



**Mary Washington Hospital**

School of Radiologic Technology

# **Program Handbook**

**2022-2023**

**Effective August 22, 2022**

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

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## WELCOME

Welcome to the Mary Washington Hospital School of Radiologic Technology! We are excited you have chosen our program and will provide you with educational opportunities and clinical experiences that will enable you to become a competent radiologic technologist. The program faculty are dedicated to your success, and we depend on you to strive to do your best when studying as well as provide compassionate care to your patients. Additionally, we will begin with a brief history of the program.

In 1988, there was a demand for Radiologic Technologists in the Fredericksburg region. Therefore, 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, Dr. Donald Kenneweg, MD served as the first Medical Director of the school.

The first class of seven students was accepted in August of 1991, and they subsequently graduated in July of 1993. During the past 30 years, the 198 individuals who graduated from the program had an overall first time ARRT pass rate of 92% and an overall job placement rate of 99%. The first classes were held across from the old Mary Washington Hospital building at 2300 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 supported by Radiology Associates of Fredericksburg (RAF) and our current Medical Director, Radiologist Dr. Thomas Medsker, MD.

The graduates who preceded you significantly shaped this radiography program by offering valuable observations, opinions, suggestions, criticisms, and insight from a student's perspective. Your input as a student, and later as a graduate, is equally important to our program and our community. Mary Washington Healthcare values every student who attends the School of Radiologic Technology and respects all student's rights and privileges. The Program Handbook has been prepared to allow you to carefully review the opportunities, rights, responsibilities, and policies that apply to you as a radiography student. Unless otherwise stated in a course syllabus, these policies apply to each radiography course in which you enroll. Should routine progression through the program be interrupted, the policies in the Student Handbook at the time of readmission will apply.

After you have read this handbook, please sign the agreements in the back of this handbook and return the forms to the Program Director/Manager. These signed agreements will be placed in your permanent file. Each person in the Organization is committed to your success as a student, a professional, and most importantly, as an individual. If you need additional assistance, our doors are always open to you. We welcome you to our program and wish you success throughout your career!

Shirley Cherry, Ed.D, R.T.(R)(ARRT)  
Program Director/Manager, MWH School of Radiologic Technology

Amanda Walker, A.S., R.T.(R)(CT)(ARRT)  
Clinical Coordinator, MWH School of Radiologic Technology

# PROGRAM OVERVIEW

The Mary Washington Hospital School of Radiologic Technology provides students with academic and clinical foundations to competently perform as imaging professionals that provide quality patient care, actively participate in the profession, possess the ability to specialize in advanced degree programs and/or imaging specialties, and pursue life-long learning.

## MISSION AND GOALS

### Mission

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 and Outcomes

1. Students will be clinically competent.
  - a. Students will obtain high quality images.
  - b. Students will provide safe, appropriate care.
2. Students will communicate effectively.
  - a. Students will demonstrate oral communication skills.
  - b. Students will demonstrate written communication skills.
3. Students will demonstrate critical thinking skills.
  - a. Students will analyze problems.
  - b. Students will effectively adjust equipment and modify patient positioning for non-routine exams.

The program continually monitors program effectiveness through assessment and evaluation to ensure that the needs of the community are met.

## ARRT CERTIFICATION

Students successfully completing the program are eligible to apply for admission to write the certification examination administered by the [American Registry of Radiologic Technologists \(ARRT\)](#). Successful completion of the ARRT examination provides certification to practice as a registered radiographer. 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 Director/Manager for instructions.

## PROGRAM EFFECTIVENESS DATA

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. [Click here](#) to go directly to the JRCERT webpage.

**Credentialing Examination:** The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on 1 <sup>st</sup> attempt divided by number attempted within 6 months of graduation
Year 1 – 2018	6 of 6 - 100%
Year 2 – 2019	4 of 5 - 80%
Year 3 – 2020	8 of 8 - 100%
Year 4 – 2021	4 of 7 - 57%
Year 5 – 2022	10 of 10 - 100%
Program 5-Year Average	31 of 35 - 88%

**Job Placement:** The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year 1 – 2018	6 of 6 - 100%
Year 2 – 2019	5 of 5 - 100%
Year 3 – 2020	8 of 8 - 100%
Year 4 – 2021	6 of 6 - 100%
Year 5 - 2022	9 of 9 - 100%
Program 5-Year Average	34 of 34 - 100%

**Program Completion:** The number of students who complete the program within the stated program length. The annual benchmark established by the program is 85%

