SCHOOL OF RADIOLOGIC TECHNOLOGY
2300 Fall Hill Ave. Suite 260 Fredericksburg, VA 22401

Prospective Student Handbook

2017 - 2019

ALL POLICIES AND PROCEDURES ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE SCHOOL OF RADIOLOGIC TECHNOLOGY. STUDENTS WILL BE NOTIFIED IN WRITING OF ANY CHANGES.

2300 Fall Hill Ave. Suite 260 Fredericksburg, VA 22401
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Thank you for your interest in the Mary Washington Hospital School of Radiologic Technology. Many men and women have graduated from Mary Washington Hospital School of Radiologic Technology with a certificate in Radiologic Technology, have passed the national registry, and have entered the employment setting with skills second to none! Mary Washington Hospital School of Radiologic Technology has an excellent reputation, primarily because of the graduates' performance and attitude following graduation.

In 1988, the need for Radiologic Technologists in the Fredericksburg Region was great. Mary Washington Hospital’s Executive Committee made the decision to sponsor a Joint Review Committee on Education in Radiologic Technology (JRCERT) accredited educational program. The decision to begin the program was also supported by Radiology Associates of Fredericksburg (RAF) and Radiologist Donald Kenneweg, MD served as the first Medical Director for the school.

The Radiologic Technologist program at Mary Washington Hospital accepted its first class in August of 1991 and graduated its first class of seven students in 1993. The program has successfully graduated over 100 Radiographers with an overall 92% first time ARRT pass rate. Furthermore, the program has 94% job placement rate since its 1991 inception. The first classes were held across from the Mary Washington Hospital building at 2301 Fall Hill Ave in Fredericksburg, VA. As the school grew and more space became available, the school relocated to the General Washington Building at 2217 Princess Anne Street in Fredericksburg. In 2006, the program moved to its current home on Fall Hill Avenue, where we continue to strive for excellence in the imaging sciences. The program is still greatly supported by Radiology Associates of Fredericksburg (RAF) and our current Medical Director, Radiologist Dr. Thomas Medsker, MD. The Mary Washington Hospital School of Radiologic Technology graduates significantly shaped this Radiography Program by offering valuable observations, opinions, suggestions, criticisms, and insight from a student's perspective. Each person in the Organization is committed to success of our students; a professional, and most importantly, as an individual. If you need additional assistance, our doors are always open to you.

Mary Washington Hospital values every student who attends the School of Radiologic Technology and respects every student's rights and privileges. This Prospective Student Handbook has been prepared to allow you to carefully review the opportunities, rights, responsibilities, and policies that may apply to you as a radiography student. If you have any questions, comments, or concerns please do not hesitate to contact me.

Again, Thank-You for your interest in the Mary Washington Hospital School of Radiologic Technology.

Ericka Lasley, M.S.R.S.,R.T.(R)  
Program Manager/Director, MWH School of Radiologic Technology  
2300 Fall Hill Ave, Suite 260  
Fredericksburg, VA 22401  
ericka.lasley@mwhc.com  
540-741-1802
PROGRAM OVERVIEW

MISSION STATEMENT
The mission of the Mary Washington Hospital School of Radiologic Technology is to provide the healthcare community with graduate, entry level radiographers skilled in diagnostic imaging procedures and to provide safe and compassionate patient care.

VISION
To provide excellent service and safe quality imaging for future generations.

PROGRAM GOALS & STUDENT LEARNING OUTCOMES

1. Students will possess entry-level employment skills.
   a. Students will perform a variety of examinations, consistently obtaining high quality images on the first attempt.
   b. Students will provide safe, appropriate patient care.

2. Students will communicate effectively.
   a. Students will demonstrate effective oral communication skills.
   b. Students will demonstrate effective written communication skills.

3. Students will demonstrate problem solving and critical thinking skills.
   a. Students will demonstrate critical thinking skills when analyzing problems.
   b. Students will effectively modify equipment and patient positioning for non-routine exams.

4. Students will exhibit professionalism.
   a. Students will protect all patients, visitors and staff from unnecessary radiation using the guiding principles of As Low As Reasonably Achievable (ALARA).
   b. Students will demonstrate professionalism in the clinical setting.
Program Effectiveness

The following charts demonstrate the yearly and five year average program effectiveness for the MWH School of Radiology. The charts contain information with regard to program completion rate, ARRT registry pass rate on the first attempt and the post-graduation employment rate as required by our national accrediting organization, The Joint Review Committee on Education in Radiologic Technology (JRCERT).

### Program Completion Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Students</th>
<th>Percentage Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>8 of 8</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>8 of 10</td>
<td>80%</td>
</tr>
<tr>
<td>2015</td>
<td>7 of 7</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>5 of 7</td>
<td>71%</td>
</tr>
<tr>
<td>2017</td>
<td>8 of 8</td>
<td>100%</td>
</tr>
<tr>
<td>5 Year Average</td>
<td>36/40</td>
<td>90%</td>
</tr>
</tbody>
</table>

The program completion rate is calculated based on the number of students that successfully complete the program divided by the number of students who are admitted into the program per cohort.

### ARRT Registry Pass Rate at First Attempt

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Students</th>
<th>Percent Passed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>7 of 7</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>7 of 9</td>
<td>78%</td>
</tr>
<tr>
<td>2015</td>
<td>8 of 8</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>5 of 5</td>
<td>100%</td>
</tr>
<tr>
<td>2017</td>
<td>8 of 8</td>
<td>100%</td>
</tr>
<tr>
<td>5 Year Average</td>
<td>35/37</td>
<td>94.5%</td>
</tr>
</tbody>
</table>

The program completion rate is calculated based on the number of students that received a passing score on the first attempt divided by the total number of students who took the ARRT exam. These results are required by the ARRT and JRCERT for program tracking purposes.

### Student Employment Rate within Twelve Months of Graduation

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Students</th>
<th>Percentage Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>10 of 10</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>8 of 8</td>
<td>100%</td>
</tr>
<tr>
<td>2014</td>
<td>9 of 9</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>5/5</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>5/5</td>
<td>100%</td>
</tr>
<tr>
<td>5 Year Average</td>
<td>37/37</td>
<td>100%</td>
</tr>
</tbody>
</table>

The student employment rate is calculated based on the number of post graduate students who have successfully secured employment in the field of radiologic technology divided by the number of students who are actively seeking employment but have not secured a job within the first twelve months post-graduation. Post-graduate students that are not actively seeking employment in the field of radiologic technology or elect to continue on with their education are excluded from the data.

To access the annual program effectiveness data, refer to the JRCERT website at: [https://portal.jrcertaccreditation.org/summary/programannualreportlist.aspx](https://portal.jrcertaccreditation.org/summary/programannualreportlist.aspx)
ADVISORY COMMITTEE

The Advisory Committee for the School of Radiologic Technology will be composed of the following individuals or their designee:

- Program Manager
- Clinical Coordinator, Program Faculty
- Program Medical Director
- Administrative Director, Hospital Imaging Services
- MWH Radiology Operations Manager
- SH Radiology Operations Manager
- Manager, Medical Imaging of Fredericksburg
- Manager, Medical Imaging of Lee’s Hill
- Staff Technologists and/or Supervisors, as invited
- First Year Class Student, as invited
- Second Year Class Student, as invited

The function of the committee is to keep the lines of communication open between the faculty, students, and advisors of the Mary Washington Hospital School of Radiologic Technology. Meetings will be conducted on such occasions as deemed necessary by the Program Manager, but at a minimum of once a year. Minutes of the meetings will be maintained in the School of Radiologic Technology Program Manager’s office.

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) EXAMINATION APPLICATION

Upon completion of all exam requirements and at the Program Manager’s discretion, students are permitted to pre-register for the ARRT exam up to 90 days before the graduation date. The ARRT will verify the student’s course completion with the Program Manager. The student may not sit for the examination until their graduation date. Students have the option to receive preapproval if they wish or if there is some doubt they would not be approved prior to graduation. Please see the Program Manager for instructions.

ADMISSION REQUIREMENTS

Student must:

- Be a high school graduate or possess a suitable equivalent. All students must have completed the minimum of an Associate’s degree or have all the Associate’s degree requirements completed and grades received prior to the start of the program. Overall GPA must be a 2.0 or higher. All the following prerequisite courses must be either part of the degree or completed at the start date of the radiology program: English Composition, Humanities/Arts or Foreign Language, Social Sciences, Computer Course, Math for Liberal Arts or higher, Anatomy and Physiology I and II with a Laboratory component. All prerequisite courses must be completed with a “C” or better for admission to the radiology program.

- Must receive a passing percentile score of at least 70% on the admission test. Applicants will be scheduled to take a HESI Admission Assessment Exam and will be responsible for testing fees. International students must present proof of college English and Math placement tests or a passing score above 100 on the TOEFL test.

- Provide evidence of good health and successfully pass the substance abuse screening and criminal background check. The student must also provide proof of health insurance and citizenship before enrollment. The student will be responsible for any fees which may be incurred for these services. Students will not be permitted to rotate into clinical sites until the health assessment medical form has been completed.

- Meet the criteria for technical functioning which have been developed to define the physical conditions necessary for a technologist to function in the healthcare environment. The student is advised that this level of functioning must be maintained throughout the program. The school reserves the right to require student testing as it deems appropriate to meet these technical functions physical demands. These “technical functions” have been discussed under the admission requirements and are listed on the school website.
**ADMISSION PROCESS**

**Submitting the Application**

1. Submit a completed application form to the School of Radiologic Technology from January 1 - April 1, of the year the applicant wishes to be considered. A $40.00 non-refundable application fee, in the form of a check or money order, must accompany the application. Make checks payable to MWH SORT. Please add 200-8140-49070 to the memo line of all checks or money orders.

2. Arrange for official transcripts from all colleges previously attended to be sent to:

   **Ericka Lasley, MSRS.RT(R), Program Director**
   Mary Washington Hospital School of Radiologic Technology
   2300 Fall Hill Ave Suite 260
   Fredericksburg, VA. 22401

3. When the application is complete and transcripts have been received, the applicant’s file will be evaluated. Those applicants meeting the admission requirements will be notified of the date they are to appear to take the admission test (the HESI). Students will be responsible for examination fees.

4. All prospective students will be contacted to participate in the required clinical observation.

5. All prospective students will be administered an online Behavioral Assessment via email. Upon completion of the Behavioral Assessment applicants will be scheduled for an interview.

6. After the committee has reviewed and considered each application individually, notification of acceptance or denial will be sent to each applicant.

**Selection Process**

Admission to the School of Radiologic Technology is competitive. The admission committee reviews each application individually, examining a variety of characteristics that indicate an applicant’s potential for academic success. Applicants are selected on academic credentials, admission test scores, online Behavioral Assessment, interview, and clinical observation without discrimination. GPA quality points are awarded for all required course based on the grade earned for each course. (A – 100 points, B – 85 points, and C – 75 points). GPA A&P I & II course and lab grades are worth 1.5 times the quality points earned. GPA quality points, HESI A2 Entrance Exam Scores, Behavioral Assessment, Observation, and Interview scores are calculated and numerically ranked as listed below; written notification of the committee’s decision will be made to each applicant during June or July of the year in which they wish to be considered.

<table>
<thead>
<tr>
<th>GPA</th>
<th>Courses Evaluated for Competitive Admissions</th>
<th>Misc.</th>
<th>Entrance Test</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;C&quot; or better in all classes</td>
<td><strong>Minimum 2.0 overall GPA</strong></td>
<td><strong>Anatomy Courses will carry a heavier weight when calculating GPA quality points.</strong></td>
<td>HESI minimum comprehensive score 70%</td>
<td>GPA conversion (75%)+ HESI (15%) + HESI Critical Thinking conversion Score (10%) + Bonus Points</td>
</tr>
<tr>
<td>Anatomy and Physiology I &amp; II with Lab **</td>
<td>A - 150 points B – 127.5 points C – 112.5 points</td>
<td></td>
<td></td>
<td><strong>Bonus points are awarded as follows:</strong> 1 point – applicant resides in the service area</td>
</tr>
<tr>
<td>English Composition and Rhetoric</td>
<td>A – 100 points B – 85 points C – 75 points</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATH for Liberal Arts or higher</td>
<td>A – 100 points B – 85 points C – 75 points</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Confirming Intention to Enroll
Once selected to attend the School of Radiologic Technology, applicants must confirm their intention to enroll in writing, submit medical health assessment forms provided by the school to include the technical functions paperwork, and successfully complete drug screening and certified background check as conditions of acceptance. The student must also pay a non-refundable $100.00 enrollment fee, which is credited toward the first year’s tuition, to secure their place in the class. Student class size is limited and determined annually by the Advisory Committee.

Alternate Student Status
The admission committee selects applicants who may be offered admission based on an alternate student status. These students will receive a letter giving them the opportunity to accept enrollment if the space should become available.

Reapplication to the Program
Students wishing to re-apply will follow the same process as those who are applying for the first time.

Students Educated in Foreign Countries
Applicants educated outside of the United States are required to submit proof that their foreign transcripts have
been evaluated by an organization recognized for foreign transcript evaluation. This official evaluation must be submitted in lieu of the official foreign transcripts.

**Provisional Student Status**
Students are provisionally admitted to the program until all requirements have been completed. Incomplete college courses, incomplete medical forms, a failed drug screen or invalid background checks are all grounds for non-admittance.

**Enrollment Contingencies**
Acceptance of applicants will be contingent on the following:
- Completion of all academic general education requirements
- Completion of physical exam/questionnaire at the student’s expense
- Submission of the tuition deposit
- Return of program acceptance form
- Negative drug screen and proof of health insurance
- Valid criminal background check done by Human Resources
- ARRT pre-eligibility approval for candidates who disclosed a positive criminal history (defined as anything from a misdemeanor to jail time)

**TECHNICAL FUNCTIONS CRITERIA**

All students must be cleared by a medical professional indicating they are capable of performing the following functions:

**Physical /Mobility**
Student radiographers must be able to use both hands to lift 30-35 lbs. at shoulder height, have the physical stamina in order to stand for an eight hour day, plus assist and support patients, either on stretchers or in wheelchairs. They must be able to reach above their heads to manipulate small objects or adjust pieces of equipment from the ceiling and move it around the room or position equipment six feet above the ground.

Students must be able to bend, crouch, or stoop, stand or walk for long periods of time using both feet. They must be able to wear lead lined aprons weighing five plus pounds for two hours at a time. They need to have sufficient motor skills to position any size patient for all procedures.

**Hearing**
Students need the ability to hear to operate the equipment safely and effectively. They may be 10-15 feet away from their patient and must be able to hear them, with or without corrective hearing devices, plus hear audible equipment noises from a distance whether or not they are in view.

**Sight**
The student must be able to perceive patient position changes, expression changes, and color changes that might indicate patient needs or affect diagnostic outcome. They must be able to observe the patient from a distance of 10-15 feet. Vision may be corrected or uncorrected. They must be able to differentiate 8-10 shades of gray and have the ability to read requests or medicine vials. They must able to safely manipulate equipment using depth perception, and see well enough to perform all procedures and work in a low lighted room.

**Communication**
The student must be able to speak effectively, clearly and concisely to inform the patient about the examination and to provide instructions to the patient as necessary in order to obtain an optimal diagnostic result. They must read and verbally communicate in the English language to elicit vital information from and provide information for patients, staff, and physicians. Language translators are available through the health system. Tone and volume must be sufficient for close proximity, face to face, communication and distance.

