### Instructor’s Phone Numbers

<table>
<thead>
<tr>
<th>CLASS</th>
<th>INSTRUCTOR</th>
<th>OFFICE</th>
<th>PHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mike Mixdorf</td>
<td>13-134</td>
<td>253-566-5168</td>
</tr>
<tr>
<td></td>
<td>Lielie Jarvis</td>
<td>13-135</td>
<td>253-566-5224</td>
</tr>
<tr>
<td></td>
<td>Sandi McInerney</td>
<td>13-8</td>
<td>253-566-5224</td>
</tr>
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<td></td>
<td>Susanne Nelson</td>
<td>13-8</td>
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</tr>
<tr>
<td></td>
<td>Brian Devine</td>
<td>13-8</td>
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<table>
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<tr>
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<tr>
<td>Sean VanDommelen</td>
<td>13-160</td>
<td>253-566-5076</td>
</tr>
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**ATTACHMENTS**

Radiologic Sciences Program Policy and Procedures Sign-off Shee

**SECTION 1 – GENERAL PRINCIPLES AND POLICIES**
1.1 PRINCIPLES OF PROFESSIONAL CONDUCT

American Registry of Radiologic Technologists
Standards of Ethics

PREAMBLE

The Standards of Ethics of The American Registry of Radiologic Technologists shall apply solely to persons holding certificates from ARRT and who either hold current registrations by ARRT or formerly held registrations by ARRT (collectively, “Registered Technologists”), and to persons applying for examination and certification by ARRT in order to become Registered Technologists (“Applicants”). The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

A. Code of Ethics

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

1. The radiologic technologist conducts herself or himself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.
   a. Responds to patient needs.
   b. Performs tasks competently.
   c. Supports colleagues and associates in providing quality patient care.

2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for dignity of mankind.
   a. Participates in and actively supports the professional organizations for radiologic technology.
   b. Acts as a representative for the profession and the tenets for which it stands.
   c. Serves as an advocate of professional policy and procedure to colleagues and associates in the health care delivery system.

3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socioeconomic status.
   a. Exhibits no prejudice for sex, race, creed, religion.
   b. Provides service without regard to social or economic status.
c. Delivers care unrestricted by concerns for personal attributes, nature of the disease or illness.

4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed and employs procedures and techniques appropriately.
   a. Applies theoretical knowledge and concepts in the performance of tasks appropriate to the practice.
   b. Utilizes equipment and accessories consistent with the purpose for which it has been designed.
   c. Employs procedures and techniques appropriately, efficiently and effectively.

5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
   a. Assumes responsibility for professional decisions.
   b. Assesses situations and acts in the best interest of the patient.

6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
   a. Complies with the fact that diagnosis and interpretation are outside the scope of practice for the profession.
   b. Acts as an agent to obtain medical information through observation and communication to aid the physician in diagnosis and treatment management.

7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
   a. Performs service with competence and expertise.
   b. Utilizes equipment and accessories to limit radiation to the affected area of the patient.
   c. Employs techniques and procedures to minimize radiation exposure to self and other members of the health care team.

8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient’s right to quality radiologic technology care.
   a. Protects the patient’s right to quality radiologic technology care.
   b. Provides the public with information related to the profession and its functions.
   c. Supports the profession by maintaining and upgrading professional standards.

9. The radiologic technologist respects confidences entrusted in the course of professional practice respects the patient’s right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
   a. Protects the patient’s right to privacy.
   b. Keeps confidential, information relating to patients, colleagues and associates.
c. Reveals confidential information only as required by law or to protect the welfare of the individual or the community.

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.
   a. Participates as a student in learning activities appropriate to specific areas of responsibility as well as to the Scope of Practice.
   b. Shares knowledge with colleagues.
   c. Investigates new and innovative aspects of professional practice.
The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Certificate Holders and Candidates. Certification and Registration are methods of assuring the medical community and the public that an individual is qualified to practice within the profession. Because the public relies on certificates and registrations issued by ARRT, it is essential that Certificate Holders and Candidates act consistently with these Rules of Ethics. These Rules of Ethics are intended to promote the protection, safety, and comfort of patients. The Rules of Ethics are enforceable. R.T.s are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Certificate Holders and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

*The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.*
Fraud or Deceptive Practices

Fraud Involving Certification and Registration
1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials
2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding the individual’s education, training, credentials, experience, or qualifications, or the status of the individual’s state permit, license, or registration certificate in radiologic technology or certificate of registration with ARRT.

Fraudulent Billing Practices
3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

Subversion

Examination / CQR Subversion
4. Subverting or attempting to subvert ARRT’s examination process, and/or the structured self-assessments that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT’s examination and/or CQR assessment process includes, but is not limited to: (i) disclosing examination and/or CQR assessment information using language that is substantially similar to that used in questions and/or answers from ARRT examinations and/or CQR assessments when such information is gained as a direct result of having been an examinee or a participant in a CQR assessment or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or (ii) soliciting and/or receiving examination and/or CQR assessment information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR assessments from an examinee, or a CQR participant, whether requested or not; and/or (iii) copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR assessment materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR assessment participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR assessment materials; and/or (iv) using or purporting to use any portion of examination and/or CQR assessment materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR assessment; and/or (v) selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR assessment materials without authorization; and/or (vi) removing or attempting to remove examination and/or CQR assessment materials from an examination or assessment room; and/or (vii) having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR assessment of ARRT; and/or (viii) disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or "inside" information concerning any portion of a future, current, or previously administered examination or CQR assessment of ARRT; and/or (ix) communicating with another individual during administration of the examination or CQR assessment for the purpose of giving or receiving help in answering examination or CQR assessment questions, copying another Candidate’s, or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing unauthorized materials including, but not limited to, notes; and/or (x) impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR assessment on one's own behalf; and/or (xi) using any other means that potentially alters the results of the examination or CQR assessment such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

CE Subversion
5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert ARRT’s Continuing Education (CE) Requirements, and/or ARRT’s Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT’s CE or CQR Requirements includes, but is not limited to:
(i) providing false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
(ii) assisting others to provide false, inaccurate, altered, or deceptive information related to CE or CQR activities to ARRT or an ARRT recognized recordkeeper; and/or
(iii) conduct that results or could result in a false or deceptive report of CE or CQR completion; and/or
(iv) conduct that in any way compromises the integrity of the CE or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned.

Failure to Cooperate with ARRT Investigation
6. Subverting or attempting to subvert ARRT's certification and registration processes by:
   (i) making a false statement or knowingly providing false information to ARRT; or
   (ii) failing to cooperate with any investigation by ARRT.

Unprofessional Conduct
Failure to Conform to Minimal Acceptable Standards
7. Engaging in unprofessional conduct, including, but not limited to: (i) a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice; (ii) any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety.

   Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct
8. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct
9. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

Scope of Practice
Technical Incompetence
10. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice
11. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or an ARRT registered certificate to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function
12. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

Fitness to Practice
Actual or Potential Inability to Practice
13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

Inability to Practice by Judicial Determination
14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records
False or Deceptive Entries
15. Improper management of patient records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record.

Failure to Protect Confidential Patient Information
16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information
17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule
Narcotics or Controlled Substances Law
18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule
19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual’s professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings
20. Convictions, criminal proceedings, or military courts-martial as described below: (i) conviction of a crime, including a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported; and/or (ii) criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; or (iii) military courts-martial related to any offense identified in these Rules of Ethics.

Duty to Report
Failure to Report Violation
21. Knowing of a violation or a probable violation of any Rule of Ethics by any Certificate Holder or Candidate and failing to promptly report in writing the same to ARRT.

Failure to Report Error
22. Failing to immediately report to the Certificate Holder’s or Candidate’s supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient’s care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES
These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in handling challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Certificate Holders and Candidates are required to comply with these Administrative Procedures. All Certificate Holders and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees in a proceeding involving a challenge or ethics review may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee
   (a) Membership and Responsibilities of the Ethics Committee
The President, with the approval of the Board of Trustees, appoints at least three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. The alternate member will participate on the Committee in the event that one of the members of the Ethics Committee is unable to participate. The Ethics Committee is responsible for: (1) investigating each alleged breach of the Rules of Ethics and determining whether a Certificate Holder or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee
The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the Standards of Ethics. The President may remove and replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the Standards of Ethics.

(c) Preliminary Screening of Potential Violation of the Rules of Ethics
The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Certificate Holder or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

(d) Alternative Dispositions
At the Chair's direction and upon request, the Executive Director of ARRT shall have the power to investigate allegations and to enter into negotiations with the Certificate Holder or Candidate regarding the possible settlement of an alleged violation of the Rules of Ethics. The Executive Director may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding settlement, but rather may recommend a proposed settlement to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures. A Certificate Holder Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(e) Summary Suspensions
If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Certificate Holder, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well being of any patient or the public, then, notwithstanding anything apparently or expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Certificate Holder and without a prior hearing, summarily suspend the certification and registration of the Certificate Holder pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of a Certificate Holder in accordance with this provision, the Ethics Committee shall, by certified mail, return receipt requested, give to the Certificate Holder written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the Certificate Holder to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the Certificate Holder. If the Certificate Holder requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than three members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee’s receipt of the Certificate Holder’s request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30 day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely request for a hearing by the affected Certificate Holder, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(f) Voluntary Surrender of Credentials
At any time during the ethics review process, the Certificate Holder may request to voluntarily surrender ARRT credentials and accept permanent revocation of ARRT certification and registration. To request a voluntary surrender, the
Certificate Holder must complete the Voluntary Credential Surrender and Sanction Agreement form ("Agreement") that is available on the ARRT website at www.arrt.org. The Agreement must be signed by the Certificate Holder, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive the request and may be assisted by staff members and/or legal counsel of ARRT. The Executive Director is not empowered to enter into a binding agreement, but rather may recommend a proposed action to the Ethics Committee. The Ethics Committee will then decide whether to accept or deny the request for surrender of credentials. If denied by ARRT, the ethics review will continue according to the Standards of Ethics. If accepted by ARRT, the ethics review process will be discontinued, the Certificate Holder agrees to waive all rights set forth in these Administrative Procedures, and a sanction for permanent revocation will be entered against the Certificate Holder.

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Certificate Holder or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Certificate Holder or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a non-refundable hearing fee in the amount of $100. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Certificate Holder or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Certificate Holder or Candidate who requests a hearing may elect to appear in person, via teleconference, or by a written submission which shall be verified or acknowledged under oath.

A Certificate Holder or Candidate may waive the 30 day timeframe to request a hearing. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.arrt.org. The Hearing Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

Failure to appear at the hearing in person or via teleconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measure that the Ethics Committee determines to take.

Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Executive Director. The Certificate Holder or Candidate shall be given at least 30 days notice of the date, time, and place of the hearing. The hearing is conducted by the Ethics Committee with any three or more of its members participating other than any member of the Ethics Committee whose professional activities are conducted at a location in the approximate area of the Certificate Holder or Candidate in question. In the event of such disqualification, the President may appoint a Trustee to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Certificate Holder or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Certificate Holder or Candidate in question, by legal counsel or other representative (at the sole expense of the Certificate Holder or Candidate in question), shall have the right to call witnesses, present testimony, and be heard in the Certificate Holder’s or Candidate’s own defense; to hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee shall not be bound by any state or federal rules of evidence. The Certificate Holder or Candidate in question shall have the right to submit a written statement at the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person and teleconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or
renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question.

In the case of alleged violations of the Rules of Ethics by a Certificate Holder or Candidate, the Ethics Committee shall assess the evidence presented at the hearing and make its decision accordingly, and shall prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Board of Trustees and to the Certificate Holder or Candidate in question. Potential sanctions include denial of renewal or reinstatement of certification and registration with ARRT, revocation or suspension of certification and registration with ARRT, or the public or private reprimand of a Certificate Holder or Candidate. Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee’s findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Certificate Holder or Candidate in question.

3. Appeals
Except as otherwise noted in these Administrative Procedures, the Certificate Holder or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in the amount of $250. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice. A Certificate Holder or Candidate may waive the 30 day timeframe to request an appeal. To request a waiver of the 30 day timeframe, the Certificate Holder or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.arrt.org. The Appeal Waiver form must be signed by the Certificate Holder or Candidate, notarized, and submitted to ARRT. The Executive Director of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Certificate Holder or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Certificate Holder or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe. All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Certificate Holder or Candidate to make an unauthorized publication or revelation of the same, except to the Certificate Holder’s or Candidate’s attorney or other representative, immediate superior, or employer.

4. Publication of Adverse Decisions
Summary suspensions and final decisions (other than private reprimands) that are adverse to the Certificate Holder or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual’s certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a “final decision” means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected Certificate Holder or Candidate does not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.
5. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in the amount of $250. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of the Ethics Committee. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that the Certificate Holder's or Candidate's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the ARRT Rules and Regulations.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

6. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the Standards of Ethics following the procedures under Article XI, Section 11.02 of the ARRT Rules and Regulations.

Certification Eligibility Requirements – Ethics

Our pledge to promote high standards of patient care includes enforcing high standards of ethics among Registered Technologists – and among candidates for certification. All candidates must comply with the Rules of Ethics contained in the ARRT Standards of Ethics.

The Rules of Ethics are standards of minimally acceptable professional conduct for all Registered Technologists and candidates. The Rules are intended to promote the protection, safety and comfort of patients. Registered Technologists and candidates engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of such conduct or activities, have violated the Rules of Ethics and are subject to sanctions.

One issue addressed by the Rules of Ethics is conviction of a crime – which includes misdemeanor, gross misdemeanor or felony, the only exceptions being speeding and parking violations. All alcohol and/or drug related violations must be reported.

“Conviction,” as used in this provision, includes a criminal proceeding where a finding or verdict of guilt is made or returned, but

- The adjudication of guilt is either withheld, deferred or not entered; or
- The sentence is suspended or stayed; or
• A criminal proceeding where the individual enters a plea of guilty or no contest (nolo contendere); or
• There is a pre-trial diversion.

You aren’t required to report offenses that were committed as a juvenile and were adjudicated through the juvenile court system.

The Application For Certification asks: “Have you ever been convicted of a misdemeanor, felony or a similar offense in a military court-martial?” If your answer is “No.” you move on to the next question. If you answer “Yes,” you must provide a detailed explanation and official court documentation of the charges. Court documentation must verify the nature of the conviction, the sentence imposed by the courts and the current status of the sentence. If you have a court-martial, you must provide a detailed personal explanation, documentation verifying the reasons for the court-martial and the conditions of and status of the sentence.

