

# *MERRITT COLLEGE* *RADIOLOGIC SCIENCE*

## STUDENT HANDBOOK



Name \_\_\_\_\_

Revised: 7-22-19

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## **INTRODUCTION**

Merritt College is one of four public, comprehensive two-year community colleges maintained by the Peralta Community College District in Alameda County. The college is fully accredited by the Accrediting Commission for Community and Junior Colleges [ACCJC].

### **RADIOLOGIC SCIENCE PROGRAM MISSION STATEMENT**

The purpose of the Radiologic Science Program at Merritt College is to prepare qualified practitioners for competency in the art and science of diagnostic medical imaging. The goals of the program are:

1. Students will be clinically competent.
2. Students will demonstrate effective communication skills.
3. Students will develop critical thinking and problem solving skills.
4. Students will demonstrate professionalism.

### **RADIOLOGIC SCIENCE PROGRAM STUDENT LEARNING OUTCOMES**

Upon completion of the program graduates will be able to:

1. Produce diagnostic quality medical images in a competent, safe, and compassionate manner for all basic radiography examinations in a hospital work environment.
2. Communicate effectively with patients and family members by taking appropriate histories, giving clear instructions, and providing information as needed.
3. Communicate in a professional manner with hospital staff, instructors, and peers.
4. Exercise critical thinking and problem solving skills by adapting radiographic examinations to individual patient needs and conditions.

5. Establish and maintain satisfactory professional relationships with other members of the health care team.
6. Function as an effective health care team member by providing services in a manner that complements those performed by other team members.
7. Demonstrate a commitment to professional development.

The Program is accredited by the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-3182. An outline of The JRCERT Standards for an Accredited Educational Program in Radiography may be found in the Appendix of this handbook. Students may visit the website: [www.jrcert.org](http://www.jrcert.org) for an expanded version of the Standards as well as for other accreditation information and program effectiveness data. To make a formal complaint to JRCERT about the program, students may go to <http://www.jrcert.org/students/> for instructions.

The program is also regulated by California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414. To make a formal complaint to CDPH-RHB, students may email Marilyn Cantrell, Senior Health Physicist, at [Marilyn.Cantrell@cdph.ca.gov](mailto:Marilyn.Cantrell@cdph.ca.gov).

## **DESCRIPTION OF THE PROFESSION**

The profession of Radiologic Science or Radiography requires the ability to provide appropriate health care services. Radiographers are highly skilled professionals, qualified by education to perform imaging examinations and carry out responsibilities at the request of physicians. The radiographer applies knowledge of radiation protection, medical ethics and law, equipment operation and quality control, image production and evaluation, radiographic procedures and positioning, pharmacology, and patient care in producing quality radiographs while maintaining safety.

The following are some duties of the Radiographer:

1. Apply knowledge of anatomy and physiology, positioning and radiographic techniques to produce radiographs that accurately demonstrate anatomical structures and pathology.
2. Determine exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient.
3. Evaluate radiographic images for appropriate positioning and image quality.
4. Apply the principles of radiation protection to the patient, self and others.
5. Provide patient care and comfort.

6. Recognize emergency patient conditions and initiate life-saving first aid and basic life support procedures when indicated.
7. Detect and report equipment malfunctions.
8. Apply the knowledge of safe equipment operation procedures.
9. Exercise independent judgement and discretion in the performance of medical imaging procedures.
10. Participate in radiologic quality assurance and quality control programs.
11. Provide patient and public education regarding radiologic procedures and radiation safety

## **RADIOLOGIC SCIENCE ORGANIZATIONS**

Joint Review Committee on Education in Radiologic Technology  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
[www.jrcert.org](http://www.jrcert.org)

California Department of Public Health  
Radiologic Health Branch, MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414  
<http://www.cdph.ca.gov/programs/Pages/RadiologicHealthBranch.aspx>

American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-1155  
[www.arrt.org](http://www.arrt.org)

American Society of Radiologic Technologists  
15000 Central Ave. SE  
Albuquerque, NM 87123-3917  
[www.asrt.org](http://www.asrt.org)

California Society of Radiologic Technologists  
575 Market St. Suite 2125  
San Francisco, CA 94105  
[www.csrt.org](http://www.csrt.org)

## **RADIOLOGIC SCIENCE PROGRAM GENERAL REQUIREMENTS**

The program is designed to prepare competent practitioners in the art and science of diagnostic imaging. Upon successful completion of the program, students will graduate with an Associate Degree and will be eligible to sit for the national registry examination required for state and national certification.

The course of study includes instruction in Applied Radiologic Science and clinical experience in affiliated health care facilities. Students are provided opportunities to develop skills in team building, critical thinking and effective communication. Clinical experience instills appropriate attitudes and fosters affective growth in providing care and responding to the patient's needs. The program seeks to promote professional growth and life-long learning with emphasis on ethical behavior in all aspects of the educational experience.

California law requires that all community college students pay a fee unless special consideration has been allowed.

At any time during the program, if a Radiologic Science student is convicted of a crime including a felony, a gross misdemeanor or a misdemeanor with the sole exception of speeding and parking violations, s/he must report this to the American Registry of Radiologic Technologists. All alcohol and/or drug related violations must be reported. A student who believes that this may relate to himself or herself should contact the ARRT and request a "Pre-application Review" of the violation in order to obtain a ruling on their eligibility for the ARRT examination. This review may enable the student to avoid delays in processing the examination application that is made at the time of graduation. The ARRT contact information can be found on the previous page of this handbook.

Radiologic Science students must maintain currency with all health requirements throughout the two-year program. Students must complete a background check, drug screen, and medical clearance with documentation of immunity to communicable diseases prior to beginning the program. All records must be uploaded onto the student's individual Castle Branch profile. N-95 respirator mask fit tests are provided by the program once each year. All students must participate in fit testing and upload the fit test card (signed by the tester) onto the Castle Branch profile. Generally, TB

testing is required every year, other vaccinations should be boosted as needed. All required documents must be uploaded onto each student's profile on CastleBranch. Students are responsible for printing a copy of all pertinent documents to be submitted to the clinical instructor at each assigned clinical education site. Students must print documents for each site they rotate to, whether temporary or permanent.

All Radiologic Science students must obtain CPR (**American Heart Association** Basic Life Support for Healthcare workers) certification prior to program start. CPR certification must be kept current throughout the duration of the student's course of study in the program. Generally, CPR certification is valid for two years. The certification will be verified by the program. The student must retain their original card, upload a copy of the card to their CastleBranch.com profile, and provide a copy to each assigned clinical education site.

At no time are Radiologic Science students allowed to concurrently participate in a second educational program if classes and or clinical times conflict.

## RADIOLOGIC SCIENCE COURSE SEQUENCE

|                  | 1st Sem (Fall)   | 2nd Sem (Spring)   | 3rd Sem(Summer)                                 | 4th Sem (Fall)   | 5th Sem (Spring)  | 6th Sem (Summer)                                       |
|------------------|--|--|---|--|---|--|
| <b>Monday</b>    | 3A lec 8 - 9:30<br>3A lab 9:30-11:30<br>3A lab 1:30-3:30<br>5A lab 10:30-11:30<br>5A lec 12-1:30 | 3B lec 8 - 9:30<br>3B lab 11:30-1:30<br>3B lab 1:30 - 3:30<br>2B lec 9:30-11:00<br>2B lab 11:30-1:30<br>2B lab 1:30 - 3:30 | 9B Clinical Exp<br>8 - 5 (8 hours)              | 9C Clinical Exp<br>8 - 5 (8 hours)                                       | 9D Clinical Exp<br>8 - 5 (8 hours)                              | 9E Clinical Exp<br>8 - 5 (8 hours)                     |
| <b>Tuesday</b>   | 1B lec 9 - 12<br>(first 6 weeks)<br>1C Clinical Exp.<br>8 - 2:40<br>(last 11 weeks)              | 9A Clinical Exp.<br>8 - 5 (8 hours)  | 4A & B Lec 9-12:36<br>10A lab & lec<br>1 - 3:40 | 2C lec 8 - 9:30<br>2C lab 9:30-11:30<br>2C lab 12 - 2<br>5B lec 2 - 3:30 | 8 lec 8 - 10<br>7 lec 10 - 11:30<br>6 lec 12 - 1<br>6 lab 1 - 3 | 9E Clinical Exp<br>8 - 5 (8 hours)                     |
| <b>Wednesday</b> | 3A lec 8 - 9:30<br>3A lab 9:30-11:30<br>3A lab 1:30-3:30<br>5A lec 12-1:30<br>5A lab 1:30-2:30   | 3B lec 8 - 9:30<br>3B lab 11:30-1:30<br>3B lab 1:30 - 3:30<br>2B lec 9:30-11:00<br>2B lab 11:30-1:30<br>2B lab 1:30 - 3:30 | 9B Clinical Exp<br>8 - 5 (8 hours)              | 9C Clinical Exp<br>8 - 5 (8 hours)                                       | 9D Clinical Exp<br>8 - 5 (8 hours)                              | 9E Clinical Exp<br>8 - 5 (8 hours)                     |
| <b>Thursday</b>  | 1B lec 9 - 12<br>(first 6 weeks)<br>1C Clinical Exp.<br>8 - 2:40 (last 11 wks)                   | 9A Clinical Exp.<br>8 - 5 (8 hours)  | 4A & B Lec 9-12:36                              | 2C lec 8 - 9:30<br>2C lab 9:30-11:30<br>2C lab 12 - 2<br>5B lec 2 - 3:30 | 8 lec 8 - 10<br>7 lec 10 - 11:30<br>6 lec 12 - 1<br>6 lab 1 - 3 | 9E Clinical Exp<br>8 - 12<br>10B lec & lab<br>1 - 3:40 |
| <b>Friday</b>    | 2A lec 9 - 10:30<br>2A lab 10:30 - 12:30<br>2A lab 1:00-3:00                                     |  | 9B Clinical Exp<br>8 - 5 (8 hours)              | 9C Clinical Exp<br>8 - 5 (8 hours)                                       | 9D Clinical Exp<br>8 - 5 (8 hours)                              | 9E Clinical Exp<br>8 - 5 (8 hours)                     |

**NOTE:** In general, the program runs for two years with minimal breaks (occurring between fall and spring semesters and in mid-spring), students should not schedule any activities that interfere with attendance in any course in the program except during scheduled breaks.

**1ST SEM:** 1B lecture during the first 6 weeks; clinical experience 1C scheduled during the last 11 weeks on Tue & Thu 8 - 2:30

2A lecture is concurrent but students are assigned either Fri AM or PM lab

3A lecture is concurrent but students are assigned either 9:30 or 1:30 lab

5A lecture is concurrent but students are assigned either Mon. or Wed. lab

2B lecture is concurrent but students are assigned either 11:30 or 1:30 lab

3B lecture is concurrent but students are assigned either 11:30 or 1:30 lab

**3RD SEM:** Clinical Exp. is 8 hours on Mon, Wed & Fri. during the entire summer from the end of the Spring semester to the beginning of the Fall semester. 4A & B and 10A are held for approx. 10 weeks in the summer, please check the college Schedule of Classes. In general, clinical is 12 weeks and classes are 10 weeks in duration.

**4TH SEM:** 2C lecture is concurrent but students are assigned either 9:30 or 12:00 lab

6 lecture is concurrent but students are assigned either Tues or Thur lab

**5TH SEM:** Clin Exp is 8 hrs on Mon, Tue, Wed and Fri and 4 hrs on Thu. for the entire summer from the end of the Spring semester to the beginning of the Fall semester. 10B is scheduled on Thursday for 4 hours. This combination will total 40 hours Monday - Friday during most of the summer. Please check the college Schedule of Classes for the actual duration of 10B. In general, clinical is 12 weeks and classes are 10 weeks in duration.

This class sequence is subject to change without prior notice.

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## **RADIOLOGIC SCIENCE COURSE SEQUENCE**

### Required Prerequisites:

- a) Intermediate Algebra, Math 203 or higher (equivalent may be taken at other colleges).
- b) Anatomy and Physiology (must be a two-semester course with a minimum of 8 total units and include a lab. Equivalent may be taken at other colleges). At Merritt there are two options that qualify:  
     Bio 20A and 20B (5 units each, 10 units total) OR  
     Bio 2 and Bio 4 (5 units each, 10 units total).
- c) Survey of Radiologic Technology, RADTE 1A (this course may not be waived for any reason. It must be taken at Merritt College to qualify).
- d) Prior degree or completion of Merritt College General Education Requirements

### **FIRST YEAR**

|                             |           |   | <u><b>UNITS</b></u> |
|-----------------------------|-----------|---|---------------------|
| First Semester<br>(Fall)    | RADSC 1B  | Introduction to Radiologic Science (Lecture)      | 2                   |
|                             | RADSC 1C  | Introduction to Rad. Science (Clinical Education) | 2.5                 |
|                             | RADSC 2A  | Radiographic Physics I                            | 2                   |
|                             | RADSC 3A  | Positioning I                                     | 4                   |
|                             | RADSC 5A  | Patient Care I                                    | 2                   |
| Second Semester<br>(Spring) | RADSC 2B  | Radiographic Physics II                           | 4                   |
|                             | RADSC 3B  | Positioning II                                    | 4                   |
|                             | RADSC 9A  | Clinical Experience I (16 hours per week)         | 4                   |
| Third Semester<br>(Summer)  | RADSC 4A  | Radiation Protection                              | 2                   |
|                             | RADSC 4B  | Radiobiology                                      | 2                   |
|                             | RADSC 10A | Seminars in Radiologic Science I                  | 1.5                 |
|                             | RADSC 9B  | Clinical Experience II (24 hours per week)        | 4                   |

### **SECOND YEAR**

|                            |           |   |                 |
|----------------------------|-----------|---|-----------------|
| Fourth Semester<br>(Fall)  | RADSC 2C  | Computer/Digital Applications for Medical Imaging | 4               |
|                            | RADSC 5B  | Patient Care II                                   | 3               |
|                            | RADSC 9C  | Clinical Experience III (24 hours per week)       | 6               |
| Fifth Semester<br>(Spring) | RADSC 6   | Quality Management/Fluoroscopy                    | 2.5             |
|                            | RADSC 7   | Advanced Imaging Procedures                       | 3               |
|                            | RADSC 8   | Sectional Anatomy & Radiographic Pathology        | 4               |
|                            | RADSC 9D  | Clinical Experience IV (24 hours per week)        | 6               |
| Sixth Semester<br>(Summer) | RADSC 10B | Seminars in Radiologic Technology II              | 1.5             |
|                            | RADSC 9E  | Clinical Experience V (36 hours per week)         | 6               |
| <b>Total Units</b>         |           |   | <hr/> <b>71</b> |

## **STUDENT LEARNING OUTCOMES (FOR PROGRAM COURSES)**

### **Didactic Courses**

#### **1A: Survey of Radiologic Science**

1. Decide whether medical imaging is an appropriate career choice.
2. Follow the appropriate steps for applying to the program.
3. Become educated consumers of medical imaging services.

