



Mary Washington Hospital

School of Radiologic Technology

Prospective Student Handbook

2300 Fall Hill Ave. Suite 260 Fredericksburg, VA 22401

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.

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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 175 Radiographers with an overall 93% first time ARRT pass rate. Furthermore, the program has 97% 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.

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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 adjust equipment and modify 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				
Class Year	No. of student accepted		No. of Student Complete	Total Completion Rate
2015	8	of	8	100%
2016	7	of	5	71%
2017	8	of	8	100%
2018	7	of	6	86%
2019	5	OF	5	100%
	35	of	32	91%

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				
Class Year	No. of Students testing		No. of Students pass on 1st attempt	Total Pass Rate
2015	8	of	8	100%
2016	5	of	5	100%
2017	8	of	8	100%
2018	6	of	6	100%
2019	5	of	4	80%
	32	of	31	96.8%

The ARRT Registry Pass 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

Job Placement Rate				
Class Year	Number Grads seeking employment		No. employed within 12 months of Graduation	Job Placement Rate
2015	7	of	7	100%
2016	5	of	5	100%
2017	8	of	8	100%
2018	6	of	6	100%
2019	5	OF	5	100%
	31	of	31	100%

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>

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 be within 6 credit hours of the Associate's degree requirements upon entering the Program. Students will have **one year** to complete the required credits for the Associate's degree. **Failure to complete the Associate's Degree by the end of the 2nd semester of the program will result in dismissal from 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, 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 an online application 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 must be paid via check within 5 days of application submission.
2. Submit an essay (500-words minimum) about "Why did you select Mary Washington Hospital School of Radiologic Technology and Why you want to be a Radiologic Technologist?" with your application.
3. Make checks payable to MWH SORT. Please add 200-8140-49070 to the memo line of all checks or money orders.
4. Arrange for official transcripts from all colleges previously attended be sent to:

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5. Applicants meeting initial admission requirements will be notified via email to schedule the admission test (the HESI A2 Admissions Exam). Applicants will be responsible for examination fees.

6. Applicants will be contacted to schedule their four hours of clinical observation.
7. Applicants will be contacted via email to complete a Talent Plus assessment.
8. 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, essay, HESI admission test scores, online Talent + ® assessment, 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. **A&P I &II course and lab grades are worth 1.5 times the quality points earned**). GPA quality points and HESI A2 Entrance Exam 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.

GPA	Courses Evaluated for Competitive Admissions	Misc.	Entrance Test	Rank Order
"C" or better in all classes	Minimum 2.0 overall GPA	** Anatomy Courses will carry a heavier weight when calculating GPA quality points.	HESI minimum comprehensive score 70%	GPA conversion (75%)+ HESI (15%) + HESI Critical Thinking conversion Score (10%) + Bonus Points ** Clinical Observations will be quantitatively assessed. ** Talent + ® evaluations will be quantitatively assessed.
	Anatomy and Physiology I & II with Lab **	A - 150 points B – 127.5 points C – 112.5 points		
	English Composition and Rhetoric	A – 100 points B – 85 points C – 75 points		
	MATH for Liberal Arts or higher	A – 100 points B – 85 points C – 75 points		
	Introduction to Computers i.e. CSC 110	A – 100 points B – 85 points C – 75 points		
	**Bonus points are awarded as follows: 1 point – applicant resides in the service area (Fredericksburg, Woodbridge, Counties-Stafford, Spotsylvania, King George, Caroline, Westmoreland, Orange, Culpeper, Prince William) 1 point – applicant has previous medical experience 1 point – applicant previously applied			
HESI Admission Assessment Exam				

	Completion of the HESI Admission Assessment Exam (HESI A2), an assessment tool used to evaluate prospective students and their potential for successful program completion, is required for consideration of acceptance into Mary Washington Hospital School of Radiologic Technology.
	All applicants must complete these designated sections: Math, Reading Comprehension, Vocabulary and General Knowledge and Grammar, Anatomy & Physiology, <u>Learning Profile & Personality Style</u> , and Critical Thinking. A study guide is available through Elsevier.
	Applicants have two (2) attempts to complete the HESI A2 Exam within a 1 year (12-month) time frame. The scores are valid for one (1) year from the initial examination date.
	Applicants will be contacted by MWHC SoRT Faculty for testing date after completed application has been submitted and reviewed. Applicants are responsible for all testing cost.

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 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 enrollment fee

Return of program acceptance form

Negative drug screen and proof of health insurance

Valid criminal background check completed by MWHC Human Resources

ARRT pre-eligibility approval for candidates who disclosed a positive criminal history (defined as anything from a misdemeanor to jail time)

ESSENTIAL FUNCTIONS CRITERIA

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

Students are required to complete the “Essential Functions Verification Form.” You must respond on the form if you fully meet the criteria (100%) or are unable to fully meet the criteria (less than 100%). If you respond less than 100% to any criterion, an explanation and/or additional information will be required. You may ask for reasonable accommodations. 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.

Essential Functions Verification

Students must be able to perform certain psychomotor, cognitive, and affective skills that are required in the program and, upon graduation, in the profession. Students must be able to respond physically, orally, immediately to the patient. The following examples of criteria are not intended as a complete listing of practice behaviors but are a sampling of the types of abilities needed by the student to meet program objectives and requirements. The Department or its affiliated agencies may identify additional critical behaviors or abilities needed by students to meet program or agency requirements. The Department reserves the right to amend this listing based on the identification of additional standards or criteria for students. If you cannot fully meet (100%) the following standards (and examples of criteria to meet the standards), you will be asked to explain in what way you cannot meet those standards and what type of accommodations you will need throughout the program. 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 determine if those accommodations can be provided.

Physical /Mobility

Student radiographers must be immediately 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 have the ability to make precisely coordinated movements of the fingers of one or both hands to grasp, manipulate, or assemble very small objects. 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. Students must have the ability to exert muscle force repeatedly or continuously over time. This involves muscular endurance and resistance to muscle fatigue

Hearing

Students must possess 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 and immediately respond, with or without corrective hearing devices, plus hear audible equipment noises from a distance whether or not they are in view. Students must have the ability to detect or tell the difference between sounds that vary in pitch and loudness. Students must have the ability to tell the direction from which a sound originated. Students must give full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times. Students must have the ability to take thorough and accurate medical histories.

Sight

The student must be able to immediately 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 be 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 must be able to recall, understand, and apply basic scientific principles and methods. Students must have the ability to tell when something is wrong or is likely to go wrong. Recognizing there is a problem.

Behavioral/Social

Students must be able to function under stress and time constraints. They must be able to demonstrate integrity, responsibility, tolerance, and respect. They must be able to adapt to changing environments and display flexibility in the practice setting. Students must be reliable, responsible, and dependable and fulfilling obligations. Students must maintain composure, keep emotions in check, control anger, and avoid aggressive behavior, even in very difficult situations. Students must accept criticism and deal calmly and effectively with high stress situations.

