of nail polish will be accepted. Artificial nails including but not limited to; bindings, tips, wrappings, tapes, gels, jewelry decorations, sculptured and acrylic are not permitted.

4. Perfume and aftershave lotions should be used in moderation or not at all. Strong scents, which may irritate patients or staff with respiratory issues, must be avoided.

5. Students are permitted to wear wedding, engagement or class rings and non-smart watches. Jewelry in excess (rings on all fingers or body parts, necklaces, pins, medallions) shall not be worn, especially long, dangling type. No earrings, or rings on faces, tongues, nose or head are permitted.

6. White or black shoes, or sneakers, are acceptable. Tennis shoes, high-top sneakers, sandals, crocs, boots and high heels are forbidden.

7. Bare legs are not acceptable at the clinical sites. Socks, white or neutral hose are required.

8. Surgical garb is not allowed in lieu of uniforms, unless authorized by the clinical instructor or clinical coordinator.

9. Undergarments must not be visible through white uniforms.

10. Unacceptable attire includes, but is not limited to:
a. Jeans, including skirts, white jeans
b. Mini skirts
c. Low cut blouses
d. Short tops which expose bare midriff
e. Sweatpants
f. Sweatshirts
g. Hoodies
h. Tee shirts
i. Spandex/tight knit pants/stirrup/stretch pants

11. Gentlemen may wear scrub tops, golf/polo shirts, or dress shirts. Pants include scrubs or dress pants.

12. There can be no evidence of tattoos. Tattoos must be covered at all times.

13. **Not adhering to the Dress Code will result in unsatisfactory clinical behavior.**

ADDITIONAL ITEMS NEEDED FOR CLINICAL EDUCATION

A photo ID badge will be required from NCCC Security for clinic. Without one a student cannot attend clinic.

Right and left markers must be purchased by the student. Markers must be red and blue in color. Markers must include students 3 initials, unless student does not legally have a middle name. The cost is approximately $18.00-$25.00 per set. If markers are lost, it is the student's responsibility to notify the Clinical Coordinator and their Clinical Instructor immediately, and another set must be ordered and paid for by the student.

REPEAT POLICY

ALL UNSATISFACTORY RADIOGRAPHIC IMAGES SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER, REGARDLESS OF THE STUDENT'S LEVEL OF COMPETENCY. FAILURE TO COMPLY WITH THIS REGULATION WILL RESULT IN UNSATISFACTORY CLINICAL PERFORMANCE.

DIRECT/INDIRECT SUPERVISION

Students must be aware that a qualified radiographer must directly supervise any procedure that is performed before a competency is obtained for that procedure. Direct supervision is defined as:

1. A qualified radiographer reviews the request for 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 physically present during the performance of the procedure.

4. A qualified radiographer reviews and approves the procedure and images.

After a competency has been achieved a student will be indirectly supervised for that specific procedure.

Indirect supervision is defined as:

1. A qualified radiographer must be "immediately available" to assist students regardless of the level of student achievement.

2. A qualified radiographer who is immediately available is physically present in an adjacent room or location to where the student is performing the radiographic procedure. This availability applies to all areas where ionizing radiation equipment is in use on patients.

It is the mutual responsibility of the clinical coordinator, clinical instructors, clinical staff, and student to be sure proper supervision is taking place. Therefore, any difficulty in adhering to this policy on supervision should be reported to the Program Coordinator.

RADIATION SAFETY POLICY

Radiation Safety is an integral part and a long range goal of the Radiologic Technology program therefore, it is imperative that students become aware of radiation protection rules that are required to be followed by students.

The ALARA (As Low As Reasonably Achievable) concept will be followed regarding NCCC radiation safety policies. This concept was developed by the National Council on Radiation Protection and Measurements and is accepted by all regulatory agencies. This concept is for radiologic technologists, students, and radiologists to share the responsibility to keep occupational and non-occupational absorbed doses below their allowable maximum levels, which can be achieved through the employment of proper radiation control procedures.

RADIATION PROTECTION & MONITORING

The ALARA concept will be adhered to. A student is expected to exercise sound radiation protection practices at all times. At no time should a student participate in a procedure that exhibits unsafe protection practices.

RADIATION MONITORING DEVICE

1. Optically Stimulated Luminescence (OSL) Dosimeters. Niagara County Community College will provide separate OSL service to all students for the laboratory and clinical experience.

2. No student will be allowed to participate in activities in the campus laboratory or clinical affiliation if: (1) he or she is not wearing an OSL dosimeter, or (2) he or she is wearing an outdated OSL dosimeter.

3. The student is responsible for changing OSL dosimeters at the required time. Failure to turn in an OSL dosimeter within 1 week of the assigned date will result in the inability to attend lab or attend clinic.

4. Each student must see and initial the written OSL reports.

5. Any accidents with the OSL dosimeter or loss of the OSL dosimeter must be reported immediately to the Clinical Instructor and Clinical Coordinator.

6. Should an OSL dosimeter be exposed or a radiation monitoring incident occur, please report to the Clinical Instructor and Clinical Coordinator so accurate records may be maintained.

7. At the completion of the program, a termination report will be available to graduates upon request. This will help maintain accurate personal records.

8. The student has full responsibility for having the radiation OSL dosimeter with them at the clinical site and an OSL holder at school for all laboratory classes. No student will be allowed at a clinical site without an OSL dosimeter.

STUDENTS ARE NEVER TO HOLD PATIENTS OR IMAGE RECEPTORS DURING RADIOGRAPHIC EXAMINATIONS.

RADIATION SAFETY OFFICER

Faculty and students should be aware of NCCC's Radiation Safety Officer and all clinical affiliation's Radiation Safety Officers.

Policy
Signing of Consents and Pregnancy Statements

Students are not allowed to sign as witness to consent forms or pregnancy statements. These doctrines need to be witnessed by a registered/licensed technologist or the clinical instructor assigned to the facility.

Signature of these forms in no way holds the clinical instructor responsible for the examination, but serves to witness the patient's signature and affirmation of understanding.

Policy
Dose Limits Policy

Step 1 – The (OSL) Optically Stimulated Luminescence Dosimeter Reports are reviewed by the Clinical Coordinator, Clinical Instructor and student.

Step 2 – If a dose exceeds .5 mSv (50 mrem) per month, (1.5 mSv (150 mrem) for 3 months) it is brought to the Radiation Safety Officer’s attention.

Step 3 – The Radiation Safety Officer reviews it and then contacts the Consultant Physicist.

Step 5 – The Physicist meets with the student or instructor who has exceeded the dose limit and discusses what possibly caused the incident. Once the issue has been discussed and a final conclusion arrived at, all parties involved document the issue.

USE OF ENERGIZED LABORATORY

Student utilization of the energized laboratory must be under the supervision of a qualified radiographer who is readily available. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled and the laboratory locked.

Students must not practice in the energized laboratory without appropriate supervision.

Students must wear OSL dosimeter to participate in the laboratory setting.

RADIATION PROTECTION RULES GOVERNED BY ALARA

1. **NEVER** hold a patient or image receptor for a radiographic procedure, while an exposure is made.