#### **1B: Intro to Medical Imaging**

In a simulated classroom environment:

1. Recognize the chain of command and hierarchical structure of an imaging department.
2. Function as a team member in a hospital environment.
3. Properly identify and prepare patients for imaging procedures.
4. Communicate effectively with patients by taking appropriate histories, giving clear instructions, and providing information as needed.
5. Utilize the radiology information system to retrieve patient demographics, requisitions, images, and transmit data through the PACS system.

#### **2A: Radiographic Physics I**

1. Use medical imaging equipment safely and appropriately in the performance of radiography procedures.
2. Protect personnel and patients from unnecessary ionizing radiation during medical imaging procedures.

#### **2B: Radiographic Physics II**

1. Use medical imaging equipment safely and appropriately in the performance of radiography procedures.
2. Protect personnel and patients from unnecessary ionizing radiation during medical imaging procedures.

#### **2C: Computer/Digital Applications for Medical Imaging**

1. Perform digital quality control tests in a clinical environment.
2. Utilize the Radiology Information System to retrieve patient demographics, requisitions, and transmit data through the PACS system.
3. Utilize Picture Archiving and Communication Systems to transmit and store images.

4. Set appropriate technical factors, acquire images, and critique digital images for quality.

### 3A: Positioning I

1. Accurately perform basic radiographic examinations of the upper and lower extremities, chest and abdomen, bony thorax and pelvis.
2. Communicate accurate information and give correct instructions to patients for basic radiographic examinations of the upper and lower extremities, chest and abdomen, bony thorax and pelvis.
3. Protect the patient, self, and personnel from infectious diseases by observing principles of standard precautions.
4. Protect the patient, self, and personnel from unnecessary radiation exposure.

### 3B: Positioning II

1. Accurately perform basic radiographic examinations of the upper and lower gastrointestinal tract, genitourinary system, and the bones of the axial skeleton and cranium.
2. Communicate accurate information and give correct instructions to patients for basic radiographic examinations of the upper and lower gastrointestinal tract, genitourinary system, and the bones of the axial skeleton and cranium.
3. Protect the patient, self, and personnel from infectious diseases by observing principles of standard precautions.
4. Protect the patient, self, and personnel from unnecessary radiation exposure.

### 4A: Radiation Protection

1. Based on individual patient characteristics and conditions, adapt radiologic procedures and techniques to minimize radiation exposure
2. Provide accurate information about radiation exposure to patients in a manner that is understandable to the general public
3. Protect patients, personnel, and members of the general public from unnecessary radiation.
4. Describe cardinal principles of radiation protection.
5. Identify the effective dose limits for occupationally exposed persons and patients.
6. Identify and describe radiation protection devices and detectors employed in diagnostic imaging.

#### 4B: Radiobiology

1. Based on individual patient characteristics and conditions, adapt radiologic procedures and techniques to minimize radiation exposure
2. Provide accurate information about radiation exposure to patients in a manner that is understandable to the general public
3. Rank general types of cells, organs, and tissue according to radiosensitivity.
4. Protect patients, personnel, and members of the general public from unnecessary radiation.

#### 5A: Patient Care I

1. Transfer patients in a manner that is safe for patient and radiographer.
2. Prepare contrast media for patient examinations.
3. Observe standard precautions when performing radiography examinations.
4. Use information from patients' medical records to carry out radiographic examinations.
5. Demonstrate awareness of cultural differences relating to health care.
6. Demonstrate sensitivity to the needs of geriatric and pediatric populations.
7. Prepare equipment for oxygen administration.

#### 5B: Patient Care II

1. Solve complex problems encountered in the clinical practice of radiologic technology.
2. Provide culturally cognizant care to patients from diverse backgrounds in the radiology department.
3. Respond appropriately to patient emergencies in the hospital setting.
4. Perform radiologic examinations of patients with central venous lines, chest tubes, endotracheal tubes, enteric tubes, and urinary catheters.
5. Perform venipuncture for the purpose of contrast media administration.
6. Demonstrate sensitivity to special needs of patients with chronic emotional and physical disabilities.

#### 6: Quality Management/Fluoroscopy

1. Reframe a healthcare organization based on identified leadership styles.
2. Design a change process to address a problem in an imaging department.
3. Perform radiographic quality control procedures

7: Advanced Imaging Procedures

1. Educate patients regarding advanced/specialty medical imaging procedures
2. Make career planning decisions regarding advanced modality training following completion of the radiography program

8: Sectional Anatomy and Radiographic Pathology

1. Identify the systematic classification of diseases.
2. Identify the signs and symptoms of diseases.
3. Determine appropriate radiographic examinations and treatments for diseases
4. Demonstrate through presentations sectional anatomy identification, case studies, and image evaluations for necessary technical changes of radiographic examination.

10A: Seminar in Radiologic Science I

1. View experiences with the healthcare system from a patient's perspective.
2. Use critical thinking to collaboratively solve complex problems experienced in clinical practice.
3. Describe special concerns and procedures for imaging pediatric patients.
4. Demonstrate sterile technique as appropriate for medical imaging procedures in the radiology department and surgical suite.
5. Prepare and demonstrate use of surgical equipment for operating room procedures.

10B: Seminar in Radiologic Science II

1. Demonstrate readiness to pass the ARRT registry examination..
2. Demonstrate readiness to pass the California Department of Public Health Radiologic Health Branch Fluoroscopy Examination.
3. Prepare a Cover Letter and Resume suitable for securing employment as an entry-level radiologic technologist

### **Clinical Courses**

1C: Intro to Clinical Experience

1. Establish and maintain satisfactory professional relationships with other members of the health care team.
2. Properly prepare patients for imaging procedures.
3. Communicate effectively with patients by taking appropriate histories, giving clear instructions, and providing information as needed.

4. Utilize the radiology information system to retrieve patient demographics, requisitions, images, and transmit data through the PACS system.
5. Use imaging equipment safely and appropriately.

9A: Clinical Experience I

1. Produce diagnostic quality medical images for all basic radiography examinations learned in Positioning I in the clinical environment.
2. Provide compassionate and culturally sensitive care to patients and family members in the clinical environment.
3. Communicate effectively with patients by taking appropriate histories, giving appropriate instructions, and providing information as needed.
4. Communicate in a professional manner with hospital staff, instructors, and peers.
5. Function as an effective health care team member by providing services in a manner that complements those performed by other team members.

9B-E: Clinical Experience II-V

1. Produce diagnostic quality medical images in a competent, safe, and compassionate manner for all basic radiography examinations in the clinical environment.
2. Communicate effectively with patients by taking appropriate histories, giving appropriate instructions, and providing information as needed.
3. Communicate in a professional manner with hospital staff, instructors, and peers.
4. Exercise critical thinking and problem solving skills by adapting radiographic examinations to individual patient needs and conditions.
5. Establish and maintain satisfactory professional relationships with other members of the health care team.
6. Function as an effective health care team member by providing services in a manner that complements those performed by other team members.
7. Function as an effective health care team member by providing services in a manner that complements those performed by other team members.

## **ADDITIONAL PROGRAM REQUIREMENTS**

### **Academic Advising Requirements**

The American Registry of Radiologic Technologists requires that all graduates of radiologic science programs have earned a degree prior to a candidate sitting for the Radiography Certification Examination.

- Students who enter the program without a prior degree must **submit a Petition for the Associate Degree in Radiologic Science to Admissions and Records by the Summer Semester deadline of the graduation year.** All General Education requirements must be met, along with completion of all of the program core courses.
- Students who have earned a degree from an accredited institution prior to entering the program have two options:
  1. **Submit a Petition for the Certificate of Completion to Admissions and Records by the Summer Semester deadline of the graduation year.**
  2. **Submit a Petition for the Associate Degree in Radiologic Science to Admissions and Records by the Summer Semester deadline of the graduation year.** Note that this option requires the student to have met all General Education requirements for Merritt College. This may mean that additional coursework may be required beyond the program core courses.

The Program Director is required to verify degree completion on the ARRT application for the radiography examination. All Radiologic Science Program students are required to meet with a Merritt College Counselor during the Spring Semester of both the first and second years of the program to assure that General Education requirements for Merritt College are met, and/or that the student has a prior degree from another accredited institution. At each counseling session, it should be determined which is appropriate: the Petition for the Associate Degree in Radiologic Science, or the Petition for Certificate of Completion. Students are required to submit documentation of counseling with their General Education and/or prior degree status to the program director following the counseling appointment during Spring Semester of the first year. The counselor must sign the student off for the appropriate petition during the final counseling session in the Spring Semester of the second year. This documentation must be submitted to the Program Director following the counseling appointment and will be used to determine whether the student is eligible to sit for the ARRT

certification examination in Radiography. Documentation forms for Counseling are found in the Appendix of this Handbook.

### **Service Learning**

Service Learning, or community service, is a graduation requirement for the Merritt College Radiologic Science Program. To fulfill this requirement, students must participate in a minimum of four hours of community service per year. Service Learning projects are activities that contribute to the health and/or quality of life of members of the general public. Activities sponsored by churches, synagogues, mosques, or other religious organizations qualify as long as they benefit members of the general public (and are not limited to members of the organization). Students are encouraged to choose activities that involve communication and education of clients/patients, and practice of clinical skills. Examples of activities that qualify include: making presentations about the profession of radiologic technology to area High School Students, sorting donated products at a food bank, delivering "meals on wheels," reading to a resident in a skilled nursing facility, or painting a house for Habitat for Humanity. Examples of activities that do NOT qualify include: working in the nursery during church services or picking up litter at the private school attended by your child. Occasionally, program faculty solicit student assistance at health or career fairs. These activities qualify for the Service Learning requirement and do not require prior approval or documentation as long as a faculty member is present. If you wish to participate in an independent activity, you must submit a "Request for Approval" form describing the activity ahead of the event. You must also obtain "Documentation of Independent Activity" when you attend the event.

Following completion of the Service Learning activity, you must write a short paper describing the event and your reaction to participating in the activity (see "Reflection Paper Assignment" for format). The paper along with accompanying documentation must be submitted before the final class meeting of the Summer Seminar course each year. Students who do not complete Service Learning requirements will receive a grade reduction for the Seminar course(s) and delay in program completion until the requirement is met.

Instructions for completing the reflection paper and documentation forms are located in the Appendix of this handbook.

## **Venipuncture Certification**

All students are required by the California Department of Public Health, Radiologic Health Branch, to complete certification in venipuncture on a model arm. Certification on live human subjects is optional. Students must first demonstrate competency on the model arm (achieve a Basic Venipuncture Certificate) before attempting IV starts on human subjects. Students assigned to clinical sites at which venipuncture is not permitted may be rotated to a temporary site during the second year of the program to complete the optional sticks on live human subjects if desired. Students who successfully complete 10 sticks on live human subjects will achieve an Advanced Venipuncture Certificate.

## **HESI Exit Examination**

Passing the HESI Exit Examination with a minimum score of 75% is required for completion of the program. This examination is given at the end of the Seminar 10B course (final semester of the program). Students who fail the exam must make arrangements with the Program Director to schedule additional exit exam(s). Failing students must retake and pass the exam in order to graduate from the program.

## **PROGRAM POLICIES AND PROCEDURES**

### **Ethics and Professionalism**

Professional conduct and behavior are not limited to contact with any single group of people. It is reflected in attitude and in communication with instructors, classmates, physicians, supervisors, as well as patients. As a student, you are expected to perform and conduct yourself on a professional level both clinically and didactically.

All Radiologic Science students are required to meet mandatory professional conduct requirements based on the *Standards of Ethics* for Radiologic Technologists (found in the back of this handbook) and the college Rules for Student Conduct (found in the Merritt College Catalog). These ethical standards and guidelines are reviewed and approved by the program advisory committee consisting of clinical affiliate managers, clinical instructors, program faculty and student representatives. Students of the program have profound responsibilities to themselves, to the program, to the college and to the profession to maintain a high level of integrity and a personal reputation of honesty and trustfulness. All

students are expected to recognize and support the standards. Professional loyalty and dedication to your assigned clinical education facility are required both for your patient's protection and your own future.

### **Honor Code**

Honesty and integrity are particularly important for health professionals, whose decisions and actions affect the lives and well-being of all patients in their care. Students are expected to take responsibility for their actions in the classroom as well as in the clinical education sites. Dishonesty of any kind will not be tolerated. Cheating on exams, falsifying didactic or clinical records, (including falsifying a time clock, evaluations, competencies), or revealing privileged information are absolutely prohibited and are cause for dismissal from the program. Cheating may involve looking at another student's exam for answers, referring to notes during an exam, using communications devices, or accessing the internet for answers during an exam. Sharing an exam with a student or students who have not yet taken the exam is strictly prohibited (as is reviewing another student's graded exam prior to taking the exam). Selling exams, buying exams, or attempting to do either are strictly prohibited. Plagiarism, involving copying another student's work or presenting material without proper citation of sources, is strictly prohibited and is cause for dismissal from the program. The program is required to report all violations of the honor code to the ARRT. Such violations may invalidate a student's eligibility to take the Registry Examination.

### **Attendance Policy**

The Merritt College Radiologic Science Program strives to maintain similar standards of attendance and punctuality for our student technologists as those adopted by our hospital affiliates for their employees. In this way we hope to establish proper work habits and employability in our graduate technologists. We are also obligated to provide a specific number of hours of instruction and clinical education to conform to the requirements of the California Department of Public Health, Radiologic Health Branch. We must adhere to strict attendance/tardiness policies to ensure that upon graduation, students have fulfilled their hourly obligation according to state law. See sections on clinical and classroom policies for specific attendance requirements.

## Harassment Policy

The Merritt College Radiologic Science Program is committed to providing a learning environment free from harassment and to fostering a learning community based upon the fundamental dignity and worth of all of its students, faculty, and staff. Consistent with this commitment it is the policy of the College and the program 1) not to tolerate harassment in any form, 2) to actively foster prevention of harassment in the campus community, and 3) to provide students with mechanisms for seeking informal or formal resolution.

