

**MONROE COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
Rochester, New York 14623**

STUDENT ORIENTATION BOOKLET

Disclaimer Clause

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

BJG

SOB1

Rev. 8/87, 5/88, 7/90, 6/91, 6/92, 5/93, 6/94, 5/95, 6/96

EMD 4/97, 4/99, 4/00, 4/01, 3/02, 3/03, 4/04, 12/04, 3/05, 12/05

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**Monroe Community College
Radiologic Technology Program**

MISSION

It is the mission of the Radiologic Technology Program to educate diagnostic radiographers who are professionally competent, licensed and certified to practice; positively contribute to the imaging sciences; are committed to professional development through life-long learning; and meet the employment needs of the community. The program is committed to student success by providing quality curriculum and a diverse learning environment through partnerships with the health care community. Upon successful completion of the program of study, graduates receive an A.A.S. degree in Radiologic Technology and are eligible to take the American Registry of Radiologic Technologists certification examination and apply for a New York State license to practice.

**GOALS
2002-2006**

- 1. Provide quality education through an approved curriculum, qualified and caring faculty, and diverse learning environments with state-of-the-art equipment that provides opportunities to develop competencies within two years of academic study.**
 - 1.1. Student Learning Strategy:** Students will develop clinical competency in the performance of basic radiographic procedures.
 - 1.2. Student Learning Strategy:** Students will demonstrate communication, problem-solving, and critical thinking skills.
 - 1.3. Student Learning Strategy:** Students will develop knowledge and understand necessary to successfully pass the national / NY state credentialing examination

- 2. Address the employment needs of the community for diagnostic radiographers.**
 - 2.1 Student Success Strategy:** Students will continue their education after education or obtain employment in field.
 - 2.2 Student Success Strategy:** Students who enter the program will graduate and be available for employment in the community.

- 3. Instill commitment to life-long learning by encouraging professional development and service.**
 - 3.1 Student Learning Strategy:** Students will join a professional society by the second-year of study.
 - 3.2 Student Learning Strategy:** At graduation, students plan to seek an advanced degree or certification.

EMD
6/97, Rev. 4/01, 11/01

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

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

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

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

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

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

This question appears on the ARRT application for radiography certification.

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

Note: Convictions or charges resulting in any of the following must also be reported:

- * plea of guilty
- * plea of nolo contendere
- * withheld or deferred adjudication
- * military court-martial
- * suspended or stay of sentence

If the answer is yes, it is imperative that you make an appointment to see the Program Director. Also, refer to Policy #3, located in the Student Orientation Booklet for more information.

Name _____
(Signature)

Date _____

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rev. 2/89, 10/93, 4/97, 4/99, 4/00, 3/02, 5/03, 11/04

DECORUM IN THE CLASSROOM

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

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

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

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

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

Repeat episodes of disregard for classroom decorum will be reported to Student Services for further action.

The Radiologic Technologist is a professional skilled in medical imaging.

Student success in Radiologic Technology is dependent on...

- ❖ emotional maturity, academic ability, motivation, self-discipline, and willingness to devote a considerable amount of time to academic study.
- ❖ patience and enjoyment of working with and serving others.
- ❖ ability to follow orders, yet think critically and assess situations quickly and accurately.
- ❖ physical ability to perform the duties of the job.

Language Arts / Communication

Verbal - speak clearly, concisely employing correct vocabulary and grammar for communication.
- ability to give verbal explanation and instructions to patients.

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

Sensory Attributes

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

Auditory – response to verbal information from the patient, physician, team members.
- ability to respond to auditory radiation protection indicators.

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

Body Mechanics

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

Intellectual and Mental/Emotional

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

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REQUIRED BOOKLIST FOR XRT 111

PUBLISHER

AUTHOR AND TITLE

Mosby	<u>Mosby's Medical, Nursing & Allied Health Dictionary</u> , 6th Edition, 2002 ISBN 0-323-01430-5.
Mosby	Ehrlich, McCloskey and Daly: <u>Patient Care in Radiology</u> , 6th Edition, 2004 ISBN 0-323-019374
Mosby	Ballinger and Frank: <u>Merrill's Atlas of Radiographic Positions and Radiologic Procedures</u> , 10th Edition, Volumes I, II, III, 2003. ISBN 0-323-01604-9
Mosby	Hayes: <u>Radiographic Anatomy, Positioning and Procedures Workbook</u> , 3rd Edition, Volume One and Two, 2003 ISBN 0-323-01479-8
Mosby	Bushong: <u>Radiologic Science for Technologists</u> , 8th Edition, 2004, ISBN 0-323-02555-2
Charles C. Thomas	Selman: <u>The Fundamentals of Imaging Physics and Radiobiology</u> , 9th Edition, 2000. ISBN 0-398-06987-5
Mosby	Statkiewicz - Shener, Visconti, and Ritenour: <u>Radiation Protection In Medical Radiography</u> 4th Edition, 2002. ISBN 0-323-01452-6
F. A. Davis	Wilson: <u>Ethics and Basic Law for Medical Imaging Professionals</u> . 1997. ISBN 0-8036-0152-2

REQUIRED BOOKLIST FOR XRT 122

PUBLISHER

AUTHOR AND TITLE

Mosby Eisenberg and Johnson, Comprehensive Radiographic Pathology, 3rd Edition, 2003 ISBN 0-323-016251

REQUIRED BOOKLIST FOR XRT 211

Mosby Bushong: Radiologic Science Workbook and Laboratory Manual, 8th Edition, 2004. ISBN 0-323-02554-4

Mosby Callaway: Mosby's Comprehensive Review of Radiography, 3rd Edition, 2002. ISBN 0-323-01839-4

REQUIRED BOOKLIST FOR XRT 215

W. B. Saunders Fleckenstein & Trandum-Jensen: Anatomy in Diagnostic Imaging, 2nd Edition, 2001. ISBN 0-7216-9358-X

REQUIRED BOOKLIST FOR XRT 220

Pearson Mulvihill: Human Diseases: Systemic Approach, 5th Edition, 2001. ISBN 0-8385-3930-0

REQUIRED BOOKLIST FOR XRT 222

McGraw Hill Saia, D.A., Appleton & Lange's Review for the Radiography Examination, 5th Edition, 2003, ISBN 0-0714-28-399 Value Pack

Mosby Papp: Quality Management in the Imaging Sciences, 2nd Edition, 2002, ISBN 0-323-01624-3

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Required Booklist:Manuals

Rev. 5/88, 4/92, 4/93, 4/94, 5/95, 5/96, 3/97, 4/99, 4/01, 3/03, 4/04, 12/04, 3/05

Learning Centers

Monroe Community College has a number of Learning Centers at Brighton (for example, Accounting, Math, Nursing, Psychology, Writing, the Electronic Learning Center, etc.) and at Damon (the Integrated Learning Center).

Learning Centers are staffed with instructional personnel and may be equipped with computers to assist students. It is recommended that students use these Learning Centers to get additional assistance with concepts learned in the classroom.

A brochure with details on Learning Centers is available:

Brighton – the Brighton Learning Center, Bldg. 11, Room 106

Damon – the Damon Integrated Learning Center in 4-130 and the Student Services Office on the fifth floor.

For more information on learning center hours and locations visit www.monroecc.edu.

Academic Honesty

In the academic process, it is assumed that intellectual honesty and integrity are basic responsibilities of any student. However, faculty members should accept their correlative responsibility to regulate academic work and to conduct examination procedures in such a manner as not to invite violations of academic honesty. Such violations consist mainly of cheating and plagiarism.

Definitions of cheating and plagiarism, the Policy on Disciplinary Action and Procedure for Appeal are located in the *MCC Catalog & Student Handbook*. Students are encouraged to review this section of the catalog or visit www.monroecc.edu.

**RADIOLOGIC TECHNOLOGY PROGRAM
CURRICULUM BREAKDOWN**

Fall Semester Freshmen

XRT 111 Radiographic Technology I
6 Class Hours, 7 Lab Hours, 9 Credit Hours

	Lect	Lab	Clinic
Part I Radiographic Positioning I	2	4	
Part II Radiographic Exposure I	1	3	
Part III Radiographic Processing	1		
Part IV Medical Terminology		1	
Part V Patient Care		1	
Total	6	7	0

XRT 151 Orientation/Clinical Education I
3 Class Hours, 5 Clinical Lab Hours, 4 Credit Hours
(Includes Orientation to the program & profession, professional ethics, safety issues, and clinical education components)

**ENG 101 English Composition OR
ENG 200 Advanced Composition**

BIO 142 Human Anatomy

**MTH 160 or 161 Statistics OR
MTH 165 College Algebra OR higher**

Spring Semester Freshmen

XRT 122 Radiographic Technology II
4 Class Hours, 4 Lab Hours, 6 Credit Hours

	Lec	Lab	Clinic
Part I Radiographic Positioning II	1	2	
Part II Radiographic Exposure II	1	2	
Part III Contrast Media		.5	
Part IV Pediatric Radiography		.5	
Part V Radiography of Skull, Sinuses, Temporal Bone		1	
Total	4	4	0

XRT 152 Clinical Education II
12 Clinical Lab Hours, 4 Credit Hours

PHY 141 Radiographic Physics

Humanities Elective

Physical / Health Education***
***HED 120 Emergency Assistance Certification is recommended

Summer Session Freshmen

XRT 153 Clinical Education III
40 Clinical Hours (7 Week Session), 4 Credit Hours

Fall Semester Sophomores

XRT 211 Radiographic Technology III

2 Class Hours, 3 Lab Hours, 3 Credit Hours

	Lec	Lab	Clinic
Part I Radiography of the Facial Bones		1.5	
Part II Radiographic Exposure III		1.5	
Part III Radiation Biology & Protection		2	
Total	2	3	0

XRT 251 Clinical Education IV

24 Clinical Lab Hours, 8 Credit Hours

XRT 215 Sectional Anatomy

1 Class Hour, 1 Credit Hour

XRT 220 Radiographic Pathology I

1 Class Hour, 1 Credit Hour

PSY 101 Introduction to Psychology

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12/95, Rev 2/96, 3/96, 10/96, 11/04

Spring Semester Sophomores

XRT 222 Radiographic Technology IV

4 Class Hours, 2 Lab Hours, 5 Credit Hours

	Lec	Lab	Clinic
Part I Advanced Imaging	2		
Part II Quality Assurance for Diagnostic Rad.		2	
Part III Radiographic Equipment Analysis	1		
Part IV Radiography Management	1		
Total	4	2	0

XRT 252 Clinical Education V

24 Clinical Lab Hours, 8 Credit Hours

XRT 230 Radiographic Pathology II

1 Class Hour, 1 Credit Hour

Social Science Elective

Summer Session Sophomores

XRT 253 Supplemental Clinical Education

Variable Credit 1-6 Credit Hours This is not a required course. It is designed as an extension of the Clinical Education experience for those students who need additional time to successfully complete the required competencies/graduate outcomes. Primarily intended as a supplement to XRT 252 and offered concurrently with XRT 153 (seven week summer session). Requires permission of the Program Director.