2. Always wear a radiation monitoring dosimeter.

3. The radiation monitoring dosimeter is worn at collar level.

4. The radiation monitoring dosimeter is worn outside the lead apron at collar level during fluoroscopy procedures.

5. Never leave the radiation monitoring dosimeter in the radiographic room.

6. Never wear the radiation monitoring dosimeter if you are having medical or dental radiographs taken of yourself.

7. Always stand behind the protective barrier when making an exposure.

8. Always use collimation.

9. Never make an exposure while the door to the radiographic room is open.

10. Never enter a radiographic room without knocking to be sure an exposure is not in progress.

11. Follow the appropriate rules for radiation safety set by each clinical affiliation.

INFECTION CONTROL POLICY

A. Student Practices - General

1. Students exhibiting signs of infection or communicable disease must not have direct patient contact.

2. Radiography students entering surgery must garb appropriately for the surgical suite.
   a. Shoe covers must be removed before leaving the surgery areas and new ones applied when re-entering.
   b. A lab coat must be worn over scrub attire if required by the clinical facility.

3. Hand washing
   a. Hands must be washed before and after each patient contact.
   b. The use of gloves does not eliminate the need for washing hands.

B. Sterile Procedures in Radiology

1. The degree of invasiveness shall determine whether sterile gowns, caps and masks must be worn.

2. For any skin-puncture procedure (CAT scans, arteriograms, liver or other biopsies, cyst puncture, lumbar punctures, myelograms, insertion of pacemakers etc.):
   a. Sterile technique must be used.
   b. The area involved should be shaved only if necessary.
   c. The skin surface must be prepared with an antimicrobial agent.
   d. The area must be draped with sterile drapes before beginning the procedure.
   e. The physician must wear sterile gloves.
   f. Pacemakers, cystoscope instruments, catheters, etc., must be sterile prior to each patient's use.
   g. Any injected contrast media must be certified sterile.
   h. Only those personnel essential to the procedure shall be in the room.
   i. Specific sterile procedures:
   (1) Voiding cystogram
      (a) Catheterization done by the nurse or physician using aseptic technique.
      (b) Sterile contrast media shall be aseptically introduced into bladder via catheter.
   (2) Pacemaker insertion
      (a) Sterile collimator cover must be using during the procedure.
      (b) Masks must be worn by all personnel in room.
   (3) Interventional procedures.

C. Nonsterile Procedures in Radiology

1. Measures to prevent cross contamination between patients must be followed.

a. Specific nonsterile procedures:
   (1) Barium enema
      (a) Disposable enema bags must be used.
      (b) Barium suspension must be freshly prepared each morning.
      (c) Any spills must be wiped up immediately with disposal cloths and an antimicrobial agent.

D. Materials

1. Routine equipment cleaning methods:
   a. Tube head, collimator, x-ray table must be wiped down by using a germicide solution.
   b. X-Ray table sheet and pillowcase must be changed between each patient.
   c. All blood spills must be appropriately handled according to the protocol of the clinical affiliation site.

2. Portable x-ray equipment must be wiped daily with a germicide solution.
   a. If portable equipment is used in isolation rooms, it must be decontaminated as it leaves the room. This must also be done when portable equipment is used in the morgue. Every surface must be wiped or sprayed with a germicide solution, and the wheels rolled over to reach all surfaces.
   b. Surgery use of portable machine:
      (1) Mobile C-Arm is stationed in surgery and is wiped with disinfectant by housekeeping staff daily and following use on an infected case.
      (2) Prior to entering OR, accessible areas of machine will be sprayed with disinfectant spray.
   c. Nursery use of portable machine:
      (1) Portable machine will be taken to just outside of nursery with arm extending in. If baby cannot be moved and entire machine must enter nursery, the accessible areas of the machine will be wiped with alcohol.
      (2) No disinfectant spray containing phenol will be used prior to entering newborn nursery!

3. All enema bags, IV sets, catheters, bedpans, urinals, emesis basins, etc., are considered contaminated after each patient's use. If they are disposable, they must be placed in the appropriate disposal areas. If they are not disposable, they must first be superficially decontaminated in the Imaging area by using an appropriate disinfectant, and then sent to the central service area for resterilization.
   a. Since disposable urinals are used, the patient's name will be written on the urinal and returned to the nursing unit with them.

4. After use, nondisposable sterile trays and instruments must be returned to central service for processing, after they have first been superficially decontaminated in the Imaging area by using an appropriate disinfectant.

5. Disposable items must be used when possible.
   a. Inventory rotation and expiration dating must be reviewed daily.
   b. Disposable items must be handled in accordance with the manufacturer's instructions.
   c. Disposable items must be considered contaminated when opened, and not resterilized.

6. Sterile supplies must be rotated in a fixed pattern, checked for expiration date, and this must be documented.

E. Environment

1. Work areas must be kept free from extraneous materials.

F. Housekeeping

1. All work surfaces and the floor must be cleaned daily with a germicide agent by the housekeeping department.

INFECTION CONTROL AND STANDARD PRECAUTIONS

Prior to the start of the first clinical affiliation, all students will complete coursework on Infection Control and Standard Precautions. This will be performed in RAD 101E. Facilities will be notified that students have successfully completed Infection Control and Standard Precautions education.

Listed below are the minimum requirements recommended during controlled situations, to protect the student radiographer from potentially infectious agents. This list is not all inclusive, so judgement is required on the part of the student radiographer to assess the need for additional barrier protection in less controlled situations. If a student has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves. Sterile technique is to be used during sterile procedures.

LEGEND:
X - ROUTINELY
S - IF SOILING LIKELY
** - IF SPLATTERING LIKELY

RADIOLOGY INFECTION CONTROL	HAND WASH	GLOVES	GOWN/ PLAS. APRON	MASK	EYE PROT.
NON-INVASIVE PROCEDURES: Skull, extremities, chest, spine, abdomen, pelvis radiography, etc.	X				
GASTRIC RADIOGRAPHY: Air contrast barium enema Routine barium enema, upper GI series, etc.	X	X	S		
INVASIVE PROCEDURES: Vascular interventional procedures, cerebral, pulmonary, visceral, peripheral, etc. (Inside sterile field) (Outside sterile field with blood/body subst.contact)	X	X	S	**	**
INVASIVE PROCEDURES: Drip infusion pyelography, IVP, voiding cystograms, (all kidney/urinary radiography) myelograms, venograms, arthrograms, lymphangiograms, etc.	X	X	S		
CONTACT WITH DRAINING WOUNDS: abscess drainage, biopsies, fistula/sinus tract, aspirations	X	X	S	**	**

NIAGARA COUNTY COMMUNITY COLLEGE

3111 Saunders Settlement Road
SANBORN, NEW YORK 14132

I have received a copy of the **Student Radiographer Manual**. The Policies and Procedures have been explained to me and I understand them. I agree to abide by the policies therein.

_____
Print name

_____ _____
Signature of student Date

ATTACHMENT A

ACADEMIC GRIEVANCE POLICY

REFER TO NCCC CATALOG

Academic Grievance Policy

As a public higher education institution, NCCC shall afford each student due process regarding an academic concern. As it is difficult to indicate the specific type of concern for which a student could legitimately institute an academic grievance, each concern shall be handled on an individual basis. All students are entitled to fair treatment.

No adverse action shall be taken against a student for filing a complaint about an academic concern.

See the NCCC Student Rights and Responsibilities Handbook for the entire Academic Grievance policy and procedure.