For purposes of this Policy “harassment” is defined as any action that impedes the performance or experience of others and is considered prohibitive to the enjoyment of the fundamental freedoms of inquiry, work, and study. “Sexual harassment” is defined, as adapted from the Equal Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- **submission to such conduct is made whether explicitly or implicitly a term or condition of receiving a grade or continuation in the program or clinical education**
- **such conduct has the purpose or effect of unreasonably interfering with an individual's learning experience or creating an intimidating, hostile, or offensive learning environment.**

Students who feel they are or have been the subject of harassment or sexual harassment are encouraged to report such treatment to the program director. If the student is uncomfortable/unwilling to report such treatment to the program director, he/she should report to the next level of authority, the Instructional Dean, the Vice President of Instruction, or the Vice President of Student Services. The person who receives the report will investigate the incident and determine the best course of action in the context of the circumstances.

## FERPA Law Overview

The **F**amily **E**ducation **R**ights and **P**rivacy **A**ct of 1974, commonly known as FERPA, is a federal law that protects the privacy of student education records. Students have specific, protected rights regarding the release of such records and

FERPA requires that institutions adhere strictly to these guidelines. FERPA gives students the following rights regarding educational records:

- The right to access educational records kept by the school
- The right to demand educational records be disclosed only with student consent
- The right to amend educational records
- The right to file complaints against the school for disclosing educational records in violation of FERPA

There are two types of educational records as defined under FERPA. Each type has different disclosure protection:

- Directory Information – A college or university may disclose this type of information without the written consent of the student. The student can exercise the option to restrict the release of directory information by submitting a formal request to the school to limit disclosure. Directory information may include:
  1. Name
  2. Address
  3. Phone number and email address
  4. Dates of attendance
  5. Degree(s) awarded
  6. Enrollment status
  7. Major field of study
- Non-Directory Information – this is any information not considered Directory Information. This information cannot be released to anyone without prior written consent. Non-directory information may include:
  1. Social Security Numbers
  2. Student academic information
  3. Race, ethnicity, and/or nationality
  4. Gender
  5. Transcripts; grade reports

## Civility and Mutual Respect Policy

It is the policy of the Peralta Community College District to foster an environment which maximizes student learning and employee performance, and a climate of civility among faculty, staff, students, and members of the Board of Trustees of the District.

As members of the Peralta Community College District community, we are expected to treat other community members with civility and respect, recognizing that disagreement and informed debate are valued in an academic community. Harassment by any student, employee, or Trustee, of any other student, employee, or Trustee for whatever motive is harmful to the environment desired by the District and therefore will not be permitted by the District.

Individuals covered by these policies include faculty, staff, managers, supervisors, students, and members of the Board of Trustees.

**Unacceptable behaviors.** Demeaning, intimidating, threatening, or physically or emotionally violent behaviors that affect the ability to learn or work in the college environment depart from the standard for civility and respect and are unacceptable. Unacceptable behaviors also include Trustee's release of confidential information obtained in closed session that violates both trust by other Trustees and California Government Code Section 54963 which deems such behavior as punishable.

**Retaliation.** Retaliation for reporting violations of this policy, for seeking to have prohibited conduct corrected, or for participating in an investigation is prohibited.

**Violation.** A District community member who has violated this policy is subject to disciplinary action in accordance with established disciplinary procedures. A member of the Board of Trustees who has violated this policy is subject to public censure by the Board.

**Restraining Order.** Any District community member who has obtained a restraining order against another District community member is encouraged to provide a copy of the order to Campus Police for enforcement on campus.

**Visitors.** Visitors, other people, vendors and the families of students, staff, and faculty are expected to comply with the provisions of this policy. Noncompliant behavior may lead to removal from the campus

Civility and mutual respect. (2004). Peralta Community College District Board Policy #3.25. Oakland, CA: Peralta Community College District, internally published document.

## **Disabled Students**

Students with disabilities who wish to receive services and/or accommodations are required to submit a form from the Disability Services Program (DSP). Receiving services and accommodations will not adversely affect your grade. This information will be kept confidential (FERPA). Please meet with instructors in private as early in the semester as possible to discuss your learning needs. If you think that you could benefit from the services offered by DSP, please contact a counselor in R-109, 510-436-2429, or go to our College website for more information: [www.merritt.edu](http://www.merritt.edu), click on "Student Services," and then click on "Disability Services Program."

## **Policy on "Chain of Command" Reporting**

Students who have a complaint or conflict with a person and feel they cannot talk directly to that person should report/complain to the *next* person in the chain of command. Students who bypass a link in the chain of command will likely be sent back to the "missing link." If problem is not resolved at that level, students may then go to the next person in the chain of command.

### **The Chain of Command at Merritt College:**

1. Student
2. Instructor
3. Program Director: Jennifer Yates (510-436-2427, [jyates@peralta.edu](mailto:jyates@peralta.edu))
4. Dean of Workforce Development and Applied Sciences Dr. Rick Ramos ([rmos@peralta.edu](mailto:rmos@peralta.edu))
5. Vice president of Instruction, TBA (510-436-2410, OR Vice President of Student Services, Christine Hernandez) (510-436-2478, [CVHernandez@peralta.edu](mailto:CVHernandez@peralta.edu))
6. College President, Dr. Marie-Elaine Burns (510-436-2416, [meburns@peralta.edu](mailto:meburns@peralta.edu))
7. Chancellor of Peralta Community College District, Jowell Laguerre (510-466-7203, [jlaguerre@peralta.edu](mailto:jlaguerre@peralta.edu))

**The Chain of Command at the Clinical Site (verify persons in these positions, and specific contact information with your Clinical Instructor):**

Technologists

Clinical Coordinator------(Parallel with)-----Nurses

Supervisor

Manager

Imaging Director------(Parallel with)-----Physicians

CEO

## **CLINICAL POLICIES**

### **Clinical Placements**

The Merritt College Radiologic Science Program is affiliated with fifteen clinical sites located throughout the East Bay. Some sites are close to the college, others are as far east as Brentwood, as far south as Hayward and Fremont, and as far north as Vallejo. The program cannot guarantee that students will be placed close to home or to a clinical site with access to public transportation. Students are responsible for providing their own transportation to clinical. Unlimited access to a reliable vehicle is required to participate in the program.

The program faculty reserve the right to use their discretion in placing students in clinical sites that they feel, based on their professional judgment and experience, best serve the students' educational needs. Faculty may find it necessary to relocate a student to a different clinical site at some point in the program to assure that clinical objectives are met. Students may request temporary or permanent transfers by submitting the "Request for Hospital Transfer" form found in the Appendix of this handbook. Clinical transfer requests initiated by students will be considered by faculty and granted or denied at faculty discretion. Students are not, under any circumstances, permitted to directly contact any clinical site to request a transfer.

The program is obligated to provide one clinical placement for each student. Students who are removed from a clinical site due to behavior or performance issues are not guaranteed placement at another site.

Clinical and academic courses are concurrent in the Merritt College Radiologic Science Program. Clinical leaves of absence are permitted for a maximum of six

weeks and only under the specific terms outlined in the Clinical Leave of Absence Policy.

### **Temporary Clinical Transfers**

Students are encouraged to request a temporary transfer to at least one site other than their “home” hospital, beginning in the Fall Semester of the second year. Reasons for transfer may include: gaining experience and competency with pediatric patients, developing trauma radiography skills, completing venipuncture certification, or simply learning to use different types of equipment. Students must submit transfer request forms to the Clinical Coordinator by July 1<sup>st</sup> of the first summer to be considered for Fall transfers. Requests for Spring Semester should be submitted by November 1<sup>st</sup>, requests for Summer Semester must be submitted by April 1<sup>st</sup>. The Clinical Coordinator will evaluate the requests, seek permission from the Clinical Instructor and Manager at the transfer site, and schedule as appropriate.

### **Hospital Orientation**

All students must attend a hospital orientation at their clinical site by the end of the first semester of the program. This is to assure that all students are “cognizant of clinical policies and procedures.” The policies and procedures must, at a minimum, address the following: hazards (fire, electrical, chemical), emergency preparedness, medical emergencies, HIPAA, and Standard Precautions” (JRCERT Accreditation Standards, Standard 4.8, 2014). Documentation of attendance must be included in the Clinical 1C portfolio and submitted at the end of the first Fall Semester. All students permanently transferring to a new hospital must attend orientation within the first 3 months following the rotation.

### **Behavioral Expectations at the Clinical Site**

1. Adhere to all policies specific to the hospital at which you are assigned.
2. Treat all peers, technologists, instructors, supervisors, physicians, patients, and visitors with kindness, courtesy, and respect. Use proper titles when addressing supervisors, physicians, and patients. Abusive language, harassment, sexual harassment, threatening behavior, or destruction of property belonging to the hospital or others will not be tolerated and may be grounds for program dismissal.

3. Be mindful of privacy considerations for hospital clinical instructors. If your CI has provided you with a personal e-mail address and/or cell phone number, be courteous in the content and timing of your communications. Do not call your CI on their personal cell phone number nights, weekends, or while they are out on vacation or personal leave.
4. Listen and follow instructions given to you by any and all technologists you work with.
5. Maintain a cooperative and uncomplaining attitude. Watch your body language. Eye rolling and other actions signifying boredom or unwillingness to follow instructions for whatever reason is unacceptable.
6. Approach learning at the clinical site with a sense of humility. Respect the expertise of your instructors and all technologists in the department. Consider each person you work with as a potential source of knowledge and skills. Respond to criticism with calm reflection rather than with hostility and defensiveness. Adjust your practice in response to feedback.
7. You are encouraged to ask questions, but be mindful of the timing, place, and what is going on around you. Never ask questions in front of a patient. Wait until you are outside of the exam room and the tech is not busy with other tasks. Ask questions in a respectful, rather than a challenging manner.
8. Attempt to establish rapport with fellow students, technologists, patients, and other personnel.
9. Take responsibility for your errors, report the error, and do your best to correct the error. If you are unable to do so by yourself, seek help from a supervisor.
10. Ask for guidance when you are unfamiliar with the protocol or routine.
11. Collaboration and teamwork are essential to the practice of the profession and contribute to knowledge sharing. Work collaboratively with technologists as a team, sharing responsibility and accountability for the outcome of the exam.
12. Take initiative to assist the technologists in whatever capacity you are needed.
13. Demonstrate compassion and concern in all patient care interactions.
14. Any information regarding the patient (condition, diagnosis, treatment, prognosis or personal information) is confidential information and must never be discussed in public. Public areas of the hospital include the cafeteria, elevators, waiting rooms, hallways and many other areas where a patient or family member may be. **The HIPAA Privacy Rule must be strictly followed.** Penalties can be up to one year in jail and a \$55,000 fine.
15. Be aware that use of communications devices is completely banned during work hours at many of our clinical affiliate sites. Students are not permitted to use cameras or other recording devices to photograph or record any patient or patient records at clinical sites at any time. Some clinical sites allow students to use smart phones as reference tools (utilizing apps such as IRad, calculator,

medical dictionary, etc). If use of smart phones for this purpose is permitted at the site, they must never be used in the presence of a patient. Students must check with their CI regarding permitted uses of communications devices at their clinical site.

16. Students are prohibited from posting sensitive, privileged, or confidential information on social media sites such as Facebook. The following rules regarding social media must be observed by all students:
  - a. Protect patient information. Never post any information or photos that can be used to identify a patient's identity or health condition in any way. Even if an individual is not identified by name, if there is reasonable basis to believe that the person could be identified, then the posting could be a violation of confidentiality laws and program policy.
  - b. Protect hospital and program information. Never represent that you are communicating the views or opinions of the hospital or Merritt College Radiologic Science Program, or do anything that might reasonably create an impression you are communicating on behalf or as a representative of either institution.
  - c. Be judicious. Do not post anything that is even potentially private or internal to the hospital or college without prior approval from the hospital director of corporate communications or the radiologic science program director.
17. Wear your identification badge and dosimeter at all times while participating in clinical education.
18. Student Technologists are prohibited from accepting gratuities (tips) from patients.
19. Do not consume food or chew gum or tobacco products when in contact with patients or visitors or in patient areas.
20. Students may not leave the clinical department at any time without permission from the faculty or department supervisor.
21. Students should refrain from personal conversations in the presence of any patient.
22. Students should refrain from conversing with patients about the student's personal information.
23. Students are not permitted to solicit personal information from a patient for any reason that is not absolutely necessary for their care. Students are not permitted to contact patients for the purpose of social interactions.

24. Unnecessary conversation and loud talking in radiographic rooms and corridors is unprofessional and should be avoided.
25. Keep the door closed after the patient has entered the exam room and assure that the patient is properly gowned and draped at all times.
26. In the presence of a patient, do not make any personal remarks, criticisms, or comments regarding physicians, patients, associates or methods of treatment.
27. Never advise a patient about retaining or discharging a physician. The "good faith" a patient has in his or her doctor is thought by many to be as much a healing element as is any medical treatment.
28. The student and staff technologist are both responsible for the cleanliness of equipment and accessories of the radiographic rooms in which they are assigned to work.
29. Infection control practices must be observed. Linen should be removed and changed after every patient. Tabletops and upright buckies must be disinfected when soiled or when any part of a patient's body will come in contact with it. Image receptors should be cleaned when soiled. The chin rest of the upright bucky should be cleaned after each use.
30. Use waterless hand sanitizer or wash hands thoroughly before and after each patient contact. Use waterless hand sanitizer or wash your hands after any activity that may have soiled your hands such as using the rest room, blowing your nose, cleaning the table, or changing soiled linen. Use soap and water to wash hands rather than waterless hand sanitizer if your hands are dirty.
31. Waste paper, soiled linen and "sharps" are to be placed in the proper waste receptacles as soon as possible.
32. Hospital supplies are to be used only for their intended purpose. Supplies and equipment must not be removed from the clinical education centers except with express permission from the imaging department manager, and then only for educational purposes.
33. At no time is the student to leave the department for break, lunch or end of the day before completing an exam (including releasing the patient) or turning it over to another student or technologist. Doing so constitutes patient abandonment and will incur disciplinary action.
34. If you have a complaint about the way a student, staff member, supervisor, or physician is treating you, immediately communicate this to either the CI or manager of the hospital, AND a program faculty member or program director. Do not discuss your complaints with other staff members or students.

Failure of a student to maintain a professional attitude may result in clinical course failure, clinical grade reduction, and may subject the student to corrective disciplinary action and possible dismissal from the program.