Program Completion Rate	number graduated divided by number started the program
Year 1 – 2018	6 of 7 - 86%
Year 2 – 2019	5 of 5 - 100%
Year 3 – 2020	8 of 8 - 100%
Year 4 – 2021	7 of 7 - 100%
Year 5 - 2022	10 of 10 - 100%
Program 5-Year Average	36 of 37 - 97%

## PROGRAM ACCREDITATION AND CERTIFICATION

The MWH School of Radiologic Technology is accredited by the:  
Joint Review Committee on Education in Radiologic Technology  
20 North Wacker Drive Suite 2850  
Chicago, IL 60606-3182  
(312) 704-5300  
e-mail: [mail@jrcert.org](mailto:mail@jrcert.org)

The MWH School of Radiologic Technology is certified to operate in the Commonwealth of Virginia by:  
State Council of Higher Education for Virginia (SCHEV)  
James Monroe Building  
101 North Fourteenth Street 9<sup>th</sup> Floor  
Richmond, VA 23219

The MWH School of Radiologic Technology is approved to offer GI Bill® educational benefits by the Virginia State Approving Agency. *GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at <http://www.benefits.va.gov/gibill>.*

## 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/are at the school, Monday through Friday. Students who need additional hours for study purposes may contact the Program Director/Manager or Clinical Coordinator to arrange for additional hours and/or tutoring. The school location has a classroom, study areas, computer lab, and a library. The program is not responsible for any personal property left or broken during classroom, laboratory, or clinical education while at the Fall Hill Building or a clinical site.

### **Libraries**

Students have access to books and periodicals in the MWH Radiology Library, located in the Radiology Department at 1001 Sam Perry Boulevard, 24 hours a day. This is not a lending library; however, it is available for research and study. Student may also use the MWH School of Radiologic Technology library for lending purposes.

## PROGRAM FACULTY

Program Director/Manager, School of Radiologic Technology  
Dr. Shirley Cherry, Ed.D, R.T.(R) 540.741.1802

Clinical Coordinator, School of Radiologic Technology  
Amanda M. Walker, AS, R.T.(R)(CT) 540.741.1926

## CLINICAL PRECEPTORS

### **MWH**

Shannon Farmer, R.T. (R)  
Melissa Amer, R.T. (R)  
Isabella Bermudez, R.T.(R)

### **SH**

David Robinson, R.T. (R)  
William Rice BS, R.T. (R)

### **MWHC Radiation Oncology**

Benjamin Larsen, R.T. (T)

### **MIF**

Hayley Wood R. T. (R)  
Katy Bruning R.T.(R)

### **MILH**

Mildred Richardson, R.T. (R) (M)  
Jowanda Summers MBA, R.T. (R)(CV)(CT)

### **Mary Washington Orthopedics**

Linda Juggins, R.T. (R)  
Kimberly Stacy, R. T. (R)

## CLINICAL SITES

Mary Washington Hospital (MWH)  
1001 Sam Perry Blvd.  
Fredericksburg, Va. 22401  
DR 540.741.1583  
CT 540.741.1615

Medical Imaging of Fredericksburg (MIF)  
1201 Sam Perry Blvd, Suite 102  
Fredericksburg, Va. 22401  
DR 540.741.7017  
CT 540.741.7018 or 7024  
MRI 540.741.7020 or 7033

Stafford Hospital (SH)  
101 Hospital Center Boulevard  
Stafford, VA 22555  
DR 540.741.9309 or 540.741-9310  
CT 540.741.9157

Mary Washington Orthopedics (MWMG CC)  
4710 Spotsylvania Parkway  
Fredericksburg, VA 22407

Medical Imaging at Lee's Hill (MILH)  
10401 Spotsylvania Ave., Suite 100-1  
Fredericksburg, Va. 22408  
540.741.7745

MWHC Radiation Oncology (CCV)  
1300 Hospital Dr. Suite 101  
Fredericksburg, VA 22401  
540.786.5262

Mary Washington Orthopedics (MWMG FHA)  
3310 Fall Hill Avenue  
Fredericksburg, VA 22401  
DR 540-372-4221

## **ADVISORY COMMITTEE**

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

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

The purpose of the advisory committee is to maintain open lines of communication between the program and its communities of interest. Meetings are conducted on such occasions as deemed necessary by the Program Director/Manager but at a minimum of once a year.