		Yes	No	If no, please comment
Mobility	1. Have physical stamina to stand and walk for 8 hours or more in a clinical setting.			
	2. Can stand on both legs, move from room to room, and maneuver in small spaces. (Physical disabilities must not pose threat to the safety of the student, faculty, patients, or other health care workers.)			
Flexibility	1. Can bend the body downward and forward by bending at the spine and waist. (This factor requires full use of lower extremities and back muscles.)			
	2. Can flex and extend all joints freely.			
Strength	1. Possess mobility, coordination and strength to push, pull or transfer heavy objects. (Strength to lift 30 lbs.- 50 lbs. frequently).			

Fine Motor Skill, Hand/Eye Coordination	1. Possess manual dexterity, mobility and stamina to perform CPR.			
	2. Can seize, hold, grasp, turn and otherwise work with both hands.			
	3. Can pick, pinch, or otherwise work with the fingers.			
Auditory Ability	1. Possess sufficient hearing to assess patient's needs, follow instructions, communicate with other health care workers as well as respond to audible sounds of radiographic equipment. (Please comment if corrective device are required.)			
Visual Acuity	1. Possess the visual acuity to read, write and assess the patient and the environment. (Please comment if corrective devices are required.)			
Communication	1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately.			
	2. Able to read, comprehend, and write legibly in the English Language.			
Interpersonal Skill	1. Able to interact purposefully and effectively with others.			
	2. Able to convey sensitivity, respect, tact, and a mentally healthy attitude.			
	3. Oriented to reality and not mentally impaired by mind-altering substances.			
	4. Able to function safely and effectively during high stress periods.			

***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.

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.

FINANCIAL ASSISTANCE

The School does not participate in state or federally funded financial assistance programs. 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.

Students may apply for the MWH School of Radiologic Technology Virginia Medical Imaging Scholarship through the Program/Foundation at Mary Washington Hospital. See Program Manager for more information. 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.

Tuition and Fees:

Program	Radiologic Technology
Tuition	\$10,000.00
Books/Software Subscriptions	\$2000.00 approx.
Placement fee	\$100.00 inclusive- nonrefundable
Uniforms	\$300 - \$500 **see chart below
Total	\$12,400.00 - \$12,600.00 approx.
Program length	4 terms 16 weeks 1 term 10 weeks

Uniform Cost **estimated				
Lab Jackets	\$ 30.00	to	\$ 45.00	\$30 fleece no personalization \$35 fleece with personalization \$40 poly blend no personalization \$45 poly blend with personalization
Short Sleeve Lab Shirts	\$ 33.00	to	\$ 33.00	must purchase at least 3 \$11 each
Long Sleeve Lab Shirts	\$ 60.00	to	\$ 60.00	must purchase at least 3 \$20 each
Black Lab Pants	\$ 20.00	to	\$ 45.00	must purchase at least 3 **prices will vary
Clinical Uniforms	\$ 100.00	to	\$ 150.00	**prices will vary must purchase at least 3
Clinical Shoes	\$ 50.00	to	\$ 100.00	**prices will vary
Totals	\$ 293.00	to	\$ 433.00	

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 requests 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

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 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

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.

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.

Student Rights

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 obtain 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.
- Eligible students must represent themselves in all student/faculty/administrative meetings, no attorney or other advisors/counselors are allowed in due process/grievance meetings (hearings). Eligible students have the right to request a family member (parent, spouse or significant other) be present as a silent witness to any meeting. Third-party attendees are to direct any questions/answers to the eligible student who then, has the right to direct that question/answer to program faculty or the hospital administration.
- 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
400 Maryland Avenue, SW
Washington, D.C. 20202-8520

DUE PROCESS PROCEDURE

Academic grievance:

A formal process through which a student can appeal through his/her course instructor, the school's administrative leadership (academic policies), or the student's final grade in a course. A final course grade

appeal must be based on at least one of the following claims: capricious action on the part of the faculty member that affects the student's final grade; prejudicial treatment of the student by the faculty member with respect to the application of the course syllabus, thereby affecting the student's final grade; or a documented error in calculating the student's final grade. A capricious action is defined as one made on a whim or without justifiable reasons. Prejudicial treatment is defined as treating the student lodging the final grade appeal differently than other students in the course with respect to the instructor's application of the course syllabus.

Non-academic grievance:

A formal process through which a student or student group can appeal a non-academic decision made by a faculty or clinical staff member that negatively affects a student/student group's standing with the school. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the quality of instruction, the fairness of instructor, and quality/fairness of clinical education. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the interpretation and/or application of the policies and procedures of the school, student governance issues, student activities, and other concerns that a student might present for redress. A non-academic grievance may be based on one of the following claims: arbitrary and/or capricious actions by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Program Director (Manager); prejudicial treatment of a student by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Program Director (Manager); or an administrative error in the application of a policy by a Clinical Instructor, Competency Evaluator, Clinical Coordinator or Program Director (Manager).

***All clinical issues are considered Non-Academic grievances and must first be presented to the School of Radiologic Technology Clinical Coordinator, not to the Clinical Instructor or Competency Evaluator.**

It is the intent of the School of Radiologic Technology to provide each student a means to resolve any issue arising from the application of the school's policies, procedures, or rules. An academic grievance shall be addressed as follows:

1. The student should first contact the instructor within five business days of the occurrence in writing outlining his/her issue. This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. The instructor has five business days to respond. If the student is unsatisfied with the instructor's written response and wishes to further pursue his/her issue, then the student should advance to step two in the due process procedure.

2. The issue is addressed in writing to the School of Radiologic Technology Program Manager. This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. If the student is not satisfied with the resolution of the issue, a formal grievance procedure may begin.

3. The Program Director/Manager will discuss the grievance, review the issues in the grievance and respond to the student in writing within three business days.

4. If the Program Manager's reply is not acceptable, the student may request a meeting in writing within three business days, with the Administrative Director, Hospital Imaging Services. The student may request that the Executive Vice President, Human Resources or designee be present at this meeting. The School of Radiologic Technology Program Director/Manager will also be in attendance.

5. The Administrative Director, Hospital Imaging Services will prepare a written response to the student within five business days. If the response is not satisfactory to the student, the grievance will go to the Executive Vice President, Human Resources or designee. The Executive Vice President or designee reviews all documentation involved and renders a decision, in writing, within 10 business days. The decision

of the Executive Vice President, Human Resources or designee is final.

The Executive Vice President, Human Resources or designee, has the responsibility to interpret the grievance in light of established policies, procedures, and rules but does not have the privilege to formulate or change school policies or procedures.

A non-academic grievance shall be addressed as follows:

Step 1:

- A. If the grievance is about a Clinical Instructor or Competency Evaluator, the student must contact the Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue.
- B. If the grievance is about the Clinical Coordinator, the student must contact the Program Director (Manager) and Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue.
- C. If the grievance is about the Program Director (Manager) the student must contact the Administrative Director of Hospital Imaging Services and the Program Director (Manager) within five business days of the occurrence in writing outlining his/her issue.

This action must be initiated by the student within five business days following the alleged complaint or the student's awareness of the incident. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal.