**Cognitive**
Students must be able to comprehend and execute verbal and written statements in English. They also must be able to measure, calculate reason, analyze, and synthesize information to solve problems. They should be able to recall, understand, and apply basic scientific principles and methods.

**Behavioral/Social**
Students should be able to function under stress and time constraints. They should be able to demonstrate integrity, responsibility, tolerance, and respect. They need to be able to adapt to changing environments and display flexibility in the practice setting.
CURRICULUM / PROGRAM OF STUDY

The MWH School of Radiologic Technology combines classroom, laboratory, and clinical experience with increasing emphasis as the student progresses. In the clinical setting students are trained by qualified radiologic technologists who supervise these experiences. Clinical shifts are scheduled between the hours of 5:00 am – 7:00 pm, not to exceed 10 consecutive hours, Monday through Friday. Days and hours occasionally vary so students may experience a unique, equal and equitable educational opportunity consistent with specific objectives. Didactic class schedules are between the hours of 7:00 am – 5:00 pm Monday through Friday, not to exceed 10 hours per day. Total time per week will not exceed 40 hours. Part-time study is not available. To successfully complete the educational program, the student must achieve a grade of C (77%) or above in all courses. The School of Radiologic Technology does not offer an early graduation option. Students are enrolled in the curriculum for a period of 21 months and receive vacations and generous breaks each year.

Units of Credit

The Mary Washington Hospital School of Radiologic Technology is based on the semester calendar. The unit of credit is the credit hour. A credit hour represents one hour of classroom study, two hours of laboratory study, and/or three hours of clinical internship per week for 15 weeks during the Fall and Spring semester. A credit hour represents one and a half hours of classroom study, three and a half hours of laboratory study and/or four and a half hours of clinical internship per week for 10 weeks during the Summer semester. These classes are arranged by semester in order to build upon one another and must follow this outline:

<table>
<thead>
<tr>
<th>Fall Semester Year 1</th>
<th>Credit</th>
<th>Fall Semester Year 2</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD 110 Intro to Radiologic Sciences</td>
<td>3</td>
<td>RAD 222 Radiographic Procedures III</td>
<td>4</td>
</tr>
<tr>
<td>RAD 120 Radiographic Procedures I</td>
<td>4.5</td>
<td>RAD 232 Adv Clinical Procedures II</td>
<td>9</td>
</tr>
<tr>
<td>RAD 130 Elementary Clinical Procedures I</td>
<td>4</td>
<td>RAD 212 Radiographic Imaging II</td>
<td>4</td>
</tr>
<tr>
<td>RAD 125 Patient Care Procedures</td>
<td>3</td>
<td>Total</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14.5</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spring Semester Year 1</th>
<th></th>
<th>Spring Semester Year 2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD 112 Radiographic Imaging I</td>
<td>4</td>
<td>RAD 234 Adv Clinical Procedures III</td>
<td>9</td>
</tr>
<tr>
<td>RAD 132 Elementary Clinical Procedure II</td>
<td>6</td>
<td>RAD 216 Registry Review</td>
<td>3</td>
</tr>
<tr>
<td>RAD 122 Radiographic Procedures II</td>
<td>4.5</td>
<td>Total</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14.5</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Summer Semester Year 1</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD 220 Intro to CT/Cross Sectional Anatomy</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAD 230 Advanced Clinical Procedures I</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RAD 214 Radiation Protection and Biology</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL CREDIT HOURS 70
Course Descriptions

First Semester

RAD 106  Introduction to Radiography  3 credit hours
This course provides students with an overview of radiography and its role in health care delivery. Topics include the history of radiology, professional organizations, legal and ethical issues, health care delivery systems, introduction to radiation protection, and medical terminology. This course provides the student with concepts of patient care and pharmacology and cultural diversity. Emphasis in theory and lab is placed on assessment and considerations of physical and psychological conditions, routine and emergency. Upon completion, students will demonstrate/find patient care procedures appropriate to routine and emergency situations. Upon completion students will demonstrate foundational knowledge of radiologic science.

RAD 120  Radiographic Procedures I  4.5 credit hours
This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the Chest and Thorax, Upper and Lower Extremities, and Abdomen. Theory and laboratory exercises will cover radiographic positions and procedures. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings. This course provides a basic understanding of Medical Terminology. This course introduces the student to the elements of medical terminology. Emphasis is placed on terminology pertinent to diagnostic radiology and on building familiarity with medical words through knowledge of roots, prefixes, and suffixes. Topics include: origins (roots, prefixes, and suffixes), word building, abbreviations and symbols, and terminology related to the human anatomy.

RAD 125  Patient Care Procedures  3 credit hours
This course provides the concepts of optimal patient care, including consideration for the physical and psychological needs of the patient and family. Routine and emergency patient care procedures are described, as well as infection control procedures using standard precautions. The role of the radiographer in patient education is identified.

RAD 130  Elementary Clinical Procedures I  4 credit hours
This course provides the student with the opportunity to correlate instruction with applications in the clinical setting. The student will be under the direct supervision of a qualified practitioner. Emphasis is on clinical orientation, equipment, procedures, film evaluation, and pathology and department policies. Upon completion of the course, the student will demonstrate practical applications of specific radiographic procedures identified in RAD 120.

Second Semester

RAD 122  Radiographic Procedures II  4.5 credit hours
This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of spine, cranium, body systems and special procedures. Theory and laboratory exercises will cover radiographic positions and procedures with applicable contrast media administration. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings. This course provides a basic understanding of Medical Terminology. This course introduces the student to the elements of medical terminology. Emphasis is placed on terminology pertinent to diagnostic radiology and on building familiarity with medical words through knowledge of roots, prefixes, and suffixes. Topics include: origins (roots, prefixes, and suffixes), word building, abbreviations and symbols, and terminology related to the human anatomy.
RAD 132  Elementary Clinical Procedures II  6 credit hours
This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology and patient care techniques. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

RAD 112  Radiographic Imaging I (Equipment)  4 credit hours
This course provides students with knowledge of basic physics and the fundamentals of imaging equipment. Topics include information on x-ray production, beam characteristics, units of measurement, and imaging equipment components. Upon completion, students will be able to identify imaging equipment as well as provide a basic explanation of the principles associated with image production.

Third Semester
RAD 230  Advanced Clinical Procedures I  6 credit hours
This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology and patient care techniques. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

RAD 220  Intro to CT/Cross Sectional Imaging  3 credit hours
Students are given an overview of CT, scanning and radiation protection as it applies to the modality. Information is given on the history of the field. Discusses responsibilities of the radiologic technologist for producing the scan, preparing the patient, and viewing anatomical areas of the body. Patient history, education and preparation, contrast media type, amount and administration route, patient positioning and orientation, scan parameters, and filming will be covered. Human anatomy, emphasizing the body tissues and commonly imaged body systems in the cross sectional plane are introduced.

RAD 214  Radiation Protection and Biology  3 credit hours
This course provides the student with principles of radiation protection and biology. Topics include radiation protection responsibility of the radiographer to patients, personnel and the public, principles of cellular radiation interaction and factors affecting cell response. Upon completion the student will demonstrate knowledge of radiation protection practices and fundamentals of radiation biology.

Fourth Semester
RAD 212  Radiographic Imaging II (Image Acquisition and Evaluation)  4 credit hours
This course provides students with the knowledge of factors that govern and influence the production of radiographic images and assuring consistency in the production of quality images. Topics include factors that influence density, contrast and radiographic quality as well as quality assurance, image receptors, intensifying screens, processing procedures, artifacts, and state and federal regulations.

RAD 222  Radiographic Procedures III  4 credit hours
This course provides the student with a review of Chest and Thorax, Upper and Lower Extremities, Abdomen, Spine, Cranium, and body systems. This course provides the students with instruction in Trauma Radiography, Special Procedures and Imaging Specialties. Theory and laboratory exercises will cover radiographic positions and procedures with applicable contrast media administration. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings.
RAD 232  Advanced Clinical Procedures II  9 credit hours
This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology and patient care techniques. Principles of computed tomography and cross-sectional anatomy will be presented. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

Fifth Semester
RAD 234  Advanced Clinical Procedures III  9 credit hours
This course provides students with the opportunity to correlate previous instruction with applications in the clinical setting. Students will be under the direct supervision of a qualified practitioner. Practical experience in a clinical setting enables students to apply theory presented thus far and to practice radiographic equipment manipulation, radiographic exposure, routine radiographic positioning, identification, film evaluation, pathology and patient care techniques. Principles other imaging modalities will be presented. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

RAD 216  Registry Review  3 credit hours
This course provides a consolidated and intensive review of the basic areas of expertise needed by the entry level technologist. Topics include basic review of all content areas, test taking techniques and job seeking skills. Upon completion the student will be able to pass comprehensive tests of topic covered in the Radiologic Technology Program.

GRADING SCALE
The grading scale for the School of Radiologic Technology is as follows:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Grade Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 – 94</td>
<td>A</td>
</tr>
<tr>
<td>93 – 85</td>
<td>B</td>
</tr>
<tr>
<td>84 - 77</td>
<td>C</td>
</tr>
<tr>
<td>76 and below</td>
<td>F</td>
</tr>
</tbody>
</table>

GRADUATION
Prospective graduates are to:
1. Complete all courses in the curriculum with a grade of C or better in each
2. Complete all clinical competencies, including the Terminal Competency Evaluation
3. Arrange to settle all indebtedness to the School of Radiologic Technology
4. Return all books
5. Clean out locker
6. Return Mary Washington Hospital identification badge and Dosimeter
7. Attend graduation unless excused with special permission from the program manager
* Verification of education will not occur until 10:00 am on graduation day so the ARRT Registry Exam should not be scheduled until that time

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** Junior students are required to attend the graduation of the senior class unless their absence is excused by the Program Manager, who will decide what requirements will be completed to make up for the absence.

**ACADEMIC INTEGRITY/HONOR CODE**

Students shall observe and sustain absolute and complete honesty in all academic affairs. Violations of the following Honor Code include, but are not limited to, taking or attempting to take any of the following actions by definition:

A. **Cheating**: The act of providing or attempting to use unauthorized assistance, material, or study aids in examinations or other academic work or preventing, or attempting to prevent, another from using authorized assistance, material, or study aids. Unauthorized materials may include but are not limited to notes, textbooks, previous examinations, papers, laptops, or prohibited electronic devices. This includes collaborating in an unauthorized manner with one or more students on any examination or assignment submitted for academic credit.

B. **Fabrication**: Submitting fraudulent or altered information in any academic exercise. This includes citing non-existent articles, contriving sources, falsifying scientific results, etc.

C. **Facilitating Academic Dishonesty**: The act of knowingly helping or attempt to help another violate any provision of the Honor Code or policy regarding Academic Integrity. This includes:
   1. Providing false or misleading information regarding academic affairs.
   2. Falsifying evidence, or intimidating, or influencing someone in connection with an honor violation, investigation, hearing, or appeal.
   3. Selling or giving to another student unauthorized copies of any portion of an examination or completed assignments receiving academic credit.
   4. Rendering unauthorized assistance to another student by knowingly permitting him/her to see or copy all or a portion of an examination or assigned coursework and receiving academic credit.
   5. Taking an examination for another student.

D. **Misrepresentation of Academic Records**: Misrepresenting or altering with or attempting to alter with any portion of a student’s academic record or transcript, either before or after admission to the Mary Washington Hospital School of Radiologic Technology. This includes:
   1. Falsifying or attempting to falsify class attendance records for self, or having another person falsify attendance on your behalf.
   2. Falsifying material relating to course registration or grades, either for oneself or for another student.
   3. Falsifying reasons why a student did not attend a required class/clinical or take a scheduled examination.
   4. Making any unauthorized changes in any recorded grade or on an official academic record.

E. **Papers**: All papers will be written in the APA style unless otherwise specified in the syllabus. All students will refer to OWL PERDUE and Microsoft word references for instructions regarding the acceptable specifications regarding written works. Full credit for written work submissions will not be given if the papers are submitted without using these guidelines. Links to these resources are available in the student resource website. All papers will be routed through “Turnitin” for completeness and plagiarism.

F. **Plagiarism**: Using the ideas, data, or language of another without specific or proper acknowledgement. Receiving academic credit or submitting a commercially prepared research project, paper, or work completed by someone else for academic credit are examples of plagiarism.

G. **Unfair Advantage**: Attempting to gain unauthorized advantage over fellow students in an academic exercise. To obtain prior knowledge of examination materials (including, but not limited to the use of previous examinations obtained from files maintained by various groups and organizations) in a manner not permitted by
the Mary Washington Hospital School of Radiologic Technology or to use computing facilities in an academically dishonest manner are examples of this violation.

H. **Multiple Submissions**: The act of submitting, without permission, any previous work submitted to fulfill another academic requirement.

Any student observing a violation of the honor code is expected to report the occurrence to the appropriate instructor. Any instructor suspecting such an occurrence may also initiate an investigation. The instructor will investigate the charge and report their findings to the School of Radiologic Technology Program Manager. If the investigating instructor is the Program Manager, the report will be made to the Administrative Director, Hospital Imaging Services. A committee composed of the Administrative Director, Hospital Imaging Services, the School of Radiologic Technology Program Manager and a representative from Human Resources will review the findings; if found guilty, the student committing the offense may, upon the recommendation of the committee, receive counseling, up to and including suspension or dismissal from the program.

**ACADEMIC PROGRESS**

In order to continue in the School of Radiologic Technology, a student must maintain compliance of the following:

1. Maintain a grade of C or better in ALL college and radiology courses; a grade below a C in any course will be considered a failing grade. Any student who receives a course grade below a C during any semester will be dismissed from the program for academic failure.
2. Pay tuition promptly two business days before the start date of each semester.
3. Abide by policies outlined in the student handbook.
4. Failure to complete the competency exam or evaluation requirements may be carried over for one semester if the student is placed on an educational plan.
5. Should a student be placed on an education plan, all requirements of the education plan must be met. Failure to complete all requirements outlined in an educational plan will result in dismissal from the program.

**ACADEMIC RECORDS**

The following documents are maintained in the student’s permanent file:

1. Application for Admission
2. Transcripts and related records
3. SORT Final transcripts
4. Master Clinical Competency form
5. Release of Record forms

**STUDENT RIGHTS**

**ACCESS TO STUDENT RECORDS**

A student has the right to inspect his/her file in the presence of a faculty member. The Mary Washington Hospital School of Radiologic Technology will comply with a student’s request to examine his/her file in a reasonable period of time, not to exceed 45 days. Information from a student’s file may be provided, with the student’s permission and at the student’s request, to anyone the student designates in writing. Access is available to instructors in the Mary Washington Hospital School of Radiologic Technology who are determined to have a legitimate educational interest. Access is also granted to the Joint Review Committee on Education in Radiologic Technology (JRCERT) in order to carry out its accrediting functions. Information may be provided
to comply with a judicial order or lawfully issued subpoena. Information from the student’s file may also be provided to appropriate parties in a health or safety emergency. Access to other parties and organizations may be granted in keeping with the Family Educational Rights and Privacy Act of 1974.