A second question asks whether you have had any professional license, registration or certification subjected to discipline by a regulatory authority or certification board.

The certification application also asks you to respond to a question about violation or sanctions related to the honor code. All candidates must sign a written consent under the Family Educational Rights and Privacy Act (FERPA). This consent allows ARRT to communicate freely and openly with program directors and to obtain specific parts of your educational records concerning violations of an honor code. TCC’s Student’s Rights and Responsibilities can be found on the portal and is Chapter 132V – 121 WAC.
American Society of Radiologic Technologists

PREAMBLE
This Code of Ethics is to serve as a guide by which Radiologic Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the allied professions and health care consumers.
The Code of Ethics is not law but is intended to assist Radiologic Technologists in maintaining a high level of ethical conduct.
Therefore, in the practice of the profession, we the members of the American Society of Radiologic Technologists, accept the following principles:

PRINCIPLE 1
Radiologic Technologists shall conduct themselves in a manner compatible with the dignity of their profession.

PRINCIPLE 2
Radiologic Technologists shall provide service with consideration of human dignity and the uniqueness of the patient, unrestricted by considerations of age, sex, race, creed, social or economic status, handicap, personal attributes, or the nature of the health problem.

PRINCIPLE 3
Radiologic Technologists shall make every effort to protect all patients from unnecessary radiation.

PRINCIPLE 4
Radiologic Technologists should exercise and accept responsibility for independent discretion and judgment in the performance of their professional services.

PRINCIPLE 5
Radiologic Technologists shall judiciously protect the patient’s right to privacy and shall maintain all patient information in the strictest confidence.

PRINCIPLE 6
Radiologic Technologists shall apply only methods of technology founded upon a scientific basis and not accept those methods that violate this principle.

PRINCIPLE 7
Radiologic Technologists shall not diagnose, but in recognition of their responsibility to the patient, they shall provide the physician with all information they have relative to radiologic diagnosis or patient management.

PRINCIPLE 8
Radiologic Technologists shall be responsible for reporting unethical conduct and illegal professional activities to the appropriate authorities.

PRINCIPLE 9
Radiologic Technologists should continually strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

PRINCIPLE 10
Radiologic Technologists should protect the public from misinformation and misrepresentation

Note: As a student you are required to abide by these principles.
1.2 QUALIFICATIONS FOR A REGISTERED RADIOLOGIC TECHNOLOGIST

I. Educational Qualifications

The Radiologic Technologist performs tasks necessary to produce diagnostic radiographs.

1. Applies knowledge of principles of radiation protection and radiation biology for benefit of the patient, operator and others.

2. Applies knowledge of anatomy, physiology and positioning to accurately demonstrate anatomical structures on an image.

3. Calculates exposure factors to achieve optimum technique with a minimum of radiation exposure to the patient.

4. Operates x-ray equipment with various electrical and mechanical accessories.

The professional curriculum includes courses in biology, physics, mathematics, as well as radiology. Therefore, the applicant must furnish evidence of acceptable educational background in natural science and mathematics.

II. Professional Character (Maturity, Motivation, Attitude)

A Radiologic Technologist must be able to:

1. Receive and respond to instructions.
2. Accept constructive criticism.
3. Clearly communicate with patients and their families, physicians and co-workers.
4. Accept responsibility for the patient and operation of the radiographic room.
5. Take initiative and not depend on specific instructions for every procedure.

Therefore, an applicant must be evaluated at an average level or above on: maturity, motivation, and attitude.

III. Health and Physical Abilities

1. A Radiologic Technologist work directly with sick patients and is constantly exposed to communicable diseases and infections; therefore, the applicant must be in good physical condition and free of communicable diseases.

2. A Radiologic Technologist must be capable of lifting patients, manipulating heavy equipment,
including portable x-ray machines, and handling radiography accessories, therefore, the applicant must have full use of all four limbs and be able to grasp with both hands.

3. A Radiologic Technologist must have the ability to remain constantly mentally and physically alert to equipment malfunction and safety hazard warning techniques such as flashing lights, buzzers, fire alarms, smoke and emergency intercoms, pages, and monitoring the vital signs of the patient; therefore, the applicant must have the ability to feel, see, hear, and smell.

4. A Radiologic Technologist must be capable of long period of concentration in selecting correct techniques, equipment and safety devices to assure maximum care and safety of the patient; therefore, the applicant must be able to exercise independent judgments under routine circumstances and stress conditions.

### 1.3 TECHNICAL STANDARDS STATEMENT

Admission to the program may be conditioned upon the applicants verifying his or her ability to perform the established technical standards of the program with or without accommodation.

It is strongly recommended that all applicants observe the activities of those practicing in a given profession in order to more fully understand the technical requirements of a program.

In order to graduate from this program, students must be able to perform certain technical requirements prior to graduation. It is also necessary to retain the information/knowledge gained throughout the program and be able to apply it while in the program and as a graduate. Graduates must be able to meet certain communication, physical and mental requirements to ensure the safe performance of radiologic procedures.

A Radiologic Technologist must have vision sufficient to:

1. Judge distance
2. Skillfully use precision instruments (i.e., oscilloscopes, control panels)
3. Observe and evaluate (i.e., patient gait, skin changes)
4. Observe the results of treatments
5. Observe changes in equipment operation (i.e., smell overheating, incorrect meter readings)
6. Read written orders
7. Critique radiographs
8. Operate computer equipment
A Radiologic Technologist must have the ability to speak, hear, observe and document on/with patients to:

1. Communicate proficiently in the English language to relate with patients and staff.
2. Document accurately, occurrences or procedures.
3. Secure information (history) from the patient and relay it to appropriate personnel accurately.
4. Describe changes in activity, mood and posture.
5. Perceive nonverbal communication.
6. Respond quickly in an emergency situation (i.e. codes)

A Radiologic technologist must have gross and fine muscular movements, equilibrium, strength and functional use of the senses of touch and vision for the safe handling of patients, self and equipment to:

1. Elicit information from patients by diagnostic maneuvers (i.e. palpation)
2. Safely perform therapeutic procedures and/or laboratory procedures.
3. Maintain physical demands that require a full range of body motion including lifting and handling of patients and equipment, manual and finger dexterity and hand-eye coordination.
4. Stand and walk for at least an 8 hour period of time on a hard floor.
5. Maintain physical demands that require frequent bending, stooping, reaching at or above shoulder, pushing, pulling, and climbing.
6. Routinely lift 20 lbs., and frequently lift 50 lbs. or more.
7. Withstand frequent exposure to chemical associated with radiology procedures.
**PHYSICAL REQUIREMENTS: CAREGIVER**

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<thead>
<tr>
<th>PHYSICAL REQUIREMENTS</th>
<th>FREQUENCY</th>
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<td>0% (Never)</td>
<td>1 - 33%</td>
</tr>
<tr>
<td>To be moved: Include weight of object and distance carried</td>
<td>Description of movement: lift/lower, push/pull, carry, reach above</td>
</tr>
<tr>
<td>Patients: (1-300 #/1-200 ft.)</td>
<td>All with assistance if &gt; 50#</td>
</tr>
<tr>
<td>Supplies: Boxes, linen bags, supply carts- 1-200 ft.</td>
<td>All with assistance if &gt; 50#</td>
</tr>
<tr>
<td>Equipment: Carts/02 tanks, portable monitors - 1-200 ft.</td>
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<tr>
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<th>F</th>
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<td>Fingering:</td>
<td>X</td>
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<td>Feeling:</td>
<td>X</td>
<td></td>
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<tr>
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<td>Visual acuity: near</td>
<td>X</td>
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<tr>
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<td>Visual acuity: far</td>
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<td>Depth perception:</td>
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<td>Hearing:</td>
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<td>Running:</td>
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<td>Other: writing</td>
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<td>Dampness:</td>
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</tr>
<tr>
<td>Inside work:</td>
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<tr>
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<td>Vibration:</td>
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1.4 MISSION STATEMENT

The Radiologic Sciences program at Tacoma Community College is committed to providing comprehensive instruction designed to respond to the dynamics and evolving nature of the healthcare community. It emphasizes excellence in patient care that is respectful of others, deliberate in the use of safe radiation practices, and graduates high quality professionals that contribute as critically thinking team members.

1.5 GOALS AND PROGRAM LEARNING OUTCOMES

Program Goals

1. Students will perform competently in the clinical arena.
   Program Outcome #1
   Students will apply correct positioning skills.
   Program Outcome #2
   Students will demonstrate correct application of technical factors.
   Program Outcome #3
   Students will demonstrate correct application of technical factors.
   Program Outcome #4

2. Students will be able to communicate effectively with patients and members of the healthcare team.
   Program Outcome #1
   Students will demonstrate effective oral communication skills.
   Program Outcome #2
   Students will demonstrate effective written communication skills.

3. Students will be able to think critically and adapt to changing conditions.
   Program Outcome #1
   Students will adapt positioning skills for trauma patients.
   Program Outcome #2
   Students will adapt technical factors for atypical examinations.

4. Students will demonstrate professionalism as a member of the healthcare team.
   Program Outcome #1
   Students will demonstrate responsibility.
   Program Outcome #2
   Students will demonstrate accountability.
   Program Outcome #3
   Students will develop a professional growth plan.
   Program Outcome #4
   Students will develop a professional résumé.

1.6 ACCOUNTABILITY STATEMENT
The design and curriculum of the Radiologic Science Program is based on national standards established by the American Society of Radiologic Technologists in conjunction with the Joint Review Committee on Education in Radiologic Technology. The JRCERT serves as the programmatic accrediting body. Periodically the Radiologic Science Program at Tacoma Community College undergoes a voluntary process of evaluation and site-visits by the JRCERT.

The Radiologic Science program at TCC has participated in the JRCERT accreditation process since 1973. The program is fully accredited and in good standing with the JRCERT.

The JRCERT Standards are:

I. The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

II. The program has sufficient resources to support the quality and effectiveness of the educational process.

III. The program’s curriculum and academic practices prepare students for professional practice.

IV. The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

V. The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

VI. The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.

Any student with questions or concerns regarding the Radiologic Sciences Program at Tacoma Community College and compliance with the JRCERT Standards will follow the due process procedure as outlined in this handbook. The specific grievance procedure to use is the Student Grievance Procedure (Other). To access this policy go to TCC’s website, www.tacomacc.edu When you have acquired the site enter your student portal and do a search for:

1. Student Resources
2. Student Policies
3. Student Grievance Procedures (other)

If, after following this procedure, a student believes he/she has not received a satisfactory resolution he/she may then contact the JRCERT at:

To access a JRCERT “Allegations Reporting Form” go to: www.jrcert.org, click on accreditation form, click on other form, select Allegations Reporting form
This step should be taken within 3 months of nonresolution at the college level.

### 1.7 RECOGNITION STATEMENT

The Radiologic Science program is accredited by the Joint Review Committee on Education in Radiologic Technology, recognized by the U.S. Department of Education, as well as the Northwest Association of Schools and Colleges and Washington State Vocational Programs.

Each clinical education site is approved by the JRCERT that has stated guidelines for education and the maximum number of students that may be at each site for effective learning.

### 1.8 PHILOSOPHY

The Radiologic Technology Program was developed under the philosophy that clinical experience should be preceded by extensive academic preparation that includes hands on experience with energized x-ray equipment, radiographic phantoms and peer positioning. Your first quarter is devoted to meeting this goal by simulating routine diagnostic examinations as would be done in a real life situation utilizing peer positioning. As you enter the second and third quarters, a greater portion of your time will still be devoted to classroom and laboratory work, a lesser portion to actual clinical experience. Your fourth quarter will be entirely clinical experience. In this way your learning has progressed from the classroom, where you learned theoretical information necessary to develop and perform as a technologist; to the laboratory, where you had the opportunity to practice the technological skills and progressively develop professional skills and independence so you are ready to enter the profession following graduation. This approach not only facilitates learning, but, since you enter the clinical environment with a good foundation in the principles of radiographic imaging and safety, this approach reduces unnecessary exposure to patients and personnel. The ultimate goal of the Program is to prepare outstanding staff technologists who have the potential to become effective supervisors and instructors.

Radiologic Technology is a skill that can only be learned by active, personal experience. Because the skills involved are quite complex, close supervision will be necessary during the first few clinical quarters, however, the quicker you learn to function under limited supervision, the easier it will be for you to make the transition from student to technologist upon graduation. Students are integrated into a radiology department routine that may include the reception office, darkroom, file rooms and transporting, in addition to radiographic rooms. The amount of students at each site is limited by regulations set by our accrediting agency so that a proper ratio of students to technologists exists.

Healthcare delivery in general changes rapidly. Consequently, healthcare education generally and radiologic technology education in particular must be capable of rapid adaptation. The RS program at TCC is a dynamic program and students from one particular class should not find it surprising that clinical requirements, didactic requirements, program policy and procedures, etc. may change from one year to the next.
1.9 FACILITIES

Many accessory devices relating to radiographic physics and positioning are available to the student. Instructional facilities include two energized direct digital radiographic rooms, one radiography/fluoroscopy room and one operating room/interventional radiography simulation room. The lab is also equipped with two computed radiography readers with an assortment of imaging plates, a portable x-ray machine, a c-arm with road-mapping capabilities, a film digitizer, assortment of phantom body parts and a CT compatible full-body phantom. Future expansion includes an addition full-body phantom and a 16 slice CT scanner.

1.10 DEGREES

Students completing the requirements of the Radiologic Sciences Program will receive an Associate in Applied Sciences degree. This particular degree is not transferable to an outside four-year institution. For the student planning to continue with a 4-year degree, an Associate in Arts or Sciences degree is available.

1.11 CONFIDENTIALITY POLICY

As a student in the Radiologic Sciences program at Tacoma Community College, you may have access to what this agreement refers to as "confidential information." The purpose of this agreement is to help you understand your duty and responsibilities regarding confidential information.

Confidential information is valuable and sensitive and is protected by HIPAA (Health Insurance Portability and Accountability Act) and by strict TCC RS program policies. The intent of these laws and policies is to assure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the Hospital's and Program's mission. As a TCC RS program student, you are required to conduct yourself in strict conformance to applicable laws and TCC RS program policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and abide by these duties. The violation of any of these duties will subject you to discipline, which may include, but is not limited to, dismissal from the TCC RS program and to legal liability.