# PROGRAM ADMISSION

## ADMISSION REQUIREMENTS

The applicant must:

- be a high school graduate or possess a suitable equivalent. All students must have completed the minimum of an associate degree or be within 6 credit hours of the associate degree requirements upon entering the program. Students will have **two semesters** to complete the required credits for the associate degree. Failure to complete the associate degree by the end of the 2<sup>nd</sup> semester of the program will result in dismissal from the program. The overall GPA for the A.S. must be a 2.5 or higher.
- complete prerequisite courses that are either part of the degree or completed by the start date of the radiology program. All prerequisite courses must be completed with a “C” or better for admission to the program.
- must present verification of college English and Math placement tests or a passing score above 100 on the TOEFL test if the applicant is an international student.
- submit proof that foreign transcripts have been evaluated by an organization recognized for foreign transcript evaluation if educated outside the United States. This official evaluation must be submitted in lieu of the official foreign transcripts.

## APPLICATION PROCESS

1. Submit an online application to the School of Radiologic Technology between January 1 and April 1, of the year the applicant wishes to be considered. A \$40.00 non-refundable application fee must be submitted. Checks are to be payable to MWH School of Radiologic Technology. Please add 200-8140-49070 to the memo line of all checks or money orders.
2. Submit an essay (minimum of 500 words) to respond to the following questions: “Why did you select Mary Washington Hospital School of Radiologic Technology and Why you want to be a Radiologic Technologist?” with the application.
3. The minimum overall college GPA is a 2.5. Official transcripts from all colleges previously attended be sent to:

Shirley J. Cherry, Ed.D, R.T. (R)  
Mary Washington Hospital School of Radiologic Technology  
2300 Fall Hill Ave Suite 260  
Fredericksburg, VA. 22401

4. Applicants meeting initial admission requirements will be notified via email during the 3<sup>rd</sup> week of April to schedule:
  - a. HESI Admission Assessment with Critical Thinking (A2). Applicants are responsible for testing fees.
  - b. 4 hours of observation (if permissible by MWHC)
  - c. Interview with a committee
5. Applicants will be contacted via email to complete a Talent Plus assessment during the first week of June
6. After the committee has reviewed and considered each application individually, notification of acceptance or denial will be sent to each applicant. Student class size is limited and determined annually by the Program Director/Manager and Admissions Committee.

## Selection Process

Applicants are selected based on the following point system:

40 points	GPA for prerequisite courses: English Composition, Introduction to Computer Applications and Concepts, Math for Liberal Arts or higher, Medical Terminology, Anatomy and Physiology I with Lab, and Anatomy and Physiology II with Lab
15 points	Overall HESI Admission Assessment (A2) Score – includes following exams: Learning Style, Personality Style, Anatomy & Physiology, Grammar, Reading Comprehension, Vocabulary, and Math
10 points	HESI Critical Thinking Assessment Score
5 points	Talent Plus Assessment Score
10 points	Essay Score
20 points	Interview Score

### Bonus Points are Awarded as Follows:

- 1 point: applicant resides in the service area (residence in Fredericksburg/Woodbridge or Stafford, Spotsylvania, King George, Caroline, Westmoreland, Orange, Culpeper, or Prince William county)
- 1 point: healthcare experience of at least one year
- 1 point: previous applicant

### Alternate Student Status

The admission committee selects applicants who may be offered admission based on alternate student status. These applicants receive a letter designating their status.

### Reapplication to the Program

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

## ENROLLMENT CONTINGENCIES

- 2.5 overall college GPA
- Completion of all academic general education requirements
- Submission of the Intent to Enroll form and \$100 registration fee
- Submission of the Personal Information Form
- Submission of the Preadmission Health Assessment Form that includes a physical with [Essential Functions Criteria](#)
- Submission of immunization records: TB skin test within the past 12 months, Tetanus-Diphtheria Series (booster within 10 years), MMR titer or documentation of 2 vaccines, Varicella titer or documentation of 2 vaccines, Hepatitis B titer or 3 vaccines. 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.
- COVID vaccination record
- Proof of Health Insurance before enrolling into the program
- Successful Background check completed by Human Resources
- Negative drug screening completed by Mary Washington Primary Care at Lee's Hill

## **TRANSFER OF CREDIT**

The MWH School of Radiologic Technology does not provide for the transfer of students from another radiography program. Furthermore, 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 for an associate degree exceeds more than two semesters. All course work must be completed to graduate from the program.