STUDENT PARKING AT CLINICAL EDUCATION SETTINGS

Newark-Wayne Community Hospital:

1. Travel east on Route 31 to Newark, NY. Follow hospital signs to Newark Hospital.
2. Park in back of hospital in Employee Parking (North side of building.)
3. Enter door marked 'Rehabilitation Services'.
4. Take first corridor to right to Radiology (on right.)
5. Go through double doors marked Radiology to reception desk.
6. On first day, ask for Professor.

Highland Hospital

1. Exit MCC north to Elmwood. Turn right (east) on Elmwood to Rochester Psych Center. Enter second entrance to Psych Center (directly in front of building) on right. You will see parking lot on your left; access lot by driving to right around building and park in lot on west side. Bus to Highland Hospital runs every 10 minutes.
2. On first day, meet Professor in main lobby next to information desk.
3. Parking sticker will be issued on first day. Bring license plate number, make and model of car.

Strong Memorial Hospital

1. Travel north from MCC on East Henrietta Road (Route 15A).
2. Park in Iola Campus on the corner of East Henrietta Road and Westfall Road.
3. Board shuttle to Strong which drop you at the main lobby entrance
4. On first day, meet Professor in main lobby (near information desk).
5. Parking permits are required at a reduced rate for students on a weekly/semester basis. Bring car registration.

Rochester General Hospital

1. Follow maps to Rochester General Hospital. (off Route 104 between Portland Avenue and Carter Street)
2. Free parking is available at Irondequoit Mall. From 104 turn north on Goodman Street, take right into mall. Go toward Kaufmann's until you see the RGH shuttle van. Park. The van will take you to RGH main entrance.
3. On first day, meet Professor in main lobby.
4. Parking stickers are required and will be issued on the first day of clinic. Bring your car registration.

Park Ridge Hospital

1. Follow map to Park Ridge Hospital. (Long Pond Road just north of Ridgeway Avenue)
2. Enter the PRH campus via the north entrance. Park in employee parking area of the northern or western parking lots. Alternate parking is available behind the nursing home.
3. Meet Professor in Radiology (1st floor, left of reception desk.)

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MONROE COMMUNITY COLLEGE
Radiologic Technology Program

CLASS ATTENDANCE REQUIREMENTS
Policy #1

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

Each student is personally responsible for the satisfactory completion of course work prescribed by his/her instructors. Regular attendance and active participation in classes are essential elements in the learning process. The student, therefore, is expected to attend classes regularly.

Students shall communicate reasons for absences directly to the instructor. If it is possible, this communication should occur prior to the absence. Faculty members may report students for excessive absence when such absence is adversely affecting the student's academic achievement in a particular course (not necessarily failing work). When this occurs, the student will be reported to Student Affairs by the professor with the recommendation to warn the student or withdraw him/her from the course. The student will be informed in writing of the recommendation. In the event the student is withdrawn from the course, the grade of "W" will be assigned.

Students should be aware that non-attendance at classes will not result in automatic withdrawal from a course. Unless the student initiates a formal course withdrawal request in accordance with the withdrawal policy, non-attendance may result in a "F" grade.

Students are reminded that an important part of the attendance policy is that it does not provide for blanket excuses for curricular or co-curricular activities, e.g., field trips, scheduled athletic events, conferences, college and placement interviews, etc. Student should plan for the above contingencies by regular attendance in all classes. Students who continually meet their responsibilities with regard to regular attendance will have few, if any, problems as a result of absence for the above reasons.

It is to the students' advantage to contact the Health Services Department either by phone or in person as soon as possible when illness occurs. In this way, more serious illness might be prevented and students can be advised as to procedures to follow upon return of classes. Health Services does not provide a medical excuse from classes, but will notify professor of a student's extended absence due to illness. When necessary, the Health Services Department will serve as a liaison between the student and his/her professors.

LICENSURE AND CERTIFICATION REQUIREMENTS

- * Graduates of this accredited Radiologic Technology Program attain an A.A.S. degree, and are eligible to sit for the American Registry of Radiologic Technologists (ARRT) national certification examination. ARRT certification is professionally accepted by employers throughout the United States.

- * In New York State, licensure is mandatory. Graduates qualify for NY State Licensure by submitting an application and passing the ARRT certification examination.

- * The Program offers a curriculum based on "two years of full-time study", with an "adequate" number of didactic and clinical experience hours to assure student competency achievement (compliance with NYS & JRCERT).

The Radiologic Technology program at Monroe Community College may be requested by the ARRT or NYS to supply documented evidence of each students clinic and didactic attendance. Therefore, it is the responsibility of the student to attend all classes as scheduled, in order to become eligible for the ARRT examination and New York State Licensure.

COLLEGE CLOSING/CANCELLATION OF CLASSES

Malpractice and liability insurance provide coverage only during the regularly scheduled class time periods. In the event the College is closed, insurance coverage is not in force on campus nor at the clinical educational sites; therefore, classes will not meet on campus nor at the off-campus sites.

If the College is closed due to inclement weather or some other emergency, all Rochester area radio and television stations will be notified no later than 5:30 a.m. In addition, the homepage on the MCC website (www.monroecc.edu) will display a message indicating the College is closed. Please do not call the College to avoid overloading the telephone lines.

Class cancellation information is available daily on the web or through the telephone. Simply go to the MCC website and under the "Quick Links" window on the homepage, click on "Class Cancellation". Additionally, class cancellation information is available by dialing 292-2066, press "1" for the Brighton Campus and "2" for the Damon Campus. If possible, please use the web as there could be delays in the voice recordings based on the number of cancellations.

PROCEDURE FOR RECORDING STUDENT ATTENDANCE AT CLINICAL EDUCATION SITE

- 1) The daily attendance record, including unsatisfactory punctuality, shall be recorded in Monroe Community College roll book.
- 2) All students are requested to phone the clinical instructor whenever they are unable to attend their clinical assignment. The student must:
 - * Call the clinical affiliate hospital between 8:00 a.m. and 9:00 a.m.
 - * Ask to speak with or leave a message for the assigned clinical instructor.
 - * The call should include the student's name and the reason for the absence.
- 3) Excessive absenteeism shall be discussed with the student informing him/her that the continued attendance/punctuality pattern will be reflected in the Clinical Education grade.
- 4) The student's excessive absenteeism may be reported to Student Affairs with the recommendation to warn the student or withdraw him/her from the course.

ABSENCE DUE TO RELIGIOUS BELIEFS

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

- 1) No person shall be expelled from or be refused admission as a student to an institution of higher education for the reason that he/she is unable, because of his religious beliefs, to attend classes or to participate in any examination, study, or work requirements on a particular day or days.
- 2) Any student in an institution of higher education who is unable, because of his religious beliefs, to attend classes on a particular day or days shall, because of such absence on the particular day or days, be excused from any examination of any study or work requirements.
- 3) It shall be the responsibility of the faculty and of the administrative officials of each institution of higher education to make available to each student who is absent from school, because of his religious beliefs, an equivalent opportunity to make up any examination, study or work requirements which he/she may have missed because of such absence on any particular day or days. No fees of any kind shall be charged by the institution for making available to the said student such equivalent opportunity.
- 4) If classes, examinations, study or work requirements are held on Friday after four o'clock post meridian or on Saturday, similar or make-up classes, examinations, study or work requirements shall be made available on other days, where it is possible and practicable to do so. No special fees shall be charged to the student for these classes, examinations study or work requirements held on other days.
- 5) In effectuating the provisions of this section, it shall be the duty of the faculty and of the administrative officials of each institution of higher education to exercise the fullest measure of good faith. No adverse or prejudicial effects shall result to any student because of his/her availing him/herself to the provisions of this section.
- 6) Any student, who is aggrieved by the alleged failure of any faculty or administrative officials to comply in good faith with the provisions of this section, shall be entitled to maintain an action or proceeding in the Supreme Courts of the county in which such institution of higher education is located for the enforcement of this rights under this section.

CLINICAL FACULTY ABSENTEEISM

Assigned supervision of students is mandated by New York State Law. Malpractice insurance is not in force when the assigned clinical supervisor is not on the premises. Therefore, if the College assigned clinical supervisor is absent from the clinical site and prior arrangements have not been made to provide adequate supervision, students must be dismissed.

APPROVED BY THE FACULTY OF THE DEPARTMENT OF RADIOLOGIC TECHNOLOGY ON 10/83.

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Rev. 9/92, 4/97, 6/01, 10/01

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

REPORTING VIOLATION/CONVICTIONS AGAINST THE LAW
TO N.Y. STATE AND ARRT
Policy # 3

STATE OF NEW YORK (NYS)

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

New York State Department of Health
Bureau of Environmental Radiation Protection
547 River Street, Room 530
Troy, NY 12180-2216
(518)402-7580

- * For specifics see the ATTACHED State of New York, School Distribution No. 51, Disqualification from Examination, August 1, 1992.