## Student Supervision

The program's policy regarding direct supervision and indirect supervision of students must be strictly adhered to at all times in the clinical education setting. The program defines direct supervision as having a Certified Radiologic Technologist in the room with the student for the entire performance of a radiography examination. Indirect supervision is defined as having a Certified Radiologic Technologist in the general work area, readily available to immediately assist the student if needed during a radiography examination.

- As per Title 17 of the California Code of Regulations, technologists supervising students in any aspect of clinical education must possess a California Radiography Certificate and must have at least 2 years of radiologic technology experience (post-certificate).
- Students must be **directly supervised** (technologist in the room) for all exams that the student has not yet signed off on.
- Students may perform exams that they are signed off on under **indirect supervision** (technologist available for help if needed, but not necessarily in the exam room). **Exceptions to this rule include surgery and portable exams as well as any exam performed by a student on temporary rotation to a hospital other than their "home base," until a 4<sup>th</sup> sign-off is achieved at the rotation site.**
- Students must be **directly supervised** for all repeat examinations. The supervising technologist must initial the student's portfolio exam log for all repeat exposures.
- Students must be **accompanied by a technologist** on all **portable** exams, regardless of sign-off status. The technologist may be in an adjacent area if the student has signed off on the exam, but must be present on the same floor within shouting distance (for example, in an adjacent room) to assist if needed.
- Students must be **directly supervised** for all OR procedures regardless of sign-off status. This means that the technologist must be in the OR room with the student, not in another room working on another case.

- Students on temporary rotation to a hospital other than their “home base” must be directly supervised for all exams, including those already signed off, until a 4<sup>th</sup> sign-off is achieved at the rotation site.
- Students may not energize a fluoroscopy unit (i.e. step on the pedal) unless they are **directly supervised** by a physician with a Supervisor/Operator Permit and/or a technologist with a Fluoroscopy Permit.
- All students must be directly supervised for procedures in which a foreign body is introduced into a patient’s body. This includes (but is not limited to) placing an enema tip for a Barium or water soluble contrast exam or starting an IV for contrast administration (regardless of whether or not competency has been achieved). Students who have achieved competency on fluoroscopy procedures requiring oral contrast may hand the patient the cup of contrast without direct supervision.

**If students are asked to perform examinations in violation of this policy, they are to report the violation to the clinical instructor (unless it is the clinical instructor requesting the performance of the exam in violation of the policy) AND the college clinical faculty AND the program director.** Students performing examinations without adequate supervision place the patient in jeopardy and themselves, the hospital, and the college at risk for a lawsuit.

## **Reporting Requirements**

- Errors such as a student X-raying the wrong patient, wrong exam, wrong part, contrast placed in the wrong tube or wrong body part **MUST** be reported to the Program Director immediately (by the CI as well as the student). An email with a detailed summary of the event must be included in the report (by both parties). The student should be sent directly to the college to meet with the program director following any error in which the patient was placed in danger or exposed to a health threat.

## Clinical Attendance Policies

### Attendance Policy for Clinical Experience 1C, 9A, and 9B:

- Students are to clock in at the beginning of each day on Trajecsyst from a hospital computer terminal. Students may NOT use their phone to clock in.
- Students must clock out at the end of each day from a hospital computer terminal. Students may NOT use their phone to clock out.
- **Students may not “bank” hours ahead of an absence.**
- **All** absences require make-up hours. Students must fill out the make-up agreement form on Trajecsyst at least 24 hours prior to making up hours. The Clinical Instructor at the site AND the Clinical Coordinator must approve the make-up hours prior to attendance. Any clinical hours made up without prior approval will not count and will require make-up at the end of the program.
- Absences totaling four or more, regardless of make-up hours performed, will result in a drop from the course and a dismissal from the program, unless the student has a documented medical condition or other emergency situation and has arranged with the faculty for a Leave of Absence **before the fourth day of absence.**

Students are required to call both the hospital clinical site and the college clinical instructor (see course syllabus for phone number) at least thirty minutes before the start of shift if the student is to be absent. Students must also e-mail the radiologic science faculty to advise them of clinical absences before 6:00 AM on the day of the absence.

### Attendance Policy for Clinical Experience 9C, 9D and 9E:

- Students are to clock in at the beginning of each day on Trajecsyst from a hospital computer terminal. Students may NOT use their phone to clock in.
- Students must clock out at the end of each day from a hospital computer terminal. Students may NOT use their phone to clock out.
- **Students may not “bank” hours ahead of an absence.**
- **All** absences require make-up hours. Students must fill out the make-up agreement form on Trajecsyst at least 24 hours prior to making up hours. The Clinical Instructor at the site AND the Clinical Coordinator must approve the make-up hours prior to attendance. Any clinical hours made up without prior approval will not count and will require make-up at the end of the program.

- Absences totaling six days or more, regardless of make-up hours performed, will result in a drop from the course and a dismissal from the program, unless the student has a documented medical condition or other emergency situation and has arranged with the faculty for a Leave of Absence **before the sixth day of absence.**

**Students are required to call both the hospital clinical site and the college clinical instructor (see course syllabus for phone numbers) at least thirty minutes before the start of shift if the student is to be absent. The student must also e-mail all radiologic science faculty advising them of a clinical absence before 6:00 AM the day of the absence.**

### **Make-up Time for Clinical Absences**

All absences accrued during clinical education must be made up following the absence. All make-up hours must be approved by both the Clinical Coordinator and the clinical instructor at least 24 hours prior to making up time. Students must use the Make-Up Agreement form located on Trajecsyst to obtain the required signatures before arriving at the clinical site to make up time. Make-up hours performed prior to approval by the college and clinical instructor will not be accepted and the hours must be made up at the end of the program. According to JRCERT requirements, weekly classroom and clinical hours may not exceed 40 hours (combined total). Students may not work more than 10 hours in a single day. Students will not be permitted to make up hours in excess of the 40 hour per week limit. Hours may be made up between 7:00 AM and 10:00 PM on weekdays, and 9:00 AM to 6:00 PM on Saturdays with approval. First year students are usually not approved to work past 6:00 PM on weekdays or at all on Saturdays due to decreased staffing at those times.

### **Clinical Tardiness**

Students are expected to allow sufficient time in their commute for traffic and parking so that they arrive at the hospital on time for their shift. Students who are tardy more than three times to their clinical site in a semester face disciplinary action including a deduction of one letter grade from their clinical grade. Students are to arrive at their clinical site fifteen minutes before the start of shift to put away personal belongings and check the daily schedule. Students are to clock in on Trajecsyst upon arrival to the hospital, and to clock out from the hospital at the end of the day. Students are expected to report to the clinical instructor or other

assigned personnel at or before the official start of shift. Students are not to leave the department for more than their designated lunch period (usually 30 minutes). It is suggested that students bring their lunch from home to ensure time to eat and report back to the clinical instructor or assigned personnel within the designated period of time. Students who are tardy from lunch or other breaks more than fifteen minutes, more than three times in a semester face disciplinary action including a deduction of one letter grade from their clinical grade.

### **Clinical Shift Hours**

The actual shift hours for clinical experience may vary slightly from hospital to hospital and are determined by the clinical instructor and department manager at each site. Shift hours are designated to ensure that students are present while the largest number and variety of patient exams take place. Students are expected to work the assigned hours and are to schedule outside jobs, family responsibilities and doctor's appointments, etc. for times not conflicting with the clinical schedule. Students will not set their own individual shift schedule by coming in early or late and adjusting their departure time accordingly. Any change from the published schedule must be approved by a hospital and college instructor and must be submitted in written form. It is recommended that students find some way to assist the department or enhance learning during "slow" times in the department. Students are permitted to leave clinical before the end of shift only in times of personal/family emergency. Time missed from clinical experience must be made up without exception.

### **Clinical Visits from College Faculty**

Radiologic Science students will be visited by Merritt College clinical faculty according to the visit schedule developed by the Clinical Coordinator at the beginning of each semester. Instructors may also visit on unannounced dates. At each visit (scheduled or unscheduled) students must make themselves available to meet with the instructor and be prepared to show their ARRT Master Sign-off sheet, Repeat Log (with supervising technologists signatures), and a copy of the most recent dosimetry badge report. Students must be prepared to work with the visiting faculty on actual patients, participate in retention and practice labs, and engage in image evaluations and other instructional activities.

## **Employment at Clinical Sites**

Radiologic Science students may not be employed or volunteer in their assigned clinical education hospital. This includes working as a transcriptionist, file clerk, transportation etc. Students are required to disclose employment at affiliate hospitals to the program director prior to clinical education assignment.

## **Professional Appearance**

Students participating in clinical education are expected to project a clean and professional appearance at all times. Daily showering **before and after** clinical is strongly suggested and clothing should be freshly laundered. The use of a deodorant/antiperspirant product is required. Hair that is long should be worn in such a way as to not drape forward into the face or onto the patient. Nails should be neatly trimmed; as should beards and mustaches. Jewelry should be kept to a minimum and should not be of a type that could be caught in equipment, drape onto a patient, scratch a patient, or be pulled by a patient. Perfumes and colognes should not be worn at the clinical site as strong scents may nauseate an ill patient or aggravate the condition of a patient with sensitivities to scents. Teeth must be brushed before arriving at the clinical site. After eating, care should be taken so that the breath does not have an offensive odor to patients or staff.

## **Hand Hygiene**

1. Natural nails are to be kept clean and short. Natural nail tips should be kept at less than  $\frac{1}{4}$  inch long.
2. Nail polish is not permitted.
3. Artificial nails, wraps, tips, acrylics, gels, fillers, etc are not permitted.

Failure to follow the policy will result in the suspension of the student from the clinical site until compliance to this policy. The hours missed due to suspension will be made up at the end of the program.

## **Facial Hair**

The presence of facial hair (beards or mustaches) is discouraged due to the difficulty it creates in creating a seal between an N95 respirator mask and the face. This could represent an infection control risk. Any facial hair

present must be contained within the borders of the N95 mask and may not interfere with the mask's seal.

Failure to follow the policy will result in the suspension of the student from the clinical site until compliance to this policy. The hours missed due to suspension will be made up at the end of the program.

### **Professional Attire**

Clothing should be clean and pressed and must include some means of identification including full name and student status. This should include a hospital name tag, identifying the student as an SRT (student radiologic technologist), as well as a Merritt College ID. Examples of acceptable attire are as follows:

1. Scrub top and pants with comfortable **clean** athletic or nursing shoes, matching socks, student ID's. Lab coats should be worn over scrub tops with student ID visible at all times.
2. The following items are **not allowed** to be worn at any time during clinical hours:
  - outdoor jackets
  - jogging suits/sweat pants/sweat shirts
  - see-through garments of any kind
  - necklines exposing cleavage
  - crop tops exposing skin between shirt and waistband of pants
  - skin tight garments including leotards and leggings
  - tank tops or any sleeveless tops
  - halter tops
  - sagging clothes revealing underwear
  - audio headphones or hands-free communications devices
  - shorts, miniskirts
  - logo tee-shirts (nothing on front or back is allowed)
  - long-dangling earrings

Individual hospital clinical sites may have further restrictions/expectations regarding professional dress and hygiene. Students are expected to adhere to policies in effect at their assigned clinical site.

All clothing worn at the hospital should be removed as soon as possible after the clinical shift and laundered with warm or hot water in disinfectant laundry soap. Shoes worn for clinical should be easily wiped clean with disinfectant without causing damage (or machine washable). We recommend buying a pair of shoes exclusively for clinical use.

Students not adhering to the Professional Appearance and Hygiene policy will be sent home to change clothing and will be required to make up the time missed. Repeated infractions will result in disciplinary action, possibly including dismissal from the program.

### **Tattoos and Piercings**

Each affiliate hospital enforces its own policy regarding visible tattoos and facial piercings. Students must adhere to the policy in place at the clinical site to which they are assigned. Students may be asked to cover visible tattoos with clothing and/or remove some or all facial piercings while participating in clinical education. Students should also be aware that should they rotate temporarily to a new clinical site, they will be expected to adhere to the new site's policy while participating in clinical education there.

### **Electronic Devices**

In the clinical environment, the use of cell phones and tablets for personal communications are distractions and an annoyance to patients and associates. Use of such devices in the presence of a patient, associate, or supervisor is considered unprofessional behavior. Student technologists are not permitted to receive or make personal telephone calls or texts while on clinical duty. Any student found to be making or receiving personal calls or texting will be given a warning and will be subject to progressive discipline. At no time shall the student leave a patient unattended during a procedure to respond to a text or phone call. Leaving a patient is considered abandonment of care and will result in disciplinary action, including possible dismissal from the program. **The only exception for using a cell phone or tablet at the clinical site is to log exams on Trajecsys, or to communicate**

**through Trajecsyst. These tasks may be performed at the clinical site, but not while on duty.**

Many hospitals do not permit the use of communications devices for any purpose while on duty. Students are responsible for knowing and following the policy at their assigned clinical education site. Some hospitals permit the use of smart phones as reference tools (apps such as IRad, notes, or a medical dictionary). If these tools are permitted, they must be used discreetly and are never to be used in the presence of a patient.

## **Classroom Policies**

### **Behavioral Expectations**

1. Behave in a professional and considerate manner at all times while in the classroom. Treat your instructor and classmates with respect. It is OK to disagree, but please do so in a manner that respects the other person's point of view. Allow equal time for listening vs. speaking. Avoid the use of profanity or discussion of potentially offensive subjects.
2. Raise your hand to respond to a question, ask a question, or make a point, so as to avoid talking over other people.
3. Check your e-mail **every day** for messages from your instructor.
4. Physical violence or inappropriate touching is absolutely forbidden at all times.
5. Check with your instructor regarding their eating/drinking policy in the classroom.
6. Check with your instructor regarding their policy on the use of smart phones in the classroom.
7. Cheating, plagiarism, or dishonesty in any form will not be tolerated and are cause for dismissal from the program. See the Honor Code for definitions.

### **Classroom Tardiness**

Roll will be taken the first 5 minutes of each class period. Tardiness to program courses in excess of 3 times per semester will result in a grade deduction of one letter grade.

## Absences

Students should note that although absences are allowed for illnesses and emergencies, excessive absences may result in termination from the program.

