<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Calendar</td>
<td>18</td>
</tr>
<tr>
<td>Academic Integrity</td>
<td>30</td>
</tr>
<tr>
<td>Academic Policy</td>
<td>14</td>
</tr>
<tr>
<td>Academic Probation</td>
<td>14</td>
</tr>
<tr>
<td>Academic Standard</td>
<td>28</td>
</tr>
<tr>
<td>Accreditation</td>
<td>8</td>
</tr>
<tr>
<td>Achieving Clinical Competency</td>
<td>20</td>
</tr>
<tr>
<td>Administration</td>
<td>5</td>
</tr>
<tr>
<td>Advisory Committee</td>
<td>37</td>
</tr>
<tr>
<td>ALARA Policy for Radiation Exposure</td>
<td>39, 40, 41</td>
</tr>
<tr>
<td>Application Process</td>
<td>10</td>
</tr>
<tr>
<td>Approved Leave</td>
<td>26</td>
</tr>
<tr>
<td>Attempting Competency</td>
<td>21</td>
</tr>
<tr>
<td>Attendance &amp; Tardiness Guidelines</td>
<td>23</td>
</tr>
<tr>
<td>Cell Phones and Electronic Devices</td>
<td>30, 48, 49</td>
</tr>
<tr>
<td>Clinical Competency Requirements and Grading</td>
<td>22</td>
</tr>
<tr>
<td>Clinical Education Guidelines</td>
<td>18</td>
</tr>
<tr>
<td>Competency Evaluation Form</td>
<td>22</td>
</tr>
<tr>
<td>Clinical Rotations and Objectives</td>
<td>19</td>
</tr>
<tr>
<td>Community Services</td>
<td>29</td>
</tr>
<tr>
<td>Compensatory Time</td>
<td>27</td>
</tr>
<tr>
<td>Course Listing and Objectives</td>
<td>16</td>
</tr>
<tr>
<td>Curriculum Overlay</td>
<td>16</td>
</tr>
<tr>
<td>Cycle of Clinical Competency Assessment</td>
<td>20</td>
</tr>
<tr>
<td>Disciplinary Action Policy</td>
<td>25</td>
</tr>
<tr>
<td>Dress Code</td>
<td>32</td>
</tr>
<tr>
<td>Drug Free Environment</td>
<td>32</td>
</tr>
<tr>
<td>Due Process</td>
<td>26</td>
</tr>
<tr>
<td>Educational Leave</td>
<td>27</td>
</tr>
<tr>
<td>Entrance Requirements</td>
<td>9</td>
</tr>
<tr>
<td>Faculty</td>
<td>5</td>
</tr>
<tr>
<td>Fees and Expenses</td>
<td>12</td>
</tr>
</tbody>
</table>

HURLEY SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY AND PROCEDURE MANUAL

TABLE OF CONTENTS
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>FERPA and Americans with Disabilities Act (ADA)</td>
<td>38</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>14</td>
</tr>
<tr>
<td>Graduation Requirements</td>
<td>29</td>
</tr>
<tr>
<td>Holiday Leave</td>
<td>27</td>
</tr>
<tr>
<td>Hurley Medical Center School of Radiologic Technology</td>
<td>7</td>
</tr>
<tr>
<td>Hurley Medical Center School of Radiologic Technology Rules of Conduct</td>
<td>29</td>
</tr>
<tr>
<td>Illness or Absence</td>
<td>24</td>
</tr>
<tr>
<td>Informational Meeting</td>
<td>11</td>
</tr>
<tr>
<td>Leaving the Medical Center/Designated</td>
<td>29</td>
</tr>
<tr>
<td>Lockers</td>
<td>37</td>
</tr>
<tr>
<td>Make-up Time</td>
<td>27</td>
</tr>
<tr>
<td>Manual Review and Updates</td>
<td>39</td>
</tr>
<tr>
<td>Meetings, Seminars and Conventions</td>
<td>35</td>
</tr>
<tr>
<td>Mission Statements</td>
<td>4</td>
</tr>
<tr>
<td>MRI Safety</td>
<td>34, 43, 44, 45</td>
</tr>
<tr>
<td>Orientation</td>
<td>15</td>
</tr>
<tr>
<td>Patient Load</td>
<td>29</td>
</tr>
<tr>
<td>Pregnancy Policy</td>
<td>28, 46</td>
</tr>
<tr>
<td>Professional Liability</td>
<td>10</td>
</tr>
<tr>
<td>Program Objectives</td>
<td>4</td>
</tr>
<tr>
<td>Program Organization</td>
<td>8</td>
</tr>
<tr>
<td>Radiation Monitors</td>
<td>33</td>
</tr>
<tr>
<td>Radiation Safety</td>
<td>34</td>
</tr>
<tr>
<td>Radiographers Description</td>
<td>6</td>
</tr>
<tr>
<td>Recruitment Policy</td>
<td>9</td>
</tr>
<tr>
<td>Refund Policy</td>
<td>13</td>
</tr>
<tr>
<td>Rules of Conduct</td>
<td>30</td>
</tr>
<tr>
<td>Shielding of Occupational Exposed Personnel</td>
<td>46</td>
</tr>
<tr>
<td>Student Duties</td>
<td>35</td>
</tr>
<tr>
<td>Student/Faculty Meetings</td>
<td>38</td>
</tr>
<tr>
<td>Student Guidelines</td>
<td>35</td>
</tr>
<tr>
<td>Student Hours</td>
<td>19</td>
</tr>
<tr>
<td>Student Services</td>
<td>12</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>Tardiness</td>
<td>25</td>
</tr>
<tr>
<td>Time Clock</td>
<td>23</td>
</tr>
<tr>
<td>Transfer Students</td>
<td>11</td>
</tr>
<tr>
<td>Vacations</td>
<td>27</td>
</tr>
</tbody>
</table>
MISSION STATEMENTS

HOSPITAL MISSION STATEMENT:  Clinical Excellence, Service to People

SCHOOL OF RADIOLOGIC TECHNOLOGY MISSION STATEMENT:

Our mission is to motivate and prepare students to become mentors and leaders in the radiologic profession through academic and clinical learning. Our high quality diagnostic imagery is accomplished through clinical competencies and critical thinking, all while providing excellent patient care in a hospital setting.

PROGRAM OBJECTIVES

Provide competent Radiographers to the health care community
   A. Students will show an appropriate level of Clinical Competency
   B. Students will practice Radiation Protection
1. The student will demonstrate appropriate communication skills
   A. Students will demonstrate effective oral communication skills.
   B. Students will practice written communication skills
2. Students will use critical thinking and problem solving skills
   A. Students will use skills to find alternatives to resolve positioning and technical factors due to patient conditions
   B. Students will manipulate technique factors
3. The student will exhibit the level of clinical competency and patient care of an entry level technologist upon graduation
   A. Student has sufficient knowledge in the areas of Clinical Competency and Patient Care.
      Treats patients with compassion and respect
   B. Students are well prepared for entry level skills in the workforce
4. The student (graduate) will understand the importance of professional values and lifelong learning experiences
   A. Students will exhibit behavior that represents professionalism
   B. Students will determine the importance of continued professional development

The Mission Statements and Program Objectives are evaluated annually each year at summer Advisory Committee Meeting.
ADMINISTRATION

Ronald Sparschu, M.D., Chair of Radiology Department and School of Radiologic Technology  
Medical Advisor  
Melany Gavulic, President & CEO  
Amy Benko, Vice President for Patient Care Services  
Yuwonia Speights, B.S., R.T. (R), Administrative Director, Radiology  
Tamara DePottey, MEd, R.T. (R), (CT) Program Director, School of Radiologic Technology  
Farrah Garno R. T. (R) (VI) Diagnostic Supervisor, Radiology, Clinical Instructor, School of Radiologic Technology  
Renee Mechura, Administrative Secretary II

FACULTY

Tammy DePottey, MEd., R.T. (R), (CT) – Program Director-Radiologic Positioning, Clinical Competency Labs and Imaging, Co-instructor Radiation Biology and Radiation Protection.  
Jennifer Cliff, A.S., R.T. (R)- Diagnostic Technologist, Clinical Competency Labs  
Farrah Garno, B.S., R.T.(R) (VI)- Diagnostic Supervisor, Clinical Instructor/Quality Control Coordinator, Patient Care Instructor, Radiographic Radiation Biology and Radiation Protection, Pathology  
Dawn McCombs, R.T. (R), Computer Applications Training

VOLUNTEER FACULTY

Dawn Sturk, M.S., R.T. (R), R.C.I.S., Retired
RADIOGRAPER'S DESCRIPTION

The Radiologic Technologist plays an important role in today's health care team. The Radiographer is an imaging specialist as well as a technical assistant to the physician. The Radiographer is certified to provide patient care services in hospitals, clinics and industrial medicine.

The imaging of bone fractures, ulcers, tumors, the malfunction of blood vessels and organs within the body requires a thorough expertise of today's complex imaging equipment. A comprehensive knowledge of the anatomical structures of the body and the intricacies of their functions assures adequate radiation protection for the patient and the Radiographer.

The responsibilities of Radiologic Technologists include protection of the patient, self and others from electrical hazards and ionizing radiation as well as the production of quality and diagnostic radiographs for the radiologist to interpret. Radiologic Technologists are responsible for the use of a large variety of x-ray equipment. Radiologists are physicians who specialize in the interpretation of radiographs and the use of other forms of diagnostic and therapeutic imaging and treatment used in Radiology.

In addition to exercising discretion and judgment in performing medical imaging, the radiographer is responsible for the mental and physical comfort of the patient while they are in his or her care. Recognizing medical emergencies and initiating life saving techniques is extremely necessary.