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT)

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime is strongly advised to file a pre-application with the ARRT in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication, or suspended or withheld sentence.

A Pre-application Review of Eligibility may be obtained on the web at www.arrt.org or by mail.

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

Declaration of Understanding:

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

Student's Signature

Date

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cc: Student

Student Folder: 8-640

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

GRADING POLICY

Policy #4

All didactic and clinical evaluation systems shall be consistent with the goals of the program. The grading/evaluation system must be clearly stated in the course outline for each course part. A course outline shall be distributed to students during the first class period. This will serve to inform all students of the grading system.

The type of grading system adopted for a didactic course is at the professor's discretion. However, all evaluation tools must be criterion referenced. Individual test items must be consistent with the stated competencies of the course, unit or module.

After computation, the mid-semester and final grades will be rounded to the nearest whole number before being assigned a letter grade for the course.

PASSING GRADES/FAILING GRADES

A minimum grade of "C" must be obtained in XRT 111, 151, 122, 152, 153, 211, 252, 215, 222 and all of the course parts in order to continue in the Radiologic Technology Program. A minimum grade of "C" in XRT 252 or successful completion of XRT 253 is required in order to graduate. A grade of "C or higher" is defined as a numeric grade of 73 or higher.

In the event that a student obtains less than a 73% grade in any course part, the final grade recorded for the course (XRT 111, 122, 211, 222) shall be a "C-" or lower grade. This final grade will be determined by the grade computation method used by the program and shall be less than a "C".

All Radiographic Positioning I competency tests, required for XRT 111, must be completed with an 85% proficiency. If 85% proficiency is not attained, one makeup test will be given after remedial study. All laboratory practical competency tests required in XRT 151 (blood pressure analysis, patient transfer) and XRT 153 (mammography, pediatric chest) must be completed with "S" proficiency in order to complete course requirements and therefore pass the course.

CLINICAL EDUCATION GRADE

The grading system for Clinical Education courses (XRT 151, 152, 153, 251, 252, 253) are published in the *Clinical Education Booklet*. Each professor/adjunct instructor is encouraged to keep anecdotal records on every student as needed. The student will not be penalized for an absence of reasonable length due to a death in the family or a summons to appear in court.

Extended absence from the clinical assignment for health reasons, such emergency surgery, serious illness/accident or sudden hospitalization, shall be evaluated by the full-time faculty/clinical coordinators. Absent clinical hours shall be recorded. However, the clinical point deduction shall be at the discretion of the full-time faculty/clinical coordinator. Written physician's orders with the date of return to classes shall be required. If an extended absence causes the inability of the student to complete clinical competency requirements, the student will be advised to withdraw from the course.

GRADE COMPUTATION - % VALUES

<u>XRT 111 Radiographic Technology I</u>		<u>Mid-Semester</u>	<u>Final</u>
Part I	Radiographic Positioning I	40%	40%
Part II	Radiographic Exposure I	30%	30%
Part III	Radiographic Processing	10%	10%
Part IV	Medical Terminology	10%	10%
Part V	Patient Care	10%	10%
Total Grade (XRT 111)		100%	100%

<u>XRT 151 Orientation/Clinical Education I</u>		<u>Mid-Semester</u>	<u>Final</u>
Total Grade		100%	100%

<u>XRT 122 Radiographic Technology II</u>		<u>Mid-Semester</u>	<u>Final</u>
Part I	Radiographic Positioning II	35%	30%
Part II	Radiographic Exposure II	35%	35%
Part III	Contrast Media	-----	10%
Part IV	Pediatric Radiography	15%	10%
Part V	Radiography of the Skull, Sinuses		
<u>Temporal Bone</u>		15%	15%
Total Grade (XRT 122)		100%	100%

<u>XRT 152 Clinical Education II</u>		<u>Mid-Semester</u>	<u>Final</u>
Total Grade		100%	100%

<u>XRT 153 Clinical Education III</u>		<u>Final</u>
Total Grade		100%

<u>XRT 211 Radiographic Technology III</u>		<u>Mid-Semester</u>	<u>Final</u>
Part I	Radiography of the Facial Bones	33.3%	33.3%
Part II	Radiographic Exposure III	33.3%	33.3%
Part III	Radiation Biology & Protection	33.3%	33.3%
Total Grade (XRT 211)		100%	100%

<u>XRT 251 Clinical Education IV</u>		<u>Mid-Semester</u>	<u>Final</u>
Total Grade		100%	100%

<u>XRT 215 Sectional Anatomy</u>		<u>Mid-Semester</u>	<u>Final</u>
Total Grade		100%	100%

<u>XRT 220 Radiographic Pathology I</u>		<u>Mid-Semester</u>	<u>Final</u>
Total Grade		100%	100%

<u>XRT 222 Radiographic Technology IV</u>		<u>Mid-Semester</u>	<u>Final</u>
Part I	Advanced Imaging	30%	30%
Part II	Quality Assurance for Diagnostic Radiology	30%	30%
Part III	Radiographic Equipment Analysis	20%	20%
Part IV	Radiography Management	20%	20%
Total Grade (XRT 222)		100%	100%

XRT 252 Clinical Education V	Mid-Semester	Final
Total Grade	100%	100%

XRT 230 Radiographic Pathology II	Mid-Semester	Final
Total Grade	100%	100%

XRT 253 Supplemental Clinical Education		Final
Total Grade		100%

LETTER GRADE ASSIGNMENT

Letter	Numeric Grade	Grade Point
A	93-100	4.0 Excellent
A-	90-92	3.7
B+	87-89	3.3
B	83-86	3.0 Above Average
B-	80-82	2.7
C+	77-79	2.3
C	73-76	2.0 Average Minimum Passing Grade in XRT courses
C-	70-72	1.7
D+	67-69	1.3
D	63-66	1.0 Below Average
D-	60-62	0.7 Minimum Passing Grade at MCC
F	below 60	0.0 Failure

Approved by Radiologic Technology Faculty
/mw/bl
P4
Revised 7/87, 5/92, 1/93, 4/97, 6/01, 5/03

MONROE COMMUNITY COLLEGE
Department of Health Professions
Radiologic Technology Program

PROCEDURE FOR REPORTING COMMUNICABLE DISEASES BY STUDENT
Policy #6

- It is the student's responsibility to report 1) exposure to or 2) contraction of a communicable disease directly to the Health Services Department at MCC. Reporting directly to Health Services enables confidentiality to be maintained and information would not be released unless there is a safety factor involved. In the situation where the student is self-referred, Health Services will provide no notification to the program unless there is a reason to restrict the student from the clinical area.
- If a program faculty member becomes aware of a communicable disease problem, it is his/her responsibility to refer the student to the Health Services Department immediately. For those students referred by the program faculty, Health Services will respond in writing with either a clearance for, or a restriction from the clinical area.
- This policy will be included in the Student Orientation Booklet given to all students during fall orientation. This policy will be discussed during semester orientations.

Source Information

July 7, 1988 memo from Patricia A. Falanga, RN, Director, Health Services, regarding Procedure for Reporting Communicable Diseases by Students (1 attachments).

Approved by the Radiologic Technology Program Faculty in December, 1988.

/mw

P6

12/88, 4/97, 6/01

Attachments (1)

A:\P006.doc

**MONROE COMMUNITY COLLEGE
Radiologic Technology Program**

**HOSPITAL STUDENT DRESS CODE
Policy #7**

Regulations on Hospital Attire - Female Dress Requirements

Uniforms: White, neat, having a professional look. No colored stitching, belts, emblems or applique. Skirts, jumpers and pants may be worn with collared shirt-tailed blouses, no v-neck or midriff styles. No T-shirt style tops. Jumpsuits with appropriate undergarments are acceptable.

Lab jacket: White, extending to fingertip length only.

Sweaters: Plain cardigans (white or navy only).

Shoes: White, having sufficient support and comfort. May be good support, totally white sneakers. Leather or non-porous material, not canvas for health reasons.

Hose: White is most professional. However, flesh-tone hose will be accepted. No patterns.

Jewelry: Jewelry may be hazardous; it should not be worn. Earrings should be post-type only.

Hair: Should be neat and clean. Hair length extending past the shoulders should be tied back. Extravagant barrettes or ties are non-professional.

Hair pieces: If essential, should be short, plain, neat and compatible to your own hair color.

Make-up: Should be in good taste.

Nails: Should be short, clean and neat. No acrylic nails permitted for health reasons.

Name tags: Available at Uniform Village, Inc.
4025 Market Place Mall
Rochester, NY 14623
Phone: 424-1550
\$8.00 approximate cost
Style D-14 Royal blue with white lettering

<p>Monroe Community College Jane Doe Student Radiologic Technologist</p>
--

Accessory: Watch having a second hand, 72 inch tape measure, pen, and black magic marker, lead markers - L & R.

Regulations on Hospital Attire - Male Dress Requirements

- Uniforms: White
- Shirts: Tunic or white tail styles (button, snaps, or zipper front). No v-necks or ties. No T-shirt style.
- Slacks: White with white belt only. No jeans style.
- Shoes: White, having sufficient support and comfort. May be good support, totally white sneakers. Leather or non-porous material, not canvas for health reasons.
- Socks: White only.
- Hair: Should be clean, neatly shaped and trimmed. Hair length extending past the shoulders should be tied back.
- Beards and Mustaches: Should be clean, neatly shaped and trimmed.
- Name Tags: Available at Uniform Village, Inc.
(see Female Dress Recommendations for address and details).
- Accessory Materials: Watch having a second hand, 72 inch tape measure, pen and black magic marker, lead markers - L & R.