ATTACHMENT B

STUDENT SERVICES

REFER TO NCCC CATALOG

Student Services Policies - Confidentiality of Student Records

FERPA - Notification of Rights

The Family Educational Rights and Privacy Act (FERPA) afford eligible students certain rights with respect to their education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) These rights begin once a student is enrolled in coursework and include:

1. The right to inspect and review the student's education records within 45 days of the day the college receives a request for access.

Students should submit to the registrar, vice president, head of the academic department, or other appropriate official, written requests that identify the record(s) they wish to inspect. The college official will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the college official to whom the request was submitted, that official shall advise the student of the correct official to whom the request should be addressed.

2. The right to request the amendment of the student's education records that the student believes is inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA. Students may ask the college to amend a record that they believe is inaccurate. They should write the college official responsible for the record, clearly identify the part of the record they want changed, and specify why it is inaccurate.

If the college decides not to amend the record as requested by the student, the college will notify the student in writing of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before the college discloses personally identifiable information (PII) contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

The school discloses education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests. A school official is a person employed by NCCC and/or the State University of New York - SUNY in an administrative, supervisory, academic, research, or support staff position (including law enforcement unit personnel and health staff); a person serving on the board of trustees; or a student serving on an official committee, such as a disciplinary or grievance committee. A school official also may include a volunteer or contractor outside of the college who performs an institutional service of function for which the school would otherwise use its own employees and who is under the direct control of the school with respect to the use and maintenance of PII from education records, such as an attorney, auditor, or collection agent or a student volunteering to assist another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her

professional responsibilities for NCCC and/or the State University of New York - SUNY.

Certain directory information may be released without the student's permission. Niagara County Community College has defined directory information to include: the student's name, address (including email), telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, photograph, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student. However, a student may prevent the release of such information by completing the appropriate form in the Registration & Records Office.

The right to file a complaint with the U.S. Department of Education concerning alleged failures by Niagara County Community College to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is:

Family Policy Compliance Office U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-5901

FERPA permits the disclosure of PII from students' education records, without consent of the student, if the disclosure meets certain conditions found in §99.31 of the FERPA regulations. Except for disclosures to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosures to the student, §99.32 of FERPA regulations requires the institution to record the disclosure. Eligible students have a right to inspect and review the record of disclosures. A postsecondary institution may disclose PII from the educational records without obtaining prior written consent of the student.

- To other school officials, including teachers, within the college whom the school has determined to have legitimate educational interests. This includes contractors, consultants, volunteers, or other parties to whom the school has outsourced institutional services or functions, provided that the conditions listed in §99.31 (a)(1)(i)(B)(1) - (a)(1)(i)(B)(2) are met. (§99.31(a)(1))
- To authorized representatives of the U.S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or State and local educational authorities, such as a State postsecondary authority that is responsible for supervising the College's State-supported education programs. Disclosures under this provision may be made, subject to the requirements of §99.35, in connection with an audit or evaluation of Federal- or State-supported education programs, or for the enforcement of or compliance with Federal legal requirements that relate to those programs. These entities may make further disclosures of PII to outside entities that are designated by them as their authorized representatives to conduct any audit, evaluation, or enforcement or compliance activity on their behalf. (§§99.31(a)(3) and 99.35)
- In connection with financial aid for which the student has applied or which the student has received, if the information is necessary to determine eligibility for the aid, determine the amount of aid, determine the conditions of the aid, or enforce the terms and conditions of the aid. (§99.31(a)(4))

- To organizations conducting studies for, or on behalf of, the school, in order to: (a) develop, validate, or administer predictive tests; (b) administer student aid programs; or (c) improve instruction. (§99.31 (a)(6))
- To accrediting organizations to carry out their accrediting functions. ((§99.31(a)(7))
- To parents of an eligible student if the student is a dependent for IRS tax purposes. (§99.31(a)(8))
- To comply with a judicial order or lawfully issued subpoena. (§99.31(a)(9))
- To appropriate officials in connection with a health or safety emergency, subject to §99.36. (§99.31(a)(10))
- Information the school has designated as "directory information" under §99.37. (§99.31(a)(11))
- To a victim of an alleged perpetrator of a crime of violence or a non-forcible sex offense, subject to the requirements of §99.39. The disclosure may only include the final results of the disciplinary proceeding with respect to that alleged crime or offense, regardless of the finding. (§99.31(a)(13))
- To the general public, the final results of a disciplinary proceeding, subject to the requirements of §99.39, if the school determines the student is an alleged perpetrator of a crime of violence or non-forcible sex offense and the student has committed a violation of the school's rules or policies with respect to the allegation made against him or her. (§99.31(a)(14))
- To parents of a student regarding the student's violation of any Federal, State, or local law, or of any rule or policy of the school, governing the use or possession of alcohol or a controlled substance if the school determines the student committed a disciplinary violation and the student is under the age of 21. (§99.31(a)(15))
- The disclosure concerns sex offenders and other individuals required to register under section 17010 of the Violent Crime Control and Law Enforcement Act of 1994

FERPA ANNUAL NOTICE ADDENDUM:

As of January 3, 2012, the U.S. Department of Education's FERPA regulations expand the circumstances under which your education records and personally identifiable information (PII) contained in such records - including your Social Security Number, grades, or other private information - may be accessed without your consent. First, the U.S. Comptroller General, the U.S. Attorney General, the U.S. Secretary of Education, or state and local education authorities ("Federal and State Authorities") may allow access to your records and PII without your consent to any third party designated by a Federal or State Authority to evaluate a federal- or state-supported education program. The evaluation may relate to any program that is "principally engaged in the provision of education," such as early childhood education and job training, as well as any program that is administered by an education agency or institution. Second, Federal and State Authorities may allow access to your education records and PII without your consent to researchers performing certain types of studies, in certain cases even when we object to or do not request such research. Federal and State Authorities must obtain certain use-restriction and data security promises from the entities that they authorize to receive your PII, but the Authorities need not maintain direct control over such entities. In addition, in connection with Statewide Longitudinal Data Systems, State Authorities may collect, compile, permanently retain, and share without your consent PII from your education records, and they may track your participation in education and other programs by linking such PII to other personal information about you that they obtain from other Federal or State data sources, including workforce development, unemployment insurance, child welfare, juvenile justice, military service, and migrant student records systems.

ATTACHMENT C

NEW YORK STATE

DEPARTMENT OF HEALTH

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Flanigan Square, 547 River Street, Troy, New York 12180-2216

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

October 12, 2005

Dear Program Directors:

We occasionally receive inquiries regarding individuals who do not have a Social Security number. We, therefore, wish to clarify the New York State Department of Health's (NYSDOH) policy with regard to Social Security numbers and individuals licensed by or applying for licensure to the NYSDOH.

Section 5 of the New York State Tax Law requires all state agencies to gather Social Security numbers or federal employer identification numbers under the following conditions:

- The agency is granting, renewing, amending, supplementing or reinstating a license of any person, or
- The agency contracts to purchase or purchases goods or services or leases real or personal property.

The legislation defines "license" to include a permit, certificate, approval, registration or charter. Similar forms of permission to engage in a profession, trade, business or occupation are also included.