As a TCC RS program student you will have access to confidential information which may include, but is not limited to information relating to:

- Patients/family (such as records, conversations, registration information, patient/family, financial information, etc.)
- Program and Hospital associates (such as home addresses, telephone numbers, etc.)
- Hospital information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, proprietary technology, etc.)
- Third party information (such as computer programs, client and vendor proprietary information, proprietary technology, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you make the following agreement with the TCC RS program and its contracted affiliates:

1. I will use confidential information only as needed to perform my legitimate duties as a TCC RS program student affiliated with recognized clinical sites.
   a. I will only access confidential information for which I have a need to know.
   b. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my activities affiliated with TCC.
   c. I will not misuse confidential information or carelessly care for confidential information.
2. As part of TCC didactic course work I will be required at times to provide copies of radiographs, reports, etc. This information will not leave my clinical site until all means of identifying the patient and/or facility have been removed. I will never use any means that could identify a patient and/or facility when giving an oral or written presentation.
3. I accept responsibility for all activities undertaken using my access code and other authorization.
4. I understand that my obligations under this Agreement will continue after the completion of the RS program.
5. I will be responsible for my misuse or wrongful disclosure of confidential information and for my failure to safeguard my access code or other authorization access to confidential information. I understand that failure to comply with this Agreement may also result in my dismissal from the TCC RS program.
SECTION 2 – ACADEMIC POLICIES

2.1 ACADEMICS

FIRST FALL QUARTER:
Monday - Friday
Academic courses on campus.

FIRST WINTER QUARTER:
Mon., Wed., Fri.
Academic courses on campus.
Tues., Thurs.
Clinical Practicum (clinical education ctr.)
Shifts will vary.

FIRST SPRING QUARTER:
Mon., Wed., Fri.
Academic courses on campus.
Tues., Thurs.
Clinical Practicum (clinical education ctr.)
Shifts will vary.

FIRST SUMMER QUARTER:
Sunday-Saturday
Clinical Practicum (clinical education ctr.)
Shifts will vary, to include day and evening shifts and weekends

SECOND FALL QUARTER:
Tues., Thurs.
Academic courses on campus.
Mon., Wed., Fri.
Clinical Practicum (clinical education ctr.)
Shifts will vary.

SECOND WINTER QUARTER:
Tues., Thurs.
Academic courses on campus.
Mon., Wed., Fri.
Clinical Practicum (clinical education ctr.)
Shifts will vary.

SECOND SPRING QUARTER:
Tues., Thurs.
Academic courses on campus.
Mon., Wed., Fri.
Clinical Practicum (clinical education ctr.)
Shifts will vary.

SECOND SUMMER QUARTER:
Sunday-Saturday
Clinical Practicum (clinical education ctr.)
Shifts will vary, to include day and evening shifts and weekends
2.2 ADMINISTRATION OF INSTRUCTION

THE PROGRAM DIRECTOR

The Program Director is under the general direction of the Executive Vice President of Academic and Student Affairs and the Dean of the Health, Justice and Human Services Division. The Program Director has the total responsibility for directing related instruction and clinical education for students in the Radiologic Technology Program.

THE DIRECTOR OF CLINICAL EDUCATION

The Director of Clinical Education is given the responsibility for assisting in the organizations, supervision, and coordination of the Clinical Education courses in each of the affiliated hospitals and imaging centers. This responsibility includes assisting in establishing procedures, guidelines, and manuals for the clinical education component of the curriculum, serving as a liaison between the academic and clinical faculty, maintaining communications between the affiliates and the college, assisting the clinical instructors as needed, and integrating and relating the curriculum objectives for the clinical portions of the program to make the educational experiences as relevant and coordinated as possible. He/She is also available to advise and counsel students regarding their clinical experience.

THE CLINICAL COORDINATORS

In addition to the Program Director and Director of Clinical Education, TCC’s Radiology Program employs three part-time clinical coordinators. These faculty members instruct students primarily in the clinical environment. They also team teach in the didactic/laboratory and classroom settings.

Faculty Role Expectation

Each Clinical Site Visitor has been assigned students at different clinical sites and in different agencies. Clinical Site Visitors are expected to visit each student, weekly or bi-monthly, during the clinical rotation for a formal review of the student’s experience and discussion of clinical issues. Unannounced visits throughout the clinical rotation are expected during the student’s scheduled clinical days. The purpose of the unannounced visits is to observe the student in clinical practice. Each Clinical Site Visitor is responsible for ensuring the student’s attendance and hours are in alignment towards graduation. Each Clinical Site Visitor will be responsible to check each students’ comp exams and evaluations from the staff radiographers. If there are negative comments or feedback, it is the Clinical Site Visitor’s responsibility to speak directly with the Radiographer that tested the student to find how the student can improve. Each Clinical Site Visitor member will discuss parameters for contacting faculty with problems, questions, schedule changes, or other issues with each student. Each Clinical Site Visitor must make contact with the Clinical Instructor of the site, and the management team, if available.
Clinical Site Visitors will be accessible to students and Clinical Instructors whenever a student is scheduled for clinical time.

Clinical Site Visitors are responsible for the establishment of positive working relationships with Clinical Instructors and other essential personnel (e.g. radiology managers). A positive working relationship is characterized by ongoing communication that facilitates the achievement of the course and student learning objectives.

With the Clinical Instructor and students, Clinical Site Visitors will identify individual learning needs and objectives to be achieved throughout the clinical experience. Ongoing feedback is expected, and formal feedback is necessary at midterm and at the end of the clinical course. This evaluation is necessary to help the student to advance into their role as a Radiographic Technologist.

THE CLINICAL SITE INSTRUCTOR:

Radiology Managers have identified Clinical Instructors who are Radiologic Technologists interested in working with students, have clinical expertise, and who are effective role models. The responsibilities of the Clinical Instructors are to help the student observe and experience the staff radiographer role from orientation through active "hands on" participation in care. Students learn best by doing and by the end of the second-year clinical rotation, it is expected that students will be able to image as a full radiographer with supervision but minimum Clinical Instructor assistance.

The Clinical Instructor will collaborate with faculty to promote student learning and growth through regular communication. Clinical Instructors are encouraged and expected to communicate their ongoing feedback about student performance to both the Clinical Site Visitor and the student. Written feedback on the Student evaluation form is done at mid-term and at the end of the year. In the event that more than one Clinical Instructor works with the student over time, the Clinical Instructor team should collaborate to provide faculty and student with feedback. Clinical Instructors are also asked to advocate for students in obtaining valuable off-site learning experiences.

STUDENT ROLE EXPECTATION

Students are responsible for active participation in the transformation process that occurs as they learn and experience the novice staff radiographer role. This journey toward becoming an expert radiographic technologist is largely a solitary one, much of the learning that occurs in this course happens as a result of individual reflection and analysis of clinical experiences and learning. The student's growth also comes from the active partnership established with the Clinical Instructor. Student preparation for clinical includes applying all skills and knowledge learned in didactic courses and previous clinical rotations in addition to learning about the staff radiographer role and responsibilities.

Students are expected to learn the routine of their site and to partner with their Clinical Instructor in the care of patients. As the clinical rotation progresses, it is expected that student patient care
will become more independent and more complex (as indicated by both the number and acuity of patients cared for).

Students are expected to work cooperatively and professionally with their Clinical Instructor(s) and other staff, assisting in the work of the site whenever possible. With the Clinical Instructor and Clinical Site Visitors, students will identify individual learning needs and objectives for the clinical experience. Clinical Instructors are encouraged to give ongoing feedback for optimal learning, in addition to the written assessment at midterm and at the end of the clinical course.

Students are expected to demonstrate accountability and professionalism throughout the experience. Clinical time is arranged by the student and their site clinical instructors, according to the assigned Clinical Instructor's work schedule, and shared with the Clinical Site Visitors. Students will meet their obligation in a timely and professional manner.

Students should contact the Clinical Site Visitor whenever assistance is needed with questions, problems, schedule changes or other issues.

Students are held accountable for parameters and standards for safe, high quality student practice as defined by:
Tacoma Community College Radiologic Sciences Policy and Procedures Manual
Clinical site policy and procedures

Professional standards of practice
Clinical Instructor determination of appropriate participation in clinical care activities

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2.3 RADIOLOGIC SCIENCE PROGRAM

The Radiologic Sciences Program at TCC is an educational program for diagnostic radiography. In-depth education in other modalities cannot be accommodated.

1. The actual number of students enrolled each year is dependent on the number of clinical slots available, the average being 18-24.
2. New students are selected according to the admissions procedures approved by the Board of Trustees and as outlined in the Admission Criteria for the Radiologic Sciences Program.
3. Those students transferring from another college must have their transcripts assessed by the Registrar and if all qualifications are met final permission is given by the Program Director. Students may only transfer credits from an institution accredited by one of the five regional accreditors.
4. Tacoma Community College has the responsibility to ensure the safety of the community when placing
students into clinical facilities. Therefore, students are required to provide documentation for a
criminal
history and child abuse/elder abuse history. This documentation must be provided prior to the
start of the
program or the student is not permitted to participate in the clinical rotation.

The student will be contacted by the Program Director if any information needs to be clarified. Students are
cleared for clinical based on provisions of present law. It is the student’s responsibility to relate any changes
in information regarding criminal record or child abuse to the Program Director. Failure to do
so can result in
dismissal from the program.

Clinical facilities may prevent students with a history of criminal activity or child abuse from participating in
clinical practice even though the clearances fulfill the provisions of present law. In other words, clinical
facilities may have policies that are more stringent than the terms of the law. If a student is not permitted to
practice in a clinical facility, the student will be unable to meet the clinical objectives of the
course and
subsequently be unable to complete the program.

In addition, the American Registry of Radiologic Technologists reserves the right to deny
certification based
on a graduate's criminal record and/or child abuse/elder abuse information. If a graduate is permitted
certification, some laws and/or facilities' policies may prevent employment in a wide variety of settings.

**TRACK A - COMPLETION**

The Radiologic Sciences program at TCC is 24 months in length. It is a full-time, primarily day program. All courses outlined in the radiology curriculum must be completed with a “C” or better. This is the typical completion time for most students.

**TRACK B – EXTENSION OF PROGRAM**

A student who has not achieved satisfactory performance on graduation requirements in the last quarter of clinical experience may be given the opportunity to extend beyond the 24 months to complete course requirements and graduate from the program. The Program Director, Clinical Director and any pertinent program faculty will make this decision. During the extended time it will be necessary for the student to keep a log of all examinations performed and have them signed off each day by the technologist assigned to. They will be signed off only if the student has
demonstrated productive time. If there are no scheduled patients to do, time can be spent cleaning and stocking room, filing, etc. A student that is unwilling to participate in this manner will be given 1 verbal warning and 1 written warning. Should the behavior continue he/she will be dismissed from the program and will not be registry eligible.

### 2.4 FACULTY EXPECTATIONS FOR STUDENT PERFORMANCE

To assist in your success during your stay in the Radiologic Science Program, the following recommendations have been provided as expectations of student behavior.

At the college, the student is expected to:
1. Adhere to all college and departmental policies/procedures.
2. Be on time for class, lab, and clinical sessions.
3. Complete all assignments for all courses according to the date and time scheduled.
4. Take examinations on the day and time scheduled.
5. Be prepared to participate in class by preparing assignments and answering objectives prior to the class.
6. Maintain a consistent pattern of professional and ethical behavior by:
   a. Completing your own work on tests and written exams.
   b. Not writing assignments for other students.
   c. Consulting with the instructor of record regarding any material in the course that is misunderstood.
## 2.5 RADIOLOGIC SCIENCE CURRICULUM

### FALL FIRST QUARTER:
- Radiologic Science Orientation (early start)  RS 100  3
- Fundamentals of Radiologic Science and Health Care  RS 101  4
- Radiographic Positioning I  RS 140  5
- Radiographic Film Critique and Technique I  RS 150  1
- Radiographic Patient Care  RS 170  5

### WINTER SECOND QUARTER:
- Radiation Physics I  RS 108  4
- Digital Radiography  RS 153  1
- Radiographic Positioning II  RS 141  5
- Clinical Education I  RS 120  5

### SPRING THIRD QUARTER:
- Radiation Physics II  RS 109  4
- Radiographic Positioning III  RS 142  5
- Clinical Education II  RS 121  5

### SUMMER FOURTH QUARTER:
- Clinical Education III  RS 122  10

### FALL FIFTH QUARTER:
- Radiographic Pathology  RS 214  3
- Radiographic Positioning IV  RS 243  4
- Cross-Sectional Anatomy and CT instrumentation  RS 200  3
- Clinical Education IV  RS 225  7

### WINTER SIXTH QUARTER:
- Leadership and Management  RS 233  1
- Radiographic Positioning V  RS 244  3
- Pharmacology and IV Therapy (web enhanced)  RS 216  3
- Clinical Education V  RS 226  7

### SPRING SEVENTH QUARTER:
- Advanced Healthcare Organization  RS 250  3
- Advanced Imaging Modalities  RS 255  2
- Clinical Education VI  RS 227  7
- Computed Tomography  RS 280  2
- Radiography Registry Review  RS 290  2

### SUMMER EIGHTH QUARTER:
- Clinical Education VII  RS 228  10
The curriculum is always in the process of revision to meet ARRT and ASRT requirements.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>TEXT</th>
<th>AUTHOR</th>
<th>PUBLISHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RS 101</td>
<td>Radiographic Imaging and Exposure, 5th edition</td>
<td>Fauber</td>
<td>Elsevier</td>
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<tr>
<td>RS 150, 151</td>
<td>Radiographic Imaging and Exposure, Fauber 5th edition.</td>
<td>Fauber</td>
<td>Elsevier</td>
</tr>
<tr>
<td>RS 170</td>
<td>Patient Care in Radiography, 9th edition</td>
<td>Erlich, Ruth Ann; McCloskey, Ellen; Daly, Joan</td>
<td>Elsevier</td>
</tr>
</tbody>
</table>

**FEES**

Additional fees, as set by the Board of Trustees will be charged for courses within the RS curriculum. For information on the latest fees, please see a college schedule.

An estimate of additional costs to the students can be found in the RS program info packet available on-line or as a hard copy in our reception office in 19-70.

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<tr>
<th>COURSE</th>
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**2.7 ACADEMIC STANDARDS**
All Radiologic Technology Program courses require a grade of "C" (2.0) or better. A grade of "C-" or below is NOT acceptable in the program and the student receiving such a grade WILL NOT be allowed to continue on to the next sequential clinical or academic R.S. course.