/b1

P7

rev.3/88, 9/92, 5/95, 4/97, 6/01, 11/03, 12/04

**STUDENT INVOLVEMENT IN PORTABLES AND OPERATING ROOM
PROCEDURES**
Policy #8

In order to provide high quality patient care, particularly in portable and the operating room environments, the ultimate responsibility is that of a more experienced, well-qualified radiographer. The student assigned to portable and operating suite procedures will be directly supervised by a licensed radiographer.

Approved by Radiologic Technology Faculty on 9/78.
P8
Revised 5/85, 4/97, 4/01
EMD/ns

**Monroe Community College
Radiologic Technology Program**

**Graduation Ceremony and Annual Awards for Radiologic Technology Students
Policy #10**

Graduation Ceremony

Although MCC certifies students for degrees in August, October, December, January, March, May, and July, we have only one graduation ceremony in June. Students who are certified at times other than May, are eligible to attend the following June commencement. This is our policy, however, we do make an exception for the Radiologic Technology students. We allow these students to attend the June commencement when they may have course requirements to complete in the following summer session. Students who graduate with a 3.50 cumulative quality point average receive the honor cord mailed with their diploma.

We feel that we are making every effort possible to accommodate their particular program's needs. We cannot certify students as having completed degree requirements when they have one additional course requirement to complete in the summer session following the June commencement ceremony. It is possible that a student will not successfully complete the degree requirements by the end of the summer session and, indeed, this has happened.

The Radiologic Technology Program has very clearly explained these circumstances to the students in the program. It is our opinion that the methods developed to handle the special needs of the Radiologic Technology program are fair and properly administered.

Approved by Vice President for Student Affairs, Thomas Flynn on November 4, 1977.

Annual Awards

There are two annual awards for academic achievement which are presented to the student with the highest cumulative point average upon completion of the final fall semester, in the Radiologic Technology Program. First is the Edward L. Tobin Award in honor of the late Mr. Tobin, first chairperson of the Radiologic Technology Program. The second is the Gertrude L. Dourdounas Certificate of Achievement provided by the Association of Educators in Radiologic Technology of the State of New York, Inc.

There are two additional awards. The first is Outstanding Professional recognizing leadership skills, willingness to mentor others, and participation in professional activities. The second is Clinical Excellence recognizing overall clinical performance, cooperation, teamwork, partnership building, patient care and education, and a positive professional attitude. Students are nominated and selected for these awards by faculty.

ns
11/77 p010
Revised 10/83, 4/97, 3/02
Attachments

Association of Educators in Radiologic Technology of the State of New York, Inc.

Gertrude L. Dourdounas Certificate of Achievement

Qualifications for the Award

1. Students must be eligible for graduation in the calendar year in which the nomination is made.
2. Students must at the time of nomination, have the highest academic average in the senior class. Programs that have two or more candidates with equally high academic averages may nominate all eligible students.

Nomination Procedure

1. The Educational Director of Hospital based programs and the Program Director of College programs must submit the name of the student to the Chairman of the Scholarship Committee.
2. The nomination must be made on the official nomination form. When more than one student is nominated, a copy of each candidate's transcript must be submitted.
3. The nomination form must be postmarked on or before August 31, of the year in which the award is to be presented. Applications received after that date cannot be considered. Designation of certificate or plaque must be noted on the application and the specified amount enclosed.
4. Please allow four to six weeks for return of the document.

Presentation of the Award

1. The award must be listed in the graduation program of the school.
2. It is suggested, but not mandated, that a member of the A.E.R.T. present the award to the student on behalf of the organization.

Reprinted from the AERT of SNY, Inc. Rules and Regulations

4/97

P10

MONROE COMMUNITY COLLEGE
Department of Health-Related Professions
Radiologic Technology Program

RADIATION PROTECTION SAFETY GUIDELINES
Policy # 11

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- Section E. **RADIATION PROTECTION GUIDELINES FOR THE PATIENT**
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POLICY # 11 - Section A

OVERVIEW / PURPOSE

OVERVIEW/PURPOSE

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

We at Monroe Community College, Department of Health Related Professions, are committed to this endeavor.

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

ALARA PRINCIPLE

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

RADIATION SAFETY OFFICER

Faculty and students shall be aware of the Radiation Safety Officer at Monroe Community College and all hospital affiliations.

A current list of RSO's is posted in our Radiologic Technology lab, building 9 room 173 (9-173).

Additional information on state regulations for radiation safety can be obtained by contacting:

Associate Radiological Health Specialist
NYS DPH BERP
Western Region – Rochester Office
3335 E. Main Street
Rochester, NY 14604-2127
(585) 423-8086 FAX: (585) 423-8128

POLICY # 11 - Section B
RADIATION MONITORING GUIDELINES

1. Who Needs A Film Badge - Because of the possible hazards when dealing with radiation, Federal and State Laws require all personnel to wear proper radiation monitoring devices (film badge) at all times while using energized radiographic equipment or near radioactive sources.
2. Proper Use of Film Badge - Film badges are issued and must be worn in accordance with NYS Sanitary Code, Chapter 1, Part 16, Ionizing Radiation and are used to measure occupational exposure at MCC Lab, and Hospital Affiliates.
3. Where To Wear The Film Badge - Film badges should be clipped to an article of clothing at the **collar level**, however, when working in Fluoroscopy or on Portable procedures, the film badge is to be worn outside the lead apron, clipped to the uniform collar, never on the lead apron.
4. Misuse of the Film Badge - A film badge that has been assigned to an individual may not be used by any other person. The participants' number is a lifetime assignment and is not transferable to another person. Film badges must not be tampered with in any manner. Keep your film badge away from extreme hot or cold temperatures, and radiation sources when not in use. Do not leave your film badge on lab coats, uniforms or lead aprons. If film badges are lost, misplaced or damaged, the Radiation Safety Officer (RSO) or designee must be notified promptly, and the individual will not be allowed to work in the radiation area until a new badge is issued. **See illustration #1**
5. Exposure Data - Exposure results are received at monthly intervals from ICN Dosimetry Service, Fountain Valley, California. This report will be posted in the MCC Lab, 9-173, so that each individual is aware of his/her exposure each month. This monthly report must be checked **(/)** by each film badge wearer in order to verify that the individual has seen their report, in compliance with New York State Regulations. Report any unusual exposure to self or film badge immediately to the MCC Radiation Safety Officer/designee. **An annual written radiation exposure report will be issued to each badge wearer.**
6. Monthly Replacement of Film Badge - At the beginning of each month the film packet must be returned and replaced with a current film packet **(no later than the first Thursday of each month)**. The changing of the film packet is the ultimate responsibility of the student and faculty. Late changing of the film packet will make accurate film badge evaluation impossible. **Please be prompt!**

**POLICY # 11 - Section C
Radiation Exposure Limits**

Part 1: Occupational Dose Limits

The following occupational dose limits are referenced in the New York State Sanitary Code Chapter 1, Part 16 (April 18, 2001) and the Nuclear Regulator Commissions (NRC) code of federal regulations - 10-CFR-20, effective January 1, 1994

OCCUPATIONAL DOSE LIMITS

Adult

- * **Whole Body Deep Dose
Total Effective Dose Equivalent (TEDE) = 5 rem/year**
- * **Total Organ Dose Equivalent = 50 rem/year (organs other than eye, gonads, and blood forming organs)**
- * **Dose Equivalent for Lens of the Eye = 15 rem/year**
- * **Extremities Dose Equivalent = 50 rem/year**
- * **Shallow Dose Equivalent to skin - 50 rem/year**
- * **Embryo/Fetus: Total Dose Equivalent -
.5 rem/gestation period; .05 rem/month**
- * **Minors - (under 18 years) - 10% of the Adult Limit**

NOTES: Total Effective Dose Equivalent (TEDE) is the sum of the deep dose equivalent (for external exposure) and the committed effective dose equivalent (for internal exposures)
Whole body is defined as the head and trunk, active blood forming organs, and gonads.
Embryo/fetus - (The developing human organism from conception until the time of birth) - 10 NYCRR part 16.2, (42)
Deep Dose - dose to internal body parts at a depth of 1000 mg/cm²
Eye Dose - dose to the lens of the eye at a depth of 300 mg/cm²
Shallow Dose - dose to the skin at a depth of 7 mg/cm²

Part 2 - Student Exposure Limits Policy

New York State Department of Health, recommends that student diagnostic radiographer's whole body deep dose exposure for a given month should not exceed 30 mR (Per NYS site-visit 1982).

If the student's whole body exposure totals or exceeds 30 mR in a given month, the attached "Radiation Protection Safety Notification Warning" must be issued by the RSO/designee.

1993 Dose Limits Recommended by NCRP - Education and Training Exposures (annual)

Effective dose limit	1 mSv (100 mrem)
Equivalent dose limit for tissues and organs	
a. Lens of eye	15 mSv (1500 mrem)
b. Skin, hands, and feet	50 mSv (5000 mrem)

**Policy #11 Section C
Radiation Protection Safety Notification Warning**

Part 3

OVERVIEW

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

PROCEDURE

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

Name of student _____ Date _____

Social Security # _____

- The Radiologic Technology Program wishes to inform you that according to the ICN Radiation Report for the month of _____, 200__, the report reveals that you have received Deep dose _____ mR; Eye dose _____ mR; Shallow dose _____ mR.
- The RSO/designee will review with the student the Radiation Protection Safety Guidelines, Policy #11.

ANALYSIS OF FILM BADGE READING

- Hospital/affiliate: _____
- Radiographic Area(s) Assigned: _____

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

ANALYSIS OF FILM BADGE READING (continued)

- * **Ways to Prevent** (Include specific guidelines and regulations on Radiation Safety.)

(Illustrations removed to fit printed margins)

I have discussed the above material with the RSO/designee and I will take every precaution necessary to keep my radiation exposure dosage to the lowest possible level.