It is important to inform your students that a temporary permit cannot be issued if the student does not have a Social Security number. In addition, any student without a Social Security number will not be allowed to take the NYSDOH licensing examination. The nine digit number assigned by the American Registry of Radiologic Technologists (ARRT) **cannot** to be used in place of a Social Security number on the NYSDOH application for licensure. Using the ARRT number would constitute fraud and deceit as indicated in § 3510 1(a) of the Public health Law.

If you have any questions, please call me at (518) 402-7580.

cc: Thomas W. Miller
ARRT

Radiological Health Specialist
Bureau of Environmental Radiation Protection

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Center for Environmental Health 2 University Place Albany, New York 12203-3399

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner
Paula Wilson
Executive Deputy Commissioner

OFFICE OF PUBLIC HEALTH
Sue Kelly
Executive Deputy Director
William N. Stasiuk, P.E., Ph. D.
Center Director

August 1, 1992

Dear Program Director:

Enclosed is **School Distribution No. 51 Information Letter** regarding the requirement for reporting previous violations against the law of students to this Department. **PLEASE NOTE THAT THIS INFORMATION SHOULD APPEAR ON THE NEW CLASS ENROLLMENT REPORT OR WITHIN 30 DAYS OF THE VIOLATION.**

We encourage you to share this letter with your students to avoid future complications which could arise from the failure to report violations. If you have any questions, please feel free to call (518) 458-6476.

Sincerely,

Maryanne Harvey
Chief, Radiation Equipment Section
Bureau of Environmental Radiation Protection

Enclosure

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Center for Environmental Health 2 University Place Albany, New York 12203-3399

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner
Paula Wilson
Executive Deputy Commissioner

OFFICE OF PUBLIC HEALTH
Sue Kelly
Executive Deputy Director
William N. Stasiuk, P.E., Ph. D.
Center Director

SCHOOL DISTRIBUTION NO. 51:
DISQUALIFICATION FROM EXAMINATION
AUGUST 1, 1992

During recent site visits to various schools, it has become apparent that, while students have been informed of the laws, rules and regulations governing the practice of radiologic technology, they were not aware of the requirement of reporting previous violations against the law and the effect it would have on their licenses.

Although information regarding previous violations against the law may not be requested on the school application, it is required by this Department and should be noted on the New Class Enrollment Report, or, within 30 days of the violation.

The law treats differently applicants for a new license who have a prior conviction from present license holders who are convicted of a crime. Under the State 'Ex-offenders Law', applicants with prior convictions are protected from being denied a license arbitrarily on the basis of the conviction. The standards in Section 89.16 used to determine whether an applicant for a new license is disqualified as not being of 'good moral character' because of a prior conviction are given. The most important factor is whether the underlying offense has a 'direct relationship' to the practice of radiologic technology. The rule also identifies offenses that bear 'direct relationship' (violence, drugs, sex) and lists other factors to be considered.

Unlike a licensee, an applicant for a new license has no right to a hearing of his/her disqualification, but may request and be granted one as described under Section 86.16(c). When an applicant for a new license is a defendant in a pending criminal proceeding, the final determination of eligibility may be withheld, pending its outcome.

Program Directors should inform students of the disqualification rule during interviews or upon admission to the program. Please note that the rule applies to any crime/violation except for minor traffic violations and adjudication as youthful offender, wayward minor or juvenile delinquent. In making a determination for disqualification, the Department considers, but is not limited to, the following:

(1) the number and seriousness of the underlying offenses of such convictions;
(2) the time which has elapsed since such convictions;
(3) the age of the applicant at the time of occurrence of the underlying offenses; and

(4) evidence of rehabilitation and good conduct since such convictions, including the issuance to the applicant of a Certificate of Relief from Disabilities or a Certificate of Good Conduct.

Students who have been convicted of any violation of the law or are defendants in a criminal proceeding should contact our office in writing. If you have any questions, please call (518) 458-6476.

Part 89
PRACTICE OF RADIOLOGIC TECHNOLOGY

(Statutory authority: Public Health Law, Sections 3504, 3510(1)(g), 3502(4), 3507(2) and (7))

Section

Section

PRACTICE OF RADIOLOGIC TECHNOLOGY

Section 89.0 Purpose and scope.

This Part establishes educational, licensing and certification requirements for persons engaged in the practice of radiologic technology. This Part also describes standards for educational programs in radiologic technology.

Section 89.1 Definitions.

(a) As used in this Part, unless the context otherwise requires:

(1) Applicable regulations means this Part, and for persons and facilities located outside New York City, Part 16 of Title 10 of the Official Compilation of Codes, Rules and Regulations of the State of New York and, for persons and facilities located in New York City, Article 175 of the New York City Health Code.

(2) Accrediting organization means an organization accepted by the department as a reliable authority for the purpose of accrediting examinations, certifications, registrations or educational programs in the fields of radiography, radiation therapy, or nuclear medicine technology.

(3) Authorized person means a certified nurse practitioner or a duly licensed physician assistant working under the supervision of a physician.

(4) Board means the department's Radiologic Technologist Advisory Board.

(5) Department means the New York State Department of Health.

(6) Direct supervision means that a physician must be present in the section of the facility where the procedure is being performed and is not concurrently encumbered by responsibilities that would preclude the physician from responding to a request for assistance within a timeframe that poses no risk to the patient. The physician shall be immediately available to furnish assistance and direction throughout the performance of the procedure, and is professionally responsible for the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

(7) Licensed Practitioner means any person licensed or otherwise authorized under the State Education Law to practice medicine, dentistry, podiatry, or chiropractic.

(8) Negligence and/or incompetence in the practice of radiologic technology means any failure to adhere to generally accepted standards of such practice and includes, but is not limited to:

(i) failure to exercise due regard for the safety or life or health of the patient;

(ii) failure to perform radiologic tests, procedures or treatments as ordered;

(iii) failure to comply with applicable regulations or the Public Health Law;

(iv) failure to protect patients and other persons from unnecessary exposure to radiation, including failure to properly use protective devices such as mechanical patient restraints;

(v) failure to wear an identification badge, as required by this Part; or,

(vi) abandonment or neglect of any patient in need of immediate medical attention without making reasonable arrangements to ensure that the patient receives such attention.

(9) Personal Supervision means the physician must be in attendance in the room during the performance of the procedure.

(10) Sponsoring institution means a medical or educational organization that offers educational programs in the field of radiologic technology.

(11) Supervision means the oversight of a licensed radiologic technologist by a licensed practitioner acting within the limits specified in the law under which the practitioner is licensed.

(12) Unethical conduct is behavior that indicates unfitness to practice radiologic technology and includes, but is not limited to:

(i) engaging in the practice of radiologic technology while in an intoxicated condition or under the influence of narcotic or other drug(s) that impair consciousness, judgment or behavior;

(ii) immoral conduct while engaged in the practice of radiologic technology or immoral behavior indicating an unfitness to practice radiologic technology;

(iii) willful falsification, destruction or theft of property or records relating to the practice of radiologic technology;

(iv) unauthorized disclosure of information or records relating to a patient;

(v) discrimination in the practice of radiologic technology against any person based on race, religion, creed, national origin, gender or sexual orientation;

(vi) verbally or physically harassing, abusing or intimidating a patient or other person (including, but not limited to, sexual harassment or abuse) while on the premises of a health care facility or while practicing radiologic technology;

(vii) failure to report in writing to the department of a felony conviction by any federal or state court within 30 days of the conviction;

(viii) failure to report in writing to the department of a conviction by any federal or state court of a crime that is not a felony in the jurisdiction in which the conviction is had, but is substantially similar to a felony in the State of New York;

(ix) directly or indirectly offering, giving or soliciting or receiving or agreeing to receive any fee or other consideration to or from a third party for the referral of a patient or client or in connection with the performance of professional services; or,

(x) being convicted of any crime consistent with the provisions of article twenty-three-A of the correction law.