Attendance policy for all didactic (classroom) courses:

- Attendance is expected at all meetings of all courses in which the student is registered.
- During the *fall or spring semester*, an instructor may drop a student from class if the number of absences during a semester exceeds the number of times the class meets *in two weeks*, unless there are extenuating circumstances warranting special consideration by the instructor.
- During the *summer session*, an instructor may drop a student from class if the number of absences during a semester exceeds the number of times the class meets in *one week*, unless there are extenuating circumstances warranting special consideration by the instructor.
- The instructor's decision to drop a student for not meeting the attendance requirements of the class is **FINAL**.

## Instructor/Course Evaluations

Each student will receive an email from the program director containing links to an online evaluation for every instructor/course at the end of each semester. Hospital clinical instructors will be evaluated by students each November. These evaluations are required by the program's accrediting body, the Joint Review Committee on Education in Radiologic Technology. Evaluations are anonymous, and students are encouraged to provide constructive feedback to instructors. Instructors are required to respond to feedback from students to the program director.

## **Return to Class and Clinical Following Short-Term Recovery from Surgery, Illness, or Injury**

Students who undergo surgery while enrolled in the program, or experience an illness or injury serious enough to require medical attention must adhere to the following guidelines:

- If a student undergoes surgery during the program for any reason, he or she must present a physician's clearance indicating that it is safe for the student to return to the classroom and **full duty** at the clinical site.
- If a student is being treated by a physician for an illness (particularly if the illness is contagious), he or she must present a physician's clearance indicating that it is safe for the student to return to the classroom and **full duty** at the clinical site.
- If a student has an injury that causes a temporary disability for which participating in clinical education could represent a danger to the patient AND/OR a danger to the student, he or she must present a physician's clearance indicating that it is safe for the student to return to the classroom and **full duty** at the clinical site. Students are not permitted to attend clinical with braces, splints, casts, or other orthopedic treatments that restrict range of motion of any body part.

Clearance must be submitted to the program director AND the hospital clinical instructor prior to returning to the clinical site. All clinical hours missed must be made up. Students facing **long term** recovery from surgery, illness, or injury should read the following section on Leave of Absence options.

### **Leave of Absence**

Students who face recovery from long-term illness, injury, pregnancy, or personal/family crisis may be eligible for a Leave of Absence from the program. A Leave of Absence would allow the student to withdraw temporarily from the program and return following a designated period of time. All Leaves of Absence must be arranged with the program faculty with terms established individually, depending on the circumstances. Eligibility for Leave of Absence for medical emergencies requires a physician's note.

Leaves of absence from the entire program will be granted for a period of one year or less, requiring the student to re-enter the program at the start of the semester s/he left the program, the following year. Students requiring more than one year's leave of absence are required to reapply to the program. Students will be re-

admitted on a space-available basis only. Exact placement will be determined on an individual basis.

Students who, for medical reasons are not able to attend clinical, but are able to attend class, may be eligible for a Special Leave of Absence from clinical only. **Special Clinical Leaves of Absence** are for a maximum of six weeks and are recommended for situations such as recovery from surgery or a physical injury in which attendance at lecture classes is possible but physical restrictions prohibit clinical training. **Under these circumstances, the student will attend didactic courses only and will be required to make up the missed clinical hours at the end of the program.** Only one clinical leave of absence will be granted during the course of a two year program.

Return following any medical Leave of Absence requires a written physician's clearance. Students must be able to attend class and clinical with no physical restrictions imposed.

### **Attendance and Testing Policy**

1. Any student who is absent on an exam or practical day must bring in a doctor's note or documentation of an emergency in order to be permitted to make up the exam or practical.
2. When an exam or practical is given in any course, students may not be absent in any other courses that day without a doctor's note or documentation of an emergency. Failure to do so will result in a deduction of a letter grade for the exam.
3. When an exam or practical is given in any course, students who are absent from clinical the day before are required to bring in a doctor's note or proof of an emergency in order to be permitted to take the exam or perform the practical.
4. All final exams will be comprehensive in content.
5. Students should not schedule any activities which conflict with finals week activities: ie. plan out of town trips, schedule medical or dental appointments, plan family activities, or other events which will prevent attendance during any time in the program. **NO EXCEPTIONS.**
6. Final exams will be scheduled during finals week as determined by each instructor
7. For summer courses, the last week of each course is considered finals week.

8. Mandatory attendance for all students is required. Failure to attend due to an unexcused absence for the scheduled exam will result in a zero "0" being assigned and averaged into the final grade for the course.
9. Students with an excused absence on a final exam day (documented medical emergency) will not be allowed to take the exam at a later date, but instead will be assigned a grade based upon all grades earned to date for that course.
10. Students must attend the clinical hours in the clinical education centers during finals week. Failure to do so will amount to an unexcused absence that must be made up at the end of the two year program or other arranged times mutually agreed upon by the Clinical Coordinator and hospital clinical instructor. It is the student's responsibility to fill out the clinical make up agreement and obtain signatures at least 24 hours prior to making up time.

**Note:** An INCOMPLETE grade may be assigned until this work has been completed. ARRT exam results will not be released until this has been completed satisfactorily with the college. This may result in a delay in employment at the end of the program.

11. The majority of clinical records and assessments are entered into Trajecsyst (the secure clinical electronic management website). A limited number of hard copy documents must be maintained by each student in a Portfolio, including 1) the ARRT Master Sign-off sheet, 2) the Repeat log, and 3) copy of the dosimetry report. These documents are to be submitted by the due date at the end of each semester. Paper Repeat Logs must be given to the College Clinical Instructor during each visit. The CI will enter it into Trajecsyst. Late work for clinical education will be assigned one letter grade lower than actually earned. This policy will be strictly followed.

## **Admission, Retention, Disciplinary Action and Re-Admission**

### **ADMISSION**

Approximately 22-30 students will be selected for admission into the Radiologic Science Program each fall based upon the completion of all admission requirements and the selection process as described in the program brochure and college catalog.

### **RETENTION**

To continue in the Radiologic Science Program, a student must meet the following academic and program standards.

1. All courses in the program must be successfully completed with a final grade percentage of **75 or higher**.

2. Any student whose grade falls below 75% at any point in the semester will receive a written warning and will be counseled by the course instructor.
3. A student who receives a final grade below 75% in any Radiologic Science course will receive a failing grade and will not be permitted to continue in the program.
4. A student may elect to withdraw from any program course at any time. However, a student **CAN NOT** remain in the program if she/he withdraws from a program course.
5. A student who withdraws from the program may request re-admission provided that she/he meets the program's readmission criteria. (see re-admission section for more information)

When a student's performance is unsatisfactory, the instructor will counsel the student. The student is expected to recognize the level of his/her progress and to seek assistance if needed.

The instructor of each course will communicate the grading policy to students via the course syllabus. The course syllabus will include the weighting of quizzes, exams, projects and activities. Determination of a grade by the instructor in the absence of mistake, incompetence, fraud or bad faith shall be final. Once submitted, grades are not subject to change except by the instructor.

### DISCIPLINARY ACTION

Disciplinary action may be imposed on a student for violation of program, clinical site or college policies. Violations that may result in disciplinary action includes but is not limited to:

- unprofessional conduct (such as gross insubordination, moral improprieties during patient care activities, failure to observe patient confidentiality, etc)
- jeopardizing the safety of a patient
- violation of program policies
- disruptive behavior
- physical or verbal abuse of associates, patients, instructors, clinical staff etc.
- theft or damage to property
- dishonesty (in didactic and clinical courses or procedures)
- other violations as listed in the college catalog or clinical policy manual

Disciplinary action may range from temporary exclusion from the classroom or clinical site to expulsion from the program. **Students who are dismissed for disciplinary reasons are not eligible for re-entry into the program.**

**The program is required to report all suspensions and disciplinary actions to the ARRT. Upon review of all documents pertaining to the incident(s) and disciplinary actions, the ARRT may deny a program graduate's eligibility to sit for the Registry examination.**

### RE-ADMISSION

Students who have withdrawn or were dropped from the program due to one or more of the following reasons may apply to re-enter the program. The application for re-admission must be made at least six weeks prior to the beginning of the semester that the student wishes to re-enter.

- Withdrawal due to health or personal reasons.
- Failed to complete a program course including Clinical Experience.
- Earned a failing grade in any program course.

Applications for re-entry will be accepted one time only. The application for re-admission must be made at least six weeks prior to the beginning of the semester that the student wishes to re-enter. Re-admission will be considered at the discretion of the faculty and is on a space available basis only. Re-admission applications will be considered on a case by case basis. There is no guarantee of re-entry.

Eligibility for re-admission consists of:

1. Completion of the Application for Re-admission to the program.
2. Submission of the application at least six weeks prior to the semester the student desires re-entry.
3. Verification of completed contractual agreement (if applicable).
4. A recent medical exam with updated proof of immunity to communicable diseases.
5. Updated background check and drug screen with "cleared" status.
6. Current CPR certification.
7. Academic standing of 2.5 GPA for all completed Radiologic Science courses.

Meeting the eligibility requirements does not guarantee acceptance for re-entry. Acceptance for re-entry is at the discretion of the faculty. Upon receipt of the re-admission application and all supporting documents, faculty will review documents and make a recommendation to the program director to accept the

student for re-entry, accept contingent on successful clinical interview, or deny re-entry. The student should be advised that if interviewed, the clinical supervisor has the option to contact the supervisor of the previous clinical assignment for a reference. The decision of the faculty to accept or deny re-entry students is final. If re-admission is granted, the student will be notified by mail prior to the beginning of the semester in which she/he wishes re-entry.

A student who withdrew or was dropped due to unsatisfactory performance at a clinical facility is not eligible for re-entry.

Any unsatisfactory grade or performance of the re-admitted student will result in termination from the program with denial of further re-admission.

Students are required to take both the didactic (classroom) and clinical components of the course during the re-admission semester in order to remain in the program.

## **Safety Policies**

### **Radiation Safety Officer**

The designated Radiation Safety Officer for the Merritt College Radiologic Science Program is the Clinical Coordinator, Jerry Hollister, BA, RT(R)(BD). The duties of the Radiation Safety Officer are:

- To assure that all Radiation Safety Policies are being followed on campus and at the clinical sites
- To administer the college dosimetry program
- To review dosimetry reports, assure that dosimetry reports are communicated to students, and to investigate any reading in excess of 60 mRem in any quarterly reporting period

The alternate Radiation Safety Officer is the Program Director, Jennifer Yates, Ed.D., RT(R)(M)(BD). The alternate RSO is to fulfill the duties in the event that the designated RSO is unable to do so.

## **Radiation Safety**

A student is required to exercise sound radiation protection practices at all times. At no time may a student participate in a procedure using unsafe protection practices. Unsafe radiation protection practices are grounds for dismissal from the program. This includes, but is not limited to:

1. Failure to properly identify a patient prior to beginning an exam, and/or failure to take a complete patient history, resulting in exposures to wrong patient or wrong part constitute unsafe behavior and are grounds for dismissal.
2. Taking exposures, intentionally or unintentionally, on a student or technologist in the energized lab or hospital x-ray exam room.
3. Taking exposures on any member of the general public unless expressly ordered by a medical practitioner.
4. Attempting any procedure under indirect supervision unless competency has been achieved.
5. Repeating exposures without the direct supervision of a California certified radiologic technologist with at least two years of experience (post certification).
6. Taking exposures with the exam room door open or with unnecessary persons in the room.
7. Taking exposures on an unshielded patient, regardless of reproductive potential. **Always** shield **every** patient unless the shield interferes with demonstration of the clinical area of interest.

## **Student Fluoroscopy Policy**

As cited in Title 17 CCR, "A student currently enrolled in an approved Diagnostic Radiologic Technology School and Fluoroscopy Permit School, 'under the supervision of an instructor who is a certified radiologic technologist or a certified supervisor or operator,' may assist/perform fluoroscopy pursuant to California Health and Safety Code, section 106975. "

Students may not participate in any fluoroscopy procedure until they have completed the Fluoroscopy Orientation and Set-up Competency for each fluoroscopy unit at the clinical site.

Students may not participate in QC testing of lead aprons under fluoroscopy. Students' annual radiation dose is limited; therefore any dose they receive should be sustained during patient exams only.

## **Radiation Monitoring**

While at the clinical education site:

- The student shall wear a personnel radiation monitoring device (badge) at all times. The badge shall be worn at the collar on the front of the body, outside the lead apron when one is worn.
- The student will be provided with a radiation monitoring badge by the college Radiation Safety Officer in the first semester of the program.
- Any loss, damage, or misuse of radiation monitoring badges must be reported to the clinical supervisor and Radiation Safety Officer immediately. Students who lose, damage, misuse, or refuse to submit monitoring badges are subject to disciplinary action, including probation or dismissal from the program. Delay in reporting will result in the student repeating any clinical hours worked between knowledge of loss or damage and reporting of such loss or damage.
- Lost or damaged radiation monitoring badges must be reported to the Radiation Safety Officer and replaced as soon as possible. Until a replacement badge is received, the student may not participate in fluoroscopy or C-arm procedures. The student may receive a grade deduction for repeated loss of a monitoring badge.
- The student will be provided with a copy of the latest radiation badge report by the Radiation Safety Officer.
- Badges are to be removed if the student is undergoing a procedure as a patient.
- Protect the badge from exposure to radiation, sunlight, excessive heat, and moisture during the time it is not being worn. Do NOT launder your badge with your uniform. When transporting badge from clinical site to home or the college, place it in a bookbag or purse, do not leave it in your car.

While in the energized lab:

- The student shall wear their personalized monitoring badge.
- Pocket Dosimeters should only be used if a personalized monitoring badge has been lost or damaged. If using a pocket dosimeter, the student shall record the appropriate data on the monitoring form (provided by instructor) at the beginning and end of the laboratory session and secure the instructor's initials on the form. If any reading is noted, a copy of the record shall be placed with the monitoring badge reading reports.
- Never make an exposure on an energized machine unless an instructor is present.
- Energized stations will remain locked when an instructor is not present.

- Sign will be placed on the outside of the door reading “Exposure Lab in Process, Do not Enter” in addition to the permanent caution signs when the energized tubes are in use.
- Non-energized machines (incapable of producing ionizing radiation) are clearly labeled as such. If a label is not present, assume the machine is capable of producing x-rays.

Radiation safety is a serious obligation and should never be taken lightly. The program will adhere to the NCRP recommendations from Report 91, which states that radiation exposure throughout a student’s educational experience should not exceed 100 mRem annually (1mSv annually or 200 mRem for the total program).