Signature of Student

Signature of RSO/Designee

Date

Date

POLICY:P011
xc: Student
RSO/Designee
Revised 9/85, 9/92, 1/99,12/00,04/02

**Policy #11 Section C
Pregnancy Policy**

Part 4

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

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

The student/employee will:

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

- a)___ Immediate withdrawal from the program for health reasons (WH)
- b)___ Continued full-time status with limited rotation in fluoroscopy and portable/operating room procedures, including appropriate Radiation Safety precautions.

The physician's statement shall be attached to this copy of the Policy. The student should sign this copy as proof that she has read and understands the procedure.

Options for continuance in the program

1. A student may withdraw for pregnancy and may apply for re-admission. Re-admission is dependent upon availability of clinical space and academic standing and must be done within one year from the date of withdrawal.
2. A student may continue in the program. Required steps:
 - A. Consultation with the College's Radiation Safety Officer prior to continuation in college laboratory/hospital clinical assignments.
 - B. The RSO and the declared pregnant worker will review the Program's Radiation Protection Safety Guidelines, Policy 11, and the potential risks involving ionizing radiation to the developing embryo/fetus.
 - C. The pregnant worker will be informed of the specific exposure limits as: the dose to the embryo/fetus during the entire pregnancy, due to occupational exposure should not exceed .5 rem (500 mrem). The R.S.O. will review the past exposure history and may adjust working conditions so as to avoid a monthly exposure rate of .05 rem (50 mrem) to the declared pregnant worker. NYS - Chapter 1, part 16.6 (h). 4/01

**MONROE COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
FILM BADGE GESTATION LOG RECORD**

NAME SS# BADGE #

- * Written declaration of pregnancy on _____
- * Gestation Period _____
- * Expected date of delivery _____
- * Film Badge Numbers Type II, Type 21 _____
- * Previous exposure history from beginning of program/employment _____
- * Previous exposure history last 9 months _____
- * Report prepared by _____

MONTH	Collar (type 11)	Waist (type 21)	Deep Dose (DDE)	Eye Dose (LDE)	Shallow Dose (SDE)	Signature

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

TJ/bl
007:TJ:D
cc: Radiation Safety File
R.S.O Manual - 8-641

Section D
Radiation Protection Precautions For Personnel

PART 1: DIAGNOSTIC AREAS

- * Holding Patient Restrictions: No person shall be regularly employed to hold patients or films during exposures nor shall such duty be performed by any individual occupationally exposed to radiation during the course of his/her other duties. When it is necessary to restrain the patient, mechanical supporting or restraining devices shall be used. If patient or films must be held by an individual, that individual shall be protected with appropriate shielding devices such as protective gloves and a protective apron of at least 0.25 mm lead equivalent. No part of the attendant's body shall be in the useful beam. The exposure of any individual used for holding patients shall be monitored. Pregnant women and persons under 18 years of age shall not hold patients under any conditions. N.Y.S. sanitary Code, Chapter 1, Part 16.57, C-1.
- * Mechanical devices (instead of persons) must be used whenever possible to restrain patients. Examples include adjustable restraints, sponges, sheets, tape, pigostat chest unit, velcro straps, etc. **See illustration #2.**
- * Always have proper film badge
- * Protective Barrier Shielding - utilization of Primary and Secondary Barriers, lead glass window, lead equivalent lined walls, doors, floor and ceiling. Always, close doors, stay behind lead barriers and observe floor tape restrictions.
- * Protective Tube Housing - protects both radiographer and patient from off-focus radiation (x-rays emitted through the x-ray tube window - see Figure 1).
- * Shielding - lead-wrap-around apron no less than .25mm lead in thickness (.5mm is commonly used). NCRP report #102 recommends a lead apron of no less than .5 mm. pb. eq. for fluoroscopic examinations. Lead protective gloves no less than .25mm lead in thickness. **See illustration #3.**
- * Never leave protective barrier while making x-ray exposures.

PART 2: FLUOROSCOPIC AND PORTABLE/OPERATING ROOM AREAS (See Illustrations #4a, 4b, 4c)

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

- * Maximize DISTANCE - Inverse Square Law - stand as far back as possible while securing patient safety.
- * Utilize SHIELDING - Apron, gloves, protective fluordrape, thyroid and eye shields, sliding panel and portable barriers.
- * Minimize TIME - Know routine procedure, have room equipped, be efficient, have fluoro time set, etc.

PART 2: FLUOROSCOPIC AND PORTABLE/OPERATING ROOM AREAS (continued)

- a. **DISTANCE** - Maximize distance as the distance between the source of radiation increases, the radiation intensity decreases by the square of the distance.
- $$I_1 = (D_2)^2$$
- $$I_2 = (D_1)^2$$
- Example: 2 x distance = 1/4 intensity
3 x distance = 1/9 intensity
4 x distance = 1/16 intensity
Keep as far back as possible for both Fluoroscopic and Portable exams (**see Illustration 4a, 4b**).
- b. **SHIELDING** - Placing shielding material between the radiation source and technologist reduces the level of exposure. Such as:
- * Protective apron*, gloves, thyroid shield, eye glasses, (minimum of .25 mm lead eq.) N.Y.S. Sanitary Code, Chapter 1, Part 16.56 (c) 1 & 2.
 - * Sliding drape (minimal of .25mm lead)
 - * Sliding panel (on the x-ray table)
 - * Mobile Radiation Barriers (on wheels)
 - * Standing behind the Radiologist (They become a barrier)
 - * NOTE: NCRP - National Council on Radiation Protection and Measurements recommends that protective aprons of at least .5 mm. Pb. eq. shall be worn in fluoroscopy. A wrap-around protective apron should be used by individuals who are moving around during the procedure - NCRP Report #102, Page 18, 6/89.
- c. **TIME** - Duration of exposure should always be minimized whenever possible. The dose to the individual is directly related to the length of exposure. Example:
- Exposure = exposure rate x time
10 mR/min x 5 min = 50 mR
- It is noted that image intensification, the 5 minute reset timer, and the on-off fluoroscopic foot switch all aid in reducing the length of exposure for the patient and operator.
- d. **OTHER CONSIDERATIONS** - Many of the methods and devices which reduce the patients and operators exposure when operating fixed radiographic equipment will also reduce the dose received by the radiographer during a fluoroscopic procedure. These include:
- * Patient restraints - Radiographers should never stand in the primary beam to restrain a patient during a radiographic exposure. Mechanical devices should be used to immobilize the patient. Also utilize:
 - * a cumulative timing device (maximum 5 min limit)
 - * source to table distance (no less than 15" for fluoroscopy)
 - * the safest place to stand during fluoroscopy may be directly behind the radiologist (**see Illustration 4a, 4b**).
 - * on portable (bedside radiography) a long 6-foot exposure cord is beneficial in reducing dosage to the operator.

Section E
Radiation Protection Guidelines for the Patient

RADIATION PROTECTION GUIDELINES FOR THE PATIENT

- * Possibility of Pregnancy
Always inquire about possibility of pregnancy **before** any x-ray exposures are taken. Follow appropriate hospital procedures and guidelines on patient pregnancy.
- * Collimation - Collimating devices capable of restricting the useful beam to the area of clinical interest shall be used. The x-ray films used as the recording medium during the x-ray examination shall show substantial evidence of cut-off (beam delineation) N.Y.S. Sanitary code, Chapter 1, Part 16.56, (a) 2,3.
- * Radiographic filtration - The aluminum equivalent of the total filtration in the useful beam shall not be less than .5 mm below 50 kVp, 1.5 mm between 50-70 kVp, and 2.5 mm above 70 kVp. Minimum filtration equals inherent plus added. N.Y.S. Sanitary code, Chapter 1, Part 16.56 (a) 4.
- * Gonadal Shielding - Gonadal shielding of not less than 0.5 mm lead equivalent shall be used for patients who have not passed the reproductive age during radiographic procedures in which the gonads are in the useful beam, except for cases in which this would interfere with the diagnostic procedure. N.Y.S. Sanitary Code, Chapter 1, Part 16.57, C-2.
- * Entrance Skin Exposure (ESE) Measurements
It is essential that ESE measurements be available for common x-ray examinations performed with each x-ray unit. N.Y.S. Chapter 1, Part 16.23 (v).

PROCEDURAL STEPS (not necessarily in the following order)

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

F. SOURCES

1. Ballinger P.W., Merrills Atlas of Radiographic Positions, Vol. 1, 10th Edition, 2003, Mosby Publishing Co., St. Louise MO.
2. Bushong, Stewart C., Radiologic Science for Technologists Physics, Biology, and Protection, Mosby, 8th Ed., 2005.
3. Carlton, R., McKenna-Adler, R., Principles of Radiographic Imaging, An Art and a Science, Delmar Publishers Inc., 3rd Ed., 2001.
4. National Council on Radiation Protection and Measurements (NCRP) Report #91, Adopted 6/92. Recommendations on Limits for Exposure to Ionizing Radiation. 1987. Bethesda, MD 20814
5. National Council on Radiation Protection and Measurements (NCRP) Report #102, Medical X-ray, Electron Beam and Gamma Ray Protection for Energies up to 50 MEV. 1989, (Supersedes report #33)., Bethesda MD 20814.
6. National Council on Radiation Protection and Measurements (NCRP) Report #105, Radiation Protection for Medical and Allied Health Personnel, 1989. (supersedes report #48). Bethesda, MD 20814
7. National Council on Radiation Protection and Measurements (NCRP) Report #115, Limitation of Exposure to Ionizing Radiation, 1993 (supersedes report #91) 1993, Bethesda, MD 20814.
8. N.Y.S. Sanitary Code Chapter 1, Part 16, Ionizing Radiation, N.Y.S. Department of Health Bureau of Environmental Radiation Protection, Albany, NY 12203-3399 – April 18, 2001.
9. Statkiewicz-Sherer, Visconti, Ritenour., Mosby, Radiation Protection in Medical Radiography, 4th Edition, 2002.
10. United States Nuclear Regulatory Commission (NRC) - Standards for Protection Against Radiation 10 CFR Part 20 - 1/1/94.