(13) The terms "radiologic technologist," "radiographer," "radiation therapist," and "nuclear medicine technologist" mean an individual licensed and currently registered with the department pursuant to this Part.

(14) Authorized user means a physician authorized by a radioactive materials license issued under the applicable regulations to use radiopharmaceuticals for diagnostic studies and/or therapeutic treatments.

Section 89.2 Practice of radiologic technology.

(a) The practice of radiography includes, but is not limited to, the following activities performed under the supervision of a licensed practitioner:

(1) measuring and positioning patients;

(2) selecting and setting up exposure factors on x-ray equipment;

(3) making x-ray exposures;

(4) using fluoroscopy for localization purposes prior to taking a spot film of a mobile organ such as the gall bladder or the duodenal cap;

(5) operating fluoroscopy equipment under the personal supervision of a physician;

(6) administering non-intravenous contrast media pursuant to a physician's order;

(7) performing quality control tests; and,

(8) for individuals certified under section 89.40 of this Part, the intravascular administration of contrast media under the direct supervision when such administration is an integral part of an x-ray or imaging procedure.

(b) The practice of radiation therapy includes, but is not limited to, the following activities performed under the supervision of a radiation oncologist:

(1) setting up the treatment position;

(2) delivering the required daily dose prescribed by the physician;

(3) maintaining an accurate record of the technical details of the treatment;

(4) selecting the required filter and treatment distance;

(5) making beam directional shells and molds;

(6) using diagnostic x-ray equipment only for treatment planning and not for diagnostic purposes;

(7) assisting the medical physicist in calibration procedures;

(8) performing quality control tests; and,

(9) assisting in treatment planning procedures.

(c) The practice of nuclear medicine technology includes, but is not limited to, the following activities performed under the supervision of an authorized user:

(1) elution of a radiopharmaceutical generator;

(2) dosage preparation;

(3) assay of radiopharmaceutical dosages administered to patients;

(4) use of nuclear medicine equipment on patients;

(5) performance of quality control tests;

(6) administration of radiopharmaceuticals to patients for diagnostic purposes as ordered by an authorized user;

(7) administration of radiopharmaceuticals to patients for therapeutic purposes under the personal supervision of an authorized user; and,

(8) the use of technology that merges radiopharmaceutical imaging technology with other forms of medical imaging technology for diagnostic purposes. All nuclear medicine technologists who use x-ray and radiopharmaceutical imaging as part of a merged imaging procedure shall:

(i) be a licensed radiographer, or hold a post primary certification in computed tomography from a national accrediting organization approved by the department, and,

(ii) operate the merged imaging technology under the personal supervision of an authorized user until the authorized user acknowledges in writing that the nuclear medicine technologist can operate the merged technology competently *without such personal* supervision; and,

(iii) use only Single Photon Emission Computed Tomography (SPECT/CT) or Positron Emission Tomography (PET)/CT technology and no other x-ray imaging technology.

(d) Radiologic technologists shall wear, at all times while engaged in the practice of radiologic technology, identification tags giving their name and title as "Licensed Radiographer", or "Licensed Radiation Therapist" or "Licensed Nuclear Medicine Technologist" or a derivative of such a title. The tag shall not be smaller than 3/4" x 3" in dimension, and the lettering shall be in clear contrast to the background color of the tag. The tag shall be prominently displayed while worn. The tag shall not be worn by, or issued to a person not licensed to practice radiologic technology, or not licensed and registered in the category of practice indicated on the tag.

EDUCATIONAL PROGRAMS IN RADIOLOGIC TECHNOLOGY

Section 89.3 Registration

(a) The department may issue a certificate of registration to a sponsoring institution with an educational program that is recognized by the department as leading to licensure as a radiologic technologist if a sponsoring institution fulfills the following requirements in a manner acceptable to the department:

(1) files an application for registration with the department on such forms as the department may prescribe;

(2) provides documentation describing the sponsoring institution's financial resources, instructional curriculum, faculty, classroom and clinical facilities, student policies and administrative organization;

(3) passes a site inspection of the sponsoring institution's administrative, didactic and clinical facilities conducted by the department, the Joint Review Committee on Education in Radiologic Technology or other accrediting body approved by the department; and,

(4) upon request, provides documentation from any accrediting organization of any certification or approval of the educational program.

(b) In the event that the department finds deficiencies in an educational program offered by a sponsoring institution seeking a certificate of registration, the department may issue a provisional certificate of registration to a sponsoring institution if the sponsoring institution agrees in writing to correct deficiencies in the educational program within a period of time specified by the department.

(c) The department may deny, revoke or suspend a certificate of registration or a provisional certificate of registration upon a determination by the department that:

(1) the sponsoring institution has not, or is not likely to comply with this Part, applicable regulations, or the Public Health Law;

(2) the sponsoring institution has not complied with the standards and policies of the accrediting organization that approved or recognized its educational program; or,

(3) the educational program does not have any students for a period of two successive years. The department shall notify the sponsoring institution of its intent to deny, revoke or terminate a certificate of registration or provisional certificate of registration. The sponsoring institution may, within 30 days of notification, petition the department in writing for a review. The sponsoring institution shall then be given the opportunity to be heard by the commissioner or his or her designee.

(d) A sponsoring institution whose registration has been suspended or revoked pursuant to this section shall not be eligible to apply for a new registration until such time as the deficiencies have been corrected to the satisfaction of the department.

Section 89.4 Educational Program Standards.

(a) In addition to meeting all applicable provisions of this Part, a sponsoring institution with an educational program registered with the department shall:

(1) ensure that the educational program curriculum includes current didactic and clinical standards set by the American Society of Radiologic Technologists, the Society of Nuclear Medicine or other accrediting organization approved by the department;

(2) ensure that clinical training will occur at hospitals accredited by the Joint Commission on Accreditation of Healthcare Organizations or other accrediting organizations approved by the department or at other clinical facilities approved by the department;

(3) conform to all provisions relating to radiation safety standards as prescribed in applicable regulations;

(4) submit or make available to the department such information or records as the department requests and shall permit the department to perform site inspections.

(b) The sponsoring institution shall ensure, as applicable, that, while engaging in clinical practice:

(1) all radiography students are under the supervision of diagnostic radiologists;

(2) all radiation therapy students are under the supervision of a radiation oncologist; and,

(3) all nuclear medicine technology students are under the supervision of an authorized user.

Section 89.5 Students.

(a) A sponsoring institution shall report in writing to the department the name of each student who has successfully completed the radiologic technology course of study within 30 days of such completion.

(b) A sponsoring institution shall ensure that students do not apply radiation to a human being for clinical practice until they have completed instruction in, and have understanding of radiation safety as it pertains to protecting themselves, patients and personnel from unnecessary exposure to radiation. This instruction shall include practical experience using phantoms or other non-human devices. The sponsoring institution shall ensure that the initial applications of radiation to human beings by students shall be under the personal supervision of a radiologist, radiographer, radiation therapist or nuclear medicine technologists, as applicable, until the student's performance has been evaluated as satisfactory.