**FERPA**

The Mary Washington Hospital School of Radiologic Technology and its faculty and staff will protect the privacy of students’ education records as required by federal law and regulations and as set forth in this policy under the Family Educational Rights and Privacy Act of 1974. A FERPA Consent to Release Student Information Form must be completed by the student before any protected information is released. A MWH SoRT FERPA Consent to Release Student Information Form is included in the Appendix of this handbook, may be obtained online in the Google Classroom or may be obtained from the Program Manager/Director upon request.

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for eligible students to review the records. Schools may charge a fee for copies.
- Eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
  - School officials with legitimate educational interest;
  - Other schools to which a student is transferring;
  - Specified officials for audit or evaluation purposes;
  - Appropriate parties in connection with financial aid to a student;
  - Organizations conducting certain studies for or on behalf of the school;
  - Accrediting organizations;
  - To comply with a judicial order or lawfully issued subpoena;
  - Appropriate officials in cases of health and safety emergencies; and
  - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.

Or you may contact us at the following address:
Family Policy Compliance Office
U.S. Department of Education

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ANTI-HARASSMENT POLICY
All students have the right to attend the MWH School of Radiologic Technology and all its organizational affiliates free of harassment. Please refer to the Harassment Policy in the Appendix.

JRCERT NON-COMPLIANCE ISSUES
Included in the back of this handbook is an abbreviated copy of the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences. (complete copy can be found at https://www.jrcert.org/programs-faculty/jrcert-standards/). If at any time during enrollment in the Radiography Program a student feels the program is not in compliance, these noncompliant issues must be in writing and first discussed with the Program Director. The Program Director has 5 business days to respond. If the student is not satisfied, discussion should be taken to the Dean of Health Sciences. The Dean of Health Sciences has 5 business days to respond. At any time the student can contact the JRCERT at the address provided on page 2 in this handbook. The student’s written allegation of noncompliance and resolution will be filed and held in strictest confidence.

DISMISSAL FROM THE SCHOOL OF RADIOLOGIC TECHNOLOGY
The School of Radiologic Technology reserves the right to dismiss a student for any or all of the following reasons:
1. Verbal or physical abuse of any patient
2. Insubordination to established authority
3. Inability to maintain passing grades/complete syllabi requirements
4. Failure to comply with attendance policy
5. Violation of the Academic Integrity Policy
6. Unprofessional/unethical conduct
7. Possession of a firearm or other weapon on Mary Washington Healthcare properties
8. Possession of illegal or controlled substances
9. Unsatisfactory clinical performance
10. Hostile workplace actions
11. Harassment
12. Failure to follow appropriate radiation protection safety policies
13. Providing false documentation of any kind
14. Falsifying clinical forms

DRUG-FREE EDUCATIONAL ENVIRONMENT – SEE APPENDIX
In keeping with the policy of the sponsoring institutions, the School of Radiologic Technology has determined students must meet the same standards as MWHC Associates as outlined in the Drug/Alcohol-Free Workplace Policy. Please refer to Appendix.

FACILITIES
SCHOOL OF RADIOLOGIC TECHNOLOGY
Students have access to the school located at 2300 Fall Hill Avenue, Suite 260, during normal business hours or when faculty is on school grounds, Monday through Friday. Students who need additional hours for study purposes may contact the Program Manager or Clinical Coordinator to arrange for additional hours. The school location provides the classrooms, study areas, computer lab, and books available for research and study. There is also a kitchen area for lunch periods. Students are to initial and date all food items stored in the school
kitchen. Unmarked items will be considered to be community property. The school will not be responsible for any personal property left on school grounds.

**RADIOLOGY LIBRARY**
Students may use books and periodicals in the Radiology Library, located in the Radiology Department at 1001 Sam Perry Boulevard, 24 hours a day. **This is not a lending library.** However, students may photocopy any articles or readings they desire. Student may also use the MWH School of Radiologic Technology Library for lending purposes.

**FINANCIAL ASSISTANCE**
The School does not participate in state or federally funded financial assistance programs. Students may apply for a scholarship through the Foundation at Mary Washington Healthcare. Restrictions do apply and the student must adhere to application requirements. Other scholarships are available through public organizations and private financial institutions. Students may need to acquire private funding or loans to finance tuition or other costs. It is the responsibility of the student to make arrangements to cover tuition and additional costs of the program. The school does qualify for Paralyzed Veterans Family Assistance and Pre/Post 9/11 GI Bill.

**LEADERSHIP DEVELOPMENT**
The Mary Washington Hospital School of Radiologic Technology Student Leadership Development program was established to develop effective and essential leadership skills in students through various activities and diverse experiences. Each Fall semester the new senior class will elect the following class officers who will be responsible for coordinating activities for the entire MWH SoRT student body.

President –
Vice President –
Secretary/Treasurer –

Each class will be responsible for at least one fundraiser, one community service activity, planning Empathy Lab for the incoming Junior class, and planning RAD Tech week Thank You to all clinical sites/technologists.

**COMMUNITY SERVICE**
The students are required to perform twelve hours of community service per year. The students may choose the location of an approved community service event; however, if a decision is not made, the Program Manager will make the final decision. Those students unable to attend the community service project for medical reasons will be expected to present a written five page paper on community service.

**NON-DISCRIMINATION**
The Mary Washington Hospital School of Radiologic Technology student recruitment, admission practices, faculty recruitment, and employment practices are non-discriminatory with respect to race, color, creed, religion, sex, age, handicap(s), and national origin.

**STUDENT SERVICES**

**Guidance**
Students receive educational guidance from the faculty on an ongoing basis. Structured guidance sessions regarding academic and clinical progress are conducted by the Program Manager and/or Clinical Coordinator as needed at mid-semester and the end of the semester, at the student’s request or at a faculty member’s request.
Students seeking personal counseling or educational disabilities can be referred to the Rappahannock Area Community Services Board (RACSB). It is committed to improving the quality of life for people with mental health, intellectual disability, and substance abuse problems.

**Americans with Disabilities Act**
The Rehabilitation Act of 1973 (Section 504) and the American with Disabilities Act of 1990 state that qualified students with disabilities who meet the essential functions and academic requirements are entitled to reasonable accommodations. The purpose of the American Disability Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success. It is the student’s responsibility to complete the ADA request form and to provide appropriate disability documentation to the MWH School of Radiologic Technology.

Students must be able to perform according to the physical demands of the Technical Functions Criteria in order to be considered for the program. Request for reasonable accommodation must be handled on an individualized basis. It is recommended that any disability be presented to the Program Manager so measures may be taken to evaluate and accommodate said disability. The MWH School of Radiologic Technology, Program Manager in conjunction with the Community Programs, Cultural Services Coordinator will determine the appropriate accommodations. The MWH Health and Wellness, Nurse Manager will review each case and assist with clinical accommodations as appropriate.

**Financial**
Although the program does not offer federal financial aid in the form of PELL grants and/or federal student loans, we do accept Pre and Post 9/11 GI Bill through the Department of Veteran’s Affairs. Students are encouraged to contact personal banks for private loans or use personal organizations for scholarships and grants. Two on-line sites which have been recommended at state meetings are Fastweb.com and Finaid.

**TIME OFF/SCHOOL BREAKS**
A minimum of twenty days (160 hours) is available for each student per school year. Specific dates of the breaks are determined by the Program Manager.

- **Holiday Break**
  The facility recognizes the following holidays: New Year’s Day, MLK, Memorial Day, July 4th, Labor Day, Thanksgiving and Christmas during which time the school will be closed for any time period determined for the holiday. A minimum five-day block, during the last two weeks of December is allotted for a holiday break.

- **Spring Break**
  A block of at least five days will be given during the spring semester.

- **Summer Break**
  A block of at least five days between Spring and Summer Semester is allotted for a break.

- **Fall Break**
  A block of at least five days between Summer Semester and Fall Semester are allotted for a Fall Break.

**TRANSFER OF CREDIT/STUDENTS**
As a general rule, the School of Radiologic Technology does not provide for the transfer of students from another radiology program into its curriculum. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credit and whether they should be accepted is the decision of the receiving institution. The school does realize certain

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circumstances may exist and will treat each case individually. The program reserves the right to deny admission if the possibility of course completion exceeds more than two semesters. All course work will be completed in order to graduate from the program. Students may be granted transfer credit for completed general education courses taken previously if the courses articulate with the School of Radiologic Technology program. Students may be requested to submit course descriptions, competency transcripts, and education references for this articulation process. Transfer credits will only be accepted if the course was taken at an accredited institution within five years or if the student was granted a degree from a college or university. Students may participate in the College Level Examination Program at local institutions and present scores for consideration of transfer credits.

TUITION

Tuition: Total program tuition is $10,000.00; this is divided into semester payments with each semester total dependent upon credit hours ($142.86 per credit hour). Books and uniforms are not included. Should a student withdraw from the program, a refund of a portion of the tuition may be possible. Although the program does not offer financial aid, students are encouraged to contact personal banks for private loans or use personal organizations for scholarships and grants. Two on-line sites which have been recommended at state meetings are Fastweb.com and Finaid.

Tuition is divided and paid per semester, due in full two days before the first day of class. Students who have not paid tuition by the first day of class may not attend class until tuition is paid in full. Students who have not paid tuition by the fifth day of the semester will be dismissed from the program. Any time missed will be made up in accordance with the attendance policy.

The MWH School of Radiologic Technology does not receive federal financial aid. In an effort to diminish the financial burden students are allowed to pay their tuition in two payments each semester. The first half of that semester’s tuition is due two days before the beginning of the first day of class and the second half is due the Monday of each midterm. First day of the semester and midterm dates are always listed on the academic calendar. Students who choose to take advantage of the MWH SoRT Tuition payment plan must complete the MWH SoRT Truth-in-lending statement each semester.

Tuition and Fees:
Application Fee: $40.00 non-refundable
HESI Testing Fee: $40.00 **Subject to change
Registration Fee: $100.00 non-refundable
Tuition: $10,000 - $142.86 per credit hour (less $100.00 registration fee)
Uniforms: $250.00**
Books: $1000.00**

**estimated costs

TUITION REFUND POLICIES
Rejection: An applicant rejected by the school is entitled to a refund of all monies paid excluding registration and application fee.

Three-Day Cancellation: An applicant who provides written notice of cancellation within three (3) business days, excluding weekends and holidays, of executing the enrollment agreement is entitled to a refund of all monies paid, excluding the $100 non-refundable registration fee.
Other Cancellations: An application requesting cancellation more than three (3) days after executing the enrollment agreement and making an initial payment, but prior to the first day of class is entitled to a refund of all monies paid, less a tuition fee of $100 and the $100 non-refundable registration fee.

Withdrawal Procedure:
A. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Director of the school. The notice must include the expected last date of attendance and be signed and dated by the student.
B. If special circumstances arise, a student may request, in writing, a leave of absence, which should include the date the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so.
C. A student will be determined to be withdrawn from the institution if the student misses seven consecutive instructional days and all of the days are unexcused.
D. All refund request must be submitted within 45 days of the determination of the withdrawal date.

Students who withdraw from the School of Radiologic Technology after the beginning of an academic year will be given a refund for the tuition as follows:
1. The first $100.00 is non-refundable
2. The remaining tuition will be disbursed as follows:
   a. Withdrawal within the first four weeks of the semester 50%
   b. Withdrawal from 4-7 weeks of the semester 25%
   c. At and after 8 weeks of the semester No refund

WEATHER

In case of inclement weather, the program will follow Germanna Community College for closings and delays. In the case of a delay or an early closing, the length of the clinical day will be determined by the Program Director and Clinical Coordinator based on the earliest report time.

WITHDRAWAL, RE-ENTRY AND RE-ADMISSION

Withdrawal
If special circumstances arise, a student may request in writing a leave of absence, which should include the dates the student anticipates the leave beginning and ending. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so. The letter of withdrawal must include the student’s date of birth, social security number, and reason for withdrawing, effective date of the withdrawal, and signature.

Re-Entry
In order to re-enter the School of Radiologic Technology, the following conditions must exist:
1. The student must request, in writing, to return to the educational program.
2. The student must have completed at least two semesters in the educational program prior to withdrawing. Any student who had not completed two semesters is not eligible for re-entry and must re-apply to the program.
3. There must be space available for the student to return. It is at the discretion of the program as to the readmission of any student.
4. The student must return at the semester in the course of study where he/she withdrew. If the student withdrew in the middle of the semester, he/she will be required to return at the beginning of that semester.
5. The student must pay the prorated tuition for the academic year/semester in which he/she will return.
6. The student must demonstrate to the faculty competency in procedures in which he/she was previously
declared competent. The student may be subject to additional participation should the faculty deem it necessary.

7. The student must complete all requirements for graduation including, but not limited to, required courses, competencies and clinical rotations.

8. The student acknowledges that remediation, if necessary, may lengthen his/her time in the program and may affect his/her graduation date. It may also affect his/her date of eligibility to sit for the American Registry of Radiologic Technologists certification examination.

9. All requests for financial refunds must be submitted in writing within 45 days of the determination of the withdrawal date.

**Re-Admission**

Students who interrupt the progression in the Mary Washington Hospital School of Radiologic Technology Program may apply for re-admission to the Program in writing to the Program Manager. Students dismissed from the MWH SoRT for safety violations will not be eligible for re-admission. The Program Manager will review each application on a case by case basis to determine eligibility. A student who fails to progress during the first semester of the Program must reapply for acceptance as a new student. Students must submit a re-admission request no later than mid-term of the semester prior to a planned re-entry. The Program Manager will prescribe the student a plan for re-admission based on clinical availability. The student may be considered for re-admission only once. Re-admission to the Program also depends upon the availability of clinical space. Students in regular progression will have first option to clinical availability.

Re-admission requires:

1. A 3.0 cumulative GPA in all course work.

2. That no longer than 36 months may elapse from initial admission term to date of graduation.

3. The student must enroll as a part-time student in the semester prior to their re-enrollment/re-admission as a full-time student. In this semester the student will enroll in Independent Study. This will allow the student the opportunity to be evaluated, remediated and reacquainted with the clinical and classroom environments. During the Independent Study course students must:
   a) Take written exams covering major content areas taught in previously taken courses. The student must make a grade of 77 or better on each exam.
   b) Demonstrate competency as prescribed by the Program Manager to the Clinical Coordinator in procedures in which he/she was previously declared competent; during a series of laboratory evaluation conducted by the Clinical Coordinator.
   c) Successfully complete all conditions of the Independent Study course as prescribed by the Program Manager.

4. The Student successfully complete one practice exam followed by one competency evaluation for all ARRT mandatory competency examinations previously completed, with a score of >/80%.

5. The ability to meet and comply with standards and policies in the current Student Clinical Handbook.

6. The ability to meet and comply with the current ARRT eligibility requirements for certification.

**Students absent from the program for a period of greater than one year must reapply for acceptance as a new student.**

**Clinical Policies**

**CLINICAL SCHOOL FACULTY**
Clinical Instructors

Clinical instructors work with the students to provide support for the educational process in the clinical setting. Students report to the clinical instructor in each assigned clinical area and are to treat the clinical instructor as they would a supervisor.