NOTES: Artistic credits - Illustration #1 - Jackeline Acosta - Radiologic Technology Program - Class of '93
Illustration #2, 4c - Renee M. Agnone, Radiologic Technology Program - Class of '95
Illustration #3 - Ann M. Jones - Radiologic Technology Program - Class of '96

MANUALS:POLICY:P011
Revised 11/86, 9/92, 4/93, 1/95, 4/97,7/03, 12/05

(Illustrations have been removed from this document in order to fit printed margins.)

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

STUDENT INSURANCE REQUIREMENTS

Policy #18

Accident insurance protection is mandatory for students registered for 9 credit hours or more. The premium is included in the mandatory, non-refundable, accident insurance fee for each semester. Payment is made for covered expenses. The insurance carrier determines the eligibility of the claim. Students must visit Health Services for processing of claims. Copies of insurance coverage are available from Health Services. The accident insurance is optional for all students registered for 8 or less credit hours except those registered for Physical Education activity courses (day session or continuing education courses).

A special policy provides additional coverage for intercollegiate sports accidents.

Health insurance is not included in either of the above policies. If you are no longer insured under your parents' policy and desire information regarding health insurance coverage, contact the Health Services Department.

It is strongly recommended that all students taking 8 credits or less also take out accident insurance, it is optional.

Additional mandatory malpractice insurance is required by Radiologic Technology students. The student registers for malpractice insurance during Fall and Spring registration. The malpractice fee is included in the students' bill. Coverage is for one full year, including summer session.

Approved by the Radiologic Technology Faculty on 10/12/78.

BJG/bl

P018

10/78 rev.11/90, 9/92, 4/97, 6/01

**MONROE COMMUNITY COLLEGE
Radiologic Technology Program**

**STUDENT EMPLOYMENT IN A RADIOLOGY DEPARTMENT
Policy #19**

According to Part 89 Chapter II of the Administrative Rules and Regulations and Article 35 of the NYS Public Health Law, Student Technologists could be hired to perform duties such as developing x-ray film, preparing developing solutions, assisting patients into proper attire and onto the x-ray table, or similar duties usually performed by an aide. Students may practice Radiologic Technology only if they are enrolled and attending an approved school of Radiologic Technology. This indicated that when classes are not in session, student technologists may not measure and position patients, adjust x-ray equipment, or make x-ray exposures, regardless of whether someone else closely supervises them or actually makes the exposure.

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

Approved by the Radiologic Technology Faculty on 6/84.

/lm
P019
Rev. 4/97, 6/01

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

STUDENT ACCIDENT/INJURY
Policy #20

1. Students involved in accidents at Monroe Community College should report to Health Services as soon as possible, preferably on the day of the accident.
2. By Contractual Agreement with affiliating hospitals, Radiologic Technology students will be provided with emergency care if an accident occurs while on hospital assignment. Payment of such emergency care is the hospital's option. Follow-up care will be provided by Health Services at Monroe Community College. Accidents occurring in the hospital must be documented by the Instructor/ Clinical Supervisor in charge, on the hospital accident/incident form to be given to the hospital for their records.
3. Copies (2) of the accident/incident form, if appropriate, or the attached MCC Student Accident/Injury report should be given to:
 - a. The student who will report to the Monroe Community College Health Services, as soon as possible. The student will bring a copy of the accident/incident report with them.
 - b. A copy of the accident/incident report will be retained in the student's record (folder) at Monroe Community College, Radiologic Technology Program (8-640).
4. When the student reports to Health Services for follow-up care, Health Services will contact the Monroe Community College Public Safety, who will write up a report.

Approved by the Radiologic Technology Faculty on 5/84.

Attachment: MCC Accident/Incident Report (may be used if the hospital does not wish you to copy their form).

BJG/ns
P20
10/78
Revised 5/85, 4/97

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

MCC STUDENT ACCIDENT / INCIDENT REPORT
(Attachment for Policy #20)

If MCC Radiologic Technology students are injured or involved in an incident while assigned to an affiliate complete this report.

Name of Student _____

Social Security Number _____ Phone # _____

Address: _____
Street City State Zip

Date Occurred: _____ Time: _____ a.m./p.m. Date of Report _____

Description

1. What happened _____

2. Where it happened (hospital, room, etc.) _____

3. Why it happened (factual conditions or situations, if appropriate)

4. What was the treatment _____

_____ By Whom _____

5. Witness(es) of actual Accident/Injury

Name _____ Name _____

Name _____ Name _____

6. If incident/accident occurred to patient:

Patient information: Name _____

Address _____

What happened to the patient _____

What occurred to treat the patient _____

Was a hospital incident report completed? Yes or No

Report Prepared by _____ Date _____

P20
Rev. 4/97

MONROE COMMUNITY COLLEGE
Department of Health Professions
Radiologic Technology Program

College Regulations and Policies for the Student (Conduct Regulations)

Policy #23

The Radiologic Technology Program Faculty recognize the most recent College Catalog and Student Handbook as the source for College "Regulations and Policies" (including Conduct Regulations) for the student.

The faculty will continuously refer to the most recent College Catalog to address such issues.

DECORUM IN THE CLASSROOM

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

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

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

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

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

Repeat episodes of disregard for classroom decorum will be reported to Student Services for further action.

Affiliate personnel should request a copy of the current College Catalog and Student Handbook.

Approved by the Radiologic Technology Faculty 9/87.

BJG/ns/bl

P23

10/87, rev. 9/92, 4/97, 6/01

MONROE COMMUNITY COLLEGE
Radiologic Technology Program
STANDARD PRECAUTIONS/INFECTION CONTROL
Policy #28

(Infection Control Performance Guidelines for Health Care Workers)

- * The Radiologic Technology Program curriculum includes **Standard Precautions** as recommended by the Center of Disease Control (CDC). CDC recommendations are formally incorporated into the **first semester XRT 151 orientation course**, prior to student assignment to the Clinical Education Environment.
- * Furthermore, this policy and attached student handouts shall be included in the "**Student Orientation Booklet**" (starting Fall '93). The booklet is distributed each fall to both freshmen and sophomore students.
- * **Reinforcement** of Standard Precautions occurs during **semester orientation sessions** (refer to Policy #14 for specifics) as well as **throughout Clinical Education I-V**

Recommendations for Isolation Precautions in Hospitals

Hospital Infection Control Practices Advisory Committee

From Public Health Service, U.S. Department of Health & Human Services
Centers for Disease Control & Prevention

RATIONALE FOR ISOLATION PRECAUTIONS IN HOSPITALS

Standard Precautions

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

Transmission-Based Precautions

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

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

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

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

A synopsis of the types of precautions and the patients requiring the precautions is listed in Table 1.

EMPIRIC USE OF AIRBORNE, DROPLET, OR CONTACT PRECAUTIONS

In many instances, the risk of nosocomial transmission of infection may be highest before a definitive diagnosis can be made and before precautions based on that diagnosis can be implemented. The routine use of Standard Precautions for all patients should reduce greatly this risk for conditions other than those requiring Airborne, Droplet, or Contact Precautions. While it is not possible to prospectively identify all patients needing these enhanced precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant the empiric addition of enhanced precautions while a more definitive diagnosis is pursued. A listing of such conditions and the recommended precautions beyond Standard Precautions is presented in Table 2.

The organisms listed under the column "Potential Pathogens" are not intended to represent the complete or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out. Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are implemented always, hospitals must have systems in place to evaluate patients routinely, according to these criteria as part of their preadmission and admission care.

IMMUNOCOMPROMISED PATIENTS

Immunocompromised patients vary in their susceptibility to nosocomial infections, depending on the severity and duration of immunosuppression. They generally are at increased risk for bacterial, fungal, parasitic, and viral infections from both endogenous and exogenous sources. The use of Standard Precautions for all patients and Transmission-Based Precautions for specified patients, as recommended in this guideline, should reduce the acquisition by these patients of institutionally acquired bacteria from other patients and environments.

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

RECOMMENDATIONS

The recommendations presented below are categorized as follows:

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

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

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

I. Standard Precautions

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

A. Handwashing

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

(2) Use a plain (nonantimicrobial) soap for routine handwashing.

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

B. Gloves

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

C. Mask, Eye Protection, Face Shield

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

D. Gown

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

E. Patient-Care Equipment

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

F. Environmental Control

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

G. Linen

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

H. Occupational Health and Bloodborne Pathogens

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

(2) Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

I. Patient Placement

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

II. Airborne Precautions

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

III. Droplet Precautions

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

A. Mask

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

B. Patient Transport

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

IV. Contact Precautions

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

A. Gloves and Handwashing

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

STANDARD PRECAUTIONS/INFECTION CONTROL

Policy #28

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B. Gown

In addition to wearing a gown as outlined under Standard Precautions, wear a gown (a clean, nonsterile gown is adequate) when entering the room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing. Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.

C. Patient-Care Equipment

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

D. Additional Precautions for Preventing the Spread of Vancomycin Resistance

Consult the HICPAC report on preventing the spread of vancomycin resistance for additional prevention strategies.(94)

Contents

Updated: February 18, 1997

(included in PO28)

Table 1
Synopsis of Types of Precautions and Patients Requiring the Precautions*

Standard Precautions

Use Standard Precautions for the care of all patients

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

Measles

Varicella (including disseminated zoster)H

TuberculosisI

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Examples of such illnesses include:

< Invasive *Haemophilus influenzae* type b disease, including meningitis, pneumonia, epiglottitis, and sepsis

< Invasive *Neisseria meningitidis* disease, including meningitis, pneumonia, and sepsis

Other serious bacterial respiratory infections spread by droplet transmission, including:

Diphtheria (pharyngeal)

Mycoplasma pneumonia

Pertussis

Pneumonic plague

Streptococcal (group A) pharyngitis, pneumonia, or scarlet fever in infants and young children

Serious viral infections spread by droplet transmission, including:

AdenovirusH

Influenza

Mumps

Parvovirus B19

Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include:

Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance

Enteric infections with a low infectious dose or prolonged environmental survival, including:

Clostridium difficile

For diapered or incontinent patients: enterohemorrhagic *Escherichia coli* O157:H7, *Shigella*, hepatitis A, or rotavirus

Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children

Skin infections that are highly contagious or that may occur on dry skin, including:

Diphtheria (cutaneous)

Herpes simplex virus (neonatal or mucocutaneous)

Impetigo

Major (noncontained) abscesses, cellulitis, or decubiti

Pediculosis

Scabies

Staphylococcal furunculosis in infants and young children

Zoster (disseminated or in the immunocompromised host)H

Viral/hemorrhagic conjunctivitis

Viral hemorrhagic infections (Ebola, Lassa, or Marburg)*

* See Appendix A for a complete listing of infections requiring precautions, including appropriate footnotes.