**Allied Health and Program Standard:**
Radiologic Technology courses are graded in the following manner:

- 95 – 100 = A
- 92 – 94 = A-
- 90 – 91 = B+
- 87 – 89 = B
- 85 – 86 = B-
- 82 – 84 = C+
- 79 – 81 = C
- 74 – 78 = D
- 73 and below = E

Tacoma Community College allows a student to appeal a final grade. This policy is found on TCC’s website, [www.tacomacc.edu](http://www.tacomacc.edu) When you have acquired the site enter the student portal and do a search for:

1. Student Resources
2. Student Policies
3. Student Grievance Procedures (for final course grade)
2.8 PREGNANCY POLICY

A student in the Radiologic Sciences Program who has reason to believe she may be pregnant has the option of voluntary disclosure to the Radiologic Science Program Director. Such voluntary, formal notification is requested in order that the program has the pertinent information needed to limit the radiation dose to the developing fetus.

Upon voluntary formal notification of the pregnancy, the Program Director and/or Director of Clinical Education will advise the student of her option to take a leave of absence or remain in the program without modification. Should the student elect to remain in the program she will be required to wear, in addition to her collar level TLD, a TLD worn at waist level. This TLD will be used to monitor fetal exposure during pregnancy. The student will be asked to sign a statement indicating that she received counseling and was advised of any necessary precautions required during the course of pregnancy.

The student may at anytime voluntarily withdraw notification of pregnancy, in writing.

The student may request modification to her clinical rotation under the advisement that it may not be possible to complete program requirements for graduation on time.

Rationale for Policy

Recognizing the effect of ionizing radiation on rapidly dividing cells and the litigation that can arise when individuals work in unsafe conditions, agencies that regulate the safe use of ionizing radiation have tried to generate regulations to safeguard the developing fetus without denying the pregnant occupation student/worker her education or means of a livelihood. The clinical and laboratory work required of the Radiologic Sciences student has the potential of exposing the individual to ionizing radiation. Because of this potential hazard, the pregnancy policy was formulated for the protection of the pregnant and/or potentially pregnant student.

The recommendations of the Nuclear Regulatory Commission are directed at the protection of the embryo-fetus as being involuntarily subjected to radiation exposure as the consequence of the occupational exposure of the expectant mother. While the precise degree of risk of injury from both the per unit of absorbed dose and from low doses of ionizing radiation may not be determinable; there is probable cause for the existence of risk to the human embryo or fetus. Therefore, control measures to avoid or reduce this risk are advised. The greatest exposure occurs during fluoroscopy, angiography, portable procedures, and other special studies.

The intent of the program is to protect the unborn child, not to prohibit the practice of Radiologic Science by the student. Our policy expresses the program's concern for the well being of its’ students. If there are any further questions regarding the hazards of radiation exposure to the embryo-fetus, the student is encouraged to speak with program faculty.
TACOMA COMMUNITY COLLEGE
Radiologic Sciences Program

Pregnancy Policy

In signing this form, the declared pregnant student acknowledges that:

A. She understands that she is giving this acknowledgement voluntarily

B. She has read and understands the Tacoma Community College guidelines for pregnant medical imaging students.

C. She has read and understands the US Regulatory Guide 8.13, “Instruction Concerning Prenatal Radiation Exposure,” including appendices A and B.

D. The Program Director or designee has informed her of proper radiation protection practices to follow during pregnancy.

E. The Program Director or designee provided her an opportunity to ask questions and the questions were satisfactorily answered.

F. She understands that she will receive no modification to the clinical rotation schedule unless requested and that if modifications are made, it may not be possible to complete program objectives to graduate on time.

G. She understands that this declaration can be withdrawn by her, at anytime, in writing.

Student Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

______________________________
Signature

______________________________
Name Printed
Date

TACOMA COMMUNITY COLLEGE
Radiologic Sciences Program

Declaration of Pregnancy

To: Radiologic Sciences Program Director

From: ________________________________

I am declaring that I am pregnant. In consultation with my physician, we estimate my delivery date to be

__________________  ____________________
Month                                Year

I will review the program policy in regard to pregnancy and NCR Regulatory Guide 8.13, “Instruction Concerning Prenatal Pregnancy,” which the program director or designee will provide for me.

I understand that my occupational radiation dose during my entire pregnancy will not be allowed to exceed 0.5 REM (5 millisieverts) unless that dose has already been exceeded between the time of conception and submitting this written notification. Further, my radiation dose cannot exceed 50mREM (.5 millisieverts) for any month during my pregnancy.

The student may at any time voluntarily withdraw notification of pregnancy, in writing.

______________________________    ________________________
Signature       Date

______________________________
Name Printed

Acceptance by Program Director

______________________________    ________________________
Signature       Date
2.9 ATTENDANCE POLICIES

**ACCIDENT/HOSPITALIZATION:** A student who is involved in an accident and/or requires hospitalization for any reason must present a doctor’s note releasing him/her to return to clinical duty prior to attending clinical.

**BEREAVEMENT LEAVE:** Bereavement leave will be granted on a case-by-case basis. The faculty may elect to assign exchange time depending on the length of the leave.

**COURT DATES:** As a student if you are called to testify in court whether it is your personal case or you are a witness, the time missed from clinical will counted as time absent.

**JURY DUTY:** A student who is absent from their clinical site due to being called for jury duty will first attempt to be legally excused from it or have it postponed until a quarter break. If this is unsuccessful any missed time will need to be exchanged and will be done as assigned by the clinical instructor and the program faculty. Proof of jury duty will need to be provided.

**LEAVE OF ABSENCE:** For any number of reasons a student may request a leave of absence from the program when they hope to return at a future date. The leave must be requested in writing and is directed to the Program Director. The student must return within two years and will begin the quarter before the leave was granted (i.e.: leave during spring quarter, return winter quarter). There is a higher retention rate when the student audits the classes the quarter before to aid the transition back into the program. The Program Director will grant the leave of absence in writing and readmission is on a space available basis.

**RESERVE TIME:** Time missed from the clinical schedule due to an obligation with the Military will need to be exchanged for the equal amount of time at a different date. Your request for leave time must be presented to your clinical coordinator in writing. It will be presented to the faculty for assignment of exchange time under the direction of the clinical coordinator and the clinical site instructor.

**GENERAL ATTENDANCE INFORMATION**

1. Attendance is required for all academic, laboratory and clinical courses.
2. Any request for emergency leave will be directed to your Clinical Coordinator or the Program Director. The request should be made in writing if at all possible.
3. Changes made in the published schedule **WILL NOT** be allowed.
4. If inclement weather causes the President of the College to suspend the operations of the College, your
clinical schedule is also suspended. The time lost will not be counted against days absent.
5. If college or building operations are suspended due to “acts of God” (i.e. earthquake, power outage) the student will report to clinical as scheduled.

| 2.10 MISCELLANEOUS |

**WITHDRAWALS:**
A program withdrawal must be requested if a student feels that he/she can not longer continue in the program, for any number of reasons, and will not be returning. It is the student’s responsibility to comply with requirements for withdrawal.

Refer to the College Catalog for tuition refund information.

**READMISSION:**
1. Any student who has failed one R.S. course, or a program-required course, or withdrawn from the program may seek readmission to the course needed. Application must occur within two years to assure re-entry at the level achieved before withdrawal. Any student that has withdrawn due to a course failure must successfully repeat that given course before being considered for readmission. It is highly recommended that the student enroll in RS courses the quarter prior to admission to assist in being successful. A faculty member can advise the student as to which courses would be best. Readmission is always dependent upon space availability.
2. Any student who fails to pass a RS class on the 2nd attempt (i.e. – the student failed the class on the 1st attempt) will be dismissed from the program. The student will not be eligible for subsequent readmission.
3. Within 6 months of leaving the student must inform the Program Director in writing of his/her intent to re-enter.
4. Any student who has failed any two R.S. courses will not be readmitted into the program.

**TRANSFER INTO TCC’S RS PROGRAM**

This policy applies to students who are currently enrolled in another program and are moving to the area and wish to continue and finish their education. These students are strongly urged to finish their program as an exact fit into a new educational program is rare.

Criteria for Consideration:
1. A transfer student must currently be attending an accredited program (JRCERT or from a regionally accredited college or university).
2. A transfer student must apply and be accepted by Tacoma Community College.
3. A transfer student must fulfill the requirements and earn the TCC associate of applied science degree. They must provide academic coursework which meets the program's pre-requisite requirements with a transfer grade of ‘C’ (2.0) or better in each pre-requisite class. Transfer credits are evaluated by TCC’s credential evaluators in the records office. They determine the transferability of pre-requisite classes.
4. Equivalency of RS program transfer work will be based on transcript evaluation, catalog description, course outline, content comparison, credit/clock hour evaluations, and clinical competency evaluations completed.
5. Admission is always contingent upon space availability.
6. An accepted transfer student must realize that since exact fits are rare, their particular program completion date may extend beyond the time of the class in progress.

**ACCOMMODATIONS FOR DISABILITIES:**

**Students with Special Needs.** All students are responsible for all requirements of the class, but the way they meet these requirements may vary. If you need specific auxiliary aids or services due to a disability, please contact the Access Services office in Building 7 (253-566-5328). They will require you to present formal, written documentation of your disability from an appropriate professional. When this step has been completed, arrangements will be made for you to receive reasonable auxiliary aids or services. The disability accommodation documentation prepared by Access Services must be given to the program official before the accommodation is needed so that appropriate arrangements can be made.

**It is the responsibility of the individual student to initiate and follow through with this process.**

If a student feels they are a victim of disability discrimination, please refer to TCC’s website [www.tacomacc.edu](http://www.tacomacc.edu). When you have acquired the site, enter the student portal and do a search for:

1. **Student Resources**
2. **Student Policies**
3. **Grievance Procedure – Sexual Harassment, Sex Discrimination, and Disability Discrimination**

### 2.11 ELECTRONIC EQUIPMENT AND SOCIAL MEDIA
UTILIZATION OF ELECTRONIC EQUIPMENT:

1. Cell phones and pagers, etc. carried by the student must be in an inaudible mode or turned off.
2. Calls and text messages will **not** be returned until there is a break during the class period. Any student leaving
to answer a call will not be allowed to return until after a break.
3. Students are not permitted to record (whether audio or visual or both) any part of a
   class/lab/other session.

UTILIZATION OF SOCIAL MEDIA

This policy provides students in the Radiologic Sciences Program with guidelines and best
practices in the access and use of social media. Once postings are placed into social media,
even years later, such may be pulled by search engines. Potential employers and internship
supervisors commonly use these sites to screen candidates. Many graduate programs and
scholarship committees also search these sites to screen applicants as well. Thus, it is
imperative that students are continuously mindful of how the inappropriate access and use
of social media may negatively impact them in the future.

Social media is an excellent and effective tool for communication. The intent of this policy is
not to unduly restrict or limit the use of social media, but to establish guidelines for the use
of such consistent with the educational integrity and professional expectations of the
Radiologic Sciences Program and Tacoma Community College.

As used in this policy, the word “posting” refers to comments, photos, videos or images.

All students are encouraged to keep in mind the following principles and restrictions:

1. Students are prohibited from representing, acting as a spokesperson for, or otherwise
   posting on behalf of clinical affiliates and Tacoma Community College.
2. Students are personally responsible for the material they post and may be held
   personally liable.
3. Conduct or language that would be unacceptable in another forum is similarly
   unacceptable on social media sites. For example, the use of derogatory language
   based upon a person's protected status (i.e., race, gender) is unacceptable on social
   media sites.
4. Students should not use defamatory, libelous, or damaging innuendo. Do not use
   abusive, threatening, offensive, obscene, explicit or racist language.
5. Students should not post or release proprietary, confidential, sensitive, or personally
   identifiable information or intellectual property associated with their
   [site/internship provider]. See also Confidentiality Policy. (any information covered
   by HIPAA)
6. Students should not post offensive or inappropriate pictures. Examples of offensive or inappropriate pictures include, but are not limited to, alcohol, illegal drugs, and sexual innuendos.

7. Students should avoid the use of specific office titles, addresses, or references when making posts.

8. Accessing social media sites during clinical time is prohibited unless you have a business-related need to do so and your supervisor has approved.

9. Students should also adhere to any specific social media policies set forth by the particular clinical affiliate. Where the policies conflict, the student should adhere to the more restrict policy.

10. Any use of social media that threatens the safety of members of the clinical site, fellow peers, or TCC faculty; exhibiting a lack of moral character; or is in violation of the law or this policy may result in disciplinary action, including termination from the clinical site and/or dismissal from the program.

2.12 GOVERNANCE POLICIES OF ETHICAL AND PROFESSIONAL CONDUCT

STANDARDS OF CONDUCT:

In an effort to promote excellence in the professional and ethical conduct of students, and to provide the highest quality of medical care for patients, the following policies are in effect for student in the Radiologic Sciences Program at Tacoma Community College. The student radiographer will accept and uphold the professional and ethical standards established by, but not limited to, the Radiological Society of North American (RSNA), American Registry of Radiologic Technologists (ARRT), and the American Society of Radiologic Technologists (ASRT).

A. Ethical and professional conduct will encompass all employee’s competence, integrity, appearance and honesty in dealings with co-workers and clients.

B. Definitions:
   1) Ethical Conduct: The thoughtful and reflective application of moral principles and a competent level of knowledge and skills, according to principles and standards established and generally accepted by society and the profession.
   2) Professional Conduct: The act, manner or process or carrying out the profession, Department of Medical Imaging expectations, principles and standards.

C. Unethical and Unprofessional Conduct
   1) All students will refer suspected or actual unethical and/or unprofessional conduct to immediate supervisor as soon as the occurrence takes place.
2) The supervisor will investigate occurrence to determine reporting requirements and the necessary action to be taken.

3) Disciplinary action will be consistent with School Policy.

**RULES OF CONDUCT**

Every organization must have rules and regulations if it is to function effectively. Because of the nature of the services given, hospitals in particular must have very strict adherence to these rules and regulations. The following are some of the violations which are considered cause for immediate termination or dismissal from clinical affiliations.