Individuals designated as Clinical Instructors must:

1. Be a qualified radiographer as defined by the JRCERT
2. Have a minimum of two years of experience as a radiographer
3. Successfully complete the MWH School of Radiologic Technology Student Evaluator Exam
4. Successfully complete the ASRT Student Supervision Module
5. Provide counseling, instruction, and evaluation of students
6. Maintain expertise in the field through continuing professional development and lifelong learning (ARRT registered with CEU compliance)
7. Be able to enforce the school policies pertaining to students
8. Participate in program continuing education activities or ARRT continuing education
9. Demonstrate a desire to work with students and to assist them in achieving their goals and objectives
10. Demonstrate a comprehensive understanding of radiographic procedures and exposure manipulation
11. Be objective when grading the student on work performed
12. Be approved by the MWH School of Radiologic Technology faculty
13. Maintain knowledge of department policies and protocol

COMPETENCY EVALUATORS

As a part of the competency program, students will have their performance evaluated to document their progress. Competency Evaluators should meet the following criteria:

1. Maintain their ARRT certification in good standing and in CEU compliance
2. Be a registered technologist in radiography
3. Be employed as a technologist at a JRCERT approved clinical affiliate and have completed the 90 day probationary period and the Competency Evaluator Check-off Form
4. Successfully complete the ASRT Student Supervision Module
5. Be able to enforce the school policies pertaining to students
6. Participate in program continuing education activities or ARRT continuing education
7. Complete the MWH School of Radiologic Technology competency evaluator exam
8. Be objective when grading the student on work performed
9. Be approved by the MWH School of Radiologic Technology faculty
10. Maintain knowledge of department policies and protocol

CLINICAL EDUCATOR RECOGNITION

It is important to recognize Outstanding Clinical Educators in the School of Radiologic Technology to encourage and promote the academic excellence provided by these educators. The Outstanding Clinical Educator, selected by each graduating class, will have been an MWH School of Radiologic Technology clinical affiliate for a minimum of one year, and be certified by the ARRT, NMTCB, or RDMS, as appropriate. The Outstanding Clinical Educator will be recognized at the graduation ceremony. The recipient will also have their name engraved on a cumulative plaque displayed at the school. The Outstanding Clinical Educator will be recognized for:

- Support of the leadership team of Radiology Services within the clinical affiliates and the School of Radiologic Technology
- Positive attitude and encouraging icare values

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- Demonstrating respect and a positive rapport with physicians, co-workers, and patients
- Producing images of high quality and consistent with established protocols, provides safe and effective patient care using accepted methods and procedures
- Professional appearance and demeanor
- Treating students equitably and role models professional behavior

**DRESS CODE**

Students represent the radiography program in all school related activities and settings. Students are expected to be neat, clean and presentable at all times. Attire and grooming are to be businesslike and project an image of professionalism. Students should be particularly sensitive to what patients, staff and visitors believe to be appropriate attire and appropriate grooming. Questions regarding appropriate attire should be directed to the Program Director/Manager.

- All classes held in the MWH SoRT Suite, 2300 FHA, are to be businesslike and project an image of professionalism.
- All classes held at any clinical facility require students to be in uniform.
- Student may wear a MWH School of Radiologic Technology approved t-shirt and black scrub colored pants for laboratory classes.
- Students are to wear eggplant colored scrubs. Only minimal colored piping/trim is permitted on the uniform. White or black shirts worn under scrub tops will be a solid color with no graphics or printing. No thermal shirts are permitted. The undershirt will be long sleeved, with the cuff coming to the wrist. The color choices will be black or white. Short sleeved shirts will be permitted but the sleeve length should not go past the length on the scrub top unless it goes all the way to the wrist. **Designs and color variations may be permitted by the expressed written consent from the CC or the PD during RTW, Holidays or free scrub/shoe day functions.**
- Students must wear non-skid, closed toe and closed heel shoes of strong construction. Uniform shoes should be white or black, and should be well maintained and polished as needed. Athletic shoes, nursing shoes, and closed topped clogs are permitted per department standards. Croc style shoes are NOT permitted. Footwear is to be worn with socks or hose. **Designs and color variations may be permitted by the expressed written consent from the CC or the PD during RTW, Holidays or free scrub/shoe day functions.**
- Eggplant colored scrub jackets or white lab coats are permitted. No sweatshirts, sweaters, or sweat jackets will be permitted, with the exception of the hospital approved black fleece jackets. Scarfs are not allowed to be worn with approved hospital fleece jackets or lab coats while working in the clinical setting.
- All clinical scrub attire must meet the following criteria:
  - Eggplant solid color with no colored piping.
  - Scrub tops must measure at least 26 inches from center to back.
  - Solid color scrub tops with no different color side panels.
  - No low rise scrub pants.
  - No Four-Stretch (4-Stretch) Brand scrub material.
- Nails should be neat and clean, no more than one-quarter inch from the tip of the finger. Light colored nail polish is acceptable. No chipped nail polish is acceptable. No bold or bright color is acceptable.
- Artificial nails, including extenders, wraps, acrylics, tips, tapes and other appliqués are NOT to be worn. These guidelines are consistent with Center for Disease Control recommendations.
- Hair must be clean, well groomed and present a professional image. Hair that is shoulder length or longer that may fall forward must be secured off the shoulders and away from the face. No unnatural...
hair colors are permissible and bangs that are longer than the eyebrow must be pinned back away from the face.

- Clean, confined so that it does not interfere with patient care. Hair must be kept off the shoulders and collar. If hair can be worn up, it must be done. Hair color must be naturally occurring to humans and style should be within accepted societal norms.
- Due to close contact with patients, good oral and body hygiene are required. The use of an antiperspirant or deodorant is required. The use of fragrances, scented soaps and lotions is unacceptable due to allergies.
- Males must be clean shaven and/or facial hair must be neatly maintained and trimmed.
- Display of jewelry in body piercings other than pierced ears is not acceptable. No oral body jewelry may be worn. Students are permitted to wear two pairs of small stud-type earrings that should not exceed the natural border of the ear lobe. No hoops and no dangling earrings. No visible plugs or gauges may be worn at any time.
- Students are not allowed to eat, drink or chew gum in clinical areas.
- Rings with stones are discouraged as they may damage patient’s skin or lead to injury if caught on an object.
- Students may not wear necklaces that could hang onto or over the patient’s body. Thin chains only are allowed.
- No bracelets are permitted, only watches.
- No tattoos are to be seen. If visible, they need to be covered up with a flesh colored bandage.
- Smoking is prohibited at all Mary Washington Healthcare facilities. Students that smell of smoke will be sent home. This will affect the student’s clinical time and attendance and may affect the student’s clinical grade.

**IDENTIFICATION BADGE**
The student’s identification badge shall be worn at all times. It shall be visible with the student’s picture facing forward and worn on the upper torso, no lower than 8” below the shoulder. No stickers or pins (unless provided by MWHC specifically for ID badge placement) are permissible on the ID badge. For safety and infection control reasons, ID badges must not be worn around the neck on a badge/key chain holder in clinical areas, or in any other area where it could be a safety hazard. Retractable holders are supplied by the school and are part of the uniform.

Students who are not in possession of their ID badge should be sent home and their absence reported to the Clinical Coordinator immediately. These absences will count against the student’s time and attendance requirements and must be reported within 1 hour on the online Time Adjustment form.

**HEALTH POLICY**

All students admitted to Mary Washington Hospital School of Radiologic Technology are required to receive the Hepatitis B vaccines (or sign a waiver). The vaccines are a series of three injections. The student must have the first injection prior to the first term of registration. The second injection must be received one month after the initial vaccination; the third injection must be received six months after the first vaccination.

Students entering Mary Washington Hospital School of Radiologic Technology must be aware that they may be exposed to various contagious diseases during their clinical education and career. Precautions to be taken are outlined in the introductory patient care courses. Additional information may be provided by each clinical facility. Students are required to use available protective devices and to use standard (universal) precautions.
Students, upon diagnosis of communicable disease(s) (i.e., chicken pox, measles, flu, etc.), must contact the Clinical Coordinator immediately. Based on current medical knowledge, the Clinical Coordinator will make judgment of communicability and advise the student regarding attendance.

Students who give birth or experience an illness or injury which requires, but is not limited to, hospitalization, surgery, or more than one week's absence may be required to provide a physician's statement which verifies:

1. That returning to routine class, lab, and clinical activities does not pose undue risk or harm to the student or others with whom the student will come in contact.

2. Compliance with the Technical Standards established by the Mary Washington Hospital School of Radiologic Technology.

### STUDENT HEALTH

#### Health Assessment & Physical/Drug Screening
Each student must have a physical by a physician of their choice and submit the Health Assessment & Physical Form by the first day of classes. Acceptance to the program is contingent upon the physical indicating the student can successfully function according to the technical functions of a radiologic technologist. This includes the ability to perform all the technical functions required by the program. Certain vaccines may be available at the MWHC Health & Wellness department. See the Program Manager for the lists and associated fees.

#### Health Insurance
Health insurance is required by the program and the prospective student must provide proof of insurance before enrolling into the program. All fees incurred by this service are at the expense of the student.

#### Injuries or Illnesses
If a student sustains an illness or injury on the premises, contact the Clinical Coordinator or Program Manager immediately. Students must complete a Non-Associate Occurrence Report (EOR) located in the Google Classroom Google Forms folder. If a student sustains an illness or injury on the premises, evaluation by the Health & Wellness or Healthlink nurse may take place. Any follow-up care must be provided by the student’s personal physician at the student’s expense. All major illnesses or injuries, personal medications, and all other medical care shall be the responsibility of the student. Should a student be exposed to a serious infectious disease in the clinical setting, they will have an initial counseling with the MWHC Health & Wellness Department and will be referred to their personal physician for care. The cost of this care is the responsibility of the student. Any injury occurring on clinical time is to be written up on an Incident Report (Incident Reports can be obtain from the Program Manager) and a copy presented to the Program Manager after seeing the Wellness Department for inclusion in the student’s record. The Program Manager at any time can request a physician’s release for return to school as the program does not provide light duty of any sort.

#### Illness at Off-site Courses and Activities
The Mary Washington Hospital School of Radiologic Technology does not assume responsibility for illness or injury sustained by any student while participating in offsite courses or activities, traveling to and from the courses or activity, or traveling to and from the hospital or school. If a medical condition occurs, a full medical release may be necessary for the student to return to the program.

If a student should become sick during clinical and cannot perform 100%, the student must go home and will receive a clinical absence for the day.

Students, upon diagnosis of communicable disease(s) (i.e., chicken pox, measles, flu, etc.), must contact the clinical site’s Clinical Instructor and Clinical Coordinator immediately. Based on current medical knowledge, the Clinical Coordinator will make judgment of communicability and advise the student regarding attendance.
COMMUNICABLE DISEASES
A communicable disease is defined as any disease which may be transmitted directly or indirectly from one individual to another. A student must notify the Mary Washington Hospital School of Radiologic Technology Program Manager if he/she contracts or comes in contact with a communicable disease. If an exposure occurs, the student will be referred to the Health & Wellness Department. At that time, it will be determined what action, if any, may be necessary to protect the student, other students, staff, and patients. Time missed will be completed according to the attendance policy.

MWHC Health & Wellness
There are certain instances when a student may need to be evaluated by MWHC Health & Wellness. These occasions may include situations regarding exposure to blood/body fluid/needle stick or if a student has an infectious disease. These visits would be to ensure that the health and safety of the student, patients, visitors and Associates are considered.

HANDWASHING – PLEASE REFER TO POLICY IN APPENDIX

INFECTION CONTROL
Students are to observe standard precautions with all patients whenever there is a possibility of exposure to blood and other body fluids. Summary of the Center for Disease Control Guidelines to Prevent Transmission of Human Immunodeficiency Virus (HIV) and Other Blood Borne Infectious Agents in the Hospital:

A. Needles and Other Sharps - avoid accidental injury; dispose of in sharps needle disposable boxes.
B. Hand Washing - before and after patient contact donning gloves; before and after donning gloves.
C. Gowns - if soiling with blood and body fluids is anticipated.
D. Masks - for prolonged contact with coughing patients and when air borne or splattering is likely.
E. Protective Eyewear - if splashing of infectious materials is likely.

Standard precautions are required for all patients. Some patients also require additional precautions because of specific communicable infections or conditions. Some examples of these categories are strict isolation, contact isolation, drainage/secretion precautions, respiratory precautions, and enteric precautions. Students coming in contact with these isolation situations must observe the appropriate isolation condition. Any Student having a question regarding infection control situations should contact the supervising radiologic technologist, clinical coordinator, or program manager. Any student believing they have received an exposure to infectious material must contact the faculty for referral as appropriate. Students may feel free to refer to Mary Washington Healthcare Infection Control policies, procedures and standards which are available online, through Lotus Notes, in the Policies and Procedures Database.

INFECTION CONTROL IN RADIOLOGY SERVICES – PLEASE REFER TO POLICY IN APPENDIX

LIABILITY INSURANCE
All students enrolled in the Mary Washington Hospital School of Radiologic Technology are covered by personal and professional liability insurance policy.

Liability insurance coverage against medical malpractice is maintained as follows:
Professional Liability $2,000,000.00 each incident
$7,000,000.00 each aggregate

LUNCH AND BREAKS
Dependent on work load, a 15-minute morning or afternoon break may or may not be possible. All students are
required to take a 30-minute lunch break. They may do whatever they wish during this period; however if the student chooses to leave the medical campus; they must inform a supervisor/faculty member, clock out by using the lunch badge out feature on MWHC time clocks, and clock back in when they return. Students may not take their lunch at the end of the day and leave early nor may they skip the lunch break to leave early. Clinical assignments exceeding 5.25 hours will be scheduled for one-half hour break. Half day clinical assignments (4 hours or less) are not eligible for half hour lunch breaks.

MANDATORY EDUCATION
Students are required to attend MWH orientation and complete any yearly required mandatory education classes or computer based learning activities. All students are required to abide by the policies and procedures of the program, to include the policies attached in the Appendix of the student handbook.

NEW PROCEDURES/TECHNOLOGIES
Occasionally new technologies are developed and test patients are necessary. Students are not permitted to participate in test studies while on educational time.

CLINICAL FACILITY PARKING POLICY
Students are provided parking at MWH facilities at no cost. Parking tags are provided to students through the school and must be displayed in the vehicle. Students may park behind Mary Washington Hospital in one of the lots designated for Associates or in the parking garage. Students are not to park in the emergency lot or any other visitor lots. Students assigned to Lee’s Hill are to park in the large parking lot on the left side of the building. At Stafford Hospital the students are to park at the far end to the parking lot, behind the yellow line that is marked “Caregivers”. When attending classes at 2300 Fall Avenue, students are to park in the parking lot behind the Medical Arts Building behind the yellow line marked for MWHC Associates at 2300 Fall Avenue. **Students are never allowed to park temporarily while clocking-in.**

PREGNANCY POLICY
Declaration of pregnancy is voluntary and at the discretion of the student. A student who becomes pregnant has the following options:

A. Voluntarily give written notice of declaration of pregnancy – A student who voluntarily makes a written declaration of pregnancy may take advantage of lower exposure limits (0.5 rem), and additional dose monitoring provisions. The student must declare her pregnancy in writing to the Program Manager. The student will be referred to the Radiation Safety Officer (RSO) for additional counseling in protective measures and will be assigned a prenatal radiation badge.

B. Choose not to declare pregnancy - If the student elects not to declare pregnancy and to continue in the program, normal occupational exposure limits will continue to apply. The student must meet the academic requirements and clinical objectives with no accommodations made.