Certain infections require more than one type of precaution.

I See CDC "[Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Facilities.](#)"(23)

Contents

Updated: February 18, 1997

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

Clinical Syndrome or Condition ^H	Potential Pathogens ^I	Empiric Precautions
Diarrhea		
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens ^I	Contact
Diarrhea in an adult with a history of recent antibiotic use	<i>Clostridium difficile</i>	Contact
Meningitis	<i>Neisseria meningitidis</i>	Droplet
Rash or exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	<i>Neisseria meningitidis</i>	Droplet
Vesicular	Varicella	Airborne and Contact
Maculopapular with coryza and fever	Rubeola (measles)	Airborne
Respiratory infections		
Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	<i>Mycobacterium tuberculosis</i>	Airborne
Cough/fever/pulmonary infiltrate in any lung location in a HIV-infected patient or a patient at high risk for HIV infection (23)	<i>Mycobacterium tuberculosis</i>	Airborne
Paroxysmal or severe persistent cough during periods of pertussis activity	<i>Bordetella pertussis</i>	Droplet
Respiratory infections, particularly bronchiolitis and croup, in infants and young children	Respiratory syncytial or parainfluenza virus	Contact
Risk of multidrug-resistant microorganisms		
History of infection or colonization with multidrug-resistant organisms ^J	Resistant bacterial ^J	Contact
Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent	Resistant bacterial ^J	Contact
Skin or Wound Infection		
Abscess or draining wound that cannot be covered	<i>Staphylococcus aureus</i> , group A streptococcus	Contact

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

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

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

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

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

Contents

Updated: February 18, 1997

BJG/SO/EDbl

Rev. 4/97,9/92,10/98
PO28:XRT:MANUALS

**Monroe Community College
Radiologic Technology Program**

**Evening Rotation
Policy #30**

Purpose - The evening shift rotation will be offered to students in the second semester of their sophomore year. ***This shift will be voluntary.*** The purpose of the evening shift rotation is to allow students to have access to cases that are not typically encountered during a day shift, such as skull and facial work.

Objective - After working an evening shift rotation the student will be more proficient in emergency and trauma studies.

Days/Hours - The evening shift will be **2:00 PM - 9:00 PM** with a one hour lunch break. The shift may be worked on Monday and Wednesday so as not to conflict with college class schedules.

Hospitals - Students may elect to work an evening rotation at the clinical site they are scheduled at. Arrangements for the evening shift should be made through their on-site clinical instructors.

Supervision

- The students must work with direct supervision until competency in an area has been achieved. Direct supervision is described as a registered technologist being in the room with the student.
- The student may work with indirect supervision once competency has been achieved. Indirect supervision is described as a registered technologist being immediately available.
- Regardless of the level of competency, any repeats must be performed under the direct supervision of a registered technologist.
- Students are not to be used to replace staff technologists.
- Regardless of competency level, all studies performed by a student must be approved by a registered technologist before the patient is released from the department. The technologist must initial the patient requisition.

Parameters

- Students who volunteer to work an evening shift must select their week at the beginning of the semester. They may not work on days when the college is not in session (e.g. holidays, winter or spring breaks).
- If a student wishes to work a second week of an evening rotation they must receive approval from one of the ***Clinical Coordinators*** prior to the start of the semester.
- On a week where a student attends clinic on Monday and Wednesday evenings ***they must attend clinic on Friday as usual.***

Rules and Guidelines - All college and hospital rules, dress codes, regulations and competency requirements that apply to regular daytime clinical experience apply to the evening shifts.

Evening Rotation Competencies

At the completion of the evening shift rotation the student will:

1. Complete mastery and competency requirements in common "off shift" studies such as trauma skulls, facial bones, spines, abdomens, chest and operating room procedures.
2. Utilize modified positioning techniques as warranted.
3. Gain confidence working in an environment of fewer people with more responsibilities.
4. Increase their ability to properly evaluate film quality.
5. Develop an understanding of the nature of independent decision making and judgement.
6. Gain proficiency on procedures in which they have been deemed competent.
7. Through closer interactions with resident and emergency room staff become familiar with triage, trauma evaluation, and emergency room technique

P030

PAP 11/00

Rev. 6/01; 12/04

MONROE COMMUNITY COLLEGE
Department of Health Professions
Radiologic Technology Program

Policy 31
Student Participation in Fluoroscopy Studies

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

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

Approved by the Radiologic Technology faculty 1/01.

PO31
1/01

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

Resolution of Allegations of Non-compliance with the JRCERT Standards
Policy #32

JRCERT Standards

A copy of the *Standards for an Accredited Educational Program in Radiologic Sciences* is available to all students, faculty, staff, affiliate personnel, advisory board member and other interested parties from the program director and is posted in the radiologic technology laboratory 9-173 or is available at www.jrcert.org. The Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive Suite 2850, Chicago, IL 60606-3182 accredits our educational program.

Procedure for filing a Complaint of Non-compliance with Program Officials

1. Allegations of non-compliance or unfair practice must be in writing and may be submitted to any program official. If the allegation is initiated by a student, the student will be directed to the College's Grievance Procedure detailed in the MCC Catalog & Student Handbook.
2. Program officials including the program director and full-time faculty will review all complaints. Other institutional offices may be consulted as needed. Where deemed appropriate, policy and procedure will be adjusted to resolve the issue.
3. In an effort to come to resolution, program officials will meet with the party who filed the allegation to share findings and, if appropriate, actions.
4. A record of all complaints regarding allegations of non-compliance will be on file in the program director's office.

Attachments

JRCERT Policy 10.9 – Fair Practice Standards in Education

JRCERT Policy 80.000 – Complaints Regarding Accredited Programs

Approved by Radiologic Technology faculty 9/01.

EMD

P032

9/01, 12/05

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

Workplace Safety
Policy 33

Right to Know Information for Students

As a student in a health care facility, there is potential for exposure to hazardous materials and communicable disease. It is believed that these exposures can be controlled through proper educational offerings, the provision of information, and the use of personal protective equipment.

The purpose of this policy is to enhance student awareness of these potential exposures and to assist in recognizing resources to limit exposure.

Potential Exposures – What Are They?

There will be a number of sources for exposure to hazardous situations in your daily work. Depending on the department, some of these potential exposures vary, while others are universal within the hospital. For example, maintenance workers may be exposed to solvents and their vapors that are used exclusively within the department: this is a department specific issue. On the other hand, if a maintenance worker is called to a patient room to fix a sink, he or she may be exposed to a communicable disease and may need to use protective equipment such as a mask and gloves. Another example is the nurse who is very accustomed to dealing with blood-borne pathogens and the protective equipment for protection against exposure. He or she may also however, be exposed to vapors or spills of housekeeping chemicals that are routinely used on the nursing units by the housekeeping staff. As a student in a health care facility, you may also be exposed to hazardous material, communicable disease and radiation exposure. These potential exposures need to be planned for and controlled. The widely accepted way of dealing with these issues is the central posting of any chemicals, coupled with readily accessible MSDS (Materials Safety Data Sheets) and training for all employees on Standard Precautions (Policy 28) and radiation protection measures (Policy 11).

Written Hazard Communication Program

Employers who use hazardous chemicals must develop a written hazard communication program, describing how provisions of the HCS (Hazard Communication Standards) are met. One can be found in the MCC Safety Office and Health Professions Department office. The following items must be included.

1. Location of this written communications program, which must be readily available to employees.
2. The accessible location of the hazardous chemicals and all MSDS sheets.
3. Explanation of the labeling system used.
4. Explanation of hazard warnings.
5. How to use MSDS sheets.
6. Methods used to inform employees of new chemicals, including hazards of routine and non-routine tasks. (This is left to the individual manager who will keep all employees current with all new products.)
7. Monitoring programs.
8. Protective measures for employees (personal safety equipment, emergency procedures, area operating practices.)
9. Methods used to inform contractors about possible hazards.
10. A summary of the requirements of the OSHA Hazard Communication Standard, 29 CFR, 1910.1200.

Labels and Other Forms of Warning

Each container of chemicals in the workplace must be labeled and marked with the following.

1. Name or identity of the product. This must correspond with the MSDS.
2. Hazard warning stating the main health risks from over-exposure.
3. Name and address of the manufacturer or other responsible party.

Labels alert you to special handling and precautions that should be used when working with the chemicals. Users must ensure that each container of chemicals in the workplace is labeled. Labels must be written in English. The labels serve as an immediate warning. They are reminders that more detailed information is available elsewhere. Symbols, pictures and/or words may be used on labels to present their message. Product labels usually contain signal words indicating severity of the hazard.



Flammable



Radioactive



Poison



Biohazard



Explosive



Corrosive

Employee Information and Training

The Hazard Communication Standard requires employers to provide their employees with information and training as follows.

1. At the time of the initial hiring.
2. Whenever a new hazard is introduced into the work area, or
3. Whenever they are reassigned to a work area where different chemicals are used.