- A. Type A non-academic grievances will be investigated by the Clinical Coordinator. The Clinical Coordinator has five business days to respond. If the student is unsatisfied with the Clinical Coordinator's written response and wishes to further pursue his/her issue, then the student should advance to step two in the due process procedure, the Program Director (Manager).
- B. Type B non-academic grievances must be answered by the Clinical Coordinator within five business days of receipt. The Clinical Coordinator must submit a copy of his/her response to the Program Manager. If the student is unsatisfied by with the Clinical Coordinator's written response and wishes to further pursue his/her issue, then the student should advance to the next step of the due process procedure, the Program Director (Manager)
- C. Type C non-academic grievance must be answered by the Program Director (Manager) within five business days of receipt. The Program Director (Manager) must submit a copy of his/her response to the Administrative Director of Hospital Imaging Services. If the student is unsatisfied by with the Program Director's written response and wishes to further pursue his/her issue, then the student should advance to the next step of the due process procedure, the Administrative Director of Hospital Imaging Services.

2. The issue is addressed in writing to the appropriate faculty and/or administrative personnel for the MWH School of Radiologic technology. This action must be initiated by the student within five business days following the receipt of step 1 grievance decision. If initiated after more than five business days, the student loses the right to pursue resolution of the grievance to a higher level of appeal. If the student is not satisfied with the resolution of the issue, a formal grievance procedure may begin.

3. Based on the type of non-academic grievance the student must submit their grievance in writing to appropriate faculty and/or administrative personnel. The appropriate faculty and/or administrative personnel will discuss the grievance, review the issues in the grievance and respond to the student in writing within three business days.

4. If the Program Manager's reply is not acceptable, the student may request a meeting in writing within three business days, with the Administrative Director, Hospital Imaging Services. The student may request that the Executive Vice President, Human Resources or designee be present at this meeting. The School

of Radiologic Technology Program Director/Manager will also be in attendance.

5. The Administrative Director, Hospital Imaging Services will prepare a written response to the student within five business days. If the response is not satisfactory to the student, the grievance will go to the Executive Vice President, Human Resources or designee. The Executive Vice President or designee reviews all documentation involved and renders a decision, in writing, within 10 business days. The decision of the Executive Vice President, Human Resources or designee is final.

The JRCERT Standards are posted and any student wishing to file a grievance with the JRCERT has that ability if the grievance pertains to one of the standards. The procedure for filing a JRCERT grievance is outlined below:

1. Follow the Due Process Procedure.
2. If unsatisfied with the result from the facility, contact JRCERT in writing with your complaint.
3. All JRCERT due process paperwork must pertain to one of the Standards.
4. A copy of the complaint will remain in the manager's office for USDE record compliance.
5. All inquiries should be forwarded to JRCERT, 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-3182.
6. Complaints which cannot be resolved by direct negotiation with the school in accordance with its written grievance policy may be filed with the State Council of Higher Education for Virginia, 101 N. 14th Street, 9th Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.
7. No student will be subject to unfair actions as a result of initiating a complaint proceeding to the JRCERT or SCHEV.

GRADE APPEAL

Students will follow the Due Process Academic Grievance policy to appeal any grade received

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.

Student Assessment

The School of Radiologic Technology uses a variety of methods to assess the student's ability to obtain the program's outcomes and goals. Some of these methods are tests, research paper assignments, competencies, evaluations, class presentations, and community service.

Program Evaluation

During the program the students will evaluate all didactic and clinical courses in the curriculum. Before graduation the student will complete an exit questionnaire about their experiences in the program. After

graduation a survey will be sent to the graduate and to their employer to evaluate the program's effectiveness in the workplace. Results of all evaluations will be used to enhance the curriculum and program.

Academic Evaluations

Evaluations and grades are given annually, at mid semester, and the end of the semester. At this time formal feedback will be shared with the student by the primary faculty. Throughout the program, town hall meetings will be conducted by the faculty for feedback from the students suggesting improvements to the classes and program.

Clinical Evaluations

Radiologic technologists will evaluate the students during their clinical rotation. The frequency of the evaluations will vary depending on the semester. The evaluation results will be reviewed with the students by faculty or the technologists. During the junior year, students must receive an 80% or above during any clinical rotation to maintain program progression. The student will meet with faculty for a discussion if an evaluation falls below 80% for an explanation of the circumstances. An educational plan or personal plan will occur if two evaluations are below 80%. If the student receives two additional evaluations below 80% during the educational plan, then dismissal from the program will occur. During the senior year of the program, students are expected to maintain an evaluation grade of 90%. The student will meet with faculty for a discussion if an evaluation falls below 90% for an explanation of the circumstances. An educational plan or personal plan will occur if two evaluations are below 90%. If the student receives two additional evaluations below 90% during the educational plan, then dismissal from the program will occur.

Faculty Evaluations

Students will evaluate faculty members at the end of each semester. Clinical instructors will be evaluated by the students at the end of the semester; periodic feedback will be given during the year if needed, with annual evaluations given and signed. Faculty and clinical instructor evaluations are confidential. Faculty evaluations are submitted to the School of Radiologic Technology Program Manager/Director anonymously via Survey Monkey for review and analysis. Faculty is provided a summary of their respective course evaluations in order to incorporate student feedback for improvement as appropriate.

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. Have worked for a JCERT approved clinical affiliate for a minimum of one year
4. Successfully complete the MWH School of Radiologic Technology Student Evaluator Exam
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. Demonstrate a comprehensive understanding of radiographic procedures and exposure manipulation
8. Demonstrate a desire to work with students and to assist them in achieving their goals and objectives

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. Be able to enforce the school policies pertaining to students
5. Participate in program continuing education activities or ARRT continuing education
6. Complete the MWH School of Radiologic Technology competency evaluator exam
7. Be objective when grading the student on work performed
8. Be approved by the MWH School of Radiologic Technology faculty
9. Maintain knowledge of department policies and protocol

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 are to wear the 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 sleeve 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/polyester jackets. Scarfs are not allowed to be worn with approved hospital 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.
- Hair must be cleaned and 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.
- 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.

DRUG-FREE EDUCATIONAL ENVIRONMENT

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. 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”. Enrolled students will have access to the complete policy in the MWHC Policy database. Please Refer to Policy in Appendix

EMPLOYMENT

Student employment at an MWHC facility is at the discretion or decision of the employer and the student. However, the student is not permitted to function as an employee while participating in clinical or didactic instruction. The School of Radiologic Technology is not held responsible for the students who are employed and all burdens of service are transferred to the employer. Reference letters to employers for each student are available upon request to provide information regarding the courses completed and the current courses. The School of Radiologic Technology does not endorse any student or their ability while the student is in the program. Students are not permitted to wear the school scrubs while working as an employee.

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.

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

GRADING SCALE

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

<u>Grade</u>		<u>Grade Point</u>
100 – 94	A	4.0
93 – 85	B	3.0
84 - 77	C	2.0
76 and below	F	0

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
- ** 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.

HEALTH POLICY

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.

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.

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.
- F. Gloves - when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated items.

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 Prevention policies, procedures and standards which are available online, through SharePoint, in the Policies and Procedures Database.