Registered Radiologic Technologists may enhance their professional skills in other imaging modalities. Modalities include: CT, MRI, Mammography and Interventional Radiography. These modalities require either on the job training or additional education and certification through the ARRT. Modalities such as: Ultrasound, Radiation Therapy, Nuclear Medicine, Education and Administration require additional specialized technical education or college degrees beyond ARRT certification.
Hurley Medical Center is a 443-bed community medical center. Modern facilities at Hurley include a Level I Trauma Center, Level II Pediatric Hospital with a Medical/Surgical Intensive Care Unit, Coronary Care Unit, Step Down Unit, Psychiatric Unit - Pediatric and Adult, Neuro-Trauma Unit, Neonatal Intensive Care Unit, Burn Unit, Renal Dialysis, Cardiac Catheterization Lab, Complete Diagnostic Radiology including: MRI, three CT scanners, and Nuclear Medicine with complete Spect Imaging, PET Imaging, Ultrasound, Vascular Imaging, High Risk OB Imaging, Interventional Radiography and Mobile Imaging. Since its beginning as a small hospital in 1907, Hurley has emerged as one of Flint's largest and most specialized health care institutions today.

Hurley Medical Center School of Radiologic Technology, which began in 1948, is accredited by The Joint Review Committee on Education and Radiologic Technology.

The School of Radiologic Technology curriculum is divided into two major areas of concern: The didactic instruction and clinical instruction and experience. The students are required to be in attendance in the Radiology Department for no more than 40 hours per week. This includes both clinical and didactic time.

The Program is a 24-month course, beginning each year in September. The students are under the supervision of qualified personnel and rotate through all diagnostic sections of radiology as well as cardiac catheterization lab, nuclear medicine, ultrasound, and computed tomography. Courses vary in duration but conform to the “Standards for an Accredited Educational Program in Radiologic Sciences (Standards)” as established by the Joint Review Committee on Education in Radiologic Technology (JRCERT). It includes, but is not limited to, courses in radiation protection, radiologic physics, radiographic positioning, principles of radiographic exposure, processing and film critique, pathology, radiographic anatomy and physiology, patient care, and quality assurance and Image Review.

Upon successful completion of the two-year program, the student will be eligible to write the Registry examination given by the American Registry of Radiologic Technologists. Successful exam results will enable the graduate to use the title of R.T. (R), A.R.R.T. and to seek employment within the United States, Canada, Great Britain and Australia.

A student may be a member of the American Society of Radiologic Technologists and also the Michigan Society of Radiologic Technologists. These organizations are concerned with the continuing education of both students and technologists, and also work toward passing legislation that can benefit all radiographers. Membership applications can be obtained on the internet.

The Hurley Medical Center School of Radiologic Technology retains the full right to operate the School as to the number of students accepted, the scheduling of hours in the classroom and clinical experience, assignment of vacation time, to make rules of conduct
for students and maintain the right to discipline as necessitated.

The School shall have the sole right to administer all matters not specifically and expressly covered by this Student handbook with limitations implied or otherwise. Information included in this manual is subject to review. This manual cannot be considered as a contract between the student and Hurley Medical Center School of Radiologic Technology or its Administration.

All candidates for admission are selected on a competitive basis without regard to age, sex, race, creed, religion, disabilities or national origin.

It is the policy of Hurley Medical Center that no person shall be discriminated against in employment, educational programs, activities or admissions on the basis of race, color, national origin, sex, religion, age, marital status, or handicap. Hurley Medical Center is an equal opportunity employer.

Any issues concerning this matter should be brought to the attention of the Equal Opportunity Administrator.

PROGRAM ORGANIZATION

The Program uses the Clock Hour System. The fall, winter and summer semesters are each four months long. Fall and winter semesters are devoted to the bulk of the didactic study. The summer semester is devoted to improving the student's basic clinical skills, to weekly didactic review and scheduled vacations.

ACCREDITATION

The School of Radiologic Technology is fully accredited by the following organization:

The Joint Review Committee on Education and Radiologic Technology
20 N. Wacker Drive, Suite 2850
Chicago, IL  60606-2850
312-704-5300
www.jrcert.org

A copy of the JRCERT Standards is available in the Program Director’s office. For complaints and allegations relating to non-compliance of JRCERT STANDARDS see Page 25 under Due Process /Appeals.

The following organizations sponsor the JRCERT:
  The American Medical Association
  The American Society of Radiologic Technologists
  The American College of Radiology

Hurley School of Rad Technology 8 Student Handbook
ENTRANCE REQUIREMENTS

Candidates for consideration must meet the minimum criteria.

1. Shall have high school diploma (graduate) or equivalency certificate
2. Shall have a grade of 2.5 or better

The following courses must be taken at the College level:
- Anatomy and Physiology I
- Anatomy and Physiology II
- Medical Terminology
- English 101
- College Level Algebra
- Physics or Physical Science
- Chemistry

- A Grade Point Average of 2.5 or above must be achieved in the prerequisite courses with an OVERALL Grade Point Average of 2.75.
- All classes must have been completed within a ten year period to qualify.
- All prerequisite courses must be completed by May of the year of application to qualify for the program.

ACADEMIC DEGREE REQUIREMENT: Effective January 1, 2015 eligibility requirements for ARRT Certification in Radiology call for candidates to have earned an Associates (or more advanced) degree from and accrediting agency recognized by the ARRT. Such degrees can be earned prior to acceptance to the Hurley Radiology Program or after program graduation with appropriate required course work.

RECRUITMENT POLICY

It is the policy of the program to seek students from the surrounding area with interest in the field of Radiography. In order to accomplish this, the following will be done:
- Participation in Genesee Area Skills Center programs
- Participation in Genesee Early College programs
- Encourage inquiries to do a “day on the job”
- Encourage volunteer participation
- Accommodate any request to present our program brought to us
• Maintain and update an informational website about our program.
• Monthly Participation in HMC sponsored Career Days
• High School Career Fair programs

PROFESSIONAL LIABILITY

Hurley Medical Center and all of its employees and students are covered under Hurley Medical Center’s self-insurance program “for acts or omissions occurring within the scope and course of employment and training at Hurley Medical Center”.

APPLICATION PROCESS

Applications are accepted from February 1 to April 1, or the stated deadline each year. As of 2013 all applicants must hold an Associate’s degree (or higher) from an accredited college and have completed the listed prerequisites OR have completed the Mott Community College Degree Track for Radiologic Technology.

All applicants must attend a Hurley Radiology Informational Meeting prior to the application process. Applicants must have completed the prerequisites for the program by the end of winter semester.

The application forms can be obtained from the school’s Program Director. All requested information must be completed and returned to the School before consideration will be given to any candidate. Application packets must be returned to the Program Director prior to the established deadline. A waiting list is not maintained. Legal aliens must provide proof of legal residency in the United States. Foreign transcripts must be accompanied by an official English translation of the transcripts.

The Candidate will then be contacted to arrange a personal interview with the Admission Committee. Selection of students will be based on the grade point average of the prerequisite courses (50%) and a scored interview (50%). The selection process works on a point system. The Admission Committee will notify all candidates of their decision. Special consideration is given to Hurley Medical Center employees.

The selected candidate shall be required to pass a pre-employment screening/drug testing conducted by the Occupational Health Office of Hurley Medical Center in order to begin the program. All candidates for admission or participants in the Radiologic Technology program shall be in sound health, free from injury, disease or mental state, which would diminish the individual's ability to deliver competent patient care or interfere with evacuation of medical complex. The student shall submit evidence of immunization to the school. Health Insurance shall be the responsibility of the student who is also responsible for maintaining his/her own health care. The student shall submit proof of
current BLS certificate upon acceptance into the program. Any candidate who is found to have a record with the Michigan State Police or any other police facility must apply for precertification with the ARRT before complete acceptance into the program.

Required documents in the Application packet include:

- Application
- Curriculum Vitae (Resume)
- Official Transcripts both High School and College
- Proof of college degree
- Two Reference forms (must be mailed to Hurley by the person giving the referral)
- $30.00 application fee

Official Documents must be sealed and either signed or stamped across the back of the sealed envelope.

INFORMATIONAL MEETING

Applicants to the program must attend a mandatory Informational meeting which consists of the following:

- Description of the program
- Review of applicant’s transcripts
- Tour of the Radiology Department
- Question and Answer session
- Attendance required prior to job shadowing

If the applicant desires to increase their experience in the area of patient care; they must contact volunteer services for their orientation and training. Volunteers will be scheduled in Radiology and may volunteer in other areas of the medical center. They will be scheduled first shift, on Friday’s only. All volunteers will receive proper supervision. There is a mandatory minimum of an 8 hour job shadow experience; for any prospective applicant. It is highly recommended that perspective students attain ample volunteer hours for exposure to the field of Radiology.

All volunteer experiences for Radiology must be scheduled thru the School of Radiologic Technology office at (810) 262-6145. All other volunteer experiences will be scheduled via Volunteer Services. Volunteer Services can be reached at 810 262-9152

TRANSFER STUDENTS

It is the policy of the School not to accept transfer students as we do not provide advance placement in our program.
STUDENT SERVICES

Tutoring and counseling are available upon request. Any student on academic probation is required to make tutoring arrangements with the instructor(s) in the courses falling below the 75% didactically and 80% clinically. The Occupational Health Office provides immunizations and TB testing along with preventative inoculations/treatments. Occupational Health may send a student to the Emergency Room or to their family physician for care. Students have access to EAP counseling services at no cost to the student.

FEES AND EXPENSES

1. Tuition: Currently the two year program is $5200.00 (Subject to change with proper notification).
   $2600.00 per year
   Method of payment: check or money order

   Tuition payment schedule is as follows:

   First Year: 1/6 of total tuition due October 7 - $866.67
   1/6 of total tuition due February 7- $866.67
   1/6 of total tuition due June 7- $866.66
   Official drop date October 6

   Second Year: 1/6 of total tuition due October 7- $866.67
   1/6 of total tuition due February 7- $866.67
   1/6 of total tuition due June 7- $866.66

2. Books and Miscellaneous: Books are the responsibility of the student. A book list will be distributed once the student has been admitted to the program. Textbooks are discounted through Rittenhouse Publishers. Textbooks run approximately $800.00 and are utilized the full two years of the program.