The training shall consist of:

1. Ways to detect or observe the presence of hazardous chemicals.
2. Physical and health hazards in the chemicals in the work area.
3. Protective and preventive procedures that employees can use when working with hazardous chemicals. The explanation must specify the details of the labeling system used, how to read and understand the MSDS forms, and how to obtain and use appropriate hazards information.
4. How to recognize employee exposure to a hazard and what to do in case of exposure.

*Department managers should keep a record of when this training is given to the employee.

Many hospitals use so many chemicals that no one can be expected to remember all their names and how to use them. For that reason, chemicals are categorized into groups. Each chemical

group has similar characteristics. Some common categories of chemicals include adhesives, solvents, compressed gases, corrosives, lubricants and metals. When handling any hazardous chemical, you will need to know the following.

- 1) Routes of entry into the body. Chemicals can enter the body via three typical routes.
 - a) Breathing – or through inhalation of hazardous materials. These particles are usually very small and in the form of dusts, fumes or vapors.
 - b) Skin and eye contact – Some substances may only affect the skin's surface, typically in the form of a rash. Others are absorbed into the body through the skin. This is sometimes called "dermal abrasion." Open wounds of any kind are extremely susceptible to becoming affected upon contact with a hazardous material.
 - c) Ingestion – anything taken into the body through the mouth is called ingestion. You can easily swallow small particles of dust and powder if they fall, for example, onto your hands or food.
- 2) Effects of overexposure. You should be aware of possible health hazards and the degree of severity of being overexposed. Labels and MSDS 's will tell you the possible hazards associated with the chemical.
- 3) First Aid Procedures. Report to the supervisor. Treatment is available in the Emergency Room.
- 4) Flammability hazard ratings and fire-fighting techniques. Your supervisor will explain the flammability rating system used in your work area. He/she will also be able to explain the proper emergency response procedures to follow in case there is a fire.
- 5) Reactivity ratings. You should know which chemicals you work with are stable or unstable at high temperatures and pressures. The MSDS and/or labels will have this information.
- 6) Safe use instructions. You need to be informed of the safety procedures to use when handling hazardous chemicals. This training will be provided at the work area by the department supervisor. The MSDS also contain information regarding safety precautions.
- 7) Personal protective equipment. You will be given information about the appropriate personal protective equipment and its proper use for each hazardous chemical you handle or are exposed to. Typical equipment you might need to use includes goggles, masks with face shields, gloves, aprons, gowns, etc. The MSDS should provide the information you will need to determine safe work practices to use handling any materials. ALWAYS CHECK, TO BE SURE YOU ARE PROPERLY PROTECTED.

Hazard Recognition

A hazard is defined as a source of danger. All chemicals can be dangerous. However, if we learn to recognize the danger signals, we can reduce or eliminate the hazards connected with them. Recognizing chemicals can be difficult because sometimes they can be seen and other times they can't. Chemicals can be solids, liquids or gases.

Solids can be large or small pieces of compact matter. Fumes, smoke and dust are three forms of solids that have such tiny particles that sometimes they cannot be seen. These three forms of solids are often found in manufacturing facilities.

Liquids can typically be poured. Water, oil and liquid gas are examples. Liquids can be converted into a mist that is still technically a liquid, but is hard to see under certain

circumstances.

Gases are chemicals that are in gaseous form. Gases often cannot be seen, smelled or felt, such as carbon monoxide that can be fatal with sufficient exposure. They are typically used as part of a manufacturing process and special precautions must be followed when handling them. MRI units run on cryogenic gases that are fatal if inhaled.

There are two basic kinds of chemical hazards.

1) Health hazards

- a) Carcinogens – Chemicals that cause cancer.
- b) Corrosives – Chemicals that cause visible destruction of living tissues.
- c) Toxic and highly toxic chemicals.
- d) Irritants – Chemicals that are not corrosive, but cause a reversible inflammatory effect on living tissue.
- e) Sensitizers – Chemicals that cause allergic reaction after repeated exposure.

2) Physical hazards

- a) Combustible liquids
- b) Compressive gases
- c) Explosives
- d) Chemicals that are flammable
- e) Organic peroxides
- f) Reactive chemicals

How Do You Know If You Are Being Exposed?

Your five senses of sight, smell, touch, taste, and hearing can help you detect potential hazards, but you cannot rely on your senses. For example, you cannot see, touch, taste, or feel carbon monoxide, but it is still a dangerous chemical. Your past work experience and training programs may help you to recognize potential hazards.

Some clues to watch for are:

- 1) Gauges and meters that are not functioning normally. If they show high or low readings, you may want to check for potential hazards.
- 2) If you seem to be using too much/too little of a chemical or if the chemical is being consumed faster/slower than normal.
- 3) The procedures used do not seem to be yielding a typical reaction.
- 4) Levels of consciousness are not normal.

Any changes from what is normal and routine could mean there is something wrong. Everyone working in the facility should share the responsibility of preventing safety hazards. Everyone should work as a team to detect possible hazards and correct them before they become problems. Employees/students should immediately inform their supervisor if they suspect they are being exposed to a chemical hazard.

How Hazards Can Be Controlled.

You can help keep hazards to a minimum. Likewise, your employer can sometimes take actions that will reduce or eliminate hazards in the workplace. The following things can be done to control or reduce potential hazards.

- 1) Elimination – If hazardous chemicals aren't needed, they should be removed from the work area.
- 2) Substitution – Determine whether a less hazardous material can be used.
- 3) Changing the process – Instead of working directly with hazardous materials, the procedures can often be altered to keep contact to a minimum. Walls or partitions can often be used as physical barriers, helping to separate employees from hazardous materials. Changing the ventilation system can also help reduce exposure.
- 4) Job changes – Under certain circumstances, it may be beneficial to change people's jobs so that only one or a few are exposed to or required handling hazardous materials.
- 5) Purchasing – Only order what is needed of a hazardous item, and if it is not needed, don't order it at all.

Employee/Students Responsibilities

Employers are responsible for providing employees/students with information and training related to chemical hazards in the workplace. In turn, employees/students are responsible for:

- 1) Understanding the information provided about hazardous materials.
- 2) Using safe work practices.
- 3) Keeping work areas uncluttered and free of debris.
- 4) Not smoking, eating or drinking in areas where chemical materials could accidentally be ingested as a result of contact with food or tobacco.
- 5) Keeping hazardous material off themselves and their clothes by practicing good personal hygiene.
- 6) Properly using the right equipment for the right job. Personal protective equipment such as goggles, gloves, etc. are sometimes necessary.
- 7) Immediately notifying their supervisor if they suspect exposure to a chemical hazard.
- 8) Seek medical treatment. * An incident report will be filled out for both tracking and prevention purposes.

Standard Precautions

Each hospital has policies and guidelines outlining infection control procedures and use of standard precautions. The main idea of these precautions is to limit any exposure to disease. These policies are readily available to employees and students. Ask your supervisor for the location of the policy manual in the institution where you are assigned.

Material Safety Data Sheets

Each hospital unit and department maintains a register of hazardous materials and associated materials safety data sheets. The sheets give information such as environmental impact, chemical content, volatility, combustibility, emergency treatment in case of exposure, instructions using the equipment. The employee/student has the right to receive training for the safe operation of all equipment. Safety is important for both the patient and the employee/student. An employee/student who feels that they have not been given adequate training in the use of equipment/devices that they are required to use should notify their supervisor to arrange for the training.

OSHA

The Occupational Safety and Health Administration is a federal agency that works for safety in the workplace. Of importance to the employee is OSHA's rulings that have led to THE RIGHT TO KNOW PRACTICES. The employee/student has the right to know the hazards to which they may be exposed, how to limit exposure to such hazards, instruction on the use of protective equipment, as well as policies, procedure, standards, or practice guidelines that affect the employee/student in the work area. If the employee feels that they are subject to a hazard and have not received proper training, it is the employee's responsibility to contact the supervisor. On the other hand, the employer is required to assess the potential hazards of the workplace on a regular basis, provide notice of potential exposures, offer training for safety purposes, and keep registers and MSDS sheet for chemicals (etc.) current. Employees/students who do not feel that their employer is fulfilling its' responsibility for safety should bring this to the employer's attention. As a last resort, after reasonable attempts to resolve safety issues in the workplace, the employee does have the right to report their concern to OSHA.

Non-Routine Tasks

Occasionally an employee performs a non-routine task. An example might be a housekeeper who usually cleans the hospital lobby being asked to clean the Operating Room after surgery. It is essential that the employee being asked to do non-routine tasks have training and resources available PRIOR to the performance of the task. Information essential for safety and limiting exposure to hazards will NOT be omitted for non-routine tasks.

Hazardous Waste Management

The hospital has a very complete plan for the disposal of both hazardous and non-hazardous waste, including paper, biological waste, chemicals, etc. This plan is available in the department and should be reviewed with all new employees/students.

MCC Radiologic Technology Laboratory Hazard Safety

MSDS for processing chemicals (developer and fixer solutions) are displayed in the laboratory darkroom area. Protective clothing of plastic apron, goggles and disposable gloves should be worn by faculty or others handling processing chemicals. In case of exposure to the skin or eyes:

- 1) Use the eyewash station supplies and sink to flush the eyes and skin for 30 minutes.
- 2) Call Public Safety at 9211 to report the incident.
- 3) Contact Health Services for follow-up treatment.

MONROE COMMUNITY COLLEGE
Radiologic Technology Program

Affirmation of Understanding

I received, read and understand the contents of:

____ Student Orientation Booklet

____ Health and Safety Policies 6, 8, 11, 18, 19, 20, 28

____ Policy 32 Resolution of Allegations of Non-compliance with the JRCERT Standards

____ Policy 33 Workplace Safety with review of MSDS for developer and fixer solutions

____ Health Information Portability and Privacy Act

I successfully completed the competency requirements for:

____ Safe Patient Transfer

____ Vital Signs including Blood Pressure

____ Standard Precautions

____ O₂ administration

Student Signature

Date

PAP/EMD
10/01, 3/03
SOB2