1. Abuse or inconsiderate treatment of patients.
2. Violations of patients’ privacy by any unauthorized release of confidential information.
3. Interference with, insubordination, or refusal to obey any supervisor or other duly constituted authority.
4. Possessing, drinking or being under the influence of alcohol or drugs on the hospital or college premises is not allowed. Students who require prescription pain medicine WILL NOT be allowed to be in the clinical site while using the prescription.
5. Falsifying school or hospital records/documents.
6. Unauthorized handling, possession or use of narcotics or drugs.
7. Theft from the hospital, fellow employees, patients or anyone on hospital property.
8. Immoral or indecent conduct.
9. Any serious misconduct on or off duty that may reflect upon the profession.
10. Accepting monetary tips or gratuities from anyone.
11. Intentionally giving false information in accident or insurance cases.
12. Altering attendance records or intentionally altering another student’s records.
13. Absence for three consecutive working days without notice to a program faculty member.
14. Student radiographers share equal responsibility with the faculty and staff radiographers in the welfare of patients. Teamwork is especially vital to give the patient the best possible radiological service.
15. The clinical education sites reserve the right to refuse to provide clinical education to any student involved in any activity not considered professional or conducive to proper patient care. **Students are required to follow the same rules and policies as the employed technologists while at the clinical education site(s).**
16. Students DO NOT have the right to refuse clinical assignments.
17. The student is not allowed to utilize hospital computers for internet usage.
18. Student radiographers are expected to treat their patients with kindness, courtesy and respect. When you get your patient from the waiting area, introduce yourself and try to establish rapport. Once the patient is in the
examination room, keep the door closed and make sure that undressed patients are properly
gowned or
covered up. Patients are to be addressed by their surnames and never by their first names. No patient should
be referred to as an x-ray examination. Professional behavior is not limited to your contact with patients. It is
reflected in your attitude, and in the way you communicate with physicians, supervisors, and coworkers.
Typical examples of non-professional behavior are:
   a) Gossip.
   b) Discussion of clinical information with patients’ relatives.
   c) Smoking or chewing gum in patient areas.
   d) Discussions pertaining to work in elevators or other public areas.
   e) Discussions that are not meant for the ears of patients or relatives within their hearing
distance.
   f) Any form of sexual harassment with a patient, coworker, fellow student or faculty member.
   g) Speaking derogatorily regarding staff or fellow students, using slanderous or malicious
   statements.
   Discussions of your personal life while on duty are unprofessional and time consuming in a
   busy x-ray
department. The technologists may seem interested at the time but it is in your best interest
to leave private
affairs at home.
19. Smoking or utilizing smokeless tobacco (chewing tobacco) while on clinical duty is not
professional and will
   not be tolerated. The only exception will be during breaks, done in a designated place.
20. Do not leave the clinical area during scheduled hours without obtaining prior consent of the
clinical site
   instructor.
21. Each hospital/office has set procedures for billing and other paperwork. Refer all questions to
the proper
   personnel rather than trying to guess the answers incorrectly.
22. Students are expected to assist with the responsibilities of maintaining departmental
   cleanliness, supplies, and
   room organization.
23. Transportation to and from clinical sites is the responsibility of each student and prior
   arrangements are to
   made so that you arrive on time. It is also the students’ responsibility to provide their own
   transportation for
   any field trips (site visits for Imaging Modalities class and WSRT/Student Leadership), unless other
   arrangements are made by program personnel.
24. The primary function of the hospital is patient care. Under no circumstances should the presence of students
   alter the quality of patient care. It is your responsibility to:
   a) Follow the administrative policies established by the radiology department and the hospital.
   b) Check the posted rotation schedule and report to your assigned work center ON TIME.
c) Ask for advice when indicated. **DO NOT** experiment with the patients.

d) See that all paperwork required by the program for the site to fill out is done so in a timely manner. It is your grade that will suffer if this is not done.

25. Students are not scheduled at a clinical site if they work at that facility. Should the student become employed after clinical training has begun he/she will not be transferred unless program faculty believes that the paid position is interfering with program clinical training.

26. The Radiologic Sciences Program tries to adhere to the college calendar. However, it may be necessary at times to attend classes or clinical on a college scheduled day off. Prior notice will be given.

27. The Radiologic Sciences Program will adhere to the finals week schedule as published by the college. In the interest of fairness and equity finals will not be given early so that a student may attend another scheduled event.

Additionally, an RS program student will abide by Tacoma Community College’s Code of Student Rights and Responsibilities. This can be found on TCC’s website. The website address is [www.tacomacc.edu](http://www.tacomacc.edu)

When you acquire the site, enter the student portal and search for:

1. Student Resources
2. Student Policies
3. Code of Student Rights and Responsibilities

**Failure to adhere to the policies of both the RS program and Tacoma Community College shall be grounds for dismissal from the program.**

**2.13 SEXUAL HARASSMENT**

Tacoma Community College defines sexual harassment as “unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.” TCC’s Sexual Harassment Policy is designed to protect students, faculty, and staff. Sexual harassment includes any unwanted sexual attention such as:

- Subtle pressure for sexual activity.
- Sexually suggestive gestures, notes, teasing, jokes.
- Deliberate and unwelcome touching, pinching, patting.
- Attempts to kiss or fondle.
- Pressure for dates, pressure for sex.
- Inappropriate and/or offensive personal remarks of a sexual nature.
- Sexually demeaning comments, sexual graffiti, or offensive illustrations.
- Requests for sexual favors in exchange for grades, salary increases or promotions.
- Embarrassing and sexually suggestive favoritism shown by an instructor toward a student(s).
• Disparaging remarks about one’s gender.

For further information regarding Tacoma Community College’s sexual harassment policy, as well as the specific grievance procedure related to sexual harassment, please refer to TCC’s website www.tacomacc.edu When you have acquired the site enter your student portal and do a search for:

1. Student Resources
2. Student Policies
3. Grievance Procedure – Sexual Harassment, Sex Discrimination, and Disability Discrimination

2.14 WORKPLACE HAZARDS

Fire and Electrical Hazards

1. Electrical cords shall be kept out of the walking areas in the classroom and lab due to tripping hazards.
2. Any student noticing a frayed wire shall report it to faculty so that a facilities repair notice can be sent.
3. In case of fire, or suspected fire, students and faculty shall vacate the building and gather in the carpool area of parking lot C. This is done so that a headcount can be taken to make sure all are out of the building.
   a. A fire extinguisher is located just outside the door of 13-008 (lab)
   b. A fire alarm is located at the entrance to 13-008 (lab).
   c. An emergency phone is located just outside the door of 13-008 (lab) **Security 5111**
Radiation Safety and Protection

The OSHA Act of 1970 strives to “assure safe and healthful working conditions” for today’s health care workers, and mandates that employers provide a safe work environment for employees. Hospitals and personal care facilities employ approximately 2 million workers at 25,000 work sites. There are many occupational health and safety hazards throughout the hospital.

TCC Radiologic Sciences program students are encouraged to become familiar with hazards and controls found in the hospital setting by going to the U.S. Department of Labor/Occupational Safety & Administration/HealthCare Wide Hazards Web Site at:


The following safety rules have been established for the protection of the patient, other personnel and the student technologist from ionizing radiation during your lab and clinical education. These rules are in accordance with ICRP, NCRP and state regulations. These rules are mandatory and any exception must be reported to the Director of Clinical Education and Program Director as soon as possible (i.e. wrong patient x-rayed, incorrect body part x-rayed, student exposure without apron, etc.)

PROCEDURE

1. Regarding Thermoluminescence dosimeter:
   a. A dosimeter, properly placed at collar level, must be worn at ALL times during both lab and clinical education.
   b. When protective aprons are used the TLD must be placed above the apron, at collar level.
   c. TLD’s shall be turned in every quarter.
   d. Loss of TLD will be reported immediately to the Program Director or Director of Clinical Education.
2. When an X-ray exposure is about to be made, you MUST:
   a. Leave the room, or
   b. Get behind the lead shield, or
   c. Be otherwise suitably protected for surgery, portable and fluoroscopic work.
3. Students are never to hold, support a patient, or hold the image receptor during an exposure. Consequently, the student will never be in the path of the primary beam.
4. Students may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. Students must NOT “peek” around a door nor through a crack between door and wall.
5. Under no circumstances will the student or any other human being serve as “patients” for test exposures or experimentation.
6. If during fluoroscopic procedures, the student is to remain in the radiographic room the following will prevail:
   a. A lead apron must be worn at all times or the student must remain behind an adequate lead protective barrier.
   b. The TLD must be worn on the collar above the lead apron.
c. Students must stand as far from the patient and tube as possible, consistent with the conduct of the examination.
d. Student must wear lead gloves if the proximity to the patient dictates their use.
e. Thyroid shields will be used if available.
7. When observing or performing radiographic procedures in surgery and bedside portables:
   a. Lead apron must be worn.
   b. TLD must be worn above the lead apron at collar level.
   c. Stand as far from the patient and tube as practical.
   d. Stand at a right angle to the primary beam and the scattering object when possible.
   e. Observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical scrubs, etc.
8. If the student is in doubt about practical procedures or practices regarding radiation protection, please contact the Program Director or Director of Clinical Education for clarification or instructions.

A quarterly report of the amount of radiation received will be emailed to each student at their TCC email account. It is the student's responsibility to purchase the TLD at the TCC bookstore no later than the date announced in class. Report lost or damaged TLD’s to the program faculty immediately. A student without a TLD WILL NOT be allowed to participate in clinical or laboratory experiences. The student will be sent home from clinical to retrieve the TLD, time missed will be deducted from the 32 hour allowed absence. The student will not be allowed to attend lab for the day and will miss all points given for lab. A new TLD may be ordered through the TCC bookstore. If an affiliate or any healthcare organization hires a student, that organization must provide for radiation monitoring for the employee. The TCC TLD must be worn during clinical and/lab hours only.

**ALARA PROGRAM**

The intent of ALARA (“as low as reasonably achievable”) is to maintain exposure to radiation at levels that are as low as feasible. This radiation safety program is based on the premised that radiation exposure is not risk free and therefore, exposure should be kept to levels below the limits permitted by the State of Washington, The Nuclear Regulatory Commission and other regulatory agencies. ALARA is critical to our radiation protection philosophy.

**POLICY**

Maximum effective dose exposure level is:
Whole body deep  5000 mrem/yr or 50 mSv/yr
Investigatory dose  400 mrem/yr or 4 mSv/yr or 100 mrem/quarter or 1 mSv/quarter

**PROCEDURE**

1. Every quarter the students’ TLDs are returned to the issuing company for processing and reading.
2. All readings are recorded by computer and are checked to see whether or not an individual exceeded the quarter's ALARA levels.
3. If so, a notice is generated by the issuing company for that user, stating his/her exposure and the level exceeded. The notice is forwarded to the PD and/or clinical coordinator.
4. The school will then send a notice to the individual informing him/her of the exceeded level. The PD and DCE will review the student's work procedures to evaluate cause, and what measures s/he can take to reduce further exposures. The clinical site will also be consulted during this procedure.
5. Copies of all notices, investigations, etc. will be maintained in the student's file.
6. Student pregnancy: please see the pregnancy policy on page 22.

2.15 COMMUNICABLE DISEASES

Communicable Disease Policy Precautions

To minimize the transmission of blood-borne pathogens, UNIVERSAL BLOOD AND BODY FLUID PRECAUTIONS should be used in the care of ALL patients.

1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching of all patients and for handling items or surfaces soiled with blood or body fluids.
   Gloves must be changed after contact with each patient. Hands are to be washed prior to putting gloves on and after the gloves have been removed. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns and aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skins surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures to prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpels, blades, and other sharp items should be placed in puncture resistant containers for disposal; the puncture
resistant containers should be located as close as practical to the use area.

4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

6. Pregnant health care workers are not known to be at a greater risk of contacting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission. Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of “Blood and Body Fluid Precautions” previously recommended by CDC (7) for patients known or suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, “AFB” (7) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Precautions of Invasive Procedures

In this document, an invasive procedure is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries 1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians’ and dentists’ offices; 2) cardiac catheterization and angiographic procedures; 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. The universal blood and body fluid precautions listed above, combined with the precautions listed below, should be the minimum precautions for all such invasive procedures.

1. All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients.

Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids.
2. If a glove is torn or a needle stick or other injury occurs, the glove should be removed and new gloves used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed from the sterile field. The hands should be thoroughly washed.

Additional information may be obtained at http://www.cdc.gov

**Occupational Exposure to Blood-Borne Pathogens**

1. The student is required to follow the clinical affiliates written exposure control plan.

2. The student is required to receive the Hepatitis B vaccine and vaccination series, PPD, MMR and tetanus diptheria prior to the start of clinical. In addition confirmation of/or vaccination for varicella is required.

3. If the student is exposed during their clinical rotation, they must report their exposure to the clinical instructor and the Director of Clinical Education and follow-up procedures regarding post exposure evaluation and follow-up.

4. The student is required to adhere to warning labels.

### 2.16 SUBSTANCE ABUSE

**Drug Testing and Prescribed and Over-the-Counter Drug Use**

If a clinical affiliate requires mandatory, or random drug testing, students in the Radiologic Sciences Program must comply, or they will be suspended from the Program for failure to do so. The student may be responsible for the cost of the required drug testing. A student that is on prescribed or over-the-counter medication that could hinder their discretion and judgment in dealing with patients will not be allowed in the clinical area. If a student is taking any prescribed or over-the-counter medication that could cause drowsiness, impairs their judgment, or psychomotor skills the student must inform the clinical instructor prior to starting clinical rotation. Use or possession of drugs or liquor, or showing any signs of having indulged in the same (within 8 hours of reporting to clinical sites or at the site) is strictly forbidden. The clinical sites must comply with State and Federal laws regarding drugs and alcohol abuse. If in doubt, the student should direct question the clinical instructor. Failure to do so could jeopardize the student’s continuation in the program.

### 2.17 ACADEMIC HONESTY

Students of Tacoma Community College are expected to be honest and forthright in their academic endeavors. Cheating, plagiarism, fabrication, or other forms of academic dishonesty corrupt the
learning process and threaten the educational environment or all students. This is also a violation of the Code of Student Rights & Responsibilities.

**SANCTIONS:**

The consequences of academic dishonesty may vary with the situation and the individual instructor. All instructors will include in the course syllabus a policy on and sanctions for academic dishonesty. If a student is guilty of or admits to academic dishonesty, an instructor may impose sanctions up to and including administrative withdrawal from the course and/or an "E" grade for the course.

If a student disagrees with the instructor's decision, the student has the right of appeal. The appeal process for this would be outlined in the Code of Student Rights & Responsibilities. To find this information go to TCC’s website, [www.tacomacc.edu](http://www.tacomacc.edu). When you have acquired the site, enter your student portal and do a search for:

1. Student Resources
2. Student Policies
3. Code of Student Rights and Responsibilities

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**2.18 RADIOLOGIC SCIENCE PROGRAM DISCIPLINARY PROCESS**

A student may be dismissed for non-academic or disciplinary reasons. These could include violations of the:

2. RS Program Policies and Procedures.

If the student disagrees with the disciplinary action, the student has the right to appeal that decision. Please go to TCC’s website, [www.tacomacc.edu](http://www.tacomacc.edu). When you have acquired the site enter your student portal and do a search for:

1. Student Resources
2. Student Policies
3. Student Grievance Procedures (other)

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**SECTION 3 – CLINICAL PRINCIPLES AND POLICIES**

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**3.1 CLINICAL ENVIRONMENT**
THE FIRST YEAR STUDENT

You will notice many differences between the academic environment to which you have been accustomed and the clinical environment, which you are entering. Most of the differences will prove exciting and stimulating; some will prove to be frustrating and aggravating. How successful you function and learn in the clinical setting depends in part on how you approach and deal with these differences.