HAND WASHING and HAND HYGIENE –Please Refer to Policy in Appendix

SCOPE OF SERVICE FOR RADIOLOGY –Please Refer to Policy in Appendix

LIABILILTY 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

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, gender, gender identity or expression, sex, age, disability, marital status, sexual orientation, military status, or national origin.

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.

SPECIFIC CLINICAL POLICIES

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.

Contacting Students During Clinical Hours

Absolutely NO CELL PHONES are permitted during clinical hours. Messages may be replied to during lunch or after hours. If the student needs to be reached for whatever reason, it is advised to leave emergency telephone numbers for the clinical facility or to have the family contact the school.

Lockers

Students will be assigned lockers at the MWH facility during the first week of clinic. Students are responsible for purchasing a lock for their locker. MWH assumes no responsibility for the loss of valuables secured in these lockers. Students are required to clean their lockers out and remove the lock from the locker on their last day of clinic during graduation week. SH provides two lockers for radiology students; these lockers are #56 (diagnostic student) and # 58. The combinations for these lockers will be provided to the student by the clinical coordinator. Lockers are not provided at all sites.

CLINICAL Supervision POLICY

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 the 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. A qualified radiographer is a staff technologist who is ARRT registered and approved by the MWH SORT faculty. This means that an ARRT registered technologist:

- 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 physically present in the exam room with the student to verify the patient, exam to be performed, patient position, anatomical marker placement, central ray, laterality, and technical factors.
- Reviews and approves the images.

****Students are never allowed to perform portables or operating room cases alone.**

****Students are never allowed to repeat an image alone. An ARRT registered technologist must always be present when a student is repeating an image.**

**** An ARRT registered technologist must always be present when a student is repeating an image and students must document all repeated images in Trajecsys.**

****All images taken by students must be approved by an ARRT registered technologist prior to the images being sent to the PACS system.**

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.

Example of inappropriate indirect supervision: If a technologist is in one room with a patient and a student is in another room with a patient this would not be considered indirect supervision because the technologist is not immediately available to the student. The technologist has a duty to provide care for the patient in their direct care and this presents an obstacle to providing indirect supervision to the student.

Example of appropriate indirect supervision: If a student is in a room with a patient and the technologist is in the work core working on paperwork or other duties which could be stopped immediately and is within voice range of the student.

Repeat Supervision

In the event of an image must be repeated students must be under the direct supervision of a qualified radiographer. This means that an ARRT registered technologist:

- Evaluates the previous image and discusses with the student how to correct the image.
- Is physically present in the exam room with the student to verify the patient, exam to be performed, patient position, anatomical marker placement, central ray, laterality, and technical factors.
- Reviews and approves the required correction BEFORE another exposure is completed.

Example of inappropriate indirect supervision: If a technologist is in one room with a patient and a student is in another room with a patient this would not be considered indirect supervision because the technologist is not immediately available to the student. The technologist has a duty to provide care for the patient in their direct care and this presents an obstacle to providing indirect supervision to the student.

Example of appropriate indirect supervision: If a student is in a room with a patient and the technologist is in the work core working on paperwork or other duties which could be stopped immediately and is within voice range of the student.

**** Students are never allowed to perform portables or operating room cases alone.**

**** Students are never allowed to repeat an image alone. An ARRT 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 and be placed on a step of discipline. ****

Additionally, any student found to be in violation of the MWHC SORT Supervision 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)

Competency Exams

Per ARRT standards, students must successfully complete:

- Six mandatory general patient care activities
- Thirty-five mandatory imaging procedures
- Fifteen elective 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 46 mandatory competency exams, 5 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 (71 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:

Upper Extremity	Lower Extremity	Chest/Thorax	Spine/Pelvis	CT Scan
Geriatric/Pediatric	Abdomen	Fluoroscopy	Mobile/Surgery	Head
Miscellaneous				

RAD 130 Clinical Education I	4 competencies
RAD 132 Clinical Education II	15 competencies
RAD 230 Clinical Education III	10 competencies
RAD 232 Clinical Education IV	14 competencies
RAD 234 Clinical Education V	10 competencies 10 terminal competencies

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:

• 2 Portable studies	• 1 chest exam
• 1 Contrast study	• 1 abdomen exam
• 1 multiple study with 3 or more exams	• 3 extremity exams
• 1 C-arm study	

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 three other 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

- Students are expected to collimate.
- Lead markers with the student's initials should be present on all films taken by the student.
- Students are not permitted to let technologists use their markers.



Sensitive Procedures

To establish guidelines that protect patient privacy and prevent both male and female radiology students from being placed in potentially compromising situations, the following policies will be adhered to in all MWHC clinical sites. The participation of students in any procedure is subject to the approval of the patient.

Barium Enemas (BE) – Male students are restricted to inserting and removing enema tips on male patients and female students are restricted to inserting and removing enema tips on female patients. Students are not authorized to insert or to remove enema tips for BE studies except under the direct observation of an ARRT registered technologist. Students must complete a tipping check-off on BE tipping procedures. The check-off will consist of one documented observation of a BE tipping procedure, one documented practice with the technologists hand placed on the hand of the student while inserting the enema tip, and one documented insertion of the enema tip by the student under the direct observation of an ARRT registered technologist. If resistance is met during the insertion of an enema tip, the technologist will take over the tipping procedure. Students are never permitted to inflate the balloon of the enema tip. Students must successfully complete RAD 125 Patient Care Procedures prior to achieving competency in BE tipping procedure.

Hysterosalpingograms (HSG) – Are considered an exam of opportunity and may only be observed with permission from the patient.

Voiding Cystourethrograms (VCUG) - Male students may participate in VCUG studies on male patients and female students may participate in VCUG studies on female patients. Both male and female students may participate in exam preparation and set up prior to the patient entering the exam room.

Neither male nor female students are permitted to enter a room in which patient is not reasonably clothed or draped unless a radiology or hospital Associate is also present.

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.** 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 obtained 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.

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.

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 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.

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.

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.

LEAVE OF ABSENCE- (More than 3 consecutive days)

Students are strongly encouraged to avoid lengthy absences from the educational program and to postpone elective surgery until completion of the course of study whenever possible. If a student is seen in the Emergency Department, is ill for two consecutive school days, or injured during or off school hours where a physician needs to be contacted, the Program Manager may request written permission to return to the program and a Health & Wellness visit may be required for evaluation prior to returning to the program. Health & Wellness routinely do not see students unless it relates to an on-the-job hazmat problem. However, it is acknowledged that long absences are sometimes unavoidable due to personal reasons, accidents or illnesses. **Students should only request a leave of absence in the most extreme circumstances.** Students

requesting a leave of absence must do so in writing before the leave is to be taken. All classes, academic and clinical, missed must be made up before the beginning of the next semester. Final approval of the Leave of Absence request rests with the Program Manager. Students are provided up to 15 calendar days for a leave of absence. Should more than 15 days be needed, the student will be required to re-apply for readmission the following year at the same point in time in order to complete the program, space permitting. All course work must be completed for the semester in which the time is missed before the beginning of the next semester. Students who are unable to make up all time and course work may receive an "I" Incomplete for that term until all make up work and time is completed. If the student is unable to make up all missed work and time before the end of the first week of the following semester the student will have to withdraw from the program and apply for readmission the following year.