(c) Notwithstanding the requirements of section 16.11(a)(1) of the State Sanitary Code, a sponsoring institution shall provide all students with a personal radiation monitoring device during their radiologic technology course of study. The sponsoring institution shall ensure that student exposure to radiation shall be within the occupational limits prescribed by the applicable regulations and shall routinely inform students of their radiation exposure readings.

(d) A sponsoring institution shall ensure that its students apply radiation to human beings only at its clinical facilities and only for the purpose of clinical practice in the use of medical imaging or radiation therapy equipment.

(e) A sponsoring institution shall ensure that students enrolled in and attending a radiologic technology program shall wear at all times, while at any of the sponsoring institution's clinical facilities, identification tags that conspicuously shows their name and title as "STUDENT, Radiographer" or "STUDENT, Radiation Therapist", or "STUDENT" Nuclear Medicine Technologist", as appropriate. A sponsoring institution shall issue identification tags only to enrolled students and shall collect the identification tag of each student who graduates or withdraws from the school.

(e) A sponsoring institution may assign students to clinical practice on evenings, nights, weekends or legal holidays, provided that such clinical assignments:

(1) shall be given only to students in the final six months of training;

(2) shall not exceed a total of 80 hours;

(3) shall not result in the student attending in excess of eight hours in a 24-hour period of combined classroom and clinical assignments; and,

(4) shall be based upon a written plan and adequately maintained records, which include the designation of a radiologic technologist to supervise each such assignment.

LICENSURE

Section 89.10 General Provisions.

(a) To qualify for a license to practice as a radiologic technologist, an applicant shall fulfill the following requirements in a manner acceptable to the department:

(1) file an application on a form prescribed by the department along with a nonrefundable license fee of one hundred twenty dollars;

(2) submit documentation that the applicant has successfully completed an education program in radiologic technology that is registered with the department, the State Department of Education, or an accrediting organization approved by the department;

(3) submit evidence that the applicant has passed an examination administered by an accrediting organization approved by the department with a passing grade, as determined by the department;

(4) be at least 18 years of age and;

(5) be of good moral character. Any person who has been convicted of one or more criminal offenses involving a threat or use of physical violence, sexual behavior, illegal possession or use of drugs, theft or fraud, shall be deemed to not be of good moral character unless the department determines that sufficient mitigating factors exist to warrant a finding of good moral character. In making such a determination, the department shall consider the following factors:

(i) the number and seriousness of the underlying offenses of such conviction;

(ii) the time that has elapsed since such conviction;

(iii) the age of the applicant when the underlying offenses occurred; and,

(iv) evidence of rehabilitation and good conduct since such convictions, including the issuance to the applicant of a certificate of relief from disability or a certificate of good conduct.

(b) No person shall be licensed pursuant to this Part who has been convicted of a crime consistent with the provisions of Article twenty-three A of the Corrections Law.

(c) Nothing in this Part shall be construed to apply to the practice of nuclear medicine technology prior to January 1, 2009.

(d) Notwithstanding any provision herein to the contrary, any individual practicing as a nuclear medicine technologist prior to July 26, 2007 may be licensed to practice nuclear medicine technology provided that he or she has completed an education program in nuclear medicine technology acceptable to the department and has five years of verifiable and satisfactory employment within the previous ten years as a nuclear medicine technologist, or possesses certification by the Nuclear Medicine Technology Certifying Board or registration with the American Registry of Radiologic Technology in nuclear medicine technology.

Section 89.11 Denial of licensure.

(a) If the department determines that an applicant is ineligible for licensure pursuant to this Part, the department shall proved written notice to the applicant of the determination, the reasons therefor and information regarding his/her rights to petition.

(b) An applicant who has been denied licensure may petition the department, within 30 days of notification of the denial, for a review thereof. If the Commissioner or his or her designee decides in his/her discretion that a hearing should be held, the petitioner shall be entitled to all the rights of a respondent specified in subdivisions 2, 3, and 4 of section 3511 of the Public Health Law.

(c) Where an applicant has been denied licensure, the department may, after the expiration of two years or upon the granting to the applicant of a pardon or of a certificate of good conduct, or of a certification of relief from disability, entertain a new application for examination.

(d) Where an applicant is a defendant in a pending criminal proceeding under charges for an offense that bears a direct relationship to the practice of radiologic technology, the department may withhold the final determination of eligibility for a license pending the outcome of the proceeding.

Section 89.12 Issuance of a temporary permit.

(a) A temporary permit is a document issued by the department that allows an individual who qualifies under section 3505 of the Public Health Law to practice radiologic technology pending an examination. The permit shall be in effect for 180 days from the date of issue. It shall expire 10 days after notification by an accrediting organization that the individual has failed to pass the qualifying examination. An individual with a temporary permit does not qualify for intravenous contrast administration certification.

(b) The department may issue a temporary permit to an applicant who has been discharged from active duty with the Armed Forces of the United States or has satisfactorily completed an accredited course of study located outside of the State of New York, within one year preceding the date of application, who otherwise qualifies for admission to examination and provides a copy of the examination admission letter from an approved accrediting organization.

REGISTRATION AND CONTINUING EDUCATION

Section 89.20 Registration and continuing education.

(a) Each person licensed pursuant to this Part must obtain a certificate of registration from the department prior to practicing radiology in this state. The department shall register each licensee who submits a completed registration application on a form supplied by the department, pays a fee of twenty dollars per year, and provides evidence of completion of any continuing education requirements required by this section. Every practicing radiologic technologist shall have available for review by the department or other interested parties at all places of employment a copy of his/her current certificate of registration.

(b) Each registration shall authorize a licensee to practice radiologic technology for a period of up to four years and terminate on the registrant's birth date on either the next ensuing odd-numbered or the next ensuing even-numbered year, depending upon whether the registrant was born in an odd-numbered or even-numbered year, respectively.

(c) Beginning January 1, 2010, each radiologic technologist, when applying to register pursuant to paragraph 89.20(a) of this section, must provide evidence of continuing education equivalent to 12 credits hours per year according to the following schedule:

(1) individuals registering in the year 2010 must have 12 credits within the previous 12 months;

(2) individuals registering in the year 2011 must have 24 credits within the previous 24 months;

(3) individuals registering in the year 2012 must have 36 credits within the previous 36 months; and

(4) individuals registering in the year 2013 must have 48 credits within the previous 48 months.

(d) Thereafter to reregister, the radiologic technologist must provide evidence of the equivalent of 12 credit hours per year for every year since the previous registration period.

(e) Notwithstanding any provision herein to the contrary, the department may waive the continuing education requirement of a licensee who has recently completed an education program in radiologic technology pursuant to paragraph 89.10(a)(2), and is applying for registration for the first time. Thereafter, to reregister the radiologic technologist must provide evidence of the equivalent of 12 credit hours per year for each succeeding year.

(f) All continuing education credits must be approved by an accrediting organization approved by the department.

(g) A copy of a current certificate of registration from an accrediting organization approved by the department is acceptable evidence to meet the continuing education requirement.