The reality of the situation is that the efficient, effective operation of the department, so as to deliver optimal patient services and care, is the top priority. This means that the patient’s welfare is considered first. Usually this is consistent with the goals and needs of clinical education. Occasionally, however, this reality dictates that the scheduling and conduction of educational activities be flexible.

Compared to the learning activities conducted on campus in the classroom setting, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role for integrating the academic preparation you had with the individual examinations you are observing or performing.

Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity to achieve academic goals. In the clinical setting you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than function independently of the departmental goals, you become part of the health care delivery team and function cooperatively to achieve educational and departmental goals.

Another difference between the academic environment and that of the clinical has to do with how you view the making of a radiographic image. When you peer positioned or made images of acrylic phantoms in the laboratory on campus, your attention was focused on the mechanics of producing the image. There was no need to be concerned or cautious about the welfare of your “patient.” In the clinical situation you must develop the ability to expand your attention to include the mechanics of producing images of optimum quality, and awareness of the patient as a person and not simply an examination to be completed.

Undoubtedly, you will be able to add many more differences to this list. You are making a transition that will require some reorientation and adaptation on your part. This is a time of transition also for the students in the class ahead of you who are assuming a new role and responsibility as second year students. The clinical staff is also involved in reorientation and adaptation. At the point when you enter the hospital, they have been working with students who are for the most part requiring minimal supervision. The staff must cycle back and assume a direct supervisory role all over again.

3.2 CLINICAL SUPERVISION
Radiologic Program students and clinical education centers will follow prescribed JRCERT policy to be in compliance with the Standards.

> Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of qualified radiographers. The parameters of direct supervision are:

1) A qualified radiographer reviews the request for examination in relation to the student’s achievement;
2) A qualified radiographer evaluates the condition of the patient in relation to the student’s knowledge;
3) A qualified radiographer is present during the conduct of the examination; and
4) A qualified radiographer reviews and approves the radiographs.
5) There is to be only one (1) student with the radiographer in the room at a time. The only exception to this is if a rare examination is being performed and this may be the only chance to see that examination.

When a repeat radiograph that a student radiographer has taken is necessary it is to be done only in the presence of a Registered Radiologic Technologist. The technologist is to double check positioning of the patient, tube and bucky tray alignment, and to make sure that the correct technical factors are selected before that repeat radiograph is taken. Repeat radiographs are to be documented on the repeat log.

After demonstrating competency, students may perform procedures with indirect supervision. Indirect supervision is defined as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement.

"Immediately available" is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

1) Second year students may not supervise first year students in the clinical area. First year students receive direct supervision from the registered technologist assigned to their clinical area. Second year students who have satisfied the clinical competencies for
the particular area to which they are assigned may receive indirect supervision from the technologist-in-charge.

2) Students may not pass or fail patient images, but must obtain the opinion of the technologist-in-charge or the technologist assigned to their clinical area before passing or failing an image.

The JRCERT mandates these supervision policies and, along with the program, take them very seriously. To that end violations of these policies will result in the following:

1st violation – verbal warning
2nd violation – written warning and placed on probation
3rd violation – DISMISSAL FROM THE PROGRAM

For whatever reason, should a sudden lack of any supervision occur at a clinical education center the following policy will be followed:

1. Should insufficient staff for proper student supervision occur at any clinical education center, the student will notify their assigned TCC clinical coordinator.
2. The TCC clinical coordinator will then attempt to contact one of the following:
   a. the clinical instructor
   b. the shift supervisor
   c. an on duty staff radiographer
   d. a department receptionist
3. The TCC clinical coordinator will verify the supervision capacity at the time with the individual contacted.
4. If it is determined that the diagnostic X-ray shift is not adequately manned, the student/s will be re-assigned to an observational rotation in CT, MRI, nuclear medicine, etc. for that day only.
5. This procedure shall be considered as a short-term solution only.

In addition to the JRCERT clinical supervision policy the underwriter for the TCC malpractice insurance does require that these supervision policies be adhered to for the student to be covered.

3.3 STUDENT IMAGE QUALITY CONTROL AND REVIEW OF COMPLETED IMAGE
Responsibility for checking student images fall to the following:

1. clinical instructors,
2. floor supervisors and/or
3. staff technologist assigned to the student.

**PROCEDURE**

If a student is required to make a repeat exposure the student must be allowed to see the image first in order to correct any positioning or technical factor problem. The repeated examination must be performed under the direct supervision of a registered radiologic technologist. The technologist shall review the positioning and technique before the exposure is taken.

Repeated examinations:
1. Examination shall be repeated by the person who performed the original exam.
2. Students shall not repeat examinations for the technologists.
3. Technologists shall not repeat examinations for students.
4. Repeat exams shall be documented on a repeat log sheet and initialed by the technologist supervising the repeat.

**3.4 CLINICAL COMPETENCIES**

The ARRT mandates certain minimal and elective competencies. Students in the TCC RS program will complete these. It is a program’s prerogative to expand competency requirements beyond the ARRT minimum. TCC’s RS program builds its competency requirements based upon biennial surveys of the clinical education settings. All TCC RS students are **required** to meet these competency requirements prior to exiting the program.

Clinical skills can be developed by following a systematic step-by-step approach. The following sequence of steps will generally produce outstanding technologists:

1. Academic Preparation
2. Observation
3. Assisting Qualified Worker
4. Supervised Trial Performance
5. Evaluated Performance or Competencies
   a) initial competency
   b) recertification competency
6. Performance Maintenance
   a) continued competency

**Academic Preparation**: You completed this step on the TCC campus by studying radiographic physics, radiographic principle and techniques, anatomy and physiology, radiographic positioning, etc.
**Observation:** Your initial activities in the hospital will consist primarily of observing qualified technologists at work.

**Assisting Qualified Worker:** Once you feel comfortable in the radiographic exposure room, you will be given an opportunity to assist the supervising technologist in performing radiographic procedures.

**Supervised Trial Performance:** As you develop confidence and proficiency, you will be given the opportunity to complete entire examinations under the direct supervision of a technologist. He/she will observe you and step in whenever the need arises.

**Performance Evaluation or Competencies:** When you feel certain that you are able to do a particular examination by yourself, ask the supervising technologist to do a performance evaluation when the next patient for that examination arrives. You will need to be evaluated whether your performance is satisfactory or unsatisfactory. If your performance is unsatisfactory, continue to practice this examination under supervision until your supervising technologist feels that you are ready to be re-evaluated.

**Performance Maintenance:** Once you pass the performance evaluation for a particular examination you need additional practice to maintain and perfect your skill. The A.R.R.T. states, "Clinical competency demonstration requires that designated procedures be performed independently, consistently and efficiently." You may now do this examination with indirect supervision. (A technologist must be on the premises but not necessarily in the exposure room). However, if a repeat examination should become necessary for factors over which you had control, a qualified technologist must be present to provide direct supervision.

When you rotate to another site, show your list of examinations to your supervising technologist so he/she knows exactly which examinations you can do alone and which must be closely supervised. Please take note of your room rotation upon entering a new clinical education site. Normally, you will only be allowed a certain amount of time in each room that may be performing a new type of examination. You must prepare yourself to orient quickly to this new room so that there will be ample time to observe, assist, have a trial performance, and complete a satisfactory performance evaluation or competency before you move on to the next room.

Since the program is competency based and experiential, repetition is essential to success. The clinical affiliate shall dismiss the student from clinical that refuses to participate in any examination because he/she has already "checked off" on the exam. The clinical affiliate shall dismiss the student from clinical that abandons the patient during the performance of an examination. Time lost will be deducted from the 40 hours for the 1st 12 months of clinical and 32 hours for 2nd 9 months of clinical absence allowed.
A student that has obtained an initial competency can have that competency invalidated if he/she can not satisfactorily demonstrate retention of competency. This decision will be made jointly by the Clinical Instructor and Clinical Coordinator. Their decision will be final.

**Clinical Competency Testing Policy**

1. The student must declare **prior to the exam** that he/she is comping the exam. The competency form information; student, examination, patient I.D. **must** be filled out by the student prior to handing the form to the technologist to be completed. If the student is not available when the form is completed, the form must be kept locked in a secure location.
2. Students will be assigned to an RT by the clinical site instructor (CI). The duration of the assignment will be at the discretion of the CI taking into account the student’s needs in terms of learning and completing the competency requirements.
3. The student will learn and perform at the direction of the RT. The student and RT must be **aware and abide** by the JRCERT supervision policies and requirements (i.e. – direct, indirect supervision, repeat policy). These policies are laminated and provided by the TCC radiography program and are displayed prominently in the department.
4. After appropriate experience with an exam, a student can request to perform a competency exam.
   a. When the student makes this request he/she must be ready in all respect to begin the competency exam.
   b. The student’s assigned RT will be provided with a competency exam form by the student.
5. During the competency exam, the RT may deem it necessary to terminate the exam due to patient safety considerations. If this termination is the result of improper student performance, the competency exam form must be filled out and signed to indicate the reason for termination.
6. During the competency exam, if patient care and safety are not compromised, the student is **not allowed to** terminate the competency exam. The student is to complete it to the best of their ability and receive the score they earn.
7. A student receiving a ”NO” on items A (gonadal shielding), B (accurate evaluation of requisition, C (proper identification of patient or D (personal lead marker used) will receive an automatic failure of the competency.
8. Competency exam score are determined by dividing the points the student has earned by the total number of
possible points (e.g. – PA & LAT chest – the student earned 38 points; the total points = 40 [20 points per projection]; therefore the score would be – 38/40 = 95%. A passing score is considered to be 90% or better.

3.5 PERFORMANCE EVALUATIONS OR COMPETENCIES

When you feel certain that you are able to do a particular examination by yourself, ask the supervising technologist to do a performance evaluation when the next patient for that examination arrives. You will need to be evaluated whether your performance is satisfactory or unsatisfactory. If your performance is unsatisfactory, continue to practice this examination under supervision until your supervising Technologist feels that you are ready to be re-evaluated.

The goal of performance evaluations/clinical competencies is to prove your competency, therefore once you have successfully performed your initial and recertification competency it will not be necessary to have a competency form filled out when you do the examination. However, continued competence is required at least once. The student does not have the right to refuse to do an examination just because they have completed their required check offs.

There are required numbers of competencies that need to be successfully completed for each quarter. Failure to complete the required number of competencies will fail the student clinically. Please seek help of your site instructor and the Clinical Coordinator/clinical instructor if you are having difficulty meeting this requirement. The first performance evaluation/clinical competency is the initial check off. The student is then required to obtain a second performance evaluation/clinical competency that is known as recertification. Both of these evaluations are formally done by a technologist observing the student and completing the clinical competency form. The third requirement is continued competency. To meet this requirement the student must request a technologist to observe their performance of an examination. If the technologist feels the student has successfully performed the examination the technologist will sign and date the appropriate line in the Student Portfolio.

See Student Portfolio for current competency requirements.

The ARRT does allow for simulation of a small amount of competency examinations. The policy of the Radiologic Sciences program at TCC is that a simulation will not be allowed until 1-2 days prior to graduation. A student that is in need of utilizing this option to complete graduation requirements must avail himself/herself of all clinical days and cannot save the 32 hours or any portion of the personal leave to leave the program prior to the final advertised date on the calendar.

3.6 CLINICAL ROTATION SCHEDULE

To meet the JRC’s requirement of fairness and equity each student is required to rotate through what the program considers to be a large hospital and a smaller hospital or imaging
center. As equitable amount of time as possible will be spent at the 2, possibly 3 different rotations as determined by the program to meet program completion requirements. In developing this rotational schedule it is necessary that we inform current students and potential students that there may be considerable commutes to affiliates required. Because students are not selected for the program based on their residence we are unable to arrange clinical sites near where the student lives. Limited clinical affiliates, staffing and types of examinations offered at sites has greatly limited our flexibility to move a student for personal needs.

### 3.7 DRESS CODE

All students are expected to be neat and clean. No dangling jewelry shall be worn. Earrings are not to fall below the ear lobe. Artificial nails are not allowed. Students having hair longer than collar length shall tie it back. Beards shall be nearly trimmed. A Radiologic Technologist administers to the physical and psychological welfare of patients; therefore, the student must present a well-groomed appearance with neatly cut hairstyles, evidence of acceptable hygienic practices and be willing to comply with the affiliate hospitals grooming policy. Clinical sites are designated as fragrance free. Perfumes, colognes, and aftershave are not allowed. Any student not adhering to this policy will be required to leave the affiliate and/or the program.

Due to health regulations some type of sock must be worn with shoes, no bare feet.

**Due to health and safety concerns jewelry is to be limited to a wedding ring, watch and one small pair of earrings that do not fall lower than the ear lobe. No other body rings are to be worn, i.e. nose rings, brow rings, ear lobe gauges and lip or tongue studs. A necklace is allowed if worn under clothing.** Many clinical sites insist that tattoos must be covered. **Even if the clinical site okays something different than specified it is not okay. Program policy must be abided by.**

Clinical affiliates do not allow artificial fingernails or overlays of any type.

Current fashion trends may not be considered professional attire. Nontraditional hairstyles and color is not acceptable. Please check with faculty prior to wearing a questionable style.

**RADIATION MONITORING:**
The student is required to purchase and wear to clinical and lab at all time a TLD issued at the college. (See radiation monitoring for additional information.) Any student not wearing his/her TLD to lab will not be allowed to attend and will lose all points for the day. Any student not wearing his/her TLD at clinical will be sent home to retrieve the TLD if not worn and time missed will be deducted from the 40/32 hours absence allowed. The student shall not turn their TLD in if the bookstore does not have the replacement.

**NAME ID BADGE**
Your name ID badge is considered as part of your uniform and must be worn when you are on duty at your clinical site. This regulation is part of TCC’s affiliate agreement with each clinical education center. A student not wearing their TCC name ID badge will be sent home to retrieve the name badge, time missed will be deducted from the 32 hours absence allowed.
If any affiliate or any healthcare organization hires a student, that organization must provide proper identification for the employee. The employee identification is not to be worn during clinical hours as it is a misrepresentation of the status of the student.