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 SITE ADDRESSES:

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

FACULTY:

Program Director/ 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) 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

Curriculum:

American Society of Radiologic Technologists
15000 Central Ave. SE
Albuquerque, NM 87123-3909
Tel: 800-444-2778, press 5 or 505-298-4500
E-mail: customerinfo@asrt.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

Certified to operate in Virginia by:

SCHEV
State Council of Higher Education for Virginia
James Monroe Building
101 North Fourteenth Street 9th Floor
Richmond, VA 23219

The program is approved for the education and training of eligible Veterans

ACADEMIC CALENDAR 2019 - 2021

New class orientation cohort 28	TBA
Fall semester begins cohort 28	August 19, 2019
Labor Day	September 2, 2019
Midterm exams	October 7, 2019 – October 11, 2019
Thanksgiving break	November 25, 2019 – November 29, 2019
Finals	December 9, 2019 -December 13, 2019
Holiday Break	December 16, 2019 – January 3, 2020
Spring Semester Begins	January 6, 2020
MLK Day	January 20, 2020
Mid-Term Exams	February 24, 2020 – February 28, 2020
Spring break	March 16, 2020 – March 20, 2020
Finals Week	May 4, 2020 – May7, 2020
Graduation cohort 27	May 8, 2020
Semester Break	May 11, 2020 – May 22, 2020
HESI Testing	May 11, 2020 – May 15, 2020
Summer Semester Begins	May 26, 2020
Memorial Day	May 25, 2020
Midterm exams	June 22, 2020 – June 26, 2020
Independence Day	July 3, 2020
Finals week	August 3, 2020 – August 7, 2020
Semester break	August 10, 2020 -August 21, 2020
New class orientation cohort 29	TBA
Fall semester begins cohort 29	August 24, 2020
Labor Day	September 7, 2020
Midterm exams	October 12, 2020– October 16, 2020
Thanksgiving break	November 23, 2020 – November 27, 2020
Finals	December 7, 2020 – December 11, 2020
Holiday Break	December 14, 2020 – January 1, 2021
Spring semester begins	January 4, 2021
MLK Day	January 18, 2021
Midterm exams	February 22, 2021 – February 26, 2021
Spring Break	March 22, 2021 – March 26, 2021
Finals Week	May 3, 2021 – May 6, 2021
Graduation cohort 26	May 7, 2021
Semester Break	May 10, 2021 – May 21, 2021
HESI Testing	May 10, 2021 – May 14, 2021
Summer Semester Begins	May 24, 2021
Memorial Day	May 31, 2021
Midterm exams	June 21, 2021 – June 25, 2021
Independence Day	July 4, 2021 - Sunday
Finals week	August 2, 2021 - August 6, 2021
Semester break	August 9, 2021 – August 20, 2021

APPENDIX



Anti-Harassment

Mary Washington Healthcare

Level: Corporate
Supersedes: Anti-Harassment, Discrimination, and Retaliation: Sexual Harassment

Mary Washington Healthcare adopts the following policy and procedure for all entities and departments under MWHC including Mary Washington Hospital, Stafford Hospital, Fredericksburg Ambulatory Surgery Center, and Medical Imaging at Fredericksburg/Lee's Hill/North Stafford.

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: "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, sexual orientation, gender identity and/or disability. In addition, MWHC goes above current VA state law and further prohibits additional forms of harassment to include but not limited to Transgender Identify, Obesity, Bullying, and other various known forms of harassment.
5. 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, disability and/or other MWHC identified forms of harassment as noted above, 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 one or more of your:
- a. Immediate supervisor, manager or anyone with our Management's Chain of Command,
 - b. Departmental Human Resource Business Partner,
 - c. HR Manager,
 - d. HR Director of Associate Relations,
 - e. Executive Vice President of Human Resources and Organizational Development,
 - f. MWHC Values Line at 1-540-899-CARE or 899care@mwhc.com
- 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 or harassment as further defined by MWHC 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. Refer to Mary Washington Healthcare's [Non-Retaliation \(Whistleblower\)](#) policy for further guidance relative to retaliation.
8. Refer also to Mary Washington Healthcare's [Nondiscrimination Policy](#).
9. If you have any questions concerning this policy, please contact your designated Human Resource Business Partner, the HR Director of Associate Relations, 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 via Computer Based Learning (CBL) 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 or his/her designee, 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; 12/16

Signature(s):

Executive Vice President, Human Resources &
Organizational Development, MWHC



Drug/Alcohol Free Workplace

Mary Washington Healthcare

Level: Corporate

Mary Washington Healthcare adopts the following policy and procedure for all entities/affiliates and departments under MWHC including Mary Washington Hospital, Stafford Hospital, Fredericksburg Ambulatory Surgery Center, and Medical Imaging at Fredericksburg/Lee's Hill/North Stafford.

Objective:

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

Content:

It is the policy of Mary Washington Healthcare and its affiliates 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 and/or that an Associate exhibits symptom 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" and a reasonable possibility exists that Associate drug use could have contributed to the accident. Refer to [Drivers Policy \(Use of Company Automobiles, Vehicles\)](#) policy.

All Associates employed by Mary Washington Healthcare or its affiliates must abide by the terms of this policy as a condition of employment.

Drug and Alcohol Screening Program

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 affiliates 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 or department specific supervisor must contact Human Resources immediately in order to ensure proper procedures are completed (for off-hours, the manager/supervisor must contact the on-call Health & Wellness RN in addition to the on-call HR representative).
 - a. Post conditional offer, 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 \(Use of Company Automobiles, Vehicles\)](#). A probable belief that drug use could have contributed to the incident will be presumed in any instance involving a workplace accident or injury in which the Associate operating the vehicle is initially found to be responsible for causing the accident.
 - 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 Associate’s 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.

Further, 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.

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 Associate’s ability to perform assigned duties.

- In addition, 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. Associates who have engaged in prohibited conduct will be advised of resources available through the Employee Assistance Program (EAP) when 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. The Associate may be directed 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 and/or department specific supervisor may refer an Associate for drug/alcohol screening to the MWHC Health & Wellness Department whenever reasonable suspicion exists that an Associate is using and/or under the influence of drugs and/or alcohol. After hours, page a 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.), prescription medication not prescribed to them, 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 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 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 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 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 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 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. Associates must notify the Human Resources Department of any criminal drug conviction no later than 5 days after such conviction.
17. 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.
18. Within 30 days after receiving notice from an Associate of a conviction under paragraph 16, Mary Washington Healthcare will, in accordance with the Drug Free Workplace Act:
 - a. take appropriate personnel action against such Associate, up to and including termination; or
 - b. require such Associate to be evaluated through the EAP and satisfactorily participate in a rehabilitation program approved for such purposes by a Federal, State, or local health agency, law enforcement, or other appropriate agency providing the following minimum qualifications are met:
 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.
19. 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; 2/17

Signature(s):

Executive Vice President, Human Resources & Organizational Development,
MWHC



Handwashing and Hand Hygiene

Mary Washington Hospital, Stafford Hospital, Fredericksburg Ambulatory Surgery Center

Level: System – Hospital/FASC
Supersedes: Handwashing and Hand Hygiene (MWH/SH system; FASC); Handwashing

Objective:

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

Statement:

It is the policy of the Hospital/facility to promote the practice of thorough handwashing/hand hygiene which is the most important single factor in controlling hospital-wide infection.