C. Continue in the program without modification – The student would continue to attend both clinical and didactic classes as scheduled with no accommodations made. The student must be able to meet the academic requirements and clinical objectives to continue in the program. Any time missed as a result of pregnancy will be made up after graduation and before being permitted to take the registry.

D. Withdraw declaration of pregnancy – If at any time the student decides to revoke her declaration of pregnancy, she may do so. This action requires written notification to the Radiation Safety Officer and the Program Manager.
E. **Request a leave of absence** – Refer to “Leave of Absence Policy”

F. **Withdraw from the program and apply for re-entry at a later time** - Refer to the program Withdrawal and Re-Entry policy

For the occupational dose limit for the whole body of 5 rem (50 mSv) per year, which applies to occupationally exposed individuals, the risk is believed to be very low. Radiology students over the age of 18 are considered occupationally exposed individuals for the purposes of radiation protection. The Nuclear Regulatory Commission (NRC) has reviewed the relevant scientific literature and has concluded that an exposure of 0.5 rem (5 mSv) provides an adequate margin of protection for the embryo/fetus. Through proper instruction, strict adherence to safety precautions and through personnel monitoring, it is possible to limit occupational exposure to under 0.5 rem during the period of gestation.

**PROFESSIONAL CONDUCT**
To assure that the student conducts himself/herself in a manner appropriate to the dignity of the profession, the student will:

- Practice courtesy to all patients and their families, physicians, and hospital Associates in order to promote an environment conducive to quality patient care.
- Make every effort to protect the patient’s from unnecessary radiation. Practice ALARA.
- Protect the patient’s right to privacy and shall maintain all patient information in the strictest confidence. Students are required to complete the MWHC Code of Conduct and Confidentiality form on an annual basis.
- Protect the public from any and all misinformation or misrepresentation.
- Conduct themselves professionally at all times to include, but not limited to:
  - Never discussing personal problems and/or social activities in the presence of a patient.
  - Never speaking or laughing obnoxiously and/or boisterously in the presence of any patient.
  - Never eat, drink or chew gum in the presence of a patient.
  - Restrict telephone use for patient related activities only, except in emergency personal situations.
- Maintain all facilities in a neat, clean, and safe manner.
- Place the care of the patient above all else.
- Remember students represent the school at all arranged events; therefore, any photography taken must be evaluated and approved by the faculty prior to public display. According to the Social Media Policy of MWHC, postings of photographs or video taken on MWHC property or at a MWHC sponsored event must not be posted unless specifically authorized by MWHC Marketing and Communications-please refer to the policy attached in the Appendix.

**RADIATION MONITORING AND PROTECTION**
The student shall wear a radiation monitor or thermoluminescent dosimeter, which will record the radiation exposure amounts in all clinical education areas. The monitor is to be worn face up on the collar. The monitor should not be left inside any radiographic or fluoroscopic room. During fluoroscopy, the student must wear a lead apron, thyroid collar, and protect their hands should they be in proximity of the beam. The radiation monitor should be worn outside the protective garments for fluoroscopy. For portable radiography, the student must wear a lead apron during exposure. The radiation monitor is placed outside the apron. For portable c-arm fluoroscopy, the same protection procedures for regular fluoroscopy apply. Should it be necessary for a patient to be assisted in maintaining a particular position for radiographic examination, (i.e. held) personnel not normally exposed to ionizing radiation on a routine basis (family members, other hospital associates) should assist the patient. The individual who does assist the patient must wear leaded protective clothing. Under no circumstances should a pregnant person, or a female who thinks there is a possibility that she is pregnant, hold the patient. **The student must follow established radiation safety practices at all times.** Students must not
hold image receptors during any radiographic procedure. Students should not hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care. The student is responsible for examining and initialing his/her radiation monitoring report monthly. It is for the safety and protection of the student and the clinical site that the student knows who the Radiation Safety Officer is and the responsibilities for which the student is accountable for while participating in the clinical curriculum of the radiography program.

**PROTOCOL FOR STUDENT RADIATION EXPOSURES**

Investigational levels for radiation film badges are delineated on page four and five of the MWH Radiation Protection Program. Students who have film badge readings exceeding 125 mrems per quarter will be interviewed by the Clinical Coordinator and may be counseled by the Radiation Safety officer. Higher levels may result in an investigation by the Radiation Safety Committee to determine appropriate action.

**RADIATION PROTECTION POLICY**

The goal of radiation protection is to limit the probability of radiation induced diseases in persons exposed to radiation and in their descendants to a degree that is acceptable in relation to the benefits from the activities that involve such exposure (NCRP Report No. 107). Each student is required to exercise sound radiation practices at all times to insure safe working conditions for physicians, staff, faculty, other students and patients. Students should apply appropriate principles of radiation protection for themselves, the patient and their co-workers. Failure to comply with the Radiation Protection Policy will result in disciplinary action up to dismissal from the Program.

**Protective Apparel:**

**The following guidelines must be followed regarding the use of protective apparel.**

A. Only persons who are necessary to the success of the examination may be present during radiographic exposures. These persons must wear lead aprons of at least 0.5 mm lead equivalence. All others must leave the room or move well within the confines of the control room.

B. A lead apron must be worn and a thyroid shield is recommended for students assisting the physician during fluoroscopic procedures.

C. A lead apron must be worn during all portable and operating room procedures.

D. Lead aprons and shields are to be placed on the appropriate apron racks after the procedure is completed. **Lead aprons should not be folded.**

E. Reproductive organ shielding should be used whenever possible for all patients undergoing examinations, as long as the clinical objectives of the examination are not compromised.

**Pregnancy:**

A. Patients
   1. All women within childbearing age will be questioned as to the possibility of pregnancy and the last menstrual date.
   2. Students will notify the supervising technologist and physician of pertinent information and will follow the protocol of the clinical site in documenting the information.

B. Students
1. Students will operate in accordance with the MWH School of Radiologic Technology Pregnancy Policy.

**Miscellaneous:**

A. The useful x-ray beam shall be limited to what is necessary for the examination being performed and shall in no instance exceed the dimensions of the image receptor. Evidence of proper collimation and/or shielding should appear on all radiographs. Post-exposure “shuttering, cropping or masking” which eliminates areas of exposure from the image is outside of our Scope of Practice as an Imaging Professional and is not a replacement technique for pre-exposure beam limitation (collimation).

B. The cumulative radiation timer is to be reset at the beginning of each fluoroscopic procedure. Thereafter, it will be reset only after it has completely run out of time and the audible signal has sounded.

C. Students should **never** take exposures on another student in the lab or clinical site.

D. Students must perform all procedures under direct supervision until competency has been achieved.

E. Students must perform **all repeat images** under the direct supervision of a registered radiographer.

F. A minimum of indirect supervision is required on all procedures the student has proven competency on.

Evidence of Radiation Protection will be demonstrated by:

1. Collimating to part.
2. Using gonadal shields, if appropriate.
3. Demonstrating use of lead apron, blockers and gloves, if appropriate.
4. Selecting proper exposure factors.
5. Adjusting exposure factors for motion, pathology or patient size when appropriate.
6. Verifying that no repeats were performed.

Any student found to be in violation of the MWHC SORT Radiation Protection Policy will be subject to disciplinary action as listed below.

- Initial Warnings (1st occurrence)
- Written Warnings (2nd occurrence)
- Suspension (1-3 days) (3rd occurrence)
- Dismissal (4th occurrence)

**CLINICAL EXPERIENCE**

Clinical experience is gained by attending five clinical courses during the five semesters of the program. Required clinical days will vary and are subject to change as deemed necessary by the Clinical Coordinator.

**CLINICAL ROTATIONS**
Students will be assigned to clinical areas on a rotational basis. Schedules are given to students and the site clinical instructors at the beginning of each semester. Clinical start times begin between 5:00 am and 10:00 am; occasionally variances may occur. Students are expected to stay in the clinical area assigned. Students may not “swap” assignments.

**CLINICAL SUPERVISION**
The Joint Review Committee on Education in Radiologic Technology (JRCERT) requires that, prior to a student attaining competency; the student must function in a clinical setting under DIRECT supervision of a qualified radiographer. The JRCERT defines a qualified radiographer as a technologist certified by the American Registry of Radiologic Technologists (ARRT). All radiologic procedures/examinations will be performed under the DIRECT supervision of a qualified radiographer until the student has obtained the required competency on a given procedure/examination. The level of supervision the student receives is determined by the student’s level of competency. Students may only be tested for competency by an ARRT qualified radiographer.

**DIRECT SUPERVISION**
Until a student achieves and documents competency, clinical assignments shall be carried out under the direct supervision of qualified radiographers. This means that a qualified radiographer:
- Reviews the request for the examination and evaluates the readiness of the student to perform the examination
- Evaluates the condition of the patient in relation to the student’s knowledge
- Is present during the examination
- Reviews and approves the images

**INDIRECT SUPERVISION**
After demonstrating competency, students may perform procedures under indirect supervision. For indirect supervision, a qualified radiographer is immediately available to assist students regardless of the level of student achievement. This means that the qualified radiographer is present in an area adjacent to the room or location where the radiographic procedure is being performed and is within calling distance without obstacles in the way. This applies to all areas where ionizing radiation equipment is in use.

** Students are never allowed to perform portables or operating room cases alone.**
*** Students are never allowed to repeat a film alone. A registered technologist must always be present when a student is repeating an image.**

**Students found in violation of the direct/indirect supervision policy will automatically drop one Clinical letter grade per occurrence.**

**COMPETENCY EXAMS**
Per ARRT standards, students must successfully complete:
- Ten mandatory general patient care activities
- Thirty-Seven mandatory imaging procedures
- Fifteen elective of thirty-four imaging procedures to be selected from a list of procedures
- One elective imaging procedure from the head section
- Two elective imaging procedures from the fluoroscopy studies section, one of which must be either an Upper GI or a Barium Enema
The MWH School of Radiologic Technology requires a total of 53 mandatory competency exams, 10 elective competency exams, (to include one elective imaging procedure from the head section, one elective from the CT scan section, one elective from the miscellaneous section and two for any other area), 10 terminal competency exams, and 10 patient care competency exams be successfully completed by each student prior to being recommended for graduation (73 total). A list of competencies will be provided to each student and an official record of the student’s competencies will be kept by the Clinical Coordinator but it is the student’s responsibility to keep their own record.

The process for proving competency will be described later in this handbook. The following competencies are the general category clinical competencies required:

<table>
<thead>
<tr>
<th>Upper Extremity</th>
<th>Lower Extremity</th>
<th>Chest/Thorax</th>
<th>Spine/Pelvis</th>
<th>CT Scan</th>
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<tbody>
<tr>
<td>Geriatric/Pediatric</td>
<td>Abdomen</td>
<td>Fluoroscopy</td>
<td>Mobile/Surgery</td>
<td>Head</td>
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<tr>
<td>Miscellaneous</td>
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<tr>
<td>RAD 130 Clinical Education I</td>
<td>4 competencies</td>
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<tr>
<td>RAD 132 Clinical Education II</td>
<td>15 competencies</td>
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<tr>
<td>RAD 230 Clinical Education III</td>
<td>10 competencies</td>
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<tr>
<td>RAD 232 Clinical Education IV</td>
<td>14 competencies</td>
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<tr>
<td>RAD 234 Clinical Education V</td>
<td>10 competencies 10 terminal competencies</td>
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**TERMINAL COMPETENCY REQUIREMENTS**

Students must complete ten (10) terminal competency exams assigned by the clinical instructor or the clinical coordinator. Students must have completed all ARRT required competencies prior to completing terminal competencies.

These competencies will include:

<table>
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<tr>
<th>• 2 Portable studies</th>
<th>• 1 chest exam</th>
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<tr>
<td>• 1 Contrast study</td>
<td>• 1 abdomen exam</td>
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<tr>
<td>• 1 multiple study with 3 or more exams</td>
<td>• 3 extremity exams</td>
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<tr>
<td>• 1 C-arm study</td>
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Terminal competencies may only be graded by the clinical instructors, clinical coordinator or by a technologist assigned by school faculty. Students may not select the exams for the terminal competency. Students must successfully complete all terminal competencies with a grade of 90% or better to be eligible for graduation from the program.

**ACHIEVING CLINICAL COMPETENCY**

To achieve and document competency on an exam a student must:

* Successfully achieve competency on the didactic exam and laboratory exam
* Verbally request to test for competency on the exam prior to the start of the exam
* Participate in any other X-ray exams that are ordered on the patient
* Present the competency evaluator with a competency form which documents that the student has observed one exam and has practiced the required number of exams under the direct supervision of a registered technologist before the exam begins.
  * Observe means that the student has observed a technologist performing the exam
  * Practice means that the student has performed the exam with minimal assistance from a technologist
* Are required to use their personal markers when testing for competency
* Must perform the exam without technologist assistance (lifting assistance by staff is permitted)
* Pass the competency with a minimum grade of 85%
* Answer five questions at the discretion of the technologist on anatomy and positioning of the exam.

All competency exams will be considered pending until the final approval from the Clinical Coordinator as indicated by being included on the student’s master competency file. Following the update on the master clinical file, the student may perform that procedure under indirect supervision with the exception of portable and OR exams. The Clinical Coordinator reserves the right to revoke competencies based on clinical performance and to assign clinical remediation as necessary.

**PORTABLE EXAM AND TRAUMA COMPETENCIES**

Prior to testing for competency on trauma or portable examinations, in addition to the above listed clinical competency requirements the student first must have successfully achieved competency on a non-trauma or non-portable exam of the same type. A technologist will be present during these exams.