3. Students will be provided mock board exams on a monthly basis at the beginning of the second year of the program.

4. Students are required to set up and purchase an on-line Radiation Protection and Radiation Biology Course. This fee is included in the book quote.

5. Students are responsible to set up and purchase a mandatory on-line Review Course (Corectec), in the latter part of their second year. Cost of this on-line review is $80.00; with the HMC student discount through the publisher.
6. The following shall be the responsibility of the student: ceil blue uniforms (approximately $100.00), student patches ($4.00 each), white nursing or tennis shoes (approximately $50.00), CPR certification (local Red Cross $70.00), combination lock ($6.00), reference books, transportation, housing and health insurance (the latter four are up to the digression of the student). These are estimate pricing.

7. Each student is required to join the Michigan Society of Radiologic Technologists’ (in their second year), in order to participate in the MSRT conference. Students who choose not to participate will complete clinical hours along with assignments and projects.

The dues are approximately $10.00 per year. Each student will participate in the “student bee”. Each student must submit either a scientific essay or project to be judged at the annual state meeting of this organization. The MSRT Annual Conference takes place in September. Conference Registration, overnight accommodations run approximately $300.00 per room/double occupancy. Student can do fundraising to supplement fees incurred.

8. Students are required to pay a deposit for their Hurley I.D. card. This cost will be approximately $10.00.

9. Students will be provided with one set of Lead Left and Right markers. It is the students’ responsibility to maintain these markers throughout the 2 year program. All images performed by the students must include utilization of these provided markers. If lost it is the students’ responsibility to notify faculty. The marker will be replaced at a fee of $20.00 per set. Markers must be purchased through the faculty office. Competencies will not be accepted without designated student lead markers on the image.

REFUND POLICY

Any student that withdraws from the school or is terminated within the first 45 days of the program, they will receive a 50% refund of any tuition paid. Withdrawal or termination after 60 days will result in forfeiture of all fees and expenses.

Tuition due dates: October 7
February 7
June 7
FINANCIAL AID

A limited amount of Scholarship money is available. Please contact the Program Director for an application. Proof of financial need is determined by the students FAFSA or Income Tax Return.

ACADEMIC POLICY

Upon completion of each semester, the student will be evaluated according to his/her performance in both the didactic and the clinical setting. The student's performance will be discussed and suggestions made if needed. Counseling will generally be mid-semester and semester end unless otherwise needed. If a student fails a trimester; they are subject to program dismissal.

ACADEMIC PROBATION

Any student falling below the minimum 75% in a didactic course or 80% in a clinical course will be put on academic probation. This is done by notification of a letter presented to the student at a counseling meeting. The academic probation is evaluated at the end of each semester to see if sufficient progress has been made. Any student on academic probation is required to make tutoring arrangements with the instructor(s) in the courses falling below the designated percentage. If a student is found by the faculty advisors not to be making satisfactory progress their training may be terminated.

Classroom and lab class attendance is essential. In the event the student misses class due to illness or other absences, he/she is responsible for making up the work. It is the student's responsibility to notify the school if they are going to miss class by calling the Program Director at 810 262-6145 and the Clinical Instructor at 810 262-9213. Students must notify faculty of their absence a minimum of one hour prior to their start time and thirty minutes prior to their tardy. All tests or examinations will be taken on the appointed day. There will be no deferred tests due to scheduled or unscheduled days off, etc. The exception to this rule will be considered on an individual basis and only under the most extraordinary circumstances. Late tests and papers are graded at the discretion of the instructor.

The following grading system is employed:

<table>
<thead>
<tr>
<th>Clinical grading:</th>
<th>Didactic grading:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>94% - 100% - A</td>
<td>97 - 100% - A+</td>
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<tr>
<td>87% - 93% - B</td>
<td>93% - 96% - A</td>
<td></td>
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<tr>
<td>80% - 86% - C</td>
<td>83% - 86% - B</td>
<td></td>
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<tr>
<td>79% - Below - F</td>
<td>75% - 76% - C</td>
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<td>72% or below - F</td>
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</tr>
</tbody>
</table>
ORIENTATION

The following courses are given during the orientation period:

**MEDICAL ETHICS:** Basic understanding of both legal and moral responsibilities of the Radiographer and the Medical Community.

**PRINCIPLES OF BASIC RADIATION PROTECTION:** Basic knowledge of radiation protection and consequences of radiation damage. Outline of non-occupational, occupational and maximum permissible Dose equivalents before the student is allowed to actively partake in normal clinical duties and Issuing of personal radiation monitors.

**GUIDELINE OF THE SCHOOL AND MEDICAL CENTER:** Outline of the School and Medical Center rules of Conduct.

**PRINCIPLES OF BODY MECHANICS AND METHODS OF PATIENT TRANSFER:** Proper methods of protecting student and patient from injuries while transporting.

**PRINCIPLES OF RESPIRATORY ADMINISTRATION:** Basic methods of oxygen administration.

**MEDICAL CENTER TOUR:** Orientation to physical structure of HMC campus.

**TRANSPORT:** Orientation to Patient Transport and patient rooms.

**PROTECTIVE SERVICES:** Designed to give the student an understanding of the security of the Medical Center. Personal identification badges will be issued.

**HOSPITAL ORIENTATION:** Attendance to the Hospital Orientation program which includes: Cultural Diversity, Corporate Compliance, HIPAA, and other related programs.

**RADIOLOGY ORIENTATION:** Attendance to the Radiology Orientation program includes: Student Handbook, Attendance Policy, Universal Precautions, Risk Management, Legal Responsibilities, Radiation Protection, Lifting Techniques, Respiratory Overview, Mobile and C-arm Units, Transport, Sterile Techniques, Departmental Tour, PACS, Departmental Rotations, MRI Safety, CT at a glance, Intro to the operating room, Patient Advocate, Clinical Competency Workflow and other related programs.
## CURRICULUM OVERLAY

This outline of the curriculum is for 24 months. Circumstances from time to time may dictate that the sequence be altered. The outline is not intended to be all inclusive and is subject to revision at any time during the two-year program.

### FIRST YEAR

#### Semester One
- Orientation (24 clock hours)
- Imaging I (31 clock hours)
- Positioning I/Film Evaluation (36 clock hours)
- Clinical Competency Lab I (16 clock hours)
- Radiation Protection/ Radiation Biology (9 on site/ 31 on-line clock hours)
- Patient Care (31 clock hours)
- Clinical Experience (340 clock hours)

#### Semester Two
- Imaging II (31 clock hours)
- Positioning II/ Film Evaluation (36 clock hours)
- Clinical Competency Lab II (16 clock hours)
- Patient Care (31 clock hours)
- Clinical Experience (350 clock hours)

#### Semester Three
- Clinical Training (376 clock hours)
- Vacation

### SECOND YEAR

#### Semester One
- Imaging III (31 clock hours)
- Positioning III/Film Evaluation (36 clock hours)
- Radiation Pathology (36 clock hours)
- Clinical Competency Lab III (16 clock hours) ..........
- Clinical Experience (416 clock hours)

#### Semester Two
- Imaging IV/Quality Assurance (30 clock hours)
- Positioning IV/Film Evaluation (35 clock hours)
- Clinical Competency Lab IV (22 Clock)
- Radiation Pathology (30 clock hours)
- Clinical Competency Lab IV (15 clock hours)
- Clinical Experience (424 clock Hours)

#### Semester Three
- General Review
- Clinical Training (264 clock hours)

## COURSE LISTING & OBJECTIVES

**RADIATION PROTECTION/BIOLOGY:** Designed to inform the student of the hazards of radiation and how to properly protect both the patient and the radiographer. Measurements of radiation are covered as well as the dose limits set by the NCRP. Concept of ALARA is discussed as well as the cardinal rule of time, distance, and shielding. Radiobiology and Health Physics are incorporated in the course design and
will give the student an understanding of the somatic and genetic effects of exposure to ionizing radiation.

**RADIOLOGIC IMAGING:** This course will develop the knowledge and the skills necessary for thorough and efficient processing procedures. The flow continues with the essential factors influencing Radiography and their effect upon the quality of a Radiograph. The essential factors influencing Radiographic Imaging and their direct effect upon the quality of the Radiographic images are discussed. Equipment operation and accessory utilization are also covered. The course concerns itself with the various pathological conditions of the body and their effect of the final image. This is a continuous program throughout the first and second years. Here the student will gain a thorough understanding of the basic principles involved in x-ray generation and radiation production. The first year course covers atomic structure, electrostatics, magnetism, electrical circuits, generator construction and the basic principles of Radiation protection. The second year concerns itself with the x-ray interaction with matter, x-ray emission, beam restricting device, grids, image recording modalities, special x-ray equipment and x-ray equipment. During the second year, a physics lab will be utilized and will complement the lecture period. Digital Imaging, Digital Management and Quality Management are also part of the curriculum.

**PATIENT CARE IN RADIOGRAPHY:** Nursing procedures and life saving techniques pertaining to radiography. The student gains knowledge in methods of caring for the physical needs of the patient as well as learning to recognize physical signs in order to avert a medical emergency. The sessions will be held at various times during the two-year program to provide continuing education.

**RADIOGRAPHIC POSITIONING AND IMAGE EVALUATION:** Designed to give the student understanding of basic positioning terminology and the standard positioning of the human body and organs. It provides understanding of Radiographic procedures and identifies the conditions that may warrant an examination. Other points stressed are various pathological conditions and their resulting image evaluation, instrumentation and contrast medical utilized in procedures. A lab session precedes the lecture period and incorporates clinical competency as well as the didactic study. Provides the student with skills needed to evaluate radiographic examinations and provides an opportunity for the student to apply classroom learning to clinical results. This class allows the student to become more objective in evaluating their own work. Equipment operation and accessory utilization are also covered. The course concerns itself with the various pathological conditions of the body and their effect of the final image.