Monitoring will be documented by a monitoring badge processed on a quarterly basis. Any reading in excess of 0.6 mSv (60 mRem) in one quarter will be investigated. The investigation may consist of the Radiation Safety Officer interviewing the student regarding the handling of their radiation monitoring badge, safety practices at the clinical site, and checking the student’s patient exam records for lengthy fluoroscopy procedures. When indicated, the RSO will visit the clinical site to ascertain whether unsafe conditions resulted in the exposure reading. The RSO will assure that any unsafe practices or conditions are corrected before allowing students to return to the clinical site. The student will also be counseled regarding correct radiation safety practices.

### **Radiation Safety with Energized Tubes**

Students shall remain behind the control panel during all radiography exposures. Students are never permitted to hold patients during radiography exposures.

During fluoroscopy, students shall wear shielding apparel if in the room while the tube is energized. Students shall remain as far from the tube as possible until their assistance with the patient is needed. If they are asked to frequently adjust patient positioning or assist with fluoroscopy, they should stand behind the radiologist or in front of the lead curtain for as much of the time as possible. During fluoroscopy, the radiation monitoring badge must be worn on the outside of the apron at collar level.

## Pregnancy Policy

The Merritt College Radiologic Science Program faculty does not make recommendations for or against a person's reproductive rights. However, participation in the program is extremely challenging (physically, mentally, and intellectually), as well as requiring at least a 40 hour per week time commitment. Due to the stress associated with the program and the possible negligible radiation risk associated with exposure to an unborn child during clinical education, the faculty suggests to all female students of childbearing capability that they make an effort to avoid pregnancy while enrolled in the Associate Degree Radiography Program. This suggestion is based on the knowledge that:

"...exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupation dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low."\*

"The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus."\*

If a student becomes pregnant while enrolled in the program:

- a) She has the right to declare her pregnancy, in writing, to the program faculty and assigned clinical personnel, **or not**; as stated in 10 CFR Parts 19 and 20.
- b) A pregnant student who chooses to declare her pregnancy will be provided with a copy of U.S. Nuclear Regulatory Commission Regulatory Guide 8.13. The student is expected to read through the guide carefully, especially the sections regarding dose limits for the pregnant worker and potential effects resulting from exposure of the embryo/fetus to radiation and non-radiation risks, before submitting her written declaration of pregnancy.
- c) The declared pregnant student will be counseled by program faculty regarding radiation risks and radiation protection principles. These instructions will be provided both orally and in writing and comprehension will be tested by the administration of a simple written test covering the material addressed in the U. S. Nuclear Regulatory Commission Regulatory Guide 8.13.

- d) The declared pregnant student will be issued a second monitoring badge to be worn low on the abdomen, under the apron, for the purpose of monitoring the fetal dose during pregnancy. Although the risks to the unborn child are negligible under normal working conditions, the NCR has recommended to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv). Section 20.1208 also requires licensees to make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman."\*
- e) The declared pregnant student, clinical supervisors, and program faculty will work together to decide the best method for minimizing radiation exposure to the fetus. The student has the right to continue in the program without modification of the clinical schedule if desired, as long as her physician deems it safe for both the student and the fetus with no physical restrictions. However, program faculty will work with the clinical supervisor to modify the schedule if the student desires, so that exposure is minimized to the fullest extent possible. Some methods that might be used include reducing the time spent in radiation areas, wearing some shielding over the abdominal area, and keeping an extra distance from radiation sources when possible. A health physicist will be able to estimate the probable dose to the unborn child during the normal nine-month pregnancy period and to inform the student of the amount. If the predicted dose exceeds 0.5 rem (5 mSv), the student, clinical and program staff will work out schedules or procedures to limit the dose to the 0.5 rem (5 mSv) recommended limit. If a schedule change is deemed necessary to accomplish this goal, the student must understand that the usual two-year length of time required for program completion may need to be extended to ensure completion of all clinical objectives.
- f) "It is important that the student inform the program faculty, in writing, of her condition as soon as she realizes she is pregnant **if the dose to the unborn child is to be minimized.**"\*
- g) Declared pregnant students must provide to program officials, within two weeks of written notification of pregnancy, a written physician statement verifying pregnancy with the expected date of delivery, physical capabilities, and any restrictions that are necessary. In order to continue in the clinical education portion of the program, the medical statement must not require any physical restrictions. Monthly updates in physical capabilities and restrictions must be signed by the physician and received by the program director up until the final month preceding delivery. In the final month, weekly updates are required.
- h) Pregnant students may request a leave of absence for the duration of the pregnancy. Students who elect to take the leave of absence rather than

continuing in the program are expected to return within one year (as per program policy). Students who do not re-enter the program within one year must reapply if and when they wish to re-enter the program and will be individually assessed for clinical/didactic placement.

- i) Students who have declared a pregnancy may "undeclare," in writing, their pregnancy at any time; or after delivery. Pregnancy "undeclaration" must be given in writing to the program director.
- j) A pregnant student who chooses not to declare her pregnancy will be treated as any other student, will not be given a fetal dose monitoring badge, or be given the option of clinical schedule changes as a result of the pregnancy.
- k) After delivery, the student is required to submit a written clearance from her healthcare provider. Students must be able to attend class and clinical with no physical restrictions imposed.

\*from the U.S. Nuclear Regulatory Commission Regulatory Guide 8.13, June 1999.

## **Standard Precautions**

Radiologic Science students must adhere to recognized Standard Precautions procedures. The following are basic guidelines for body substance precaution.

- 1. Handle all blood and other body substances as potentially infectious.
- 2. Gel or wash hands before and after all patient and specimen contact.
- 3. Gel or wash hands after all activities that may have contaminated hands such as using the restroom, handling specimens etc.
- 4. Wear gloves for potential contact with blood and body substances and gel or wash hands after removal of gloves.
- 5. Wear gloves when splash with blood or body substances is anticipated.
- 6. Wear a mask for TB or other respiratory organisms.
- 7. Wear protective eye-wear and mask if splatter with body substances is anticipated.
- 8. Wear gloves when starting an IV or removing an IV from a patient.
- 9. Deploy safety needle device immediately upon removal from patient. Place used syringes, needles or other "sharps" in the proper marked container; do not recap used needles.
- 10. Treat all linen as soiled and infectious.
- 11. Handle all specimens as infectious.
- 12. Know the location and use of resuscitation equipment.

These are only general guidelines for body substance precautions. Refer to your clinical site policy for specific policies and protocols in effect at the site.

### **Venipuncture and IV Contrast Policy**

- Students are permitted to assist with the injection of contrast following venipuncture by a qualified radiologic technologist, nurse, or radiologist under direct supervision after proper training and following instruction in Patient Care II and Positioning II.
- Students are allowed to perform venipuncture for contrast administration on human subjects only after successfully completing 10 venipunctures on the model arm in the Patient Care II class; and only with written permission by the radiology department manager. Students shall observe all department policies regarding venipuncture for contrast media.
- Students must be directly supervised by a physician, nurse, or IV certified technologist until successful completion of 10 venipunctures on human subjects and the issuance of an Advanced Level IV Certificate by Merritt College Radiologic Science Program.
- Students may perform venipuncture on adult patients only (over 18 years old). No infants or children.
- Students are allowed only two attempts per patient (or one, if that is department policy). After two unsuccessful attempts, other qualified personnel should start the IV.
- Students shall not, under any circumstances, inject iodine contrast into a central venous access line.
- Students shall not perform venipuncture for autoinjection unless s/he remains in the room, **monitoring the injection site visually and by palpation throughout the course of the entire injection**. If the scan must begin before the injection is complete, the student is not to perform venipuncture for the exam. In case of extravasation, department protocol must be observed.

- Students shall not perform venipuncture with any device that does not have "engineered sharps protection" (shielded or retractable needle).
- Students shall not remove any "sharp" from a venipuncture site that does not have an "engineered sharps protection" device (needle shield).

## **Injury and Exposure Policy**

**For injuries sustained during your clinical training at the hospital (except for needle sticks, TB, and body fluid exposures), follow these steps:**

1. If it is an emergency, go to your hospital clinical site Emergency Department. If it is not an emergency, call the Company Nurse Injury Hotline at 1-888-770-0929. Give them the Group Code ASCIP and you will be directed to access appropriate medical treatment. Do this even if the injury seems to be insignificant.
2. Give this address to the billing department at the medical facility for billing for your care:

Peralta Community College District, Risk Management Department  
ATTN: Carrie Burdick  
333 E. 8<sup>th</sup> St.  
Oakland, CA 94606.

This will ensure proper billing to the insurance company for the Worker's Compensation injury and will prevent you from being personally responsible for the bill.

3. Fill out the Employee's Claim for Worker's Compensation Benefits (DWC1). This document is found in the back section of your clinical portfolio or student handbook. This needs to be completed within 24 hours of the injury. An instructor needs to also fill out the Supervisor's Report of Employee Injury form, located in the back section of your clinical portfolio or student handbook.

4. Scan the claim forms IMMEDIATELY and email them as an attachment to the program director [jyates@peralta.edu](mailto:jyates@peralta.edu). Keep the original and bring it to class on the next scheduled class day.

**For needle sticks/possible TB exposure/body fluid exposures to mucous membranes or non-intact skin, follow these steps:**

1. Notify the department manager of the exposure. The patient should be detained for possible testing. If the patient is an outpatient, s/he should not be allowed to leave the department until you have reported your injury to the department manager and the Infection Control

supervisor has been notified. Follow any instructions given to you regarding hospital protocol for exposures to pathogens. Get contact information for the Radiology department manager and the Infection Control supervisor. Bring this information with you to the treatment facility in case they need to reach clinical affiliate personnel.

2. Call the Company Nurse Injury Hotline at 1-888-770-0929. Give them the Group Code ASCIP and you will be directed to access appropriate medical treatment.

3. Give this address to the billing department of the medical facility for billing for your care:

Peralta Community College District, Risk Management Department  
ATTN: Carrie Burdick  
333 E. 8<sup>th</sup> St.  
Oakland, CA 94606.

This will ensure proper billing to the insurance company for the immediate and follow-up treatment and testing and will prevent you from being personally responsible for the bill. Treatment should include testing for immunity to hepatitis and a baseline HIV test. The source patient may also be tested by the hospital for Hepatitis B and HIV.

4. Fill out the Employee's Claim for Worker's Compensation Benefits (DWC1). This document is found in the back section of your clinical portfolio. This needs to be completed within 24 hours of the injury. In addition, fill out the Peralta Community College Exposure Incident Report. This form is also located in the back section of your clinical portfolio. An instructor needs to also fill out the Supervisor's Report of Employee Injury form, located in the back section of your clinical portfolio or student handbook. Scan and e-mail the report immediately to the program director [iyates@peralta.edu](mailto:iyates@peralta.edu) Keep the originals and bring them both to the program director on the next scheduled class day.

5. For needlestick injuries, you will need to get a baseline HIV test. Your baseline HIV test will indicate your **pre-exposure** status. It should be done immediately following the exposure (within a couple of hours). You will need to retest in six weeks, three months, six months and one year following the exposure (or at intervals recommended by the

physician at the facility to which you were referred). When you test, tell the physician that you need to have your test results in writing. If all are negative, you do not need to do anything else. If your baseline test is **positive**, this will indicate that you were positive before your hospital exposure and Workers Compensation will not pay for any services. If your baseline test is **negative** and subsequent tests are positive (if you have not engaged in any personal HIV exposure risks), Worker's Compensation is responsible for covering health services related to HIV infection and AIDS.

### **CLINICAL PERFORMANCE, DUE PROCESS, AND STUDENT GRIEVANCE PROCEDURE**

The Radiologic Science Program adheres to the Merritt College Student Grievance and Due Process Policy except in the case of dismissal for clinical performance. The college clinical laboratory instructor(s) has/have the responsibility and authority to evaluate, assess and grade the academic performance of a student consistent with clinical standards defined in the program.

The instructor has the responsibility and authority to remove a student from the clinical laboratory and dismiss a student from the Program for cause. For purposes of this policy, "cause" is defined as where, in the instructor's professional judgement, the instructor has determined that the student's clinical performance falls below the acceptable standard of care for the patient as outlined in the program objectives and evaluation requirements and poses a substantial danger to the health and welfare of the patient.

In the clinical setting, the student practices under either direct or indirect supervision by the clinical instructor, depending on the student's competency status. The student is directly responsible to the clinical instructor and assigned college instructor. Instructors are required to adhere to and enforce requirements of the program, the college, the hospital, the state and also federal regulations.

Unsafe medical care is any action or inaction on the student's part that threatens the physical or emotional well-being of a patient or other person. The college instructor has the unquestioned authority to remove a student from the clinical setting whenever that student's behavior, performance, or condition threatens another person. The program may suspend the student from further clinical

education until a full investigation is conducted and a decision has been made regarding disciplinary action. The student will be notified of disciplinary action as soon as possible at a meeting on campus with program faculty and whenever possible, the Deans or Vice Presidents of Instruction and Student Services.

Students who exhibit behaviors that may be due to impairment by alcohol, drugs or emotional illness may be dismissed from the clinical setting for unsafe behavior.

Students who violate safe radiation protection practices may be dismissed from the clinical setting for unsafe behavior. Unsafe behavior will be documented on the "Student Unsafe Performance Report" located in the form section of this handbook. Unsafe performance will be reported to authorities appropriate to the specific circumstances of the incident.

An instructor may immediately remove a student under this policy where the student's performance poses an immediate and substantial danger to the health and welfare of the patient and where previous written notice is impracticable, in that situation, and where practicable, the instructor should provide the student with an oral explanation of the reasons for the removal and complete the written notice of disciplinary action as soon as possible following a full investigation of the incident, preferably within 3 business days.

A college instructor, hospital clinical instructor, or manager may suspend or permanently remove a student from clinical education for unsafe behavior, unprofessional behavior, disruptive behavior, or any behavior in conflict with the policies or mission of the hospital. In the case of suspension, hospital personnel must notify the program director as soon as possible by phone (510-436-2427) or e-mail (jyates@peralta.edu). A written account of the incident must be e-mailed as soon as reasonably possible. Department faculty will determine appropriate disciplinary action in consideration of the incident. Faculty will arrange to meet with the student within 3 business days to notify him/her of the action. The student may not return to clinical until he/she has met with faculty.