**CLINICAL SITE INFORMATION**

Mary Washington Hospital (MWH)
1001 Sam Perry Blvd.
Fredericksburg, Va. 22401

Medical Imaging at Lee’s Hill (MILH)
10401 Spotsylvania Ave., Suite 100-1
Fredericksburg, Va. 22408

Medical Imaging of Fredericksburg (MIF)
1201 Sam Perry Blvd, Suite 102
Fredericksburg, Va. 22401

MWHC Radiation Oncology
1300 Hospital Dr. Suite 101
Fredericksburg, VA 22401

Stafford Hospital (SH)
101 Hospital Center Boulevard
Stafford, VA 22555

Clinic Contact Phone Numbers

**PROGRAM FACULTY**

Program Manager, School of Radiologic Technology:
Ericka Lasley, MSRS, R.T. (R) 540-741-1802

Clinical Coordinator, School of Radiologic Technology:
Nicholas Evans, MSRS, R.T. (R) (CT) 540-741-1926

**Accreditation:**
The Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive Suite 2850
Chicago, IL 60606-3182 www.jrcert.org

**Certification:**
The American Registry of Radiologic Technologists®
1255 Northland Drive
St. Paul, Minnesota 55120-1155
Phone (651) 687-0048
Fax: 505-298-5063 www.arrt.org email@jrcert.org

**Curriculum:**
American Society of Radiologic Technologists

**Certified to operate in Virginia by:**
SCHEV- State Council of Higher Education for
The program is approved for the education and training of eligible Veterans
# ACADEMIC CALENDAR 2017 - 2019

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
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<tbody>
<tr>
<td>New class orientation cohort 26</td>
<td>August 14, 2017* date may vary</td>
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<tr>
<td>Fall semester begins cohort 26</td>
<td>August 21, 2017</td>
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<tr>
<td>Labor Day</td>
<td>September 4, 2017</td>
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<td>Mid-Term Exams</td>
<td>October 9, 2017 – October 13, 2017</td>
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<tr>
<td>Thanksgiving Break</td>
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<td>Finals</td>
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<td>Holiday Break</td>
<td>December 18, 2017 – January 5, 2018</td>
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<tr>
<td>Spring Semester Begins</td>
<td>January 8, 2018</td>
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<tr>
<td>MLK Day</td>
<td>January 15, 2018</td>
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<tr>
<td>Mid-Term Exams</td>
<td>February 26, 2018 – March 2, 2018</td>
</tr>
<tr>
<td>Spring break</td>
<td>April 2, 2018 – April 6, 2018</td>
</tr>
<tr>
<td>Finals Week</td>
<td>April 30, 2018 – May 3, 2018</td>
</tr>
<tr>
<td>Graduation cohort 25</td>
<td>May 4, 2018</td>
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<tr>
<td>Semester Break</td>
<td>May 7, 2018 – May 18, 2018</td>
</tr>
<tr>
<td>HESI Testing</td>
<td>May 7, 2018 – May 11, 2018</td>
</tr>
<tr>
<td>Summer Session Begin</td>
<td>May 21, 2018</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>May 28, 2018</td>
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<tr>
<td>Midterm</td>
<td>June 18, 2018 – May 22, 2018</td>
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<tr>
<td>Independence Day</td>
<td>July 4, 2018 – July 5, 2018</td>
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<tr>
<td>Finals Week</td>
<td>July 30, 2018 – August 3, 2018</td>
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<tr>
<td>Semester Break</td>
<td>August 6, 2018 – August 17, 2018</td>
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<tr>
<td>New class orientation cohort 27</td>
<td>TBA</td>
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<td>Fall semester begins cohort 27</td>
<td>August 20, 2018</td>
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<td>Labor Day</td>
<td>September 3, 2018</td>
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<td>Midterm exams</td>
<td>October 8, 2018 – October 12, 2018</td>
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<td>Thanksgiving break</td>
<td>November 19, 2018 – November 23, 2018</td>
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<td>Finals</td>
<td>December 10, 2018 – December 14, 2018</td>
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<td>Holiday Break</td>
<td>December 17, 2018 – January 4, 2019</td>
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<td>Spring semester begins</td>
<td>January 7, 2019</td>
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<tr>
<td>MLK Day</td>
<td>January 14, 2019</td>
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<tr>
<td>Midterm exams</td>
<td>February 25, 2019 – March 1, 2019</td>
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<tr>
<td>Spring Break</td>
<td>April 1, 2019 – April 5, 2019</td>
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<tr>
<td>Finals Week</td>
<td>April 29, 2019 – May 2, 2019</td>
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<td>Graduation cohort 26</td>
<td>May 3, 2019</td>
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<tr>
<td>Semester Break</td>
<td>May 6, 2019 – May 17, 2019</td>
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<tr>
<td>HESI Testing</td>
<td>May 6, 2019 – May 10, 2019</td>
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<tr>
<td>Summer Semester Begins</td>
<td>May 20, 2019</td>
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<tr>
<td>Memorial Day</td>
<td>May 27, 2019</td>
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<tr>
<td>Midterm exams</td>
<td>June 17, 2019 – June 21, 2019</td>
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<tr>
<td>Independence Day</td>
<td>July 4, 2019 – July 5, 2019</td>
</tr>
<tr>
<td>Finals week</td>
<td>July 29, 2019 – August 2, 2019</td>
</tr>
<tr>
<td>Semester break</td>
<td>August 5, 2019 – August 16, 2019</td>
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APPENDIX
FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO:
Mary Washington Hospital School of Radiologic Technology
Ericka M Lasley, M.S.R.S., R.T.(R).
School of Radiologic Technology Program Manager/Director

Please provide information from the educational records of:_____________________________

Date Range: From:______________ To: ________________

To: _____________________________ Relationship: ___________________________

The only type of information that is to be reviewed under this consent is:

_____ transcript
_____ disciplinary records
_____ recommendations for employment or admission to other schools
_____ all records
_____ other (specify) __________________________________________________________

The information is to be released for the following purpose:

_____ family communications
_____ employment
_____ admission to an educational institution
_____ other (specify) __________________________________________________________

I understand the information may be released orally or in the form of copies of written records, as preferred by
the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’
financial records and certain letters of recommendation for which the student waived inspection rights). I
understand I may revoke this Consent upon providing written notice to Ericka M Lasley, M.S.R.S., R.T.(R). I
further understand that until this revocation is made, this consent shall remain in effect and my educational
records will continue to be provided to ________________________________ for the specific purpose
described above.

Name (print)_____________________________________________________________

Signature_________________________________________________________________

ID Number__________________________ Date ________________________________
Anti-Harassment
Level: Corporate
Supersedes: Anti-Harassment, Discrimination, and Retaliation: Sexual Harassment

Content:
1. Mary Washington Healthcare is committed to maintaining a work environment that is free of all types of harassment, including sexual and other forms of unlawful harassment. Accordingly, the organization will not tolerate sexual or other forms of unlawful harassment of its Associates or volunteers by anyone, including any supervisor, co-worker, independent contractor, vendor or client.

2. Guidelines promulgated by the Equal Employment Opportunity Commission define sexual harassment as follows:
   a. "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature...when (i) submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment, (ii) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (iii) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment."

3. The conduct prohibited by the above definition and this organization's policy includes all unwelcome sexual conduct, whether physical, verbal or visual. It includes, but is not limited to:
   a. sexually suggestive or obscene language, comments or gestures;
   b. the display of sexually suggestive objects or pictures;
   c. sexually oriented verbal kidding, teasing or practical jokes;
   d. explicit sexual propositions or repeated sexual flirtations or advances;
   e. subtle pressure for sexual activity;
   f. graphic or degrading comments about an individual or his or her appearance or gender-specific traits; and
   g. physical conduct such as patting, hugging, pinching or brushing against another person's body.

4. This policy strictly prohibits all forms of harassment based upon other legally protected characteristics including but not limited to race, sex, national origin, religion, age, and/or disability. Harassment is verbal or physical conduct that denigrates or shows hostility or aversion towards an individual because of his/her protected characteristic, such as race, sex, national origin, religion, age, and/or disability, that (i) has the purpose or effect of creating an intimidating, hostile, or offensive work environment, (ii) has the purpose or effect of unreasonably interfering with an individual’s work performance, (iii) otherwise adversely affects an individual’s employment opportunities. Harassing conduct includes, but is not limited to:
   a. epithets, slurs or negative stereotyping;
   b. threatening, intimidating or hostile acts; or
   c. denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversions towards and individual or group (including through email and other electronic means).

5. If you, as an Associate or volunteer of the organization, feel you have experienced or witnessed any conduct that you feel may be inconsistent with this policy, you are encouraged and expected to promptly notify your immediate supervisor, your department Human Resource Consultant and/or the Executive Vice President of Human Resources and Organizational Development. All such reports will be fully and promptly investigated. To the extent practicable and consistent with a thorough investigation, the organization will attempt to preserve the confidentiality of the complaint, the complainant and any witnesses.

6. If, after a thorough investigation, a complaint for unlawful harassment is found to have merit, prompt corrective action will be taken. This will include such disciplinary action as may be warranted by the offense -- up to and including termination of employment. The organization may also impose discipline for inappropriate behavior that is brought to its attention, without regard to whether the conduct technically constitutes harassment or a violation of law.
7. Retaliation against anyone for good faith reporting of unlawful harassment, assisting in making a report or complaint, or cooperating in such an investigation, is strictly forbidden by the organization. Please see Mary Washington Healthcare’s Non-Retaliation (Whistleblower) policy for further guidance relative to retaliation.

8. Please also see Mary Washington Healthcare’s Nondiscrimination Policy.

9. If you have any questions concerning this policy, please contact your designated Human Resource Consultant or the Executive Vice President of Human Resources and Organizational Development.

Procedures Relating to Unlawful Harassment Complaints and Policy Education
1. The organization will adopt and maintain a written policy prohibiting unlawful harassment.

2. All Associates will be educated about the policy and the complaint procedures outlined in the policy. To ensure familiarity with the policy, it will be included in each Associate's initial employment package. Each Associate will be required to sign and acknowledge receipt of a copy of this policy (this will be kept in the Associate's personnel file), and a copy of the policy should be posted in conspicuous locations throughout the workplace. Associates will be reminded of the policy by written memorandum at least on an annual basis.

3. All managers and supervisors will be provided with training to ensure that they understand the types of behavior prohibited. Training will be in the form of meetings, seminars, memos, booklets, e-mail, etc., as determined by the Executive Vice President of Human Resources and Organizational Development or his/her designee, and will identify the types of conduct and situations that can be considered discrimination, unlawful harassment and retaliation and will impress upon the trainees that: (i) such conduct is strictly prohibited and will not be tolerated; (ii) complaints will be thoroughly investigated; and (iii) if complaints are found to have merit, they will result in appropriate discipline.

4. The Executive Vice President of Human Resources and Organizational Development will manage an effective grievance procedure, designed and implemented in such a way as to encourage victims and witnesses to come forward. Each complaint will be taken seriously and thoroughly investigated as promptly as possible. To the extent practicable, the procedure will ensure confidentiality.

5. Those individuals charged with investigating reports of unlawful harassment, discrimination and retaliation will be thoroughly and properly trained concerning the issues involved and how to conduct an impartial investigation. Where possible, a qualified investigator of the same sex as the complainant will be available to handle and conduct the initial investigation of the complaint.

6. Prompt corrective action will be taken when unlawful harassment, discrimination and/or retaliation has occurred. Although termination is not always required, the action taken should be an appropriate response to the conduct and situation, and it should be designed to stop the unwelcome or hostile behavior.

7. Appropriate follow-up will be scheduled and undertaken to make sure the situation has been remedied.

Approved:
Reviewed: 7/12
Revised: 1/01; 10/03; 7/08; 01/09
Signature(s):

__________________________
Executive Vice President, Human Resources &
Drug/Alcohol Free Workplace
Mary Washington Healthcare

Level: Corporate

Objective:
To establish and maintain an alcohol and drug-free work environment.

Content:
It is the policy of Mary Washington Healthcare and its subsidiaries to screen all individuals for the use of alcohol and illegal/non-prescribed drugs prior to their hire. Further, it is the policy to conduct workplace testing if reasonable suspicion exists that an Associate exhibits symptoms of drug or alcohol impairment. Testing will also occur if there are instances of controlled substance discrepancy or if an Associate is involved in a motor vehicle accident while operating a company owned vehicle or while working within a position classified as a “regular driver”. Refer to Drivers Policy (Use of Company Automobiles, Vehicles) policy. The implementation and coordination of the drug and alcohol screening program is the responsibility of the Health & Wellness Department of Mary Washington Healthcare and will be carried out as follows:

1. Applicants will be informed that Mary Washington Healthcare and its subsidiaries maintain a drug and alcohol-free workplace policy, and that a drug and alcohol screen will be required prior to performing productive work. This information is provided:
   a. During the initial job interview,
   b. In the letter confirming an offer of employment, and
   c. Prior to signing the consent form for conducting the drug and alcohol screen.

2. During the initial health screen, all newly hired Associates will submit, under controlled conditions, a urine specimen which will be screened for the presence of drugs of abuse.

3. Drug/Alcohol testing will be done in accordance with established Human Resources procedures on the occasions listed below. Upon the occurrence of any of the events listed below, the acting manager, patient care supervisor (PCS) or department specific supervisor must contact Human Resources immediately in order to ensure proper procedures are completed (for off-hours, the manager/PCS/supervisor must contact the on-call Health & Wellness RN in addition to the on-call HR representative).
   a. Pre-placement drug and alcohol testing.
   b. Alcohol testing “For Cause” and follow-up.
   c. Drug testing “For Cause” and follow up.
   d. Post incident testing for drugs and alcohol may be done following an OSHA recordable event. Testing shall not delay necessary medical treatment.
   e. When an Associate transfers to another position and/or department, (Department of Health and Wellness transfer guidelines will identify those positions that require additional testing prior to completing a recruitment transfer).
   f. When required for an education program at Mary Washington Healthcare.
   g. Post accident testing for drugs and alcohol may be done following a motor vehicle accident while operating a company owned vehicle or while working within a position classified as a “regular driver”.

Refer to Drivers Policy (Use of Company Automobiles, Vehicles).

1. Post-accident testing for alcohol not done within 2 hours following the accident will require the supervisor of the Associate to document the reasons for the delay. If the alcohol test is not administered within 8 hours of the accident all attempts to administer the test will cease and the supervisor will document the reason(s) for the delay. The documentation becomes a part of the MWHC Health & Wellness record. An Associate that impedes testing (for example: late reporting of an accident) will be subject to disciplinary action. The documentation becomes a part of the MWHC Health & Wellness records as well as the Associates’ Human Resource record.

2. Post-accident testing for drugs must be done within 32 hours of the accident or documented as above by the supervisor of the Associate. An Associate that impedes testing (for example: reporting of an accident or failure to supply an adequate specimen for testing) will be subject to disciplinary action.

3. Any Associate involved in an accident must refrain from alcohol use for 8 hours following the accident or until tested by the MWHC Health & Wellness Department. Any Associate who does not
remain available for testing or leaves the scene without justification prior to drug and alcohol testing is considered to have refused testing and is subject to termination.

4. It is the policy of Mary Washington Healthcare to prohibit the following (“prohibited conduct”):
   a. No Associate shall report for duty or be on duty or on Mary Washington Healthcare property while having a blood alcohol concentration of 0.02 or greater.
   b. No Associate shall possess or use alcohol while on duty.
   c. No Associate shall report for duty or be on duty or otherwise on Mary Washington Healthcare property while impaired by or under the influence of illegal drugs.
   d. The use, possession, manufacture, transfer, distribution, dispensation or sale of illegal drugs by Associates while on duty or on Mary Washington Healthcare property is prohibited.
   e. Refusal of an Associate to participate in the drug and/or alcohol screening process or failure to cooperate in the rehabilitation process requires the Associate to be relieved of work responsibilities, and the matter referred to Human Resources management for further action. The Associate shall be notified that such an action may result in employment termination. Refusal to submit shall include, without limitation, failure to provide adequate urine or blood specimens for testing or engaging in conduct that clearly obstructs the testing process.
   f. All Associates using prescribed controlled substance (i.e. pain medication, muscle relaxants) are required to be evaluated by the MWHC Health & Wellness Department prior to performing any work. No Associate is allowed to work under the influence of any substance that adversely affects the Associates' ability to perform assigned duties.
   g. No Associate shall report for duty or remain on duty if the Associate tests or would test positive for non-prescribed controlled substance or illegal drugs.

5. It is the policy of Mary Washington Healthcare to advise Associates who have engaged in prohibited conduct of available resources through the Employee Assistance Program (EAP) at Mary Washington Healthcare, in evaluating and helping Associates resolve problems associated with the misuse of alcohol and/or drugs.