UNIFORM
The uniform for the radiologic science program at Tacoma Community College shall consist of royal blue scrub pants and royal blue scrub top with the TCC Radiologic Sciences Program logo patch adhered (Sewn or heat applique). Shoes cannot be open toed or open heeled for safety reasons. A comfortable, non-slip shoe is suggested. Any student not following the dress code policy to lab or clinical will be dismissed and an absence issued. Unless the student is scheduled in O.R. the student will be attired in accordance with the program's dress code.

RADIOGRAPHIC MARKERS
Radiographic identification markers are a legally binding form of information used for radiographic examinations.

Upon staring clinical rotations, each student will be required to order at least two sets of leaded right and left markers with his/her I.D. and small ‘s’ on them. The web address for the company is: www.meetyourmarker.com

The student is responsible for having his/her markers available each clinical day and for laboratory and if lost, must order another set immediately. The student is responsible for lacing his/her own markers on all images that he/she produces. These markers must be placed on images according to institutional policy. No student may use another student or technologist/s markers and the students shall not loan his/her marker to a technologist unless he/she is directly involved in the taking of the image.

I-PAD, PERSONAL COMPUTER AND HOSPITAL COMPUTER USAGE
The student is strongly discouraged from bringing I-Pads and personal computers to clinical for usage. The hospital and program will not be liable for stolen articles. Students are not allowed to utilize hospital computers for anything except patient related usage.

3.8 CLINICAL ATTENDANCE

ATTENDANCE: 40 hours clinical absence will be allowed for the first year of clinical training, with 32 hours allowed the second year. The clinical grade will be lowered in accordance with the clinical syllabus from policy and procedures for each 8-hour absence beyond the 40/32 hours. Less than 8 hours will be prorated. An illness, which would keep the student out of clinical for an extended period of time, will be handled at the discretion of the faculty and site instructor based on the students’ performance.

STUDENT SENATE MEETINGS: Students will be required to complete a minimum of four clinical hours before being excused to attend student senate meetings.

VOLUNTEER OF CLINICAL TIME: The student may put in extra clinical time on professional development day, advising day, etc. The request will be made in writing at least one week in advance to the clinical coordinator. The request will be presented to the faculty first for approval/disapproval. If approved, the faculty will then seek approval from the clinical site. A
A faculty member must be available by pager during this period of time. Volunteer time accrued may not be utilized to offset a clinical absence.

**ADDITIONAL CLINICAL TIME:** The faculty has the option to require additional clinical time of a student who is demonstrating difficulty in achieving the psychomotor skills of the program. This requirement is intended to assist the student in successfully completing the program.

**EMPLOYMENT:** Students employed by the clinical affiliate shall accept employment assignments during hours when they are not involved in classroom, laboratory, or clinical assignments. Employed students may not assume the responsibility of supervising other students and, while students are engaged in educational activities, they may not assume the responsibilities of paid staff technologists.

**Clinical Attendance Information**

1. When a student is absent it is his/her responsibility to notify the clinical site 1-hour PRIOR to expected time of arrival. It is also necessary to notify the Clinical Coordinator/clinical instructor that may be done by leaving a message on his/her voice mail or paging the instructor prior to 7:00 am. Not notifying the clinical coordinator and the clinical site will be counted as an unexcused additional absence that will be deducted from the 40/32 hours absence allowed.

2. Tardiness is not acceptable. **Tardiness is any failure to be in the clinical site work area in proper attire, ready to care for patients at the assigned time.** Time tardy cannot be made-up, it is deducted from the 32 hours absence allowed. Tardiness must be marked on the clinical attendance sheet. The clinical grade will be lowered in accordance with the clinical syllabus in the policy and procedure category for each 8-hour absence beyond the 40/32 hours allowed.

3. There is no such thing as MAKE-UP time.

4. In accordance with JRCERT policy paid work time at any clinical site can not be substituted for assigned clinical experience. The student must complete all assigned clinical time before being eligible for paid work.

5. Competencies can not be performed during paid work time.

5. Appointments will be scheduled outside of clinical and classroom times if at all possible

| 3.9 ADMINISTRATION OF CONTRAST AGENTS |

It is the purpose of this procedure to clearly define how contrast agents will be administered to patients.
All persons involved in the handling of contrast agents must be instructed in the proper use of sterile technique, and all medications must be checked for sterility and expiration date.

1. A physician or radiographer will be responsible for the administration of all contrast “IV” or injectable contrast agents.
2. When a student is responsible for preparing the contrast material for administration he/she must assure the following:
   a. Correct patient
   b. Correct contrast agent
   c. Correct amount of agent
   d. Correct method of delivery
3. The patient must be questioned as to any reactions to drugs or medications; any allergies to foods.
4. The vial or ampule containing the contrast agent must be kept, shown to the physician at the time of administration and not discarded until after the completion of the procedure.
5. After the administration of the contrast agent, the patient is not to be left alone throughout the rest of the x-ray procedure.
6. The emergency “crash cart” should be available for use in the area where the procedure is being performed.
   Limited drugs will be brought to the room where the procedure is being performed for use in mild reactions.
7. Any information regarding a patient’s history of allergies and/or reactions to the medication must be given to the physician prior to the administration of the contrast agent.
8. The patient must be watched carefully for any signs of a reaction and the physician informed immediately of any change in the patients' condition.
9. As part of the required curriculum Tacoma Community College added Pharmacology and Venipuncture to its curriculum in 1994. However, students attending the Clinical portion of the curriculum will not inject, in any manner nor under any conditions, IV contrast media.
3.10 CLINICAL EDUCATION

Students will not be transferred from one clinical site to another due to inability to get along with the site or their peers.

There is to be no trading of clinical sites amongst students.

Students can expect to rotate to different shifts between 6:00 am and 7:30 p.m. during fall, winter and spring quarters in addition to occasional weekends. The student can also expect to be rotated to day and evening shifts between the hours of 6:00 a.m. and 12:00 a.m. as well as weekends during summer quarter. The student can also expect to be scheduled on weekend rotations to enhance clinical learning and meet the objectives of the program.

**CLINICAL SHIFTS WILL NOT BE CHANGED DUE TO OUTSIDE WORK SCHEDULES. THE PROGRAM MUST COME FIRST.**

Clinical rotation assignments are based on the experience the site offers in accordance with the needs of the student. All assignments are randomly selected and not based on where the student lives.

The radiography program tries to adhere to published college schedules when assigning clinical days and shifts. It may not always be possible to strictly adhere to the college schedule (e.g. – a schedule of swing shifts, scheduling on advising day, etc.) The student must be aware that they must maintain flexibility in terms of being scheduled for the required clinical and/or didactic classes.

Most clinical affiliates require a mandatory orientation prior to entering the clinical site. This orientation is scheduled by the site and may occur during the Christmas break. Any student not attending the mandatory orientation will not be allowed to attend clinical.

3.11 Clinical Grade Computation

ACHIEVEMENT OF COURSE OBJECTIVES

**STEP #1**

Step #1 is an all or nothing process. If the student does not complete the required number of competencies with a 90% or better by the specified due date, the student will fail the clinical course.

**STEP #2**

Syllabus, Policy and Procedures earned

- Not having TLD on, -5 points/occurrence
- Not having current TLD by due date, -5 points/occurrence
- TCC name/ID badge, -5 points/occurrence

25 points possible _____
✓ TCC scrubs as appropriate, -5 points/occurrence
✓ Calling in to the clinical affiliate and TCC coordinator when absent, -5 points/occurrence
✓ Violations of policies per Policy and Procedure Manual, -5 points/occurrence
✓ Keeping up on attendance sheet (do not sign ahead of time), -5 points/occurrence
✓ Keeping up with daily log, -5 points/occurrence
✓ Keeping immunization portal information current, -5 points/e-mail from Amanda that it needs to be done
✓ Cell phone on one’s self, -5 points/occurrence
✓ I-pad and personal computer use during clinical time (non-break), -5 points/occurrence
✓ Hospital computer use at any time except patient related information, -5 points/occurrence
✓ For every group of 5 failed competencies, -5 points (after RS 120)

STEP #3
5 points possible ________ earned

Portfolio Objectives

STEP #4
Progress Evaluations
Evaluation #1 points ____

Evaluation #2 points ____ 200 points possible ______ earned

STEP #5
Attendance -15 points for each 8 hours over the 40 or 32 hours allowed, prorated for in-between amounts

Points Deducted

Total Points Earned

3.11 CLINICAL GRADE COMPUTATION WITH TRAJECSYS

<table>
<thead>
<tr>
<th>Trajecsys Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical reporting and timekeeping reference sheet</td>
</tr>
<tr>
<td>Winter / 2018</td>
</tr>
</tbody>
</table>

• Student Registration
  o Each student will go to this listed website https://www.trajecsys.com/
  ▪ Then the student will click register at the top of the page and fill out the requested information
    • The username should be easy to remember and not a username you may want to use as a future technologist; we suggest it is the same username used for your email here at the college
    • The email must be your school email, not your personal email
• **Student Time Keeping in Trajecsys**
  
  o **CLOCK IN**: Each student shall clock in to the system when they arrive to the department via site computer system or mobile device you may use your own computer, tablet or phone.
    - You login to the system, select your site and in-punch
    - No computer or device will be reason for late clock in. The sites have been informed of this expectation and should accommodate you.
    - Mobile devices will need to have location settings turned on, or your punch will alert staff that you may not be onsite. When it asks you to allow geolocation you click allow.
      - The system lets us know if you deny your location status.
      - Be sure **not** to login to the system before you are **in the department** and refresh your browser several times to be sure it has you at the correct location before you login to the system.
    - If you are **late or tardy**: you must do a **time exception INSTEAD** of an in punch, and state you were tardy or late and if you’d like to, you can state the reason.
      - Each student is allowed 4 late/tardys per quarter after 4 you will lose 5 points off of your final quarter grade per instance following the 4.
      - A late/tardy is defined as being in the radiology department at your scheduled time.
      - A “forgot” in punch will count as a tardy for the quarter.
      - Any late/tardy requires a notification text/email with your name - to the site school clinical faculty
  
  o **Absent**:
    - You login to the system and do a time exception and select the absent box, this will give you an in and an out punch for the entire 8 hours and show you as absent.
    - You do not need to do absent punches for missing clinical on an excused day ie, holidays, snow days (if campus is closed), WSRT.
    - Any absence from clinical requires a notification text/email to your school instructor and a phone call to the clinical site. The phone call needs to be at least 1 hour prior to your scheduled time
      - Further explanation of this policy is in the policy and procedures manual
  
  o **CLOCK OUT**:
    - If you leave the clinical site early, you must do a **time exception INSTEAD** of an out punch – examples would be senate meetings or any personal appointments or personal time off used.
      - Please state the reason you are leaving early in the comment box.
      - At this time being excused from clinical for CEDO or low census has been removed from our policy and is **not** a reason for leaving clinical early.

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Students attending clinical at a site that they may punch in at one site and then relocate to another campus should punch out and immediately punch back in at the other location. This keeps you on the clock during your travel time, so you won't be missing hours. The student must go **directly** to the next campus.

- **Time off / Personal time:**
  - The policy on missing clinical time is in the Policy and procedures manual given to you at the beginning of the program.
    - Junior class is allotted 40 hours for the first year of clinical Jan – Dec
    - Senior class is allotted 32 hours for the second year of clinical Jan – Aug
  - Students using any **personal time** need to do the **time exception** and also need to fill out a **Time-off Request form.** This allows the faculty to match up your time edits on a quarterly and yearly basis with your time off used in your time summary.
    - The time-off request form is located in the evaluations tab under your login and is filled out in the time increments of the amount of time you are taking – i.e. 2.5 hours 4 hrs or 8 hrs.
  - The policy on going over your 40/32 hour time off allowance still stands; **- 15 points** off of the clinical grade score for each 8 hours over the 40/32 hour time period.

- Excessive use of the time exceptions function in the system can also affect your grade in the policy and procedures section for keeping up with attendance and workbook logs. These are deducted in 5 point increments.
  - Examples of students losing points for this is excessive missed punches, forgot to clock in or out, missing daily log days

- **Procedure Log**
  - The student is required to record and log every examination that they are part of in the Trajecys system on a clinical daily basis. The daily log records as well as your clinical competencies are essential for you to be eligible to take the registry at the end of the program.
    - Daily log maintenance is a part of your clinical grade and you should never be more than a few days behind in recording your exams. Any student more than 1 week behind during a faculty visit will lose 2.5 points from your final grade for each faculty visit you are delinquent.
  - The logs are recorded in the system according to your level of participation:
    - (A)ssist, meaning you assisted the technologist in some way with the examination
    - (S)olo meaning you performed the examination while being observed by the technologist
    - (I)nitial competency meaning you requested and completed the examination and the technologist filled out the required competency evaluation in Trajecys.
• (R)ecertification competency meaning you requested and completed the examination recertification and the technologist filled out the required competency evaluation in Trajecsys.

• (C)ontinued competency meaning you requested and completed the examination continued competency and the technologist acknowledged the continued evaluation in Trajecsys.

  o The student will use and record the **last 5 numbers of the patient accession number for each exam** in the system. Then the system will ask you the level of participation as listed above.
  o The system will also have a drop down box for the student to put in the technologist they were working with in the examination.
  o There is a comment box for optional comments about the exam, interesting information pathology etc. Do not put any patient information, MRN or other information you would not want everyone to see, this is available for any of the techs and the CI to read.

  ▪ **All totaled, it only takes less than 10 seconds to log an exam. You should have time at the end of your shift or the beginning of your shift the next day if you arrive early, to login and record your exams.**

  ▪ There are several ways to accomplish this in a timely manner
    • Some students save the slip sheet or requisition form for each patient
    • Some students carry a small notebook and record the accession numbers on it for each patient
    • This can be done during the day during a lull in activity or just before or after you are clocking out at the end of the day.
      o This can be done at home, however you may not take home the requisition sheets with patients PPI on it!

• **Competencies:**
  o Each student has a required # of competencies to complete each quarter either Initial, Recertification or Continued.
    ▪ After performing and logging the comp, the student will request the technologist that observed the competency fill out a competency evaluation for the specific exam completed.
      • Be sure to remind them if it is **Initial, recert or continued!** If they submit it incorrectly it will need to be redone.
  o Competencies need to be submitted in a timely manner. If the comp has not been submitted by the evaluating technologist prior to 1 week after the initial date of completion it will not be accepted, and need to be redone.
    ▪ If a rare exam is comped and the tech is not working, exceptions can be made if clinical instructor is notified and views images to verify completion
  o The competency submitted must be under the accurate name and type of comp and should be resubmitted if put in incorrectly.