**RADIOGRAPHIC PATHOLOGY:** Introduction to the concepts of diseases and how they relate to various radiographic procedures. This class shows how these diseases affect patients, radiographic quality, and your ability to produce the examination that is requested. Cross Sectional Anatomy is included in this course.
QUALITY ASSURANCE: To introduce students to Q.A. methods of evaluating radiographic systems so as to provide consistency in the production of quality images. This course will also familiarize students with testing equipment and its basic functionality.

MOCK BOARDS: Students will practice learned knowledge, skills and critical thinking on mock registry testing. This course takes place in the second year of the program.

CLINICAL EDUCATION: Radiographic Positioning laboratories are covered in a diagnostic setting during the first and second semesters of the students' first year and second year of study. The Department clinical rotation places the student in areas where clinical skills can be observed and refined.

During this time, the students will demonstrate their ability to properly and safely manipulate and operate the radiographic equipment, as well as demonstrate proficiency and competency in the clinical area.

The students shall receive a performance appraisal for each rotation. This shall cover such areas as attendance/tardiness, appearance, judgment and critical thinking, attitude, initiative and team work. This evaluation shall be performed by the student's clinical instructors.

ACADEMIC CALENDAR

Semester one: September 7 to January 15
Semester two: January 16 to May 21
Semester three: May 22 to September 3

CLINICAL EDUCATION GUIDELINES

CLINICAL EXPERIENCE:
The Medical Center operates on a 24-hour schedule, 365 days a year. Each clinical rotation will aid the student to better understand the health community while at the same time refining their skills. This total clinical experience will provide the student the impetus to clinical competency and gainful employment. The student shall serve their scheduled clinical rotations on first shift, along with second shift rotations.
**STUDENT HOURS**

**1st years**
- **Clinical Hours**: 7am-5:30pm  
  - Monday & Wednesday
- **Didactic Hours**: 7:15am-12pm  
  - Tuesday & Thursday
- **Off - Shift Rotation**: 11am-9:30pm  
  - Total 2nd shift hours = 60 hours

**2nd years**
- **Clinical Hours**: 7am-3:30pm  
  - Tuesday/ Thursday/ Friday
- **Didactic Hours**: 7:15am-12pm  
  - Monday & Wednesday
- **Off - Shift Rotation**: 11am-7:30pm  
  - Total 2nd shift hours = 144 hours

**Summer Hours include:**
- 8 hours/3 days per week
- 8 hours/5 days per week

**CLINICAL ROTATIONS AND OBJECTIVES**

Each student is given a 12 month rotation schedule during the orientation process. The total two year rotation will consist of the following after a 3 day Orientation:

- 4 General Radiography Rotations
- 4 Emergency Room Rotations
- 4 Portable Rotations
- 2 Portable/Surgery (1st Year)
- 4 Surgery
- 1 Interventional Rotation
- 1 MRI /CT (1st Year)
- 1 Elective NM, Mammography, CVSU, US, etc.  
  - ...........
- 3 Fluoroscopy Rotations
- 1 Computed Tomography/Interventional Rotation (2nd Year)
- 2 Off Shift Rotations

Each rotation will have a separate set of objectives for the student to achieve during the rotation. The objectives are progressive. Most of the objectives are available during each rotation, however, availability of examinations must be considered. Goals will be listed as mandatory and elective. All students must accomplish the mandatory and designated elective objectives prior to graduation. Clinical Objective Sheets must be submitted no later than 1 week post rotation for credit. Students will receive a clinical rotation evaluation by the technologist following each modality rotation. The students will evaluate the clinical instructors from their rotations at the end of each semester. It is encouraged that comments be made on the monthly rotation evaluation forms. Rotations below 80% require student/faculty review.
ACHIEVING CLINICAL COMPETENCY

All required mandatory and optional exams shall be evaluated for proficiency/competency in two disciplines: the preliminary and the final competency for each category. Competency may not be attempted until the student has received satisfactory classroom training (including successful chapter testing) and laboratory competency. Any competency being attempted without the completion of classroom and laboratory training will not be accepted. The student should assist in the performance of a minimum number of exams of each type prior to being evaluated in the preliminary phase. Each student must have at least two preliminary examinations on a particular exam prior to attempting the final competency. The evaluation will follow the performance criteria, along with image review with faculty. Competency sheets must be submitted in a timely manner. Clinical Competency Sheets must be submitted no later than 1 week of completing the procedure. There is an additional 1 week grace period for competency review with faculty. Any competency not reviewed in that 2 week time frame will be forfeited. All final competency exams will be completed by an academic instructor or designated clinical instructor. Initial fluoroscopy competency evaluations for Barium Enema’s, Upper GI Series and Esophagus exams will be performed by a faculty member or designated individual. Students will perform a simulation exam prior to a 2nd or 3rd patient competency. Competency Objective Requirements are posted in the Q.C. area and updated routinely.

THE CYCLE OF CLINICAL COMPETENCY ASSESSMENT

1. Successful completion of didactic (classroom) and laboratory training in area of competency.
2. Successful completion of chapter testing.
3. Completion of two successful preliminary competencies.
4. Successful completion of the final competency will consist of evaluation by an Academic Instructor or Designated Clinical Instructor.

Each student will prove proficiency by completing the various required examinations with a minimum score of 80%. Examinations that are seen less frequently in the department may be simulated in the laboratory setting the last two weeks prior to graduation; according to the ARRT guidelines. After the student achieves a final competency in any area, they may be required to do a recheck of that exam to maintain competency.

Progress of the student and eligibility to attempt competency will be placed on the student competency board located in the work area. Once final competencies’ are
achieved, students are encouraged to continue to participate with both indirect and direct supervision of those particular exams.

All medical imaging procedures must be performed under the direct supervision of a technologist until a student achieves competency. Once a student has achieved competency the imaging procedures are to be performed under the indirect supervision of a technologist. Any unsatisfactory radiographs that need to be repeated are to be done under the direct supervision of a technologist. Failure to follow this guideline may result in disciplinary action.

Direct supervision is defined as Technologist observation and assistance to the student when performing an exam. Indirect supervision is defined as immediate Technologist availability to the student while they are performing the exam as well as viewing the radiographs before submitting them.

After reviewing the images the supervising technologist must “end procedure” in the RIS system. Students may not end procedures.

**ATTEMPTING COMPETENCY**

After successful completion of classroom and laboratory training, the student may attempt competency in that area. The following steps should be followed:

- Give the competency evaluation form to the evaluator observing the exam prior to beginning the procedure
- Identify patient and procedure ordered
- Identify the patient 2 ways
- **Student is required to complete the exam from start to finish**
- Place the patient in the room and begin radiologic exam.
- Critique the films with the Evaluator
- Successfully transmit images to the PACS system
- Review images in the PACS system.
- Submit completed competency form to faculty in required timeframe
- Review and critique images with faculty or designated individual

Clinical instructors should then complete the evaluation form as soon as possible. The Clinical instructor must have been present throughout the entire exam to award competency. If the student does not receive a passing score, the competency must be turned into the faculty and additional clinical practice should be performed with direct supervision. All competencies Pass or Fail must be submitted for review.

Final competency steps include:
- Submit completed competency form to faculty
- Review and critique images with faculty
Students are encouraged to notify faculty if additional review/training is necessary. A remediation plan will be developed to provide assistance for building up the knowledge base of the student.

**COMPETENCY EVALUATION FORM**

The form has been designed for the three views per radiographic examination. Each study necessitates a separate form.
The evaluator will score each section with the following point values:

1) 0 – unacceptable  
2) 1 – requires major improvement  
3) 2 – requires minor improvement  
4) 3 – acceptable  

Students will also complete the competency evaluation with a one on one image review and evaluation with faculty or a designated individual.

Any student not achieving an 80% or higher score on the evaluation will not be awarded a competency for this exam and will be required to continue at the clinical practice level until competency is again attempted. Competencies are due upon exam completion, no later than one week. Review must be completed no later than two weeks from the study date. Failure to meet these deadlines will result in forfeiture of the competency award.

**CLINICAL COMPETENCY REQUIREMENTS AND GRADING**

To maintain a satisfactory clinical competency grade each student must:

1. Complete a minimum of fifteen adult clinical competencies every trimester (fall, winter, & summer). In addition 5 pediatric competencies are required. Exam availability will be considered.

2. A minimum score of 80% must be maintained on all clinical competency evaluations accepted (this score will be evaluated at the end of each trimester).

3. All competencies must be submitted regardless of pass or fail.

4. Maintain a satisfactory score on clinical rotation evaluation forms. Each student must receive a satisfactory score on the rotation evaluation form. (E.g. if a student received a satisfactory score of 4 in all 9 categories, the score would be 80 %.) A consultation/review meeting is required for any clinical rotation below 80%. Failure to maintain 80% could result in program termination.

5. Maintain satisfactory attendance and tardiness for the clinical rotations.
6. Maintain an average of 80% or higher each trimester’s complete Clinical Evaluation Score Sheet.

Each student will receive a copy of the Clinical Competency Handbook for reference and also copies of objectives for each clinical rotation. A copy of the required ARRT Competencies will also be included in the handbook. A copy of the handbook is also located in the QC area.

Each student will be given the opportunity to evaluate their clinical instructors for each rotation. Student comments are encouraged.

ATTENDANCE AND TARDINESS GUIDELINES

Each class will have two designated class days per week and two or three clinical days per week. Class days will be devoted totally to academics, including some lab classes. Once students have completed their class day schedules, they will be free to leave for the day. Summer session when classes are not scheduled, students will be required to participate in the clinical setting. Students, during class days, are required to wear school approved uniforms, ceil blue or white lab coats and/or school approved hoodies in navy blue or heather gray.

Clinical days will be either eight hours or ten hours per day and supervised by the Program Director, Administrative Director, Supervisor/Clinical Instructor and Technologist staff. All student radiographers must be approved and supervised by one of the aforementioned. Students will be scheduled clinically based on the clinical objectives for the School of Radiology. Students are required to wear school approved uniforms. Any absences or tardy must be made up according to “Illness or Absence Policy.”

STUDENT TIME CLOCK

Students will utilize the manual time clock to record attendance.