In the case where a student is removed from a clinical site for performance or behavioral issues, faculty shall review all documentation of incidents/performance evaluations leading to the removal to decide the best course of action. Faculty may elect to return the student to the clinical site on probation with a performance improvement plan, transfer the student to a different clinical site on probation with a performance improvement plan, or dismiss the student from the program. If the student is being considered for transfer, the clinical instructor and/or manager of

the new site have a right to know the reason the student was removed from the previous site and to review any relevant incident reports or performance evaluations, as well as to request an interview with the student if desired. The clinical instructor/manager has the right to allow or refuse the transfer. If a transfer site cannot be identified among existing clinical affiliates, the student will be dismissed from the program.

In the situation where the instructor concludes that cause exists for removal and dismissal from the program, where prior counseling has not led to improvement in the student's clinical performance, and where there is substantial but not immediate danger to the patient, the instructor may remove the student upon providing the student with written notice of intent to dismiss.

The written notice of intent to dismiss shall set forth the facts giving rise to the decision to remove the student, the reasons for the dismissal and summarize any prior counseling given to the student. The notice shall be hand delivered to the student or mailed by certified mail, return receipt requested.

Upon receipt of the notice of intent to dismiss, the student may request an immediate hearing under Section 11 of the procedures of this policy, if such request is made in writing three days of receipt of the notice. Alternatively, the student may elect to appeal the removal and intent to dismiss through the District's "Student Academic Grievance Hearing Procedure", as provided in Section 11 of the procedures of this policy. Students who would like to appeal a dismissal decision should contact either the Vice President of Student Services or the Vice President of Instruction.

A student who requests an immediate hearing under Section 11 of this procedure will be allowed to attend all classes except clinical laboratory classes until a finding is made by the Allied Health Student Grievance Committee. If the Committee's findings recommend that the instructor's decision be upheld and this finding is accepted by the Vice President of Student Services, the student may continue the appeal procedures under this Policy but shall not be allowed to attend further classes. If the Committee finds that the instructor's decision was without cause as defined above or based on mistake, fraud, bad faith or incompetence, and this finding is accepted by the Vice President of Student Services, the student may continue to attend classes except for clinical laboratory classes, pending any appeal made by the instructor.

A student who successfully appeals the removal and dismissal decision shall be re-instated into the program. The college shall provide the student with assistance in making up any clinical education lost during the appeal process.

### Procedure for Allied Health Student Appeal for Dismissal for Clinical Performance

#### I. Definitions

- A. "Days" shall mean working days of the District.
- B. Where the procedure refers to active participation by a District administrator, such as the Vice President of Student Services, or the Vice President of Instruction, that reference also includes any person appointed as designee.
- C. "Cause" is defined in Board policy 4.44.
- D. "Mistake", "fraud", "bad faith", or "incompetence" shall be interpreted under Education Code Section 76224.

#### II. Allied Health Student Grievance Hearing

##### A. Student Rights

A student who has been removed by an instructor for cause under this policy has the right to an Allied Health Student Grievance Hearing under the following conditions:

- 1. The student requests an immediate hearing within three days of receipt of the notice of intent to dismiss.
- 2. The request is submitted in writing to the Vice President of Student Services or the Vice President of Instruction.
- 3. The student submits an approved complaint form as described in the District's "Student Academic Grievance Hearing Procedure", section B.2 within business days of receipt of the notice of intent to dismiss.

##### B. Hearing

- 1. The immediate hearing will be scheduled within seven days of receipt of the complaint and request for an immediate hearing. The student and instructor shall be notified no less than three days prior to the hearing of the date scheduled for the hearing.
- 2. The Allied Health Student Grievance Hearing Committee shall be composed of the following:
  - a. The Vice President of Instruction, who shall chair the Committee
  - b. One faculty member from the program who is not a party to the grievance or another faculty member from a related health program

may be substituted if necessary (appointed jointly by the PFT and the Academic Senate).

- c. One faculty member from a related health program not involved in the grievance (appointed jointly by the PFT and the Academic Senate).
- d. One administrator of the College who is not the Vice President of Student Services (appointed by the College President).
- e. One student of a program not involved in the grievance (appointed by the College President).

C. The committee shall conduct the hearing and make a recommendation to the Vice President of Student Services based on the evidence and testimony given during the hearing. At least three members of the Committee must agree on a recommendation to the college President. The Committee must issue a written report, including a summary of the evidence, summary of the positions of the parties, findings of fact, conclusions on whether the dismissal was for cause or the instructor's evaluation was based on fraud, mistake, bad faith or incompetence. The committee shall make a recommendation to the college President on whether the student's dismissal should be reversed or upheld. If applicable, the members of the committee who disagree with the majority report may attach a minority report to the final written report. The Committee's written report shall be issued within two days after the hearing is completed and the evidence is submitted by the parties.

D. College President

The college president may accept, reject or return the recommendations to the Committee for further action. The college President shall notify the student, instructor and committee of his/her decision based upon the findings of fact of the committee.

E. Appeal of the Decision

The "Appeal Process" described in the "Student Academic Grievance Hearing Procedure" shall be used to appeal the decision by either the Vice President of Student Services, or the Vice President of Instruction, as appropriate and applicable.

### III. Student Academic Grievance Hearing Procedure

#### A. Student Rights

A student who has been removed from the clinical internship class for cause under this Policy may alternatively file a formal grievance alleging mistake, fraud, bad faith or incompetence in the evaluation of the student's performance under the District's "Student Academic Grievance Hearing Procedure". Use of this procedure does not entitle the student to an immediate hearing as described above.

#### B. Procedure

The provisions of the "Student Academic Grievance Hearing Procedure" shall apply except that the "College Grievance Committee" shall be substituted by the Allied Health Student Grievance Committee as described above.

## **Appendix**

To follow – pp. 58 - 99

# **Standards for an Accredited Educational Program in Radiography**

**EFFECTIVE JANUARY 1, 2014**

Adopted by:  
**The Joint Review Committee on Education  
in Radiologic Technology - October 2013**



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The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

## Standard One *Integrity*

- Standard One:**      **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.**

### **Objectives:**

In support of **Standard One**, the program:

- 1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 1.2 Provides equitable learning opportunities for all students.
- 1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
- 1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
- 1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
- 1.7 Assures that students are made aware of the **JRCERT Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.
- 1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.
- 1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.
- 1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.
- 1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
- 1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

- 1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.15 Has procedures for maintaining the integrity of distance education courses.

**Standard Two:**  
**Resources**

**Standard Two:**      **The program has sufficient resources to support the quality and effectiveness of the educational process.**

**Objectives:**

In support of **Standard Two**, the program:

**Administrative Structure**

- 2.1    Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.
- 2.2    Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 2.3    Provides faculty with opportunities for continued professional development.
- 2.4    Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

**Learning Resources/Services**

- 2.5    Assures JRCERT recognition of all clinical settings.
- 2.6    Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.
- 2.7    Reviews and maintains program learning resources to assure the achievement of student learning.
- 2.8    Provides access to student services in support of student learning.

**Fiscal Support**

- 2.9    Has sufficient ongoing financial resources to support the program's mission.
- 2.10   For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

**Standard Three**  
***Curriculum and Academic Practices***

**Standard Three:**     **The program's curriculum and academic practices prepare students for professional practice.**

**Objectives:**

In support of **Standard Three**, the program:

- 3.1     Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
- 3.2     Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
- 3.3     Provides learning opportunities in current and developing imaging and/or therapeutic technologies.
- 3.4     Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 3.5     Measures the length of all didactic and clinical courses in clock hours or credit hours.
- 3.6     Maintains a master plan of education.
- 3.7     Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 3.8     Documents that the responsibilities of faculty and clinical staff are delineated and performed.
- 3.9     Evaluates program faculty and clinical instructor performance and shares evaluation results regularly to assure instructional responsibilities are performed.

**Standard Four**  
***Health and Safety***

**Standard Four:**      **The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.**

**Objectives:**

In support of **Standard Four**, the program:

- 4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
  - Written notice of voluntary declaration,
  - Option for student continuance in the program without modification, and
  - Option for written withdrawal of declaration.
- 4.3 Assures that students employ proper radiation safety practices.
- 4.4 Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.
- 4.5 Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.
- 4.6 Assures that students are directly supervised by a qualified radiographer when repeating unsatisfactory images.
- 4.7 Assures sponsoring institution's policies safeguard the health and safety of students.
- 4.8 Assures that students are oriented to clinical setting policies and procedures in regard to health and safety.

## **Standard Five Assessment**

**Standard Five:**      **The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.**

### **Objectives:**

In support of **Standard Five**, the program:

### **Student Learning**

- 5.1      Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

### **Program Effectiveness**

- 5.2      Documents the following program effectiveness data:
- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
  - Five-year average job placement rate of not less than 75 percent within twelve months of graduation,
  - Program completion rate,
  - Graduate satisfaction, and
  - Employer satisfaction.
- 5.3      Makes available to the general public program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

### **Analysis and Actions**

- 5.4      Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.
- 5.5      Periodically evaluates its assessment plan to assure continuous program improvement.

## **Standard Six**

### ***Institutional/Programmatic Data***

**Standard Six:**        **The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.**

#### **Objectives:**

In support of **Standard Six**, the program:

#### **Sponsoring Institution**

- 6.1 Documents the continuing institutional accreditation of the sponsoring institution.
- 6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

#### **Personnel**

- 6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

#### **Clinical Settings**

- 6.4 Establishes and maintains affiliation agreements with clinical settings.
- 6.5 Documents that clinical settings are in compliance with applicable state and/or federal radiation safety laws.

#### **Program Sponsorship, Substantive Changes, and Notification of Program Officials**

- 6.6 Complies with requirements to achieve and maintain JRCERT accreditation.



THE AMERICAN REGISTRY  
OF RADIOLOGIC  
TECHNOLOGISTS®

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## PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. 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.

## STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

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

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.

# ARRT STANDARDS OF ETHICS

2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

## B. RULES OF ETHICS

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

or Candidate who voluntarily enters into an Alternative 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](http://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.

#### **(g) Civil or Criminal Penalties**

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the *Standards of Ethics*, ARRT may, without giving prior notice, pursue civil and/or criminal penalties against the Certificate Holder or Candidate.

### **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 nonrefundable 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](http://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 measures 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](http://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

71 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*.



**Merritt College Radiologic Science Program Student  
Documentation of Counseling-Spring Semester of the First Year**

**Student's Name:** \_\_\_\_\_

**Date of Counseling Appointment:** \_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_

Upon examination of this student's transcripts from all colleges attended, I have determined that:

**(Circle All That Apply)**

- a. This student has earned a prior degree from an accredited institution  
(Associate, Bachelor's, Masters, Doctorate)  
Completion Date (If applicable, please fill in) \_\_\_\_\_
- b. This student has satisfied the General Education Requirements for Merritt College
- c. This student **has not** satisfied the General Education Requirements for Merritt College

If "C" was circled, which General Education Requirements **have not** been satisfied?

Based on my review of this student's transcripts, I would recommend that this student submit, in the Summer Semester of the graduation year, (circle one or both):

- a. Petition for Certificate of Completion
- b. Petition for the Associate Degree in Radiologic Science

I have informed this student that either the **Petition for the Associate Degree** OR the **Petition for the Certificate of Completion** must be filed in order to graduate. I have discussed this process with the student.

Counselor Signature: \_\_\_\_\_

*Please give this form to the student to return to Dr. Jennifer Yates.*

*Thank you for your assistance with this matter!*

**Merritt College Radiologic Science Program Student**  
**Documentation of Counseling-Spring Semester of the Second Year**

**Student's Name:** \_\_\_\_\_

**Date of Counseling Appointment:** \_\_\_\_\_

**Counselor's Name:** \_\_\_\_\_

Upon examination of this student's transcripts from all colleges attended, I have determined that:

**(Circle All That Apply)**

- a. This student has earned a prior degree from an accredited institution  
(Associate, Bachelor's, Masters, Doctorate)  
Completion Date (If applicable, please fill in) \_\_\_\_\_
- b. This student has satisfied the General Education Requirements for Merritt College
- c. This student **has not** satisfied the General Education Requirements for Merritt College

If "C" was circled, which General Education Requirements **have not** been satisfied?

Based on my review of this student's transcripts, I would recommend that this student submit, in the Summer Semester of the graduation year, (circle one or both):

- a. Petition for Certificate of Completion
- b. Petition for the Associate Degree in Radiologic Science

I have informed this student that either the **Petition for the Associate Degree** OR the **Petition for the Certificate of Completion** must be filed by the deadline for Summer Semester graduation in order to graduate. I have discussed this process with the student.

The deadline date for submitting a petition for Summer is: \_\_\_\_\_  
*Please fill in*

Counselor Signature: \_\_\_\_\_

*Please give this form to the student to return to Dr. Jennifer Yates.*

*Thank you for your assistance with this matter!*



# Merritt College

12500 Campus Drive • Oakland, California 94619 • (510) 531-4911 • FAX (510) 436-2514

## Service Learning

### Request for Approval of Independent Activity

Student Name \_\_\_\_\_

Proposed Date(s) of Activity \_\_\_\_\_

Description of Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Agency or Contact Person \_\_\_\_\_

Phone Number of Agency or Contact Person \_\_\_\_\_



# Merritt College

12500 Campus Drive • Oakland, California 94619 • (510) 531-4911 • FAX (510) 436-2514

## Service Learning

### Documentation of Independent Activity

Student Name \_\_\_\_\_

Activity \_\_\_\_\_

Date(s) of Activity \_\_\_\_\_

Name of Agency or Contact Person \_\_\_\_\_  
print name

Phone Number of Agency or Contact Person \_\_\_\_\_

I certify that the above named student has completed \_\_\_\_\_ hours of  
unpaid work with our agency/organization.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## **Service Learning**

### **Reflection Paper Assignment**

Following your Service Learning Activity, write a short paper (1-2 pages) summarizing the event and your participation in it. Your paper should be word processed or typed, double spaced.

Include:

- A description of the activity.
- Your role in the event.
- A list of the skills practiced at the event (e.g. blood pressure monitoring, patient education, communication skills, bone densitometry, etc.).
- Any new skills you learned by participating in the event.
- New ideas to think about as a result of your participation in this event.
- A description of any encounters with the public, event organizers or participants that struck you as particularly interesting or meaningful.
- Explain how you helped your community by participating in this event.
- Explain what you got out of participating in this event.

MERRITT COLLEGE  
RADIOLOGIC SCIENCE PROGRAM

Application for Re-admission to the Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Current address and phone number

\_\_\_\_\_

\_\_\_\_\_  
Previous clinical site

\_\_\_\_\_  
Last semester attended

Reason for withdrawal or dismissal from program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please briefly describe why you wish to re-enter the Merritt College Radiologic Science Program in the space provided below.