EXEMPT PERSONS

Section 89.30 Persons exempt.

(a) Dental assistants.

(1) A person acting as a dental assistant shall be exempt from licensure as a radiologic technologist when operating the following equipment under the supervision of a dentist for the sole purpose of routine oral radiography in which the x-ray beam is limited to the patient's head:

(i) conventional radiographic dental equipment in which the diameter of the x-ray beam at the patient's face is limited to not more than three inches; and

(ii) panoramic radiographic dental equipment.

(2) Nothing in this Part shall be construed to apply to the practice of the profession of dental hygiene, including the use of x-ray, by persons duly licensed as dental hygienists by the State Education Department or by students enrolled in and under the supervision of the faculty of an educational program in dental hygiene registered by the State Education Department.

(b) Podiatry assistants:

A person authorized to provide supportive services to a licensed podiatrist pursuant to section 7006 (4) of the State Education Law is exempt from licensure as a radiologic technologist when operating a podiatry x-ray unit under the direct supervision of the podiatrist for the sole purpose of routine radiography of the podiatrist's patient's foot.

INTRAVASCULAR CONTRAST MEDIA INJECTION

Section 89.40 Intravascular contrast media injection.

(a) The department may issue a certificate to administer contrast media intravenously to a licensed and registered radiologic technologist who fulfills the following requirements in a manner acceptable to the department:

(1) submits an application on a form provided by the department;

(2) submits documentation demonstrating satisfactory completion of an educational program, approved by the department, that offers education and training concerning venipuncture of a person's upper extremity in a safe and effective manner, anatomy and physiology of venipuncture sites, venipuncture instruments, intravenous solutions and related equipment, techniques of intravenous line establishment, hazards and complications of venipuncture, post puncture care, the composition and purpose of an anti-anaphylaxis tray, and the recognition of adverse reactions to intravenous administration of contrast media; and

(3) has satisfactorily completed training in cardiopulmonary resuscitation in a course sponsored by the American Red Cross, the American Heart Association or other sponsoring institution approved by the department.

(b) A radiologic technologist certified pursuant to this section may establish an intravenous line as part of a procedure requiring contrast media, administer a saline flush and inject intravenous contrast media, manually or by mechanical injector under the direct supervision of a licensed physician who is qualified in a medical specialty related to the radiological procedure.

(c) Nothing in this section shall be construed to authorize a radiologic technologist certified pursuant to this section to perform arterial puncture, to determine the type or amount of contrast media to be injected or to administer or inject any medication other than contrast media.

(d) A radiologic technologist shall administer intravascular contrast media pursuant to the healthcare facility's established policies and procedures governing such contrast media administration and the availability of personnel and equipment to treat adverse reactions.

(e) Nothing in this section shall be construed to limit the authority of any person to administer or inject contrast media under any other law or under any rule or regulation of the commissioner, the department, the State Education Department or Board of Regents.

(f) Revocation or suspension of a license or registration shall be deemed a revocation or suspension of a certification issued pursuant to this section.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Flanigan Square, 547 River Street, Troy, New York 12180-2216

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

December 11, 2006

Re: Recent legislation concerning
Radiologic Technologists

Dear Program Director:

The purpose of this communication is to inform you of changes to Article 35, of the Public Health Law, that impacts the practice of radiologic technology.

There are four major revisions of importance:

- **Injection of intravenous contrast media by certified radiologic technologists.**

As of January 22, 2007, radiologic technologists certified by this department, may inject intravenous contrast media under the supervision of a physician when it is part of an imaging study. A prototype application and attestation form for certification is included with this letter. It describes the training and skills a radiologic technologist needs to inject these materials. Applications will be available by December 2006. An individual interested in obtaining an application and attestation form should send a request to berp@health.state.ny.us. The note must include his/her name, radiologic technology license number and current mailing address and a request for the form. The fee for the certificate is $20 a year and will be calculated to coincide with their current registration period. Medical institutions, schools of radiologic technology and professional societies are encouraged to provide training in the required subject areas.

- **Licensing requirement for nuclear medicine technologists.**

Only licensed individuals will be permitted to practice nuclear medicine technology after January 1, 2009. Individuals who hold current certificates from the Nuclear Medicine Technology Certification Board or the American Registry of Radiologic Technologists in Nuclear Medicine should automatically qualify for a license. Individuals who do not hold these qualifications have until that date to become qualified. These individuals will need to show completion of a course of study approved by the Nuclear Medicine Technology Certifying Board, the American Registry of Radiologic Technology or other organization approved by the department. Also they will need a completed and signed attestation form listing active and satisfactory employment in nuclear medicine during five of the previous ten years including competency in the administration of radioactive materials.

- **Continuing education requirements for radiologic technologists.**

Radiologic technologists must demonstrate continuing education credits to register their licenses starting in 2009. The continuing education program will parallel the requirements of the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certifying Board.

- **License and registration fees increased.**

Fees for all radiologic technology licenses will be $120 and registration fees will be $20 a year beginning in July 2007.

You may access the revised law by going to http://public.leginfo.state.ny.us/menugetf.cgi, scrolling down to PHL Public Health Law and clicking on the link. Questions may be sent to berp@health.state.ny.us.

Part 89, the regulations governing the practice of radiologic technology, are currently under revision. The revised Part 89 will provide additional information on these new requirements.

Thank you for your assistance in sharing this information with other interested persons in your institution.

Sincerely,

Stephen M. Gavitt, C.H.P.
Acting Director, Bureau of Environmental Radiation Protection

STATE OF NEW YORK
DEPARTMENT OF HEALTH

Flanigan Square, 547 River Street, Troy, New York 12180-2216

Richard F. Daines, M.D.
Commissioner

CORRECTION

April 23, 2007

Dear Program Directors,

Please be advised that once a radiologic technologist is certified to perform intravenous contrast injections, the technologist and the supervising physician are **not** required to complete another injection certification application attesting to training and experience. This will hold true as long as the technologist keeps his/her injection certification current. If the technologist lets his/her injection certification lapse then another injection certification application must be submitted to reinstate the technologist's injection certification. I apologize for the error. I look forward to see you again soon.

Radiologic Health Specialist
Bureau of Environmental Radiation Protection

ATTACHMENT D

ADDITIONAL INFORMATION

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis.

Hojas de Informacián Sobre Vacunas están disponibles en Español y en muchos otros idiomas. Visite http://www.immunize.org/vis

1 What is hepatitis B?

Hepatitis B is a serious infection that affects the liver. It is caused by the hepatitis B virus.

- In 2009, about 38,000 people became infected with hepatitis B.
- Each year about 2,000 to 4,000 people die in the United States from cirrhosis or liver cancer caused by hepatitis B.

Hepatitis B can cause:

Acute (short-term) illness. This can lead to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness, with symptoms, is more common among adults. Children who become infected usually do not have symptoms.

Chronic (long-term) infection. Some people go on to develop chronic hepatitis B infection. Most of them do not have symptoms, but the infection is still very serious, and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are chronically infected can spread hepatitis B virus to others, even if they don't look or feel sick. Up to 1.4 million people in the United States may have chronic hepatitis B infection.

Hepatitis B virus is easily spread through contact with the blood or other body fluids of an infected person. People can also be infected from contact with a contaminated object, where the virus can live for up to 7 days.