Content:

Handwashing Facilities

1. Handwashing facilities are conveniently located throughout the hospital/facility.
2. Handwashing facilities are located in or adjacent to rooms where diagnostic or invasive procedures that require handwashing are performed (catheterization, bronchoscopy, endoscopy, etc.).
3. Alcohol-based hand rubs are located in patient care areas (in patient rooms or directly outside patient rooms) and throughout the facility.

Indications for Hand Hygiene and Antisepsis

1. Wash hands with soap and water when:
 - a. Hands are visibly dirty or contaminated with proteinaceous (protein-like) material or are visibly soiled with blood or other body fluids.
 - b. When caring for patients with diarrhea, *C. difficile* infections, or if exposure to *Bacillus anthracis* or Norovirus is known or suspected. The physical action of soap and water is recommended because alcohols and other antiseptics have poor activity against spores.
 - c. Before eating and after using a restroom.
4. Use an alcohol-based hand rub routinely for decontaminating hands:
 - a. If hands are not visibly soiled
 - b. Before having direct contact with patients.
 - c. Before donning sterile gloves when inserting a central intravascular catheter.
 - d. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
 - e. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
 - f. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
 - g. If moving from a contaminated-body site to a clean-body site during patient care.

- h. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
- i. After removing gloves and other personal protective equipment (PPE). If care involves exposure to *C. difficile* or Norovirus, soap and water will be used instead of alcohol-based rub. Refer to [Standard Precautions](#) policy.

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 20 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. Artificial nails, including extenders, gel, wraps, acrylics, tips, tapes or other appliquéés other than those made of nail polish, are not to be worn by Associates who provide direct patient care (defined as any Associate who has potential for direct patient care contact with patients, such as but not limited to RNs, CNAs, Respiratory Therapists, Phlebotomists, etc.). Artificial nails are also restricted in some service departments that provide indirect patient care and services. These include Food and Nutrition Services, Environmental Services and Pharmacy Services. Note: These guidelines are consistent with Center for Disease Control recommendations.
2. Keep natural nail tips less than 1/4 inch long.
3. Encourage patients and their families to remind health care workers to perform appropriate hand hygiene before and after every patient contact; including contact with the patient's environment.
4. Always follow [Standard Precautions](#).
5. Wearing gloves does not replace handwashing.
6. The wearing of rings may allow microorganisms to become trapped under the rings.
7. Use the hand lotion provided by the Hospital, as appropriate. Hospital-supplied lotions are compatible with latex and other hand hygiene products.
8. Alternative soaps/lotions used by Associates in place of hospital approved soaps/lotions are to be evaluated by MWHC Health & Wellness prior to use.

Policy reviewed/approved by:

MWH Infection Control Committee, April 18, 2018.

SH Infection Control Committee, April 10, 2018.

FASC Infection Control Committee, March 27, 2018.

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; 2/15; 1/17; 7/18

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):

Vice President/Administrator, MWH

Vice President/Administrator, SH

Vice President, Ambulatory Services, MWHC

Medical Director, FASC

Chair, Infection Prevention and Control Committee, MWH/SH

Senior Vice President, Chief Nursing Officer, MWHC



Scope of Service for Radiology – MWH

Mary Washington Hospital

Level: Hospital – Entity Specific
Supersedes: Infection Control in Radiology Services; Dress Code for Radiology;
Organizational Structure – Radiology – MWH

Scope:

Radiology consists of a caring team of imaging professionals who provide a full range of diagnostic and therapeutic services to their patients. The staff of Associates includes Technologists, Nurses, Radiology Assistants, Outpatient Services Representatives, Image Management Associates, Transcriptionists and other support personnel.

Care that is provided in the Radiology Department is family-centered and patient-focused. The family/significant other is involved when possible and participates in the care of the patient. For interventional or invasive procedures requiring post-treatment follow-up care, the patient's family/significant other participates in support and teaching activities in order to care for and support the patient after discharge and to recognize and react to emergency situations and/or complications.

Mission

The Radiology Department exists to meet the imaging needs of the people in the communities we serve. All Associates will follow iCARE values, support the ALWAYS expectations, and follow the [Conflict of Interests and Code of Conduct Policy](#) and [Nondiscrimination Policy](#).

Services Provided/Hours of Operation

The Radiology Department serves the Hospital's inpatient, outpatient, and Emergency populations twenty-four hour per day, seven day per week. There is a Radiologist on site twenty-four hours per day, seven days per week. Services are designed to meet the needs of a diverse population. Care is provided for people of all ages and acuity levels, and care is customized based on patient identified individual needs. Equipment and techniques are available for all age groups and patient types so that any patient who seeks the services of the Radiology Department can receive care.

Procedure manuals are available in each imaging modality that specify the most appropriate imaging technique or protocol to be used based upon patient age, weight, and clinical condition. In the event that a patient needs a service that the Radiology Department is unable to provide, a Radiologist in collaboration with the referring physician identifies a suitable alternative imaging procedure or refers the patient to another center that can provide the service needed. Diagnostic and therapeutic services utilize the following imaging modalities:

1. Diagnostic Radiology (which includes general Radiography, fluoroscopy, and portable imaging) is staffed 24 hours per day, seven days per week, including holidays. Additional on-call/back-up staffing is also available eight hours per day Monday through Friday and 24 hours per day on Saturday/Sunday. Provisions are made for multiple levels of on-call/back-up staffing in the event of an emergency situation or staffing insufficiency.

2. Magnetic Resonance Imaging (MRI) Department is staffed seven days per week as follows:

Monday – Friday	0530-2330
Saturday – Sunday	0900-2130

 Emergency on-call coverage for MRI is also provided as follows:

Monday – Thursday	2330 - 0530
Weekends	Friday 2330 - Monday 0530
Holidays	Twenty-four hour coverage
3. CT Scan (CT) Department is staffed 24 hours per day, seven days per week, including holidays. On-call/back-up coverage for CT Scan is also provided as follows:

Monday – Thursday	2300-0700
Weekends	Friday 2300-Monday 0700
Holidays	Twenty-four hour back-up coverage
4. Ultrasound Department is staffed 24 hours per day, seven days per week, including holidays. On-call/back-up coverage for Ultrasound is also provided as follows:

Monday – Thursday	1630-0700
Weekends	Friday 1630- Monday 0700
Holidays	Twenty-four hour back-up coverage
5. Interventional Radiology (IR) Department is staffed six days per week as follows:

Monday – Friday	0630-1730
Saturday	0830-1700

 Emergency on-call coverage for IR is provided by technical, as well as nursing staff as follows:

Monday – Thursday	1730-0700
Weekends	Friday 1730-Monday 0700
Holidays	Twenty-four hour coverage
6. Nuclear Medicine Department is staffed seven days per week as follows:

Monday	0600-1700
Tuesday- Friday	0600-1800
Saturday/Sunday	0700-1630 or as scheduled for Cardiac Imaging

 Emergency on-call coverage for Nuclear Medicine is also provided as follows:

Monday	1700-0600
Tuesday – Thursday	1800-0600
Weekends	Friday 1800-Monday 0600
Holidays	Twenty-four hour coverage
7. Lithotripsy is conducted in the MWH Operating Room; hours of operation are determined by the Operating Room.
8. Positron Emission Tomography/CT Scan (PET/CT) is available at Medical Imaging of Fredericksburg.
9. Support Services - Radiology support services are available as follows:

Reception	Monday – Friday, 0600-1700
Image Management Suite	24 hours/ day, seven days/ week, including holidays
Transcription	24 hours/ day, seven days/ week, including holidays

A Radiology Administrator is available twenty-four hours per day, seven days per week (including holidays).