Please provide documentation of any of the following that apply. You are not required to provide documentation of any activity that you do not wish to share with the Radiologic Science faculty. However, it will be not included in the evaluation of your request for re-admission.

1. List relevant coursework completed (attach all transcripts).
2. List volunteer work completed in the interim (attach letter of verification from supervisor listing duties performed and hours completed).
3. List any type of self-improvement activities that you wish to have considered (attach proof of career counseling, study skills workshops, seminars, therapeutic counseling etc).
4. List receipt of any financial assistance you wish to disclose that will allow you to work fewer hours and provide additional study time (attach proof of receipt or proof of future receipt of scholarship, grant, government assistance etc).





# PERALTA COMMUNITY COLLEGE DISTRICT

333 East 8<sup>th</sup> Street, Oakland, CA 94606

## EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits. Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits is guilty of a felony.

**Employee - complete this section and give to employer/supervisor.**

1. Name \_\_\_\_\_ Today's Date \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ am \_\_\_\_\_ pm
5. Address and description of where injury happened \_\_\_\_\_
6. Describe injury and part of body affected \_\_\_\_\_
7. Social Security Number \_\_\_\_\_
8. Signature of Employee \_\_\_\_\_

**Employer/Supervisor - complete this section and give the employee a copy immediately as a receipt.**

9. Name of employer \_\_\_\_\_ Peralta Community College District
10. Address \_\_\_\_\_ 333 East 8<sup>th</sup> Street, Oakland, CA 94606
11. Date employer first knew of injury \_\_\_\_\_
12. Date claim form was provided to employee \_\_\_\_\_
13. Date employer received claim form \_\_\_\_\_
14. Name and address of insurance carrier or adjusting agency \_\_\_\_\_ Southern California Risk Management Associates (SCRMA), 314 East Foothill Blvd., Upland, CA 91786-3952
15. Insurance Policy Number \_\_\_\_\_ On File
16. Signature of employer representative \_\_\_\_\_
17. Title \_\_\_\_\_

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employer.

Person completing this form should make two (2) copies of this form. Keep one for yourself, give one to the employee and send the original to Risk Management within 24 hours (FAX #510-587-7844)

**SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY**

**DWC-1 Form**



# SUPERVISOR'S REPORT OF EMPLOYEE INJURY

|  |   |   |   |  |
|--|---|---|---|--|
| Print Name of Injured  |   | SS#   | Date of Birth   | <input type="checkbox"/> Female<br><input type="checkbox"/> Male   |
| Home Address of Employee (Street Address, City, State, Zip)  |   |   | Telephone # Home _____<br>Work _____<br>Cell _____  |  |
| Job Title  |   | Employed At:<br><input type="checkbox"/> BCC <input type="checkbox"/> COA <input type="checkbox"/> Laney <input type="checkbox"/> Merritt <input type="checkbox"/> District Office                            |   |  |
| Date of Injury/Accident  | Date Employee Notified Supervisor   |   | Location of Injury/Accident   |  |
| Describe How the Injury Occurred (Attach additional sheets as needed)  |   |   |   |  |
| Department in Which Employee is Regularly Employed:  |   |   |   |  |
| Hours Worked Per Day: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun        |   |   |   |  |
| Total Hrs. Normally Worked Per Week _____ (This information is very important for all hourly employees)  |   |   |   |  |
| Did the Employee Receive Medical Treatment?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   | If Yes, Where? (Please include address of medical facility)   |  |
| (Please attach a copy of any medical documentation).   |   |   |   |  |
| Did Employee Miss Any Full Days From Work? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |   | Date Employee Returned to Work? _____<br><input type="checkbox"/> Still off Work  |  |
| <b>PART OF THE BODY INJURED (Check all that apply)</b>   |   |   |   |  |
| <input type="checkbox"/> Head<br><input type="checkbox"/> Ear(s)<br><input type="checkbox"/> Eye(s)<br><input type="checkbox"/> Mouth/Teeth<br><input type="checkbox"/> Neck   | <input type="checkbox"/> Back<br><input type="checkbox"/> Shoulder(s)<br><input type="checkbox"/> Arm(s)<br><input type="checkbox"/> Wrist(s)<br><input type="checkbox"/> Hand(s) | <input type="checkbox"/> Finger(s)<br><input type="checkbox"/> Thumb(s)<br><input type="checkbox"/> Leg(s)<br><input type="checkbox"/> Knee(s)<br><input type="checkbox"/> Ankle(s)                           | <input type="checkbox"/> Toe(s)<br><input type="checkbox"/> Foot/Feet<br><input type="checkbox"/> Emotional Distress<br><input type="checkbox"/> Whole Body<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Part of Body, Not Specified<br><input type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input type="checkbox"/> Both   |
| <b>TYPE OF INJURY</b>  |   |   |   |  |
| <input type="checkbox"/> Fall from heights<br><input type="checkbox"/> Fall, same level<br><input type="checkbox"/> Struck by _____<br><input type="checkbox"/> Exposure to Hazardous Substances   |   | <input type="checkbox"/> Exposure to Infectious Substances<br><input type="checkbox"/> Struck-against _____<br><input type="checkbox"/> Caught in or between objects<br><input type="checkbox"/> Overexertion |   | <input type="checkbox"/> Repetitive Motion<br><input type="checkbox"/> Heat/Cold Exposure<br><input type="checkbox"/> Needle Stick<br><input type="checkbox"/> Exposure/Contact (Electrical)<br><input type="checkbox"/> Insufficient Data |
| <b>UNSAFE CONDITION (Check all that apply)</b>   |   |   |   |  |
| <input type="checkbox"/> Defective equipment - tools<br><input type="checkbox"/> Equipment not properly guarded<br><input type="checkbox"/> Poor working conditions (light, ventilation)<br><input type="checkbox"/> Other (Specify) _____ |   | <input type="checkbox"/> Slippery or uneven walking surface<br><input type="checkbox"/> Faulty layout of facilities<br><input type="checkbox"/> Poor housekeeping   |   |  |
| What have you done to eliminate this condition? (Attach additional sheets as needed)   |   |   |   |  |
| <b>UNSAFE ACT (Check all that apply)</b>   |   |   |   |  |
| <input type="checkbox"/> Lack of training<br><input type="checkbox"/> Not following rules<br><input type="checkbox"/> Haste<br><input type="checkbox"/> Other (Specify) _____  |   | <input type="checkbox"/> Not using personal safety device<br><input type="checkbox"/> Physical or mental handicap<br><input type="checkbox"/> Inattention   |   | <input type="checkbox"/> Horseplay<br><input type="checkbox"/> Improper work method<br><input type="checkbox"/> Improper body position   |
| What have you done to correct this act?  |   |   |   |  |
| Supervisor's Signature:  |   |   | Date:   |  |
| Supervisor's Name (Printed):   |   |   | Office Phone:   |  |

Use this form with the DWC-1 form (Employee's Claim for Worker's Compensation Benefits).

~~Send the original of this form to Risk Management~~

PERALTA COMMUNITY COLLEGE DISTRICT, 333 East 8<sup>th</sup> Street, Oakland, CA 94606

**Merritt College - Radiologic Science Department**  
**Student Unsafe Performance Report**

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Date:

Time:

Student name: \_\_\_\_\_

Technologist reporting: \_\_\_\_\_

Description of unsafe performance (Describe the incident, use back of page if needed):

This report completed by:

Corrective action taken for patient exam:

Clinical Instructor's signature: \_\_\_\_\_

Department manager notified (please check):

Department manager's signature: \_\_\_\_\_

\*\*\*\*\*

Disciplinary action taken by college:

Date/Time Conference held:

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Instructor signature

Date

**MERRITT COLLEGE - RADIOLOGIC SCIENCE PROGRAM**  
**Acknowledgement of Radiation Risk During Pregnancy**

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I, \_\_\_\_\_ do acknowledge that I have received counseling  
from \_\_\_\_\_ regarding my clinical educational  
responsibilities during my pregnancy.

It is clear to me that there is a decreasingly small probability that my student training will in any way adversely affect my pregnancy. The information listed below has been made available to me to demonstrate that the additional risk during pregnancy is much less than that for most occupational groups. I further understand that, although I may be assigned to low-exposure duties and provided with a second radiation monitor, these are simply added precautions and do not in any way convey that any assignment in this department is especially hazardous during my pregnancy.

***"Instruction Concerning Prenatal Radiation Exposure",  
NRC Regulatory Guide 8:13, Washington, D.C., June 1999, U.S. Nuclear Regulatory  
Commission.***

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College Instructor/Program Director

Date

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Student

Date

# MERRITT COLLEGE ~ RADIOLOGIC SCIENCE PROGRAM PREGNANCY DECLARATION/UNDECLARATION NOTIFICATION

## Pregnancy Declaration

This document shall serve as official declaration to faculty of the Merritt College Radiologic Science Program that I am pregnant. I agree to read the pregnancy policy, the US Nuclear Regulatory Commission Regulatory Guide 8.13, and submit to counseling regarding radiation risk during pregnancy. I agree to the terms for continuance stated in the pregnancy policy regarding monthly physical exams by my personal physician during the first eight months and weekly physical exams by my personal physician during the final month of pregnancy. I understand that I will be allowed to continue in the program only with written documentation from my physician permitting me to attend class and clinical training with no restrictions.

\_\_\_\_\_  
Student Signature Date

My expected date of delivery is \_\_\_\_\_.

The name of my physician is \_\_\_\_\_.

\_\_\_\_\_  
Program Director Signature Date

## Pregnancy Undeclaration

This document shall serve as official **undeclaration** of pregnancy to faculty of the Merritt College Radiologic Science Program. As of this date, I am undeclaring my pregnancy.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Program Director Signature Date



# U.S. Nuclear Regulatory Commission

# REGULATORY GUIDE

## Office of Nuclear Regulatory Research

### REGULATORY GUIDE 8.13

(Draft was issued as DG-8014)

### INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

#### A. INTRODUCTION

The Code of Federal Regulations in 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations," in Section 19.12, "Instructions to Workers," requires instruction in "the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed." The instructions must be "commensurate with potential radiological health protection problems present in the work place."

The Nuclear Regulatory Commission's (NRC's) regulations on radiation protection are specified in 10 CFR Part 20, "Standards for Protection Against Radiation"; and 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv)." Section 20.1208 also requires licensees to "make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman." A declared pregnant woman is defined in 10 CFR 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, "Records of Individual Monitoring Results," the licensee must maintain

records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## **B. DISCUSSION**

As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (50 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies “are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult” (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

## **C. REGULATORY POSITION**

### **1. Who Should Receive Instruction**

Female workers who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

### **2. Providing Instruction**

The occupational worker may be given a copy of this guide with its Appendix, an explanation of the

contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.

Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

### **3. Licensee's Policy on Declared Pregnant Women**

The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208.

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

### **4. Duration of Lower Dose Limits for the Embryo/Fetus**

The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

### **5. Substantial Variations Above a Uniform Monthly Dose Rate**

According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

#### **D. IMPLEMENTATION**

The purpose of this section is to provide information to licensees and applicants regarding the NRC staff's plans for using this regulatory guide.

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

#### **REFERENCES**

1. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.
2. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.

## APPENDIX

### QUESTIONS AND ANSWERS CONCERNING PRENATAL RADIATION EXPOSURE

#### **1. Why am I receiving this information?**

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.

The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

#### **2. If I become pregnant, am I required to declare my pregnancy?**

No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

#### **3. If I declare my pregnancy in writing, what happens?**

If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.

This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

#### **4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?**

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

## **5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?**

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

## **6. Are there any risks of genetic defects?**

Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore, the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

## **7. What if I decide that I do not want any radiation exposure at all during my pregnancy?**

You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.

The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

## **8. What effect will formally declaring my pregnancy have on my job status?**

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.

If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

**9. What information must I provide in my written declaration of pregnancy?**

You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

**10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?**

NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

**11. Can I tell the licensee orally rather than in writing that I am pregnant?**

No. The regulations require that the declaration must be in writing.

**12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?**

No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in *United Automobile Workers International Union v. Johnson Controls, Inc.*, 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The Supreme Court also ruled that your employer may not restrict you from a specific job "because of concerns about the next generation." Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

**13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?**

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

**14. What if I have a miscarriage or find out that I am not pregnant?**

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

**15. How long is the lower dose limit in effect?**

The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you

inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

**16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?**

Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

**17. What if I work under contract at a licensed facility?**

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

**18. Where can I get additional information?**

The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" which is an article in the journal *Radiation Protection Management*.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

## REFERENCES FOR APPENDIX

1. National Council on Radiation Protection and Measurements, *Limitation of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, *1990 Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, "Instruction Concerning Risks from Occupational Radiation Exposure," Regulatory Guide 8.29, Revision 1, February 1996.<sup>11</sup> (Electronically available at [www.nrc.gov/NRC/RG/index.html](http://www.nrc.gov/NRC/RG/index.html))
4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation* (BEIR V), National Academy Press, Washington, DC, 1990.
5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.
6. R. Doll and R. Wakeford, "Risk of Childhood Cancer from Fetal Irradiation," *The British Journal of Radiology*, 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?" *Radiation Protection Management*, 11, 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.
9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.

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<sup>11</sup>Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to <DISTRIBUTION@NRC.GOV>. Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

10. National Radiological Protection Board, *Advice on Exposure to Ionising Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.
11. M.L. Thomas and D. Hagemeyer, "Occupational Radiation Exposure at Commercial Nuclear Power Reactors and Other Facilities, 1996," Twenty-Ninth Annual Report, NUREG-0713, Vol. 18, USNRC, 1998.<sup>22</sup>

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<sup>22</sup>Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

## FORM LETTER FOR DECLARING PREGNANCY

This form letter is provided for your convenience. To make your written declaration of pregnancy, you may fill in the blanks in this form letter, you may use a form letter the licensee has provided to you, or you may write your own letter.

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### DECLARATION OF PREGNANCY

To: \_\_\_\_\_

In accordance with the NRC's regulations at 10 CFR 20.1208, "Dose to an Embryo/Fetus," I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_ (only the month and year need be provided).

I understand the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5 millisievert) (unless that dose has already been exceeded between the time of conception and submitting this letter). I also understand that meeting the lower dose limit may require a change in job or job responsibilities during my pregnancy.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Your name printed)

\_\_\_\_\_  
(Date)

## **REGULATORY ANALYSIS**

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, "Standards for Protection Against Radiation" (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the "Regulatory Analysis for the Revision of 10 CFR Part 20" (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360).