• **Evaluations**
Each quarter the student is responsible for requesting at least 3 clinical progress evaluations from the CI and or the technologists they work with most frequently. They are due once at mid-term and again at the end of each quarter.

- The request can go in 1-2 weeks prior to the evaluation due date.
- These evaluations are averaged and constitute the bulk of your clinical grade.
- The requests can be done via email in the Trajecsys system or in person.
- You can request more than 3 or 4 but need at least 3 for the evaluations to count for the grade.
  - Not all techs you request will take the time to fill one out for you.

The student is required to go in and review each evaluation as it is submitted and acknowledge it by placing your initials.

As someone fills out any of these “evaluation forms” on you, an email should be generated to notify you.

- Any email received should have a form for you to open and acknowledge with your initials.
  - Each student will open the form/evaluation submitted and in the comment line at the bottom of the form enter your initials to show us you have signed off the report.
  - You may not always totally agree with this analysis of your work, but learning to handle constructive criticism is part of being an RT. If you want to make a comment in a positive manner feel free, but remember that your comments are available for the person filling it out to see. If you have a real issue with something please speak to your faculty member to iron out any difficulties if you are not comfortable speaking with the person filling out the evaluation.

**MISC**

- Your records are personal to you as the student and to those that are assigned to you as instructors. The Clinical Instructor at your site has access to see all of the evals and comps that are filled out on you, as well as your daily skills logs – they cannot see the site visit forms or anything we log during our discussions with you when we visit you on site.

- Student Forms and evaluations in Trajecsys –
  - Each student can run a report in the system to show their progress to date in regards to your time summary, evaluations, site visits and time off requests. As someone fills out any of these “evaluation forms” on you, an email is generated to notify you.
    - To run a report you select reports and select which form you want to run the report on in the drop down.
    - Add a date range for the quarter if you want to limit the search.
    - When the report is generated you may need to select the “click here” button to open it.
  - Any form, comp or evaluation done on you needs to be acknowledged by you.
Each student will open the form submitted and in the comment line at the bottom of the form enter your initials to show us you have seen and signed off the report.
  o Any comments you make cannot be removed from the forms after it is submitted.

**Students please understand that these records are the same importance as the medical records used in hospitals like “EPIC”. TCC is accountable to you as our students as well as subject to audits by JRCERT. It is important that these records are private, accurate and timely.

### 3.12 CLINICAL GRADING

All competency evaluations must receive a 90% or better to pass.

All competency evaluations, passed or failed, must be retained in the student records.

95 – 100  = A
92 – 94 = A-
90 – 91 = B+
87 – 89  = B
85 – 86 = B-
82 – 84 = C+
79 – 81  = C
74 – 78 = D
73 and below = E
Each clinical education center has a technologist who is designated as a site instructor. The site instructor works directly with the college instructors and the program director in coordinating your training. The student is expected to respond to a site instructor as he/she would with any other college instructor.

A student should be cognizant that the site instructor is in a rather “trying” position. Site instructors not only have the same responsibilities as other staff technologists, but also have innumerable demands placed on their time and energy in attempting to provide you with the best possible experience. The Site Instructor and the program work very closely together to provide the optimal educational experience for you.

Clinical assignments will occur on a rotational basis. Students will receive a schedule of these assignments and will be responsible for providing their own transportation to and from the clinical sites. It will also be the responsibility of the student to contact the clinical site PRIOR to the first day for shift start time.

1. Allenmore Hospital
   1901 South Union Avenue
   Tacoma, Washington 98405
   (253) 459-6358
   Fax: (253) 403-5068
   Stephen Gustafson, R.T., Chief Administrative Technologist
   Stephen.Gustafson@ multicare.org
   Erica Pate, R.T., Site Clinical Instructor
   Erica.Pate@ multicare.org

2. Auburn Regional Medical Center
   Plaza One
   202 N. Division Street
   Auburn, Washington 98001-4908
   (253) 833-7711
   Fax: (253) 333-2572
   Chris Eagle, R.T. (R)(CT) Chief Administrative Technologist
   Janice Spencer, R.T. (R), Site Clinical Instructor
   Janice.spencer@ multicare.org
3. Covington Medical Park – Multicare Health System  
17700 SE 272nd Street  
Covington, Washington  98042-4951  
(253)372-7040  
Janelle Biebertson, R.T.(R), Site Clinical Instructor

4. Good Samaritan Hospital  
407 14th Avenue Southeast  
Puyallup, Washington  98371  
(253) 848-6661 ext. 1840#  
Fax: (253) 845-5452  
Jose Moreno, R.T., Manager  
Jose.Moreno@multicare.org  
Kelly Murray, R.T.(R), Site Clinical Instructor

5. Kaiser Permanente – Olympia  
700 Lilly Road NE  
Olympia, Washington  98506  
(360) 923-7685  
Fax: (360) 923-7649  
Linda Olson, R.T. (R) , Lead Technologist  
Allie Houle, R.T., Site Clinical Instructor  
Houle.a@ghc.org

6. Kaiser Permanente – Tacoma Specialty Clinic  
209 So. Martin Luther King Jr. Way  
Tacoma, Washington  98405  
(253)596-3470  
Michael Kruse, R.T.(R), Site Clinical Instructor

7. Harrison Medical Center  
2520 Cherry Avenue  
Bremerton, Washington  98310  
(360) 744-6781  
Fax: (360) 744-6718  
Joel Yakowitz, R.T. (R), Manager of Medical Imaging  
Kevin Caswell, R.T., Site Clinical Instructor  
Kevin.Caswell@harrisonmedical.org

8. Harrison Medical Center – Silverdale Campus
1800 NW Myhre Road
Silverdale, Washington 98383
(360) 337-6500
DeAnna Farr, R.T., Site Clinical Instructor

9. Harrison Imaging Center- Bremerton
2700 Clare Ave
Bremerton, Washington 98310
(360) 479-6555
Fax: (360) 479-8327
Melissa Armstrong, R.T., Chief Administrative Technologist

10. Harrison Imaging Center- Silverdale
1780 NW Myhre Road, #1220
Silverdale, Washington 98383
(360) 337-6512
Fax: (360) 337-6504
Harrison Health Partners- Port Orchard
450 South Kitsap Blvd, Suite 110, Port Orchard, Washington 98366
Melissa Armstrong, R.T. Site Clinical Instructor

11. Diagnostic Imaging Northwest
222 Professional Center
222 15th Avenue SE
Puyallup, Washington 98372-3754
(253) 841-4353
Debbie Shaver, R.T. (R)(M), Site Clinical Instructor
dshaver@dijnw.com

12. Providence Hospital
1914 S Scheuber Road
Centralia, Washington 98531
(360) 736-2803
Fax: (360) 330-8583
Tarin Drevniak, R.T., Site Clinical Instructor
Tarin.drevniak@providence.org

13. Saint Anthony Hospital
11567 Canterwood Blvd. NW
Gig Harbor, Washington 98332
(253) 530-2000
Terri Duggan-Jahn, R.T. (R)(CT)(MRI), Chief Administrative Technologist
Brandon Tegge, R.T.(R), Site Clinical Instructor
14. Saint Clare Hospital
11315 Bridgeport Way
Tacoma, Washington  98499
(253) 581-6395
Fax: (253) 589-8297
Steve Pawlawski, R.T.(R), Chief Administrative Technologist
Jennifer Warboys, R.T.(R), Site Clinical Instructor

15. Saint Francis Community Hospital
34515 9th South
Federal Way, Washington  98003
(253) 952-7974
(253) 952-7946
James Shreve, R.T., Chief Administrative Technologist
Heather Bouffiou, R.T., Site Clinical Instructor
HeatherBouffiou@fhshealth.org

16. Saint Joseph Hospital
1718 South I
Tacoma, Washington  98405
(253) 627-4101
Fax: (253) 591-6881
Andre House, R.T., Chief Administrative Technologist
Sarah Tinsley McCann, R.T., Site Clinical Instructor
Stinsley03@yahoo.com
Deann Hamilton, R.T., Site Clinical Instructor
deannhamilton@fhshealth.org

17. Saint Peter Hospital
413 Lily Road NE
Olympia, Washington  98506
(360) 493-7457
Fax: (360) 493-5236
Eileen Hattell, R.T., Chief Administrative Technologist
Gina Bacchetti, R.T., Site Clinical Instructor
Gina.Bacchetti@providence.org

18. Tacoma General Hospital
315 So. Martin Luther King Jr. Way
SECTION 4 – STUDENT PROGRAM INFORMATION

4.1 STUDENT AFFAIRS

Class Representative:
Each class will elect two class representatives that will represent them on the advisory board. Each class will also elect two class representatives that will represent them on the Student Council. These students are the class liaisons for policy changes and/or problems.

Program Representative:
Each class will elect two program representatives that will represent the program for program concerns that would not be addressed at the advisory board meeting. These individuals may also be called upon for input on changes the faculty are proposing. The students are also the representatives to attend WSRT as a first year student.

Class President:
Each class will elect a class president. This person will be responsible for organizing activities for the class. A report must be made twice each quarter to the student senate regarding club activities.

Class Secretary:
Each class will elect a class secretary. This person will be responsible for taking minutes of all class meetings and recording any votes taken.

WSRT Conference/Student Leadership Conference:
Each spring the Washington Society of Radiologic Technologists holds a convention. It is generally held on a Thursday and Friday. Thursday is dedicated as the student portion of the convention. There are speakers to listen to and exhibits to look at. It is an option to join WSRT. For RS 250 the student will be given the option of attending WSRT and entering a project or an essay OR doing a 10 page research paper. To enter a project or essay the student must join WSRT. Funds may be requested from student government, as a member of the Rad Tech Club, to help defray the cost of the conference.

Rad Tech Club:
Each student of the radiologic sciences program is a member of the Image Intensifier club. The club performs functions at the Student Leadership/WSRT Conference. The Club also presents a budget request each spring to the ASTCC for funding of functions.

**Graduation:**
Each student of the radiologic sciences program that will satisfactorily complete the requirements of the program by the end of the second summer quarter may apply for early commencement. The Board of Trustees allows a student that has one remaining course to walk at June commencement.

**Employment:**
Although the program faculty understands that most students will have to work while going through the program, the student needs to realize the commitment he/she has made in accepting a position in the R.S. program. This is a full-time program with didactic courses and clinical scheduled at various times between 6:00 a.m. and 12:00 a.m. The student will also be required to participate in clinical on weekends. It is not acceptable behavior for the student to skip class or clinical to meet a work commitment or due to being too tired. It is also not acceptable for the student to sleep through class and the instructor reserves the right to dismiss the student for the day.

### 4.2 STUDENT FINANCES

Financial assistance and scholarship information may be obtained in Building 14. Particular scholarships the student may qualify for are: Allenmore Foundation and WAVE Scholarships.

### 4.3 STUDENT HEALTH

If a student becomes ill or injured at the clinical site, he/she must report to the clinical instructor who may send the student home or to the emergency room. The student will be required to fill out an incident report in the event of an injury. In the event that the student contacts or is exposed to a communicable disease, the student must notify the clinical instructor. All of the program’s affiliate department and hospital policies regarding infection control will be observed. The student will also be required to maintain individual health insurance coverage.

**Malpractice and Medical Insurance:**

The college secures professional liability insurance for each student. This insurance protects the student in the event of litigation for malpractice only and is not a medical insurance policy. It does not cover a student who may work in institutions outside of scheduled clinical education time. The
faculty must know when you are at the clinical education site for insurance coverage. There is to be no changing of the schedule without permission.

Student insurance coverage is required since you are not a paid employee of the clinical affiliate you are not covered by Workmen’s Compensation. All injuries sustained by students in the clinical areas or on campus must be reported to the Radiologic Sciences Program Director or Director of Clinical Education. It is the responsibility of the student to file an incident report.

Clinical affiliates require proof of medical coverage (insurance) prior to the start and continually during the clinical education component.

**Accidents:**

Accident reports will be completed and placed in the student’s file when a safety violation or injury occurs in the clinical area. This will be done even if the clinical affiliate does not require that an official report be submitted. The student(s) and Clinical Coordinator must sign the report. A copy of the accident report shall be forwarded to the Radiologic Sciences Program Director. A student who is involved in an accident and/or requires hospitalization for any reason must present a doctor’s note releasing him/her to return to clinical duty prior to attending clinical.

This not only includes accidents involving the student but patients, supplies and equipment. Honesty and promptness in reporting are most important.
SECTION 5 – LABORATORY POLICIES

5.1 Laboratory Requirements

1. Students are not allowed in the laboratory without a faculty member present.

2. No personal pagers, cellular phones/androids, or pagers, etc. are allowed in the Lab.

3. Positioning cards must be completed for the laboratory assignments. The student is required to complete the cards prior to lab. If positioning cards are not completed the student may not attend lab and will receive a zero for the session.

4. Missed labs, for any reason, cannot be made-up.

5. Attendance is mandatory. Tardiness is not accepted. If you are late, you will be required to participate in lab but a zero will be issued.

6. If you’re late at all for midterm or finals you will receive zero (0) points and will not be allowed to test.

7. The TLD must be worn. NO TLD, NO LAB and a zero will be issued.

8. No children or unauthorized people are allowed in the Lab.

9. For safety reasons, no opened-toed shoes are allowed in Lab.
A student entering the profession of Radiologic Technology must understand that they are entering a field of medicine that requires certain professional standards that other career choices may not. Professional dress, appearance, and modes of communication must be of certain standards in order to maintain the confidence and care of the patient. Patients under the care of a radiographer present themselves in all ages, cultures and of various ethnic origins; therefore trendy modes of dress and appearance are not allowed.

I understand the following:

- There are 40 hours of clinical absence allowed during the first year of clinical.
- There are 32 hours of clinical absence allowed during the second year of clinical.
- There is no such thing as make-up time for clinical days missed.
- Clinical site assignments are not made based on where the student lives but on program competency and accreditation requirements.
- The student will be scheduled for day, evening and weekend shifts and will report as assigned.
- Lab time cannot be made up.
- There is a dress code policy that includes grooming, hair style and color, jewelry, etc.
- If late to lab you will attend but will receive no points.
- For a complete listing refer to the program's Policy and Procedure Manual.

Your signing of the Professional Standards form indicates that you understand the requirements of the program as outlined in the Student Handbook and agree to abide by these standards and policies.

______________________________________________________________________________
Student Signature                                                    Date

______________________________________________________________________________
College Representative Signature                                      Date