- Missed/obliterated punches will be considered tardy; time card punches can only be approved by faculty.
- Punching time-cards other than your own can result in dismissal from the program.
- Students who leave the Medical Center premises for personal business during meal/break periods are required to swipe out when doing so and back in upon return to the department. Failure to do so, will lead to disciplinary action.
ILLNESS OR ABSENCE

Illness/absence/tardy that occurs during the training period shall be reported the day of the occurrence; call 262-6145 and report your absence/tardy to the Program Director and also 262-9213 to the Clinical Instructor. If they are not available leave a voice message. This is for both clinical and classroom schedules. This illness or absence must be reported at least one hour before the start time of your scheduled shift or classroom time. Failure to call off at least one hour before start time will result in disciplinary action, up to dismissal from the program. A tardy more than 15 minutes must be reported at least 30 minutes prior to the schedule shift. Tardies may result in disciplinary action, up to dismissal from the program.

Procedures (surgery, therapy, etc.) that require hospitalization or lengthy absences, shall be approved only upon the proper written notification by the attending physician to the school office. Any hours missed must be made up.

- 3 excused absences per year are allowed for classroom days
- 3 excused absences per year are allowed for clinical days
- Any clinical days missed must be made up
- Any time over the 3 day criteria; will result in the Disciplinary Process on page 24 and be put on academic/attendance probation. Students must provide verification of illness or circumstance from their physician.

Any clinical absences will accrue make up time. Make Up time must be prearranged. Make up days are scheduled by faculty. First year students are allowed to make up days on their winter & summer vacation. Second year students are allowed to make up time on their winter vacation or the latter part of their 3rd trimester. Any days existing after the trimester ends will be made up after graduation. Students who miss more than 3 days in either category will be placed on attendance probation and must provide verification of illness or circumstance from their physician. Additional absences without a doctor’s excuse will start the disciplinary action process and student will receive a step of discipline for each additional absence. Students must make arrangements themselves to make up any material missed during classroom time and each course will have guidelines on penalties for missed exams/assignments. Special consideration will be given depending on the circumstance.

Any failure to report an illness or absence properly is considered a violation of the Rules of Conduct unless extenuating circumstances exist. Any illness not reported to the Program Director and Clinical Instructor will result in disciplinary action. Each tardy/absence must be made up prior to the beginning of year II. If a student is scheduled for make-up time and fails to attend, it is considered an absence; additional make up time will be accrued. Any Absence/tardy not fulfilled will be completed at the end of the program. This will result in a change of that individual student’s official date of graduation and may result in a delay in taking the ARRT Registry exam.

Hurley School of Rad Technology 24 Student Handbook
Any illness/tardy over the amount listed in the guidelines must be made up either during the student’s summer vacation of the first year, or the latter part of the third trimester of the second year, otherwise will also be added at the end of the program.

Total for absences will start each year on September 1.

**TARDINESS**

Tardiness is a violation of the Rules of Conduct. Violation of this rule is defined as:

- Late 3 times in a 2 week period
- Late more than 15 minutes in a two week period
- Will result in the Disciplinary process
- Habitual Tardiness- tardy more than 4 times in a calendar month; will result in the Disciplinary process.

Each student tardy will be docked accordingly:

- Less than 14 minutes – 30 minute deduction
- 15 minutes or more – 60 minute deduction
- Obliterated punches or no punch will also result in deductions

Any tardiness that will be over 15 minutes should be reported at least **one half hour** before the start of the scheduled shift to the Program Director at 262-6145 and also to the Clinical Instructor at 262-9213. **Tardy/absence require make up time**, barring unforeseen circumstances.

Violation of this rule or any other rule pertaining to conduct will result in the course of action outlined in the Disciplinary Action Policy. Steps may be used or appropriate action taken in accordance with type of violation.

**DISCIPLINARY ACTION POLICY**

Violation of the attendance policy will result in the following steps:

<table>
<thead>
<tr>
<th>First Offense</th>
<th>Verbal Warning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second Offense</td>
<td>Written Warning/Probationary Status</td>
</tr>
<tr>
<td>Third Offense</td>
<td>One Day Suspension</td>
</tr>
<tr>
<td>Fourth Offense</td>
<td>Three Day Suspension</td>
</tr>
<tr>
<td>Fifth Offense</td>
<td>Five Day Suspension</td>
</tr>
<tr>
<td>Fifth Offense</td>
<td>Termination</td>
</tr>
</tbody>
</table>
Violation of the Rules of Conduct will result in the following steps:

First Offense  Verbal Warning
Second Offense Written Warning/Probationary Status
Third Offense One Day Suspension
Fourth Offense Three Day Suspension
Fifth Offense Five Day Suspension
Fifth Offense Termination

These steps may be bypassed by the Academic Advisory Committee if the offense is severe enough to warrant additional disciplinary action.

Any suspension days must be made up after the official graduation date and may result in the delay in taking the ARRT Registry exam. These guidelines apply to both clinical and classroom days. Any special arrangements made to schedule changes are at the discretion of the director. Probationary status means any absence must have a physician’s excuse for each absence.

DUE PROCESS

- **APPEALS:** Any student wishing to appeal their disciplinary action or express a complaint or grievance may do so by submitting in writing their request in the following format:
  1. A written complaint or appeal of any grievance must be submitted to the Program Director within 10 days of the incident or action.
  2. The Program Director has 30 days in which to submit a judgment.
  3. If the student does not agree with this judgment they may submit the appeal to the Vice President of Ancillary Services within 10 days of their judgment of the Program Director.
  4. The VP for Ancillary Services has 30 days in which to submit a judgment.
  5. The judgment of the Vice President of Ancillary Services is final.

For appeals pertaining to the program, the above policy should be followed. This appeals process shall include all complaints and allegations relating to non-compliance of JRCERT STANDARDS. The results of any complaints and allegations of non-compliance to the STANDARDS will be reported and documented at the next Academic Advisory Committee Meeting. Contact information for the JRCERT is listed on page 8 of this manual.

APPROVED LEAVE
Death in the immediate family (wife, husband, mother, father, mother in law, father in law, son, daughter, brother, sister, grandparents, or legal guardian) shall be granted up to three days absence. The student must file a death notice, with the School office. Illness in the immediate family (husband, wife, father, mother, son, daughter, brother, sister, grandparent, or legal guardian) will be granted by the School on an individual basis as it occurs.

VACATIONS

First year students will be granted two weeks’ vacation, between the first and second year. Vacation time is scheduled the first two weeks in June. May 29, 2017- June 11, 2017, returning on June 12, 2017.

HOLIDAY LEAVE

Students will not be scheduled for any clinical or didactic rotation on major holidays. Winter break will be scheduled by the school and will occur 12/19/16- 1/1/17, returning on 1/2/17. Observed holidays include: New Year’s, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas day. Non-major holidays include: November 25, 2016, March 13, 2017, April 17, 2017, May 26, 2017 & July 3, 2017.

COMPENSATORY TIME

After hour attendance to educational conferences related to the Radiology field may be rewarded with compensatory time off, subject to Director approval.

MAKE-UP TIME

Requests for make-up time must be prearranged with the Program Director prior to any make up hours. Any hours accrued for make-up time will not be accepted without prior approval. First year students are allowed to make up days on their summer vacation. Second year students are allowed to make up time on their winter vacation or the latter part of their 3rd trimester. Any days existing after the trimester ends will be made up after graduation. Any outstanding hours will effect graduation dates. Students are responsible to attend scheduled make-up time. Failure to do so will be considered an absence and result in additional make-up hours.

EDUCATIONAL LEAVE

Leaves shall be granted by the Director of the School for educational conferences. Content shall relate to the radiologic field. Approval is given on individual basis per occurrence.
PREGNANCY POLICY

If at any time during the program the student decides to voluntarily declare a pregnancy with a written disclosure, she must notify the Program Director. The Program Director will then notify in writing the Radiation Safety Officer or designee and the following steps will be taken:

1. The student will receive counseling on the hazards of radiation to the fetus by the Radiation Safety Officer or their designee.
2. The student will receive a copy of NRC Regulation 8.13 which includes Appendix B, The Pregnant Workers Guide and will be asked to sign documentation stating that she has received a copy of this regulation and understands the hazards involved.
3. The student will be given the option to withdraw from the program and return at the next beginning date of that same semester in which the pregnancy was reported or will be allowed to continue with the proper precautions.
4. If the student continues with the program without modifications, a written release must be obtained from her physician in order to continue her clinical rotations. This release covers physical restrictions only.
5. Due to the radio-sensitivity of the fetus, the student will be given a film badge monitor to be worn at the waist level to monitor any exposure to the fetus. If these levels exceed the established limits, the student will be removed from any clinical activities which could result in additional exposure. The student will then be placed in an area where exposure is minimal and they will continue their clinical education.
6. Any time that is missed either academically or clinically due to the student’s pregnancy shall be completed prior to being certified for graduation and subsequent registry examination. This will be done at the end of the 24 month program.
7. At the request of the student, the student’s clinical rotations in fluoroscopy, nuclear medicine, OR, and portables will be rearranged whenever possible to be done after the pregnancy to help avoid any exposure to the fetus.

The student may withdraw their written declaration of pregnancy at any time with a written letter stating the request to withdraw. The above policy and restrictions shall be reviewed periodically for compliance to existing radiation safety standards. See page 40 in this handbook.

ACADEMIC STANDARD

The student shall maintain the academic standard of 75% or better in each didactic course. If the academic standard of 75% or better is not met, the student shall be placed on Academic Probation (see page 13). The student will be notified of their probation at a counseling session. The student may be terminated if they fail to meet the terms of the
probation. This will happen if it is determined after counseling and tutoring that the student is not capable of maintaining the academic standard.

The student shall maintain the academic clinical standard of 80% or better in the clinical arena. If the standard of 80% or better is not met, the student shall be placed on Clinical Probation (see page 13). The student will be notified of their probation at a counseling session. The student may be terminated if they fail to meet the terms of the probation. This will happen if it is determined after counseling and tutoring that the student is not capable of maintaining the academic standard.