Process for Services

Orders for Radiology procedures are received from referring Physicians who, along with the Radiologists, assure the appropriateness and clinical necessity of the procedure. Routine orders for inpatient Radiology procedures are completed within 24 hours of order entry and dependent upon patient

availability. Routine outpatient Radiology procedures are scheduled within five (5) working days unless otherwise directed by patient or their physician. Radiology reports are dictated, transcribed and distributed within 24 hours of completion of the study. Preliminary (wet) readings are provided when the condition of the patient warrants an immediate report to their physician as determined by that physician, the patient's acuity level, or at the discretion of the Radiologist.

Infection Prevention

Radiology Services will ensure the safety of patients and personnel within the department by following appropriate infection prevention precautions and practices in accordance with hospital policies.

1. Following applicable Infection prevention policies.
2. Changing linens after each patient and placing in appropriate receptacle. Cleaning, followed by disinfection, of the imaging table and patient care-related equipment with a hospital approved disinfectant between patients and after any visible soiling. Notifying the Environmental Services team of any soiling incident in the Radiology Department which requires extended cleaning and for appropriate room cleaning following use with isolation patients.
3. Denoting order requests/Ticket to Ride documentation as "Isolation" in an effort to alert personnel for appropriate transport requirements and precautions. All equipment is cleaned with a hospital approved disinfectant before it is removed from the room.
4. 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).]
5. Hospital provided long-sleeved jackets or single-use jackets, buttoned or snapped closed with cuffs down to the wrist to contain shedding skin squames, will be worn when in the restricted area when prepping a patient and/or when the sterile field is open. Masks, caps, gown and gloves 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. Refer to the [Dress Code for Procedural Areas](#) policy for more information.
6. Opening sterile trays only just prior to use. Keeping procedure room doors closed when using sterile trays.
7. Disposing of any materials used for invasive procedures in an appropriate waste container or sending reusable instruments to Central Sterile Reprocessing for sterilization. Refer to [Collecting, Pre-Treatment and Transport of Soiled Instruments - MWH](#) policy.
8. Prior to injecting through drainage tubes, tubes will be prepped in the same manner as the skin would be by using an antiseptic solution. Small bore needles are used to inject through drainage tubes.
9. Using single dose ampoules/vials of medication whenever possible and disposing of them immediately after use. Use of multiple dose vials of medication is in accordance to the [Medication Administration](#) policy.
10. Keeping the number of people in a radiographic procedure room to a minimum during examinations/procedures.
11. Disposing of biohazard contaminated waste in red (color coded) impervious plastic receptacles.

Staff Qualifications/Staffing Plan

1. Position descriptions are available and describe in detail the specific services provided to patients and the qualifications/requirements for the position. Documentation of staff qualifications and competency assessments/validations is maintained for each position.
2. Technologists employed by the Radiology Department are registered by virtue of passing the registration examination of the American Registry of Radiologic Technologists (ARRT), the Nuclear

Medicine Technology Certification Board (NMTCB), the American Registry of Diagnostic Medical Sonographers (ARDMS), or another appropriate credentialing agency. Technologists that are registry-eligible when hired must pass the appropriate registry examination within one (1) year. Required registries for the individual imaging modalities are as listed in the job descriptions.

3. Registered Nurses employed by the Radiology Department are licensed by the Commonwealth of Virginia Department of Health Professions Board of Nursing. ACLS certification is required and PALS is preferred.
4. Radiology image interpretations are provided by Radiologic Associates of Fredericksburg (RAF). RAF has a contract with Mary Washington Hospital that delineates the terms of its relationship with MWH and the Hospital's expectations for the services they provide. A Radiologist is on site twenty-four hours per day, seven days per week. The Radiologists who practice in this group are all appropriately trained and credentialed and have a certification in the discipline of Radiology through the American Board of Radiology. Their credentials are maintained in the Medical Staff Services office.
5. Staffing of the individual sections of Radiology is the responsibility of the Radiology Supervisors. Refer to [Staffing - Radiology - MWH](#). Staffing is planned based on the *anticipated* patient volume, needs, and acuity levels and is adjusted as necessary to match the *actual* volume, needs, and acuity levels of the patients. When preparing staff schedules, the Radiology Supervisors assure that every shift has a sufficient number of credentialed Technologists (ARRT, NMTCB, or ARDMS registered) on duty to support the anticipated procedure volume.

Dress Code

Associates in the Radiology Department will be well-groomed and dressed in a manner appropriate to their positions. This policy serves in addition to the MWHC [Dress Code](#) policy.

1. Dress During Normal Work Hours
 - a. All clinical caregivers, i.e. Technologists, and all Assistants, will be required to wear Caribbean blue scrubs. All other job titles will wear professional business attire. Those positions include Image Management Associates, Outpatient Services Representatives and Transcription.
 - b. Exceptions include RNs/CNA's will follow nursing color of navy blue/green unless in hospital laundered scrubs due to Interventional Radiology (IR) assignment. IR and OR Radiology Associates who currently wear hospital laundered scrubs will continue to do so. Please note that no Associates other than those assisting with or performing procedures in Interventional Radiology or the Operating Room may wear hospital laundered scrubs.
 - c. Scrub jackets in Caribbean blue or white lab coats will be permitted. No sweatshirts, sweaters, or sweat jackets will be permitted other than those approved by radiology management.
 - d. Shirts worn under scrub tops will be solid color with no graphics or printing on them. The undershirt will be long sleeved, with the cuff coming to the wrist. The color choices will be black, white, Caribbean Blue or khaki. Short sleeved shirts will be permitted but the sleeve length should not go past the sleeve length on the scrub top unless it goes all the way to the wrist.
 - e. Caribbean Blue Polo shirts may be worn instead of scrub tops but must be tucked in.
 - f. For safety, non-skid, closed toe and closed heel shoes of strong construction must be worn. Uniform shoes should be white, black, or Caribbean blue, well maintained and polished as needed. "Cros" in the above approved colors are permitted.
 - g. Supervisors have the option of wearing professional business attire with a white lab coat.
2. Free Scrub Day: In Radiology, the 15th of every month will be designated as "Free Scrub Day". On this day, scrubs other than Caribbean Blue may be worn (any color or pattern as long as they are professional in nature). Radiology Team T-shirts (i.e., those purchased from X-Ray students) may also be worn on the 15th of the month. Note: Other special events as determined by Radiology Leadership will be communicated as they occur.