- A baby whose mother is infected can be infected at birth;
- Children, adolescents, and adults can become infected by:
  - contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
  - contact with objects that have blood or body fluids on them such as toothbrushes, razors, or monitoring and treatment devices for diabetes;
  - having unprotected sex with an infected person;
  - sharing needles when injecting drugs;
  - being stuck with a used needle.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of hepatitis B infection, including liver cancer and cirrhosis.

Hepatitis B vaccine may be given by itself or in the same shot with other vaccines.

Routine hepatitis B vaccination was recommended for some U.S. adults and children beginning in 1982, and for all children in 1991. Since 1990, new hepatitis B infections among children and adolescents have dropped by more than 95% – and by 75% in other age groups.

Vaccination gives long-term protection from hepatitis B infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- Babies normally get 3 doses of hepatitis B vaccine:

1st Dose:	Birth
2nd Dose:	1-2 months of age
3rd Dose:	6-18 months of age

Some babies might get 4 doses, for example, if a combination vaccine containing hepatitis B is used. (This is a single shot containing several vaccines.) The extra dose is not harmful.

- Anyone through 18 years of age who didn't get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for hepatitis B infection should be vaccinated. This includes:
  - sex partners of people infected with hepatitis B,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people under 60 years of age with diabetes,
  - people with jobs that expose them to human blood or other body fluids,

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

3 Some people should not get this vaccine

Tell the person who is giving the vaccine:

- **If the person getting the vaccine has any severe, life-threatening allergies.**
  If you ever had a life-threatening allergic reaction after a dose of hepatitis B vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Ask your health care provider if you want information about vaccine components.
- **If the person getting the vaccine is not feeling well.**
  If you have a mild illness, such as a cold, you can probably get the vaccine today. If you are moderately or severely ill, you should probably wait until you recover. Your doctor can advise you.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get hepatitis B vaccine do not have any problems with it.

Minor problems following hepatitis B vaccine include:

- soreness where the shot was given
- temperature of 99.9°F or higher

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

Your doctor can tell you more about these reactions.

Other problems that could happen after this vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting and injuries caused by a fall. Tell your provider if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get shoulder pain that can be more severe and longer-lasting than the more routine soreness that can follow injections. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: **www.cdc.gov/vaccinesafety/**

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

  Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a **severe allergic reaction** or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your clinic.

  Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at **www.vaers.hhs.gov**, or by calling **1-800-822-7967**.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at **www.hrsa.gov/vaccinecompensation**. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at **www.cdc.gov/vaccines**

Vaccine Information Statement

Hepatitis B Vaccine

7/20/2016

42 U.S.C. § 300aa-26

Office Use Only

Code of Ethics

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

GOLD STANDARD PATIENT CARE

LANDAUER®

Landauer, Inc. 2 Science Road Glenwood, Illinois 60425-1586
Telephone: (708)755-7000 Facsimile: (708)755-7016
www.landauerinc.com

luxel®

SAMPLE FACILITY
RADIATION SAFETY OFFICER
18930 SPRINGFIELD AVENUE
FLOSSMOOR, IL 60422

RADIATION DOSIMETRY REPORT

ACCOUNT NO.	SERIES CODE	ANALYTICAL WORK ORDER	REPORT DATE	DOSIMETER RECEIVED	REPORT TIME IN WORK DAYS	PAGE NO.
103702	RAD	S12345	7/17/98	7/13/98	5	1

❶ PARTICIPANT NUMBER	❷ NAME / ID NUMBER / BIRTH DATE / SEX	❸ DOSIMETER	❹ USE	❺ RADIATION QUALITY	❻ DOSE EQUIVALENT (MREM) FOR PERIODS SHOWN BELOW DEEP DDE	EYE LDE	SHALLOW SDE	QUARTERLY ACCUMULATED DOSE EQUIVALENT (MREM) DEEP DDE	EYE LDE	SHALLOW SDE	YEAR TO DATE DOSE EQUIVALENT (MREM) DEEP DDE	EYE LDE	SHALLOW SDE	LIFETIME DOSE EQUIVALENT (MREM) DEEP DDE	EYE LDE	SHALLOW SDE	❼ RECORDS FOR YEAR	❽ INCEPTION DATE (MM/YY)
FOR MONITORING PERIOD:					6/ 1/1998 - 6/30/1998				QTR 2			1998						
00191	ADDISON, JOHN	P	WHBODY	PN	90	90	90	90	90	90	100	100	100	200	200	200	6	6/80
	336235619 08/31/44 M			P	60	60	60	60	60	60	70	70	70	170	170	170		
				NF	30	30	30	30	30	30	30	30	30	30	30	30		
14839	JORGENSON, MIKE	P	WHBODY					160	160	160	470	470	470	860	860	860	6	1/90
	471740096 10/04/68 M		NOTE		DOSIMETER PARTIALLY SHIELDED, NO EVALUATION POSSIBLE.													
16784	THOMAS, LEE	P	COLLAR	P	62	62	57										6	2/86
	384846378 11/22/64 M	P	WAIST		M	M	M											2/86
			ASSIGN		2	62	57				2	112	107	1072	3192	3327		
			NOTE	❾	ASSIGNED DOSE BASED ON EDE 1 CALCULATION													
00901	WALKER, JANE	P	WAIST								30	30	40	100	100	150	6	1/90
	587336640 06/09/60 F		NOTE		ABSENT													
05061	ZERR, ROBERT	P	WHBODY		40	40	40	160	160	160	200	200	200	240	240	240	6	6/80
	982446591 07/15/45 M		NOTE	❿	CALCULATED													
		U	RFINGR				50			50			80			620		6/80

1. Within your account, each individual is identified by a unique number that is permanent.
2. Participant's personal information consisting of name, ID number, birth date, and sex. This information can be suppressed on "duplicate reports" for privacy and/or posting needs.
3. Landauer dosimeter.
4. The use or location on the body for which the dose is given.
5. Radiation type, and in some cases energy.
6. Dose Equivalent Columns - Current or accumulated exposures for deep, lens of eye and shallow dose equivalents. Bimonthly service will not have quarterly accumulation.
7. Number of times a current year report was generated for a participant.
8. The start of continuous Landauer service for a dosimeter.
9. Whole body exposures are carried for the person, rather than for individual whole body dosimeters. This example shows how a special dose calculation (EDE 1) can be applied to a participant who wears collar and waist dosimeters with a lead apron.
10. The dose for a dosimeter was from a calculation given by a customer, rather than from a Landauer dosimeter analysis.

Deep dose equivalent applies to external whole-body exposure and is the dose equivalent at a tissue depth of 1 cm (1,000 mg/cm²).

Eye dose equivalent applies to the external exposure of the lens of the eye and is taken as the dose equivalent at a tissue depth of 0.3 cm (300 mg/cm²).

Shallow dose equivalent applies to the external exposure of the skin or an extremity, and is taken as the dose equivalent at a tissue depth of 0.007 cm (7 mg/cm²) averaged over an area of one square centimeter.

Minimum Dose Equivalent Reported - Dose equivalents for the current monitoring period below the minimum reportable quantity are recorded as "M." The minimum reportable quantity depends on the dosimeter type and quality of radiation.

Notes - messages explaining any abnormalities, comments, or imaging and reanalysis results will appear on a separate line below all dosimeter exposure information.

11/98