COMMUNITY SERVICES

Each year students are required to participate in 8 hours community services. This will be accomplished via hospital or program sponsored group events.

GRADUATION REQUIREMENTS

The following requirements must be met to receive a certificate of graduation:

• Grade of 75% or better in all didactic courses
• Grade of 80% or better for clinical competency course
• Successful completion of required clinical time
• Successful completion and documentation of all clinical competencies required by the ARRT guidelines
• Successful completion of the ARRT and program patient care guidelines
• Second-Year Students must attend graduation to receive their certificate.
• First Year Students will participate in graduation and the ceremony.

PATIENT LOAD

During periods when the Department does not have a large patient load, the students will be expected to practice their clinical assignments in a vacant radiographic room. Students are responsible to notify the technologist of their whereabouts.

LEAVING THE MEDICAL CENTER/DESIGNATED CLINICAL AREA

Prior to leaving the assigned area for any reason, the student will notify the Technologists with whom he/she is working of his/her whereabouts. The student who has to be searched for will be subject to the steps of the disciplinary policy.
Students must utilize the student time clock when on site. If a student chooses to leave the Medical Center during their scheduled time frame, they are expected to clock out upon leaving and clock in upon return. Failure to do will be subject to the steps of the disciplinary policy. The Tardy policy still applies.

**CELL PHONES/ELECTRONIC DEVICES**

All electronic devises including cell phones are prohibited from both the clinical and classroom settings. Students are required to utilize their lockers for such devices during both clinical and classroom time. Phones should be turned off as not to disturb other students while in the classroom. Students may access their phones on their lunch hour. Students whom disregard this policy will be subject to disciplinary action and up to dismissal from the program. Please see the HMC Cell Phone Policy on page 42. In case of emergency please have family members contact our main radiology desk at 810 262-7099 and the student will be contacted immediately.

**HURLEY MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY RULES OF CONDUCT**

1. Presented during orientation week. The Hurley Code of Conduct is explained during orientation. The disciplinary action policy on page 24 may be used when discipline warrants. While not inclusive for the purpose of clarification, the following rule infractions are the type in which a suspension, probation and possible termination will occur:
   a. Discussing confidential information:
      1. Patient information
      2. Academic information
   b. Falsifying information on any record/applications
   c. Leaving premises during duty hours without permission
   d. Habitual tardiness
   e. Habitual Absences
   f. Inappropriate use of time-cards
   g. Disregard of smoking, fire and safety rules
   h. Distributing literature on Medical Center premises without proper approval
   i. Leaving class/clinical rotation without permission
   j. Failure to notify School of absence/tardy in a timely manner
   k. Any behavior that violates the Hurley Medical Center Code of Conduct (including sexual abuse & harassment).
   l. Cheating – Academic Integrity
   m. Use of electronic devises (including cell phones) in the clinical or classroom setting
   n. Inappropriate behaviors
Academic Integrity: Students are expected to conduct themselves with honesty, trust, fairness, respect and responsibility. Students must demonstrate professionalism. Any infraction of this honesty policy is detrimental to the students’ education and to the integrity of the Radiology program. **The following cases of dishonesty are strictly forbidden but not limited to:**

- a. Plagiarizing any assignment.
- b. Copying/submitting another person’s work
- c. Unauthorized usage of someone else’s work
- d. Using unauthorized notes/equipment during an exam
- e. Stealing or utilizing a stolen exam
- f. Stealing or utilizing a stolen assignment or homework
- g. Giving another student access to your work/which enables that student to represent the work as his/her own
- h. Fabrication of lab data
- i. Falsifying a patient’s medical record
- j. Falsifying a student’s clinical record
- k. Using someone else’s electronic/paper data
- l. Using someone else’s prior quizzes/tests

Instructors may use any one or more of the following disciplinary measures:

- A zero for the assignment
- An “F” for the course
- Recommendation of Probation and/or Suspension
- Recommendation of dismissal from the program

2. The type of infraction resulting in automatic expulsion

- a. Use of abusive language toward patient, staff, doctors, or fellow students
- b. Deliberate attempt to injure patients, staff, doctors, or fellow students
- c. Inability to maintain academic standard of "C" (75%) or better
- d. Inability to maintain clinical competency standard of 80% or better
- e. Exhibiting behavior detrimental to the operation of Hurley Medical Center
- f. Violation of HIPAA laws
- g. Derogatory remarks about the program or the medical center, verbally or posted on the web (includes social media)
h. Violation of a Drug Free Environment
i. Stealing from the Medical Center

3. The student’s general counseling record shall be maintained in the student’s record.
   a. Recipients who receive probation, suspension or expulsion will receive a letter stating the reason such action has been taken.
   b. Students have the right to appeal any decision made by the school. The appeals process is listed on page 25.

**DRUG FREE ENVIRONMENT**

The Hurley School of Radiologic Technology is committed to a Drug Free Environment. This applies to all students. Students will refrain against unlawful manufacturing, distribution, dispensation, possession, use or under the influence of a controlled and/or illegal substance and/or alcoholic beverage while at Medical Center. Drug screening can occur randomly, if deemed necessary.
   a. **Violators will be discharged from the program.**
   b. Students have the right to appeal such decision.
   c. Appeal Process is outlined on page 25.

**DRESS CODE**

1. Hair will be fastened back so as not to fall into the face of the student or patients.
2. Heavy perfumes, after shaves, etc., will not be used.
3. Uniforms and shoes will be kept clean.
4. All students will wear uniforms prescribed by the School of Radiologic Technology to include both clinical and classroom days.
   a. Scrubs will be Ceil Blue with official patch on left shoulder.
   b. White nursing shoes or plain white low cut tennis shoes
   c. Cover jackets must be Ceil Blue with an official patch on left shoulder.
   d. Hospital approved hoodies in navy blue or heather gray with official patch on left shoulder.
   e. Hospital provided blue scrubs may only be worn in the following areas: OR, Portable II/OR II and Interventional Radiology.

5. No dangling earrings will be allowed. Earrings must only be worn in the ears.
and be professional in appearance.
6. Ear gauges are considered unprofessional and are not recommended. Gauges must appear professional, discrete and cannot be larger than 9mm in circumference. Anything larger must be discretely covered.
7. Necklaces will not be allowed
8. All visible tattoos must be covered
9. Fingernails are no longer than 1/4 of an inch beyond the end of the finger and well-manicured. Solid professional colors are permitted, it must be intact at all times and not chipped.
10. Hospital ID must be worn at all times while on the hospital premises
11. Radiation Badges are required to be worn at all times during Clinical & lab class

Students not complying with the dress code may be sent home to change clothes. Loss of clinical time will be made up. Repetitive violations will result in the Discipline Process.

**RADIATION MONITORS**

1. Radiation monitors will be worn at all times during clinical training.
   a. Any student not wearing radiation monitors will be sent to retrieve them. Time lost, due to retrieval, will be made up.
   b. Missing or lost radiation monitors shall be reported to the Program Director so that replacement may be made.
   c. Students are required to disclose loss of radiation monitors as soon as it is discovered; for their safety.
   d. Radiation monitors will be left in the student’s locker at the end of each day.

Students are advised to avoid holding patients during radiographic exams that will result in exposure to ionizing radiation. Family members should be used for this purpose unless there is a chance of pregnancy. In this case, a Hurley staff member should hold the patient.


Violation of the Radiation monitor, Radiation safety policy, or dress code will result in discipline outlined in the disciplinary action policy.
RADIATION SAFETY

All students will learn the importance of Occupational Radiation Safety practices beginning on day one of their Radiology Educational Program. Radiation Safety is taught in the Radiation Safety and Biology Course, Positioning I-IV, Imaging I-IV and in Clinical Lab Courses I-IV. Students are required to practice the ALARA policy on radiation exposure.

1. Students must wear a lead apron when there is a chance of exposure.
2. Students are required to wear hospital provided Radiation monitors while in the Clinical setting.
3. During fluoroscopy, students must wear:
   • Lead apron that is two sided (front and back)
   • Thyroid collar
   • Radiation monitor outside apron at the collar level

A copy of the ALARA policy on radiation exposure for Hurley Medical Center accompanies this Policy and Procedure manual on pages 39-41 of the Student Handbook. The hospital’s policy for Shielding of Occupationally Exposed Personnel accompanies this handbook on page 46.

MRI SAFETY

An MRI system is not an inherent biological hazard. However, hazards can arise when certain items enter the MRI environment. In order to prevent accidents and injuries when in the MRI suite; all incoming HMC School of Radiologic Technology students will be educated in MR safety by the following process:

• Health Stream Module: Rapid Regulatory Compliance: Part II
• New Student Orientation: Intro to MRI safety presented by MRI Supervisor
• Verbal screening of the student with a MR Safety trained individual (Magnetic Resonance (MJR) Environment Screening Form for Individuals)

A copy of the Magnetic Resonance (MR) Environmental Screening Sheet can be found on pages 33, 43-44 of the Student Handbook.
STUDENT DUTIES

It is the responsibility of the Program Director and Clinical Instructor to assure that all duties assigned to students are of an educational nature. In the event the student receives an assignment they feel is not of an educational nature, they should inform the Program Director or Clinical Instructor immediately. In the event that neither one is available; they should inform the Radiology Department Administrative Director.

MEETINGS, SEMINARS AND CONVENTIONS

Students will be allowed to attend seminars and conferences. The expenses will have to be assimilated by the student. As a group, all students will be allowed to attend State seminars and conventions. It is mandatory that they participate in the following:
   a. Scientific project/display or scientific paper
   b. Participate in Student Bee
   c. Attend educational sessions

If a student fails to meet any of the previously mentioned criteria, he/she will be expected to continue his/her clinical experience and complete didactic assignments. Attendance at these functions will be counted as didactic and clinical time earned toward graduation.

STUDENTS GUIDELINES

1. All students will check into their assigned area at the beginning of the shift and remain in it until the end of their schedule shift.

2. Students will clean and replace all equipment after each examination. They will distribute stock and unload the linen cart.