6. Associates who have engaged in prohibited conduct may be subject to termination or, in appropriate circumstances returned to work, subject to the Associate's satisfaction of the terms of the Back to Work Employment Agreement and the following conditions:
   a. The Associate shall undergo a return-to-duty alcohol/drug test with a result indicating an alcohol concentration of less than 0.02 if the conduct involved alcohol or a verified negative result if the conduct involved a controlled substance.
   b. The Associate shall be evaluated by the EAP to determine the need for and compliance with any required rehabilitation.
   c. The Associate shall be subject to unannounced follow-up alcohol and/or drug testing following the Associate's return to duty. The number and frequency of such follow-up testing shall be as directed by an EAP substance abuse professional, and consist of at least six (6) tests in the first twelve (12) months following the Associate's return to duty. The EAP counselor may terminate the requirements for follow-up testing at any time after the first six (6) tests have been administered. Mary Washington Healthcare may direct the Associate to undergo return-to-duty and follow-up testing for both alcohol and drugs. Follow-up testing shall not exceed sixty (60) months from the date of the Associate's return to duty.
   d. In addition to above requirements, licensed or certified Associates will be treated in compliance with regulatory board requirements. Failure to meet the standards of treatment may result in the termination of the Associate's employment.
   e. Transportation arrangements will be offered whether or not the Associate consents to screening.
   f. Associates on initial hire probation, including an extended probation, are subject to immediate termination.

7. Any manager, patient care supervisor (PCS) and/or department specific supervisor may refer an Associate for drug/alcohol screening to the Health & Wellness Department of Mary Washington Healthcare.
Healthcare whenever reasonable suspicion exists that an Associate is using and/or under the influence of drugs and/or alcohol. After hours, page an MWHC Health & Wellness on-call nurse via the hospital operator. MWHC Health & Wellness will contact and act in partnership with the appropriate HR Representative.

8. Reasonable suspicion testing is based on specific observations concerning the appearance, behavior, speech and/or body odors of the Associate. The observations may include indications of the chronic and withdrawal effects of controlled substances or alcohol. This can include, but is not limited to: drowsiness or stupor; excessive excitement, anxiety, nervousness or depression; slurred speech; hallucinations; violent behavior; alcohol odor on breath; Associate found in possession of alcohol, suspected possession of illicit drugs (white powder, pills, etc.), or drug paraphernalia.

9. In cases of suspected diversion and/or unresolved controlled substance discrepancy, the Associate with prior access to the medication and the Associate who discovered the discrepancy may be required to complete a urine drug screen as soon as possible (no later than 24 hours). Testing is determined by the manager, pharmacy supervisor, Health and Wellness personnel and/or HR Representative based on the circumstances and the behaviors of the individuals involved.

10. The manager patient care supervisor (PCS) and/or department specific supervisor will accompany the Associate undergoing for-cause testing to the MWHC Health & Wellness Department (or designated area as defined by HR) and remain with the Associate through the signed consent process. The manager/patient care supervisor (PCS) and/or department specific supervisor will then wait in the waiting room until testing is completed. The manager will offer the Associate an opportunity to talk with an EAP counselor. If the Associate refuses this assistance it will be documented. After testing and EAP referral, the Associate will be sent home for the remainder of the shift if initial tests show positive results. An unpaid suspension will occur while testing is sent out for third party validation. If necessary, the manager/patient care supervisor (PCS) and/or department specific supervisor will have security escort the Associate to a taxi (billed to MWHC). If the Associate insists on driving home the manager/patient care supervisor (PCS) and/or department specific supervisor will notify the Associate that the police will be notified about the Associate potentially driving under the influence. If the Associate does decide to drive, the manager/patient care supervisor (PCS) and/or department specific supervisor must document the conversation and notify the police (noting the officer's name contacted). The Associate will be notified of the available test results upon completion and validation of all test(s). If the Associate's drug and/or alcohol test is negative or initial positive testing later confirmed acceptable (via work-approved prescription medications), any previous missed work hours will be paid to the Associate. If the initial test shows negative results, the Associate may or may not be sent home at the discretion of Management in partnership with HR, pending review of all facts and circumstances. The manager/patient care supervisor (PCS) and/or department specific supervisor will notify their director of occurrence. The director will notify administrator on call at their discretion.

11. All testing for drug or alcohol use requires a signed consent. If the Associate refuses to sign the consent then the manager will escort the Associate to the Human Resources Department (or notify the Administrator On-Call of the refusal and contact the on-call HR personnel during off hours). Refusal may be grounds for immediate termination. The Associate is placed on an unpaid suspension pending Administrative review.

12. The supervisor making the referral will provide the MWHC Health & Wellness Department a written, signed, report of the observation or event prior to the release of the test results.

13. It is the policy of Mary Washington Healthcare to only provide copies of drug or alcohol testing results upon written request from the Associate. All Associate records are maintained with strict confidentiality.

14. Procedures for alcohol and drug testing are in accordance with guidelines established by the MWHC Health & Wellness Department.

15. Drivers designated to transport patients, residents, visitors and children (i.e., Kids Station, SAF, Security, etc.) will be tested randomly during the Associate’s regular work hours.
16. All Mary Washington Healthcare Associates must abide by the terms of this policy as a condition of employment.
17. Associates must notify the Human Resources Department of any criminal drug conviction no later than 5 days after such conviction.
18. When required by the Drug Free Workplace Act, Mary Washington Healthcare will notify the required contracting federal agency within 10 days after receiving notice under paragraph 17 from an Associate or otherwise receiving actual notice of such conviction.
19. Within 30 days after receiving notice from an Associate of a conviction under paragraph 17, Mary Washington Healthcare will, in accordance with the Drug Free Workplace Act:

   1. Associate has been employed with MWHC for at least two (2) years;
   2. Associate has successfully met Performance Appraisal expectations during employment;
   3. Associate has not received more than two (2) disciplinary Record of Conferences (ROC) within prior 12 months;
   4. Sponsorship of Department must not present an undue hardship to staffing or meeting patient/business needs; and
   5. If the Associate is returned to work, all conditions of the Back to Work Employment Agreement outlined in # 6 above apply.

20. Failure to comply with this policy in part or in full may result in disciplinary actions being taken, up to and including termination. In addition, MWHC will report violations of this policy as required by certification/licensing bodies, State or Federal regulations.

Approved:
Reviewed: 9/01
Revised: 10/98; 10/99; 11/00; 5/02; 4/04; 3/06; 3/07; 3/08; 7/10; 12/12

Signature(s):

______________________________
Executive Vice President, Human Resources & Organizational
HANDWASHING

Objective: To prevent the direct or indirect spread of organisms through contact with hands.

Statement: It is the policy of Mary Washington Healthcare and its affiliates to promote the practice of thorough hand washing/hand hygiene which is the most important single factor in controlling hospital-wide infection.

Hand washing Facilities
1. Hand washing facilities should be conveniently located throughout the clinical sites.
2. Hand washing facilities should be located in or adjacent to rooms where diagnostic or invasive procedures that require hand washing are performed (catheterization, bronchoscopy, endoscopy, etc.).
3. Alcohol hand rubs are located in patient rooms and other clinical areas.

Indications for Hand Hygiene and Antisepsis
1. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with soap and water.
2. Wash hands with soap and water when caring for patients with C. difficile infections, or if exposure to Bacillus anthracis is known or suspected. The physical action of soap and water is recommended because alcohols and other antiseptics have poor activity against spores.
3. If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in all other clinical situations described in items 4-12. Alternatively, wash hands with an antimicrobial soap and water in all clinical situations described in items 4-12.
4. Decontaminate hands before having direct contact with patients.
5. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
6. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require surgical procedures.
7. Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
8. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
9. Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient cared.
10. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
11. Decontaminate hands after removing gloves and other personal protective equipment (PPE).
12. Before eating and after using a restroom, wash hands with soap and water.

Hand Hygiene Technique
1. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Wash with soap and water after 10 - 15 applications.
2. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.

Other Aspects of Hand Hygiene
1. Do not wear artificial fingernails or extenders when having direct contact with patients.
2. Keep natural nail tips less than 1/4 inch long.
3. Wear gloves when contact with blood or other potentially infectious materials, mucous membranes, and non-intact skin could occur.
4. Remove gloves after caring for a patient. Do not wear the same pair of gloves for the care of more than one patient, and do not wash gloves between uses with different patients.
5. Change gloves during patient care if moving from a contaminated body site to a clean body site.
6. Encourage patients and their families to remind health care workers to decontaminate their hands.
8. Wearing gloves does not replace hand washing. Decontaminate hands after removal of gloves and other PPE.

9. Remove all PPE in the room or in patient care area.

10. The wearing of rings may allow microorganisms to become trapped under the rings.

11. Use the hand lotion provided by MWHC. It is compatible with latex and hand hygiene products.

Approved: 12/86
Reviewed: 12/88; 10/90; 4/93; 1/95; 1/96; 2/98; 12/98; 12/99
Revised: 4/97; 5/00; 5/01; 5/02; 11/03; 11/04; 10/05; 3/06; 3/07; 6/08; 12/08; 12/10; 5/12
FASC integration effective 3/12;
Original FASC policy approved 3/94;
Reviewed 1/03; 1/04; 2/08; 1/11;
Revised 1/02, 2/05, 10/07, 2/08, 1/11.

Signature(s):

_______________________________________
Senior Vice President/Administrator, MWH

_______________________________________
Senior Vice President/Administrator, SH

_______________________________________
Vice President, Properties and Ambulatory Services, MWHC

_______________________________________
Chair, Infection Prevention and Control, MWHC
Infection Control in Radiology Services
Mary Washington Hospital, Stafford Hospital
Level: System – Hospital

Objective:
To provide guidelines for practices that will result in decreased risk of infectious disease transmission by Radiology staff.

Content:
Radiology Services will follow appropriate infection control precautions and practices to insure the safety of patients and personnel within the department, including:
1. Using appropriate hand hygiene techniques as established by Infection Control. Refer to Hand washing and Hand Hygiene policy for more detail.
2. Changing linens after each patient.
3. Informing the Hospital Environmental Services team of any soiling incident in the Radiology Department which requires prompt cleaning.
4. Cleaning the imaging table with a hospital approved disinfectant between patients and after any soiling. Cleaning imaging and other equipment with a hospital approved disinfectant after any soiling.
5. Managing isolation patients per the guidelines of the Infection Control Department. Refer to Isolation, Transmission-Based Precautions policy.
6. Using disposable syringes and needles for all injections and activating safety devices when used. Disposing of all needles and syringes in sharps containers located throughout the department. [Note: Manual recapping of sharps is against Hospital policy. Approved recapping devices are utilized when recapping is absolutely required (Nuclear Medicine Hot Lab).]
7. Wiping down equipment that is taken into any isolation room with a hospital approved disinfectant before it is removed from the room.
8. Denoting request slips as "Isolation" in an effort to alert personnel for appropriate transport requirements and precautions.
9. Following Standard Precautions policy and using personal protective equipment as necessary.
10. Wearing caps, gowns, masks, and gloves when handling sterile equipment during invasive procedures. Masks will be worn by the operator and 1st assistant for invasive spinal procedures. Mask will be worn by family member if they are assisting by holding the patient and they have direct access to the sterile field.
11. Opening sterile trays only just prior to use.
12. Keeping procedure room doors closed when using sterile trays.
13. Disposing of any materials used for invasive procedures in an appropriate waste container or sending them to Central Sterile Reprocessing for sterilization.
14. Prepping IV puncture sites with iodophor, alcohol, or chloraprep and allowing them to dry prior to puncturing the skin. Covering IV puncture sites with a Band-Aid after removing the needle.
15. Prior to injecting through drainage tubes, prepping tubes in the same manner as the skin would be prepped using an antiseptic solution. Using small bore needles to inject through drainage tubes.
16. Using single dose ampoules/vials of medication whenever possible, and disposing of them immediately after use.
17. When multiple dose vials of medication are used, using proper aseptic technique to avoid contamination and confirming the expiration date prior to using. For more information, refer to Medication Administration policy.
18. Keeping the number of people in a radiographic procedure room to a minimum during examinations/procedures.
19. Disposing of contaminated waste in red (color coded) impervious plastic bags.
20. Following all Hospital Infection Control policies and guidelines.

Approved: 11/98
Reviewed: 1/91; 8/91; 1/94; 1/95; 7/99
Revised: 1/98; 5/01; 9/03; 1/07; 10/08; 11/08; 12/08; 1/13
Signature(s):

____________________________________
Vice President, Properties & Ambulatory Services, MWHC

____________________________________
Chair, Infection Prevention and Control Committee, MWHC

____________________________________
Senior Vice President/Administrator, MWH

____________________________________
Senior Vice President/Administrator, SH
Social Media/Electronic Communication
Mary Washington Healthcare
Level: Corporate
Supersedes: Electronic Communication

Objective:
This Mary Washington Healthcare (MWHC) social media/electronic communication policy includes rules and guidelines for various forms of company-authorized electronic communication, social networking and personal social networking. This policy applies to all MWHC Associates to include but not limited to executive officers, board members and management. Certain provisions in this policy provide guidance relative to our commitment in the Code of Conduct that we represent MWHC in a positive and professional manner. For additional guidelines on proper equipment usage please refer to the Acceptable Use of Electronic Devices policy.

Content:
1. MWHC recognizes the importance of the Internet and online social media networks as communication tools. We recognize these outlets may play an important role in promoting a positive public image about our healthcare system. MWHC takes no position on Associates’ decisions to participate in the use of social media networks. In general, Associates who participate in social media are free to publish personal information without censorship by MWHC.
2. MWHC does, however, maintain the right and duty to protect itself from any unauthorized disclosure of information or misinformation that may cause harm to MWHC and its patients, Associates, physicians, volunteers, board members, vendors and customers. MWHC requires that MWHC Associates adhere to its Code of Conduct when a MWHC Associate directly or indirectly is identified as being a MWHC Associate and therefore his/her behavior, statements or other media (pictures, etc.) reflect on the public image of MWHC. We also recognize that HIPAA and other regulations may extend to Associate communication outside the workplace in regards to patient privacy.
3. This policy addresses the use of online networks including but not limited to the contents of blogs, personal Websites, postings on wikis, social networks, online forums, virtual worlds and other interactive sites, as well as posting on video or picture sharing sites or in the comments that are made on online blogs or elsewhere on the public Internet. While we respect the right of our Associates to utilize these mediums during their personal time, the use of them during company time is prohibited unless expressly authorized by Management in order to fulfill a MWHC business need or purpose.
4. MWHC Associates should remember that any of their postings may reflect on MWHC. Therefore, they are strongly encouraged to exercise sound judgment in the use of any social media. It is the goal of MWHC to promote professional, respectful, efficient and courteous use of electronic communications. Due to the unique nature of electronic communication and because MWHC desires to protect its legitimate business interests with regard to electronic records, the following rules and guidelines have been established. These will protect the private, confidential and proprietary information of MWHC, its affiliates, their patients and family members, Associates, vendors, and partners.

Ownership
All company supplied technology, including computer hardware, computer software, and company-related records, belong to MWHC and not the Associate. MWHC maintains electronic mail and Internet systems. These systems are provided by MWHC to assist in its business practices. MWHC recognizes that Associates will, occasionally, make incidental personal use of the e-mail system and Internet; however, such use must be kept to a minimum and must not violate MWHC policies under any circumstance. Any personal information or data on MWHC equipment (pictures, personal files, password protected files, etc.) are and remain the property of MWHC and may not be returned to the Associate after termination from employment.