3. Holiday Attire: Holiday scrub tops or lab jackets will be permitted on certain holidays outlined below. Holiday scrub tops or lab jackets may be worn the day before the holiday, the day of the holiday, and the day after the holiday only. Holiday scrub tops or lab jackets may only be worn with black, white, tan, or caribbean blue scrub pants. Radiology recognized holidays are Christmas Day, New Year's Day, Valentine's Day, St. Patrick's Day, Easter, Memorial Day, Fourth of July, Labor Day, Halloween and Thanksgiving.
4. On-Call Dress Code: Associates working in an "on-call" capacity will be expected to follow the dress code as outlined above. (Note: Blue jeans, sweat pants, stretch pants and other clothing as identified in the MWHC [Dress Code](#) policy will not be permitted)
5. Students performing clinical rotations are permitted to wear the uniform color and style as designated by their program.

Patient Flow Process

Policies, procedures, protocols, and standards have been developed to identify the purpose, goals, and objectives of the core processes that take place within the Radiology Department. These core processes include:

1. [Scheduling Inpatients for Outpatient Radiology Services](#)
2. [Staffing - Radiology - MWH](#)
3. [Prioritization of Patients in Radiology](#)
4. [Patient Safety within Radiology Services, Safety and Security for M.R.I.](#)
5. [Quality Control in Radiology](#)
6. [Radiology Report Turnaround Time](#)
7. [Imaging Data, Release and Return of](#)
8. Critical exam results (such as the presence of a pneumothorax, pulmonary embolus, or fracture of the spine) are communicated immediately by the Radiologist directly to the ordering physician per the [Critical Test Results - Radiology Services](#).

Standards of Practice

Policies, procedures, protocols, and standards have been developed to describe the methods used in caring for or providing services to patients and the medical community. These policies, procedures, protocols, and standards meet or exceed the standards established by recognized and accepted regulatory agencies, licensing bodies and best practice organizations. These include standards developed by:

1. Federal, State, and Local Governments
2. The American College of Radiology (ACR)
3. The Virginia Department of Health
4. The Food and Drug Administration (FDA)
5. OSHA (Occupational Safety and Health Administration)
6. The American Registry of Radiologic Technologists (ARRT)
7. The American Society of Radiologic Technologists (ASRT)
8. The American Radiological Nurses Association (ARNA)
9. The Original Equipment Manufacturer (OEM)
10. The Joint Commission
11. The Society of Interventional Radiology (SIR)

Organizational Structure

1. The Radiology Organization Chart shall serve to establish departmental structure and shall depict supervisory responsibilities for modality and Associate management.

2. Supervisory responsibilities may change temporarily in the absence of the designated Administrative Director, Manager, or Supervisor.
 - a. In the absence of the Administrative Director, the Operations or Finance Manager is always in charge.
 - b. In the absence of the Administrative Director, Operations, and Finance Managers, an appropriate Supervisor is designated to be in charge of Radiology. When this happens, the Chairman of Radiology and the Administrative Director, Ancillary Services are informed.
 - c. In the absence of a Supervisor (after-hours), a Charge Technologist is designated per the departmental Radiology Department standard, "Radiology Charge Technologist".
 - d. A Radiology Administrator-On-Call is always available by telephone or pager for issues that cannot be resolved by the Charge Technologist.

Approved: 1/94

Reviewed: 12/94; 2/98; 3/01

Revised: 10/97; 4/04; 6/05; 7/07; 1/09; 5/11; 7/12; 12/12; 6/15; 1/17; 3/18; 3/19

Signature(s):

Chair, Radiology, MWH

Vice President/Administrator, MWH

Senior Vice President, Chief Nursing Officer, MWHC



Social Media/Electronic Communication

Mary Washington Healthcare

Level: Corporate
Supersedes: Facsimile Usage; Electronic Communication

Mary Washington Healthcare adopts the following policy and procedure for all entities and departments under MWHC including Mary Washington Hospital, Stafford Hospital, Fredericksburg Ambulatory Surgery Center, and Medical Imaging at Fredericksburg/Lee's Hill/North Stafford.

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.

Facsimile Usage

User will make use of the approved Mary Washington Healthcare Facsimile Cover Sheet when sending any facsimile message. Refer to the MWHC Forms Database for the Fax Cover Sheet under the Regulatory Affairs Department.

To minimize the risk of misdirected messages, the user shall be responsible for verifying the facsimile number of the intended recipient and confirming that the intended recipient has received the facsimile message. This is imperative when the facsimile message includes personally identifiable health information.

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, color, age, sex, sexual orientation, gender identity, religious or political beliefs, national origin, disability or veteran status. Use of electronic mail is a privilege that may be revoked at any time.

1. E-mail Accounts: All Associates will receive MWHC e-mail accounts. 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. 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. Do not use e-mail for negative messages.
 - g. Do not "reply with history" when replying to an e-mail request if the document is lengthy.
 - h. Do not use a string of capital letters in your correspondence unless absolutely necessary. Using all CAPS is the equivalent of shouting.
 - i. Review messages for content, and validate recipients in the "To:" field before sending e-mail to make sure you are sending information to the appropriate person(s) and saying what you mean.
 - j. All sensitive information, including electronic protected health information (ePHI) sent in email outside the organization must be encrypted. Email users 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.
 - k. Always review e-mail history before forwarding e-mail to make sure you do not forward information that should not be forwarded.
 - l. Do not send or forward chain letters, solicitation messages, inappropriate personal pictures or risqué jokes.
 - m. Use emoticons, i.e. :-), selectively to convey a tone of voice.
 - n. Use the "Out-of-Office Agent" if you will be unable to respond to e-mail for several days.
 - o. Never e-mail anything that you would not want to be public.
 - p. 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.
 - q. Use of excessive personal correspondence whether internal or external is not permitted.
 - r. 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 the Information Systems Department immediately for direction on what to do.
5. Instant Messaging:
 - 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.”

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 the Information Systems Department.

Social Media Site Activities and Postings

When Associates participate in social media 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. 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. 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. 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 Business Partner, the facility's Human Resource Manager or to the MWHC Director of Associate Relations.

Policy Violation

1. All policy violations will be reviewed first under the Fair & Just Culture Policy. Only after a thorough review while utilizing these tools, may leadership move forward with appropriate disciplinary actions as outlined below or within the [Discipline](#) policy.
2. 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.
3. Associates are accountable for anything they publish or transmit online and through other forms of electronic communication.
4. 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.
5. 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](#) for further guidance.

Approved: 11/10

Reviewed:

Revised: 2/11; 2/12; 9/13; 1/19

Signature(s):

Executive Vice President, Human Resources &
Organizational Development, MWHC

Senior Vice President, Chief Information Officer, MWHC

Sources Referenced

Gartner Files
Society of Human Resource Management (SHRM)