3. All rooms will be cleaned before the student leaves his/her shift. Dirty linen will be placed in appropriate containers.

4. You are allowed one-half hour break for lunch and two 15 minute break periods. This is combined into a one hour block. Any other unofficial breaks will result in make-up time.

5. No eating or drinking in the work area.

6. No gum chewing in front of the patients.
7. All bedpans/urinals will be disposed of properly after use. Do not leave soiled bedpans/urinals in the rest rooms.

8. The portable x-ray units will be returned to their proper place.

9. The portables will be cleaned each week and after leaving isolation rooms.

10. Equipment failure in the department will be reported to the Radiology Equipment Specialist.

11. All students will be in classroom or assigned clinical area by the appointed time.

12. No sleeping during clinical/classroom hours.

13. If injured or you become ill, report to the Program Director, or Supervisor.

14. Do no leave patients alone on examination table.

15. Personal telephone calls are to be made or received only in case of emergency during scheduled clinical/class hours. Personal phone calls/texting can be made during break time only. Urgent situations warrant administrative approval.

16. Personal Cell phone usage is restricted in the clinical and didactic setting; violators are subject to disciplinary action up to dismissal. Electronic devices must be turned off and stored in the provided student lockers.

17. The patient must always be our first consideration. Be courteous and always call the patient by Mr. or Mrs. or appropriate title.

18. **All examinations are to be supervised by a technologist. Any repeats deemed necessary will be done under direct supervision of a technologist. Violation will result in disciplinary action to the student.**

19. All competency evaluations must be submitted to faculty for review; regardless of Pass or Fail.

20. Once the student has completed three successful competency evaluations for a particular radiographic examination, they may perform that exam with minimal supervision.

21. Final competencies will be performed by a designated individual. All competency exams/images will be reviewed with the student who performed the exam and a faculty member or designated individual; in order to receive credit for the exam.
22. Students must obtain two forms of patient identification before performing an exam. Acceptable forms are: date of birth, identification arm band, and states full name. Only the last name of the patient should be called and the patient must provide two forms of identification. Please ask the patient to state their complete name and date of birth. If the patient is unable to do so, the hospital identification bracelet may be used.

23. All students will check with the unit technologist before leaving for breaks. Students are to check their assigned break periods which are posted in the QC area, along with the classroom.

24. Book bags are to be stored in provided lockers.

25. Students must follow the ALARA policy as listed on pages 37-39 of this manual.

26. Students have designated lunch schedules.

LOCKERS

Lockers will be provided. Students must provide locks.

ADVISORY COMMITTEE

The purpose of the Advisory Committee is to assess the effectiveness of the program.

The Advisory Committee is required to meet twice yearly. The meetings will be held in the summer and winter months. Each meeting will have the required items for that time of year as well as addressing any other issues that may arise. The Advisory Committee will also conduct any investigations concerning allegations of violations of the code of conduct. They will make any decision where termination from the program is warranted.

The summer meeting will address the review of the current policies and procedures of the program as well as the policy and procedure manual. Any updates to the manual will be presented at this meeting. Also required at this meeting is a review of the assessment plan and take any necessary action deemed necessary by the plan. A review of the program’s mission statement and objectives is also required. Any proposed revisions to the assessment plan or mission and objectives should be presented at this meeting.
The winter meeting should address any student issues such as academic or attendance probation. Any curriculum or schedule changes for the next fall should be addressed at this meeting.

The committee will consist of the following members:

- Medical Advisor
- Administrative Director of Radiology
- Program Director
- Clinical Instructor
- Community of Interest Member
- Any interested faculty (Clinical and Didactic)

Each of the above members of this committee has equal voting rights.

In addition, a summer Student Advisory Meeting will include a representative from each class. Also, an elected Student Representative from each class may be present at the winter Student Advisory Meeting; to provide any input for policy changes and suggestions for program improvement. Any additional student wishing to address the committee may do so by submitting a request in writing. Classroom evaluations will be considered valuable input from the students when considering changes and suggestions for program improvement.

**STUDENT/FACULTY MEETINGS**

The student representatives along with their class members have the opportunity for meetings each year with the Program Director, Radiology Administrative Director, and Clinical Instructor as needed. Meetings may be called at the request of the students whenever issues arise. Minor issues and concerns are addressed on a need be basis.

**FERPA AND AMERICAN DISABILITY ACT**

**FERPA** – Hurley Medical Center respects the privacy of student information. In accordance with the Family Education Rights and Privacy Act (FERPA), we restrict internal access to student information to persons with a legitimate need-to know. Further, we do not release private student information to any third party without the proper consent of the student.
Americans with Disabilities Act (ADA)
Students requiring special assistance (including those affected by the Americans with Disabilities Act) should inform the Program Director of any special needs. If the disability will affect the applicants’ ability to provide safe patient care; it may be referred to Risk Management.

MANUAL REVIEW AND UPDATES

The Policy and Procedure Manual will be reviewed at the winter Academic Advisory Committee Meeting. Any updates or changes will be discussed at that time unless it is deemed necessary throughout the year to make a change. Each summer the handbook is reviewed and any updates are made.
The following program is instituted to assure compliance with 10CFR35 regulations of the Nuclear Regulatory Commission.

**ALARA PROGRAM**

I. We, the management of Hurley Medical Center, are committed to the program described herein for keeping individual and collective radiation exposure doses as low as is reasonably achievable (ALARA). In accord with this commitment, we hereby describe an administrative organization for radiation safety and will develop the necessary written policy, procedures, and instructions to foster the ALARA concept within our institution. The organization will include a Radiation Safety Committee (RSC) and a Radiation Safety Officer (RSO).

II. **Occupational Exposure Thresholds**

<table>
<thead>
<tr>
<th>Type of Technologist</th>
<th>Level I Threshold</th>
<th>Level II Threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Radiography &amp; Radiology Students (CT, General, Fluoroscopy)</td>
<td>200 mrem in one month</td>
<td>1250 mrem in one quarter</td>
</tr>
<tr>
<td>Special Procedures (Angiography)</td>
<td>300 mrem in one month</td>
<td>1250 mrem in one quarter</td>
</tr>
<tr>
<td>Special Procedures (Cardiac Cath)</td>
<td>400 mrem in one month</td>
<td>1250 mrem in one quarter</td>
</tr>
<tr>
<td>Pregnant Technologist (Fetal Badge)</td>
<td>50 mrem in one month</td>
<td>&gt;500 mrem/gestation</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>50 mrem in one month</td>
<td>1250 mrem in one quarter</td>
</tr>
</tbody>
</table>

Signed: [Signature]

Distribution: Standard Practice Manual

Dawn Sturk, Administrative Director of Radiology Services
III. Action to be taken when Threshold is exceeded:

Level I: Written memorandum of notification of dose report and Radiation Safety Officer will review and consult individual for explanation.

Level II: Report incident to the appropriate authorities.
- Nuclear Medicine: NRC (Nuclear Regulatory Commission)
- All others: MDCIS (Michigan Department of Consumer Industry Services)

Radiation Safety Officer shall conduct a direct investigation of the situation, as well as an interview with the individual involved. A written report shall be made.
Conclusions drawn from the investigation may provide a basis for confirming or modifying the dose and to determine if corrective actions should be taken.

All incidences of exceeded threshold will be reported at the next Quarterly Radiation Safety Meeting by the Radiation Safety Officer or their designee. Copies of each incidence will be kept in each employee's file.

IV. Responsibility of monitoring radiation exposure reports.

The Radiation Safety Officer or their designee is responsible for the monitoring of monthly radiation exposure reports and follow up on reports that exceed the threshold.

V. Patient Dose

Fluoroscopy to a single field should not exceed a total fluoroscopy time of 100 minutes. In the event the exposure exceeds 100 minutes to a single field, the Radiation Safety Officer should be notified within 48 hours of the event.

Any patient dose exceeding 100 rads (1gy) must be documented in the patient's medical record.

Signed: [Signature]

Distribution: Standard Practice Manual

Dawn Sturk, Administrative Director of Radiology Services
Any CTDI on an exam that exceeds the thresholds listed below must be placed on the excessive CT Dose Log and the information must be brought to the attention of the Radiation Safety Officer within 24 hours of the incident. The RSO will investigate the exposure and it will be discussed at the Radiation Safety Committee. The report must include any issues or circumstances that were identified and how they were resolved.

<table>
<thead>
<tr>
<th>CT Scan Region (of each individual scan in an examination)</th>
<th>CTDivol Notification Value (mGy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Head</td>
<td>80</td>
</tr>
<tr>
<td>Adult Torso</td>
<td>50</td>
</tr>
<tr>
<td>Adolescent Head &gt;5 years old</td>
<td>70</td>
</tr>
<tr>
<td>Adolescent Torso &gt;10 years old</td>
<td>40</td>
</tr>
<tr>
<td>Pediatric Head &lt;2 years old</td>
<td>50</td>
</tr>
<tr>
<td>Pediatric Head 2 – 5 years old</td>
<td>60</td>
</tr>
<tr>
<td>Pediatric Torso &lt;10 years old (16-cm phantom)</td>
<td>25</td>
</tr>
<tr>
<td>Pediatric Torso &lt;10 years old (32-cm phantom)</td>
<td>10</td>
</tr>
<tr>
<td>Examinations that repeatedly scan the same anatomic level to measure the flow of contrast media through the anatomy and delay scans</td>
<td>600</td>
</tr>
<tr>
<td>Cardiac</td>
<td></td>
</tr>
<tr>
<td>Retrospectively gated (spiral)</td>
<td>150</td>
</tr>
<tr>
<td>Prospectively gated (sequential)</td>
<td>50</td>
</tr>
<tr>
<td>Bolus Tracking Studies such as PE studies</td>
<td>150</td>
</tr>
</tbody>
</table>

*When using these guidelines you must take into account patient size and weight. If patient size is the reason for exceeding CTDI it is not reportable.

*Repeat studies due to patient motion that exceed the CTDI are not reportable.