No Expectation of Privacy
1. The confidentiality of any electronic communication or data on MWHC provided devices should not be assumed. Even when data is erased, it often remains possible to retrieve and read that information. In addition,
MWHC electronic systems store Web site usage and other history data. In the event that MWHC should be subpoenaed in a lawsuit, transcripts of electronic messages and other data would likely have to be provided if relevant to the lawsuit, to law enforcement, government officials or to other third parties. MWHC will produce such records when legally required without notification to or permission from the Associate sending or receiving the messages. Consequently, Associates must always ensure that the business information contained in electronic communication is accurate, professional and lawful.

2. MWHC reserves the right to inspect, review, monitor and disclose electronic communications and to inspect, review, and disclose Internet sites visited or viewed by any Associate of MWHC when such communications or web search are done using MWHC property. All computer hardware and software making up our e-mail/Internet systems and beyond are owned by MWHC.

**Electronic Mail (E-Mail)**

MWHC provides many of its Associates with electronic mail communication tools. The primary purpose of the MWHC electronic mail system is to expedite necessary business communications between two or more individuals. As such, the use of electronic mail is for business purposes. The content of e-mail may not contain anything that would reasonably be considered offensive or disruptive to any Associate. Offensive content would include, but is not limited to, sexual comments or images, racial slurs, gender specific comments or any comments that would offend someone on the basis of any legally protected characteristics, such as race, age, sex, sexual orientation, religious or political beliefs, national origin, or disability. Use of electronic mail is a privilege that may be revoked at any time.

1. E-mail Accounts: An e-mail account to use our Lotus Notes e-mail system will be assigned to Associates upon request of management and approval of our Information Services Department based upon the Associate’s position and job duties assigned. If approved, a logon ID and password will be assigned by Information Services. The e-mail account is the responsibility of the individual to whom it is assigned. Associates are prohibited from allowing other individuals to send e-mail from their account and may not use another person’s MWHC account to send e-mail communications. Associates may not disclose their confidential log-on ID or password to anyone under any circumstances.

2. Personal Use: As stated previously, the use of MWHC’s e-mail system is primarily for business purposes. Incidental personal use of the e-mail system is permitted; however, personal use of e-mail should not interfere with MWHC’s operations, nor should it cause any harm or embarrassment to the organization. Any personal use of e-mail is expected to be on the Associate’s own time and is not to interfere with the Associate’s job responsibilities.

3. Electronic Mail through the Internet: Associates may be authorized, with permission and only if the Associate cannot access outside email, to transmit or receive electronic mail to and from individuals through the Internet (outside of MWHC’s network) when using MWHC property. Associates should take extreme caution when using e-mail in this manner. All files should be passed through virus protection programs prior to use. Failure to detect viruses could result in corruption or damage to files and/or unauthorized entry into MWHC’s network. If an Associate finds that any damage occurred as a result of opening an attached file, the incident must be reported immediately to the Information Services Department.

4. Netiquette Guidelines: It is the goal of MWHC to promote professional, efficient, courteous, and lawful use of electronic communications. Therefore, the following e-mail guidelines should be followed by all Associates:
   a. Check e-mail on a regular basis.
   b. Regularly delete old e-mail files or archive them.
   c. Always use the subject line and make it descriptive.
   d. Always spell check e-mail correspondence prior to sending.
   e. Use “attachments” sparingly.
   f. Use File Attachment Holding Tank for large attachments. Maximum message size allowed is 15MB.
   g. Do not use e-mail for negative messages.
   h. Do not “reply with history” when replying to an e-mail request if the document is lengthy.
   i. Do not use a string of capital letters in your correspondence unless absolutely necessary. Using all CAPS is the equivalent of shouting.
j. Review messages for content, and validate recipients in the “To:” field before sending email to make sure you are sending information to the appropriate person(s) and saying what you mean.

k. All sensitive information, including electronic protected health information (ePHI) sent in email outside the organization must be encrypted. Email uses should type the capital word ENCRYPT in the subject line of the email to ensure the appropriate protection is applied. Ensure, if sending an email of a confidential nature, that it is sent only to the intended recipient(s) and is appropriately encrypted. See the Encryption and Decryption policy for additional guidance.

l. Always review e-mail history before forwarding e-mail to make sure you do not forward information that should not be forwarded.

m. Do not send or forward chain letters, solicitation messages, inappropriate personal pictures or risqué jokes.

n. Use emoticons, i.e. :-), selectively to convey a tone of voice.

o. Use the “Out-of-Office Agent” if you will be unable to respond to e-mail for several days.

p. Never commit to e-mail anything that you would not want to be public.

q. Do not “respond to all,” if you receive an e-mail as part of a group e-mail, unless you really need everyone on the e-mail group to see your response.

r. Use of excessive personal correspondence whether internal or external which contain large amounts of multimedia content is not permitted.

s. Do not open e-mail that you receive from a source you are not familiar with, or deem the e-mail to be threatening in nature. Alert our Information Services Department immediately for direction on what to do.

5. Instant Messaging: These guidelines are pertinent to Lotus Notes Clients with built in Instant Messaging capabilities:

   a. Instant Messaging (IM) remains the property of MWHC and is not private or confidential to the user.
   b. Do not rely on IM for emergency contact.
   c. Remember that an IM may be read by someone not intended to see the message.
   d. Do not spend an excessive amount of time using IM for personal communication.
   e. Realize that the receiver may not be able to respond quickly, or may never respond – use a back-up method of communication as needed.

6. Confidentiality Disclaimer: The following text will be automatically added to every E-Mail message sent to external recipients by MWHC Associates or contractors working on behalf of MWHC:

   “This electronic message transmission, including any attachments, contains information from Mary Washington Healthcare which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify the sender immediately by a "reply to sender only" message and destroy all electronic and hard copies of the communication, including attachments.”

Discussion Boards (Internal)

It is the responsibility of our Information Services Database Manager to maintain all internal discussion databases. Posting of commercial advertising and/or other outside business interests is prohibited. Discussion Boards are a public forum; however, content that is not business related and/or against MWHC interests is not permitted. Human Resources, Marketing and Communications and/or Information Services may discontinue any material or information posted on the discussion board at their sole discretion.

Use of Internet

1. Use of the Internet through MWHC is a privilege and carries with it the obligation for responsible and ethical use. Limited personal use of the Internet is allowed; however, personal use is expected to be on the Associate’s own time and is not to interfere with job performance. At any time, and without prior notice, MWHC management reserves the right to examine Internet site history and other data related to web use on MWHC property, including password protected information by Associates. MWHC Associates are prohibited from using MWHC property to access Internet sites for any unethical purpose including, but not limited to, pornography, violence, gambling, racism, harassment, or any illegal activity. All Associates must abide by all
federal and state laws with regard to information sent and received through the Internet. Use of the Internet is a privilege and may be revoked at any time.

2. Associates may not download software from the Internet onto MWHC property without prior written approval from our Information Services Department. Downloading of games and any executable files from the Internet is prohibited. Associates may not install other on-line services to access the Internet such as America Online, AIM, CompuServe, Earthlink, etc. Associates shall not check home e-mail, shop on-line, access their personal Face Book, or play on-line computer games such as Solitaire, Farmville, Café World, Petville, Zynga Poker, Mafia Wars, or similar on-line games at any time while working his/her scheduled shift; such sites shall not be accessed while in view of visitors and patients or within an ‘open work area’ (i.e. nursing station) even if on personal time (i.e. meal breaks, etc.).

**Social Media Sites**

When Associates participate in social media sites such as MySpace, Facebook, Linkedin, YouTube, Twitter, blogs or any other sites where text, images or videos can be posted, whether at home or at work, using MWHC property or not, MWHC expects Associates to maintain the organization’s reputation and legal standing. Name calling or behavior that may reflect negatively on MWHC’s reputation is inappropriate. MWHC Associates will be held personally accountable for any Internet postings that are business related or linked.

**Prohibited Social Media Site Activities and Postings**

The following site activities and postings on non MWHC sites are prohibited:
1. Postings of photographs or video taken on MWHC property or at a MWHC sponsored event must not be posted unless specifically authorized by MWHC Marketing and Communications.
2. MWHC confidential or proprietary information or confidential or proprietary information of patients, clients, partners, vendors and suppliers.
3. Disparagement of MWHC, its services, leaders, Associates, Physicians, patients, partners, strategy or business prospects.
4. Social Media postings that include explicit sexual references or references to illegal drugs; postings that are defamatory, obscene, harassing, or in violation of any applicable law.
5. MWHC logos and other MWHC intellectual property.

**Personal Cellular Telephones, Texting, Recording Devices and Camera Use**

1. While at work, Associates are expected to exercise the same discretion in using personal cellular telephones as is expected for the use of company telephones. Excessive personal telephone calls during the workday, regardless of the telephone used, interferes with Associate productivity and is distracting to others. Therefore, all Associates shall limit personal calls during work time. Associates may make personal calls on non-work time. Associates shall ensure family and friends are aware of this policy. Flexibility will be provided in emergency situations. Associates shall not use telephones in patient rooms for personal calls. These same criteria apply to text messaging.
2. MWHC prohibits Associate use of cellular telephone cameras and/or any recording devices while at work as a preventative step believed necessary to secure Associate and patient privacy and to secure confidential business information. During Safety and Regulatory Rounds, team members may use cell phones to photograph areas of noncompliance (i.e., placement of equipment in restricted areas, etc.) Patients and staff may not be photographed under any circumstances. Refer to Videotaping/Photography of Patient Care policy.
3. MWHC will not be liable for the loss of personal cellular telephones brought into the workplace.

**Complaints**

Any Associate who believes that he/she is being harassed, bullied, defamed or disparaged on social media by another MWHC Associate should report the complaint to his/her direct Manager, the department’s Human Resource Consultant, the facility’s Human Resource Manager or to the MWHC Director of Associate Relations.

**Policy Violation**
1. The unauthorized use of copyrighted and other proprietary materials, disparaging or harassing statements, or activities or statements prohibited by this policy is prohibited by MWHC and will result in appropriate disciplinary action up to and including termination.

2. Associates are accountable for anything they publish or transmit online and through other forms of electronic communication.

3 Associates shall be held responsible for the disclosure, whether purposeful or inadvertent, of confidential or proprietary company information, information that violates the privacy rights or other rights of a third party. Further, Associates may be held liable for the damages caused by prohibited disclosures. **All Associates are required to sign MWHC’s Confidentiality Agreement annually and to comply with the provisions of that Agreement at all times.**

4. MWHC will review and investigate all potential violations of this policy discovered. Disciplinary action for violation of this policy may include, but is not limited to, suspension or termination. In cases involving less serious violations, disciplinary action may consist of an initial warning or written warning. Remedial action may also include additional counseling and/or other action. Please refer to MWHC’s **Discipline Policy** for further guidance.

Approved: 11/10
Reviewed:
Revised: 2/11; 2/12; 9/13
Signature(s):

Executive Vice President, Human Resources & Organizational Development, MWHC
Senior Vice President, Chief Information Officer, MWHC
Sources Referenced
Gartner File
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

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.

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Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Educational Program in Radiography are designed to promote academic excellence, patient safety, and quality healthcare. The STANDARDS require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process helps to maintain program quality and stimulates program improvement through program assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation to help determine if the program has met the particular objective. Review of additional materials and/or interviews with listed personnel is at the discretion of the site visit team.

Following each standard, the program must provide a **Summary** that includes the following:
- Major strengths related to the standard
- Major concerns related to the standard
- The program’s plan for addressing each concern identified
- Describe any progress already achieved in addressing each concern
- Describe any constraints in implementing improvements

The submitted narrative response and/or documentation, together with the results of the on-site evaluation conducted by the site visit team, will be used by the JRCERT Board of Directors in determining the program’s compliance with the STANDARDS.
Standards for an Accredited Educational Program in Radiography

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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.
Awarding, Maintaining, and Administering Accreditation

A. Program/Sponsoring Institution Responsibilities

1. Applying for Accreditation

   The accreditation review process conducted by the Joint Review Committee on Education in Radiologic Technology (JRCERT) can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

   This process is initiated by submitting an application and self-study report, prepared according to JRCERT guidelines, to:

   Joint Review Committee on Education in Radiologic Technology
   20 North Wacker Drive, Suite 2850
   Chicago, IL  60606-3182

2. Administrative Requirements for Maintaining Accreditation

   a. Submitting the self-study report or a required progress report within a reasonable period of time, as determined by the JRCERT.

   b. Agreeing to a reasonable site visit date before the end of the period for which accreditation was awarded.

   c. Informing the JRCERT, within a reasonable period of time, of changes in the institutional or program officials, program director, clinical coordinator, full-time didactic faculty, and clinical instructor(s).

   d. Paying JRCERT fees within a reasonable period of time.

   e. Returning, by the established deadline, a completed Annual Report.

   f. Returning, by the established deadline, any other information requested by the JRCERT.

Programs are required to comply with these and other administrative requirements for maintaining accreditation. Additional information on policies and procedures is available at www.jrcert.org.

Program failure to meet administrative requirements for maintaining accreditation will lead to being placed on Administrative Probationary Accreditation and result in Withdrawal of Accreditation.
B. JRCERT Responsibilities

1. Administering the Accreditation Review Process

The JRCERT reviews educational programs to assess compliance with the Standards for an Accredited Educational Program in Radiography.

The accreditation process includes a site visit.

Before the JRCERT takes accreditation action, the program being reviewed must respond to the report of findings.

The JRCERT is responsible for recognition of clinical settings.

2. Accreditation Actions

JRCERT accreditation actions for Probation may be reconsidered following the established procedure.

JRCERT accreditation actions for Accreditation Withheld or Accreditation Withdrawn may be appealed following the established procedure. Procedures for appeal are available at www.jrcert.org.

All other JRCERT accreditation actions are final.

A program or sponsoring institution may, at any time prior to the final accreditation action, withdraw its request for initial or continuing accreditation.

Educators may wish to contact the following organizations for additional information and materials:

accreditation: Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

curriculum: American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3909
(505) 298-4500
www.asrt.org

certification: American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120-1155
(651) 687-0048
www.arrt.org

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STUDENT HANDBOOK AGREEMENT

Please indicate your agreement with each of the following statements by initialing on the line:

____ I have read and understand the information provided in the clinic/student handbook.

____ I have had an opportunity to ask questions about all material and have had those questions answered.

____ I understand that failure to follow any of these policies may result in disciplinary action up to and including my dismissal from the Radiography program.

____ I agree that while enrolled in the Radiography program I will treat my studies, labs, and clinical practicums as an employee would treat job responsibilities, recognizing that my instructor assumes the role of my supervisor. I will make every effort to learn the technical skills required of a radiographer, and to develop professional behaviors and attitudes.

Student Signature_________________________________________ Date________________________

________________________________________
Print Name

Photography Release

I give permission to release photographs taken for the purpose of identification of my status as a student enrolled in the Radiography Program to the affiliated clinical facilities where I will be assigned as well as for any school events and activities for marketing purposes or school use in instructional materials and photo albums.

________________________________________
Student Signature_________________________________________ Date________________________

________________________________________
Print Name

Permission to Survey Future Employer

I give permission for you to survey my future employer as part of the radiography program’s assessment process. I understand that this information will be kept confidential and will be used solely for the purpose of evaluating the effectiveness of the program meeting its goals.

________________________________________
Student Signature_________________________________________ Date________________________

________________________________________
Print Name