Signed: [Signature]

Dawn Sturk, Administrative Director of Radiology Services
Magnetic Resonance (MR) Environment Screening
For Non-Patient Individuals

Individuals for the MRI Environment

The establishment of thorough and effective screening procedures for patients and other individuals is one of the most critical components of a program that guards the safety of all those preparing to undergo magnetic resonance (MR) procedures or to enter the MR environment. An important aspect of protecting patients and individuals from MR system-related accidents and injuries involves an understanding of the risks associated with the various implants, devices, accessories, and other objects that may cause problems in this setting. This requires constant attention and diligence by the MRI Technologist to obtain information and documentation about these objects in order to provide the safest MR setting possible.

Most MR-related incidents have been due to deficiencies in screening methods and/or the lack of properly controlling access to the MR environment (especially with regard to preventing personal items and other potentially problematic objects from entering the MR system room). Therefore, it is crucial to set up procedures and guidelines to prevent such incidents from occurring.

Magnetic Resonance (MR) Environment Screening for Individuals

Before any Radiology student from the Hurley Medical Center School of Radiologic Technology is allowed into the MR environment, he/she must be screened by an MR-safety trained healthcare worker. Proper screening for students involves three parts:

1. The use of a printed form to document the procedure.
2. A review of the information on the form.
3. A verbal interview to verify the information on the form and to allow discussion of any question or concern that the individual may have before being permitted into the MR environment.

In general, magnetic resonance (MR) screening forms were developed with patients in mind and, therefore, tend to pose many questions that are inappropriate or confusing to other individuals that may need to enter the MR environment. Therefore, a screening form was created specifically for individuals that need to enter the MR environment and/or MR system room. This form, entitled, Magnetic Resonance (MR) Environment Screening Form for Individuals was developed in conjunction with the Medical, Scientific, and Technology Advisory Board and the Corporate Advisory Board of the Institute for Magnetic Resonance Safety, Education, and Research (IMRSER).

At the top of this form, the following statement is displayed: “The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. All students are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.”

The screening form for individuals requests general information (name, age, address, Hurley School of Rad Technology 43 Student Handbook
etc.) and poses important questions to determine if there are possible problems or issues that should be discussed with the individual prior to permitting entry to the MR environment. A warning statement is also provided on the form, as follows:

**WARNING:** Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

In addition, there is a section that lists implants, devices, and objects to identify the presence of an object that may be hazardous to an individual in the MR environment (e.g., an aneurysm clip, cardiac pacemaker, implantable cardioverter defibrillator (ICD), electronic or magnetically activated device, metallic foreign body, etc.).

Finally, there is an Important Instructions section on the form that states: **Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.**

The proper use of this written form along with thorough verbal screening of the individual by an MR safety trained healthcare worker will prevent accidents and injuries in the MR environment.

Upon completion of the attached screening form, please contact the HMC School of Radiologic Technology’s Program Director. An MR-safety trained healthcare worker will be available to review the information on the form and verbally interview each individual to verify the information on the form. This one on one meeting will allow discussion of any question or concern that the individual may have before being permitted into the MR environment. Forms will be kept in a secure file in the students records. Thank you!

12/16/15
MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

*NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.

Date ______/_____/______ Name ____________________________ Last Name ____________________________ First Name ____________________________ Middle Initial ______ Age ______

Address ________________________________________________________________ Telephone (home) (____) ______

City ____________________________ Telephone (work) (____) ______

State ____________________________ Zip Code ____________________________

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? □ No □ Yes
   If yes, please indicate date and type of surgery: Date ______/_____/______ Type of surgery ____________________________

2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? □ No □ Yes
   If yes, please describe: __________________________________________________

3. Have you ever been injured by a metallic object or foreign body (e.g., EB, bullet, shrapnel, etc.)? □ No □ Yes
   If yes, please describe: __________________________________________________

4. Are you pregnant or suspect that you are pregnant? □ No □ Yes

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

□ Yes □ No Anesthesia clip(s)
□ Yes □ No Cardiac pacemaker
□ Yes □ No Implanted cardioverter defibrillator (ICD)
□ Yes □ No Electronic implant or device
□ Yes □ No Magnetically-activated implant or device
□ Yes □ No Neurostimulation system
□ Yes □ No Spinal cord stimulator
□ Yes □ No Cochlear implant or implanted hearing aid
□ Yes □ No Insulin or infusion pump
□ Yes □ No Implanted drug infusion device
□ Yes □ No Any type of prosthesis or implant
□ Yes □ No Artificial or prosthetic limb
□ Yes □ No Any metallic fragment or foreign body
□ Yes □ No Any external or internal metallic object
□ Yes □ No Hearing aid
□ Yes □ No Other implant
□ Yes □ No Other device

IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paper clips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clippers, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.
Hurley Medical Center
Standard Practice

Pregnancy Policy
For Areas Using Ionizing Radiation

If at any time the employee decides to voluntarily declare a pregnancy with a written disclosure, she must notify the Radiation Safety Officer or their Designee. In the event of a declared pregnancy the following courses of action shall be implemented:

1. The employee will receive counseling on the hazards of radiation to the fetus by the Radiation Safety Officer or their designee.
2. The employee will receive a copy of NRC Regulation 8.13 which includes Appendix B, The Pregnant Workers Guide and will be asked to sign documentation stating that she has received a copy of this regulation and understands the hazards involved.
3. Due to the radiosensitivity of the fetus, the employee will be given a film badge monitor to be worn at the waist level to monitor any exposure to the fetus. If these levels exceed the established limits, the employee will be removed from any activities which could result in additional exposure. Research shows that properly shielded individuals will stay below the recommended limits of 50 mrem/month.
4. Work restrictions mandated by the employee’s physician must go through the employee’s health office per Hurley Medical Center policy.

The employee may withdraw their declaration of pregnancy at any time with a written letter stating the request to withdraw. The above policy and restrictions shall be reviewed periodically for compliance to existing radiation safety standards.

AppaRao Mukkamala, M.D.
Radiation Safety Officer

Dawn Sturk, M.S., R.T.(R) RCIS
Administrative Director for Radiologic Services

Supercedes Bulletin Dated: 02/01/1999
Distribution:

Hurley School of Rad Technology 46 Student Handbook
Because of the damage that may be done by ionizing radiation, the following steps must be taken to assure the safety of occupationally exposed personnel.

Whenever the possibility of scatter or direct exposure exists the following guidelines must be followed:

- Lead aprons as well as thyroid shields must be worn.

Portable Exams:
- Lead aprons are required for any personnel still in the room as well as the person making the exposure.

Whenever an examination requires the patient to be held, a family member should be asked to hold if possible unless pregnancy is suspected. Shielding should also be placed on any personnel or family member who is not the patient during an exposure.

All equipment is tested according to the quality control guidelines of the State of Michigan and any instance of suspected variation should be reported immediately to the Biomedical Equipment Technician and the machine or lead apron removed from use until checked.

Any patient who is pregnant must be cleared by the Radiologist and the appropriate shielding used.
Use of Wireless Communication Devices
(Cellular Phones/2-Way Radios/Spectralink Phones/Pagers)

Policy
This document serves as the acceptable use policy for using wireless communication devices. Wireless communication devices include cellular phones, 2-way radios, Spectralink phones and pagers.

Cellular Phones and 2-Way Radios
Cellular phones and 2-way radios are prohibited from critical care rooms in the following areas (as designated by signage):
- 2 East PICU
- 4 East CCU
- 4 East ICU
- 4 East PCU
- 5 East Burn
- 5 East Neuro
- 4 West Cath Lab

And entirely from the following areas (as designated by signage):
- 2 East NICU
- 4 North PACU
- 4 North Surgery
- GI Lab
- Radiology
- Emergency Department

Use of these devices may cause interference when operated near electronic medical equipment resulting in equipment malfunction. This could pose a serious health risk to our patients. Because of these risks, cellular phones and 2-way radios must be turned off. Even in standby mode, the devices remain active. Exceptions would be those individuals that have been issued these types of devices by the Medical Center for use on their job, i.e., trauma team, facilities management, public safety, or individuals (i.e., physicians) whose professional function or discharge of duty to Hurley Medical Center’s patients is dependent on the use of cellular phones. Caution should be taken to use such devices at least three feet away from medical equipment. Use of the camera function of cellular phones must adhere to SP4021 (Patient Photographing, Filming and Videotaping).

What do I tell patients / visitors / employees when they are using a cellular phone or 2-way radio in a restricted area?
Advise them of the areas where the use of the devices are acceptable (as indicated above) and direct them accordingly. Explain that the use of these devices may interfere with sensitive medical equipment.

Supersedes Bulletin Dated: February 1, 2008
Distribution: All Departments
Originating Department: Information Technology

Melany Gavulic
President and CEO

Effective Date: April 22, 2013
Distribution Date: April 22, 2013

Hurley Medical Center
Standard Practice
Use of Wireless Communication Devices
(Cellular Phones/2-Way Radios/Spectralink Phones/Pagers)

Spectralink Phones and Pagers
The in-house Spectralink/ascend phones are “portable” phones, not cellular phones. Spectralink phones or pagers will not interfere with medical equipment. They have been approved by BioMedical Engineering for use in the Medical Center.

Employee Use:
Any non-work related use of personal cellular phones during working hours is prohibited. Personal cellular phones and pagers may be carried by the employee, however, they must be at the vibrate setting and used only during an emergency during working hours. Employees may use their cellular phones before and after work and during designated meal and break periods as long as the above policy is followed. Cellular phone accessories, such as, blue tooth earpieces, may not be used by employees except during non-work time as specified above.

Camera Phone Use:
Use of the camera function of cellular phones must adhere to SP4021 (Patient Photographing, Filming and Videotaping).

Supersedes Bulletin Dated: February 1, 2008
Hurley School of Rad Technology

49
Student Handbook
Distribution: All Departments
Originating Department: Information Technology

___________________________
Melany Gavulic
President and CEO
Revised : 7/14, 7/15, 1/16, 6/16, 7/16