## **PROGRAM COMPLETION REQUIREMENTS**

1. Successful completion (“C” or higher) in each course
  2. Successful completion of all clinical competencies
  3. Return Mary Washington Hospital identification badge and dosimeter
  4. Compliance with all policies and procedures
  5. Attend graduation unless excused with special permission from the Program Director/Manager.
- Juniors students are required to attend the graduation of the senior class unless their absence is excused by the Program Manger/Director, who will decide what requirements will be completed to make up for the absence.

## **LEAVE OF ABSENCE**

If a student plans to be absent more than three (3) consecutive days, he/she must submit a written request for a leave of absence to the Program Director/Manager before the leave is taken. The letter must include the dates the student anticipates the leave to begin and end. Students may be provided up to 15 calendar days for a leave of absence. Should more than 15 days be needed, the student is required to apply for readmission. Refer to the [Readmission Policy](#). Students are strongly encouraged to avoid lengthy absences from the program and, if possible, postpone elective surgery until a break or completion of the course of study. 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 Director/Manager may request written permission to return to the program and a visit to Health & Wellness may be required for evaluation prior to returning to the program. Students who are unable to make up all time and course work from a Leave of Absence may receive an Incomplete for the course(s) until all makeup work and time are completed. All classes, academic and clinical, missed must be made up before the beginning of the next semester. If the student cannot complete the work in the designated timeframe, he/she will be required to withdraw from the program and apply for readmission the following year.

## **WITHDRAWAL, RE-ENTRY AND READMISSION POLICIES**

### **Withdrawal Policy**

1. A student choosing to withdraw from the school after the commencement of classes is to provide a written notice to the Program Director/Manager. The letter must include the expected last date of attendance and be signed and dated by the student.
2. A student will be automatically withdrawn from the program if he/she requests a leave of absence but fails to return on the date the leave was to end.

A student may submit a letter to the Program Director/Manager to withdraw from the program. The withdrawal date will be the date the student is scheduled to return to from the leave of absence but fails to do so. A letter of withdrawal must include the reason, the effective date of the withdrawal, and signature.

A student will be automatically withdrawn from the program if he/she misses seven consecutive instructional days that are unexcused.

### **Re-Entry Policy**

To re-enter the School of Radiologic Technology, the following conditions must exist:

1. The student must request, in writing to the Program Director/Manager, 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 did not complete two semesters is not eligible for re-entry and must reapply 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 which 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. If a student failed one course, he/she must repeat the course in the next semester in which the course is offered.
5. The student must pay the prorated tuition for the academic year/semester in which he/she will return.
6. The student must demonstrate 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.

### **Readmission Policy**

Students who interrupt the progression in the Mary Washington Hospital School of Radiologic Technology Program may apply for re-admission by writing a letter to the Program Director/Manager. Students dismissed from the MWH SoRT for safety violations will not be eligible for readmission. The Program Director/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 absent from the program for a period of greater than one year 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 Director/Manager will provide the student with a plan for re-admission based on clinical availability. The student may be considered for readmission once. Re-admission to the program depends upon the availability of clinical space.

Members of the Armed Forces, including the reserve components and the National Guard, who enroll in the program may be readmitted if such members are temporarily unavailable or have to suspend enrollment because of serving in the Armed Forces.

Re-admission requires:

1. A 3.0 cumulative GPA in all course work.
2. That no longer than 36 months may lapse from initial admission term to date of graduation.
3. Demonstrate competency in procedures in which he/she was previously declared competent
4. The ability to meet and comply with standards and policies in the current Program Handbook.
5. The ability to meet and comply with the current ARRT eligibility requirements for certification.

# 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 Director/Manager and/or Clinical Coordinator as needed at mid-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.

## LIABILITY INSURANCE

All students enrolled in the Mary Washington Hospital School of Radiologic Technology are covered by a 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

## TUITION

**Tuition:** Total program tuition is \$10,000.00 and is divided into semester payments based on the number of credit hours (\$142.86 per credit hour).

### Tuition and Payment Schedule

Semester	CREDIT HOURS	TUITION
First Year Fall Semester	14	\$2,000.00
First Year Spring Semester	14	\$2,000.00
Second Year Summer Semester	15	\$2,143.00
Second Year Fall Semester	14	\$2,000.00
Second Year Spring Semester	13	\$1,857.00
Total	70	\$10,000

To diminish financial burden, students may elect to pay tuition in two payments each semester. Refer to the [Academic Calendar](#) for specific due dates. Students who have not paid tuition by the due dates may not attend class, labs, or clinical until their tuition is paid. Any absence will be made up in accordance with the attendance policy. Students who do not pay tuition within five (5) days of the published date will be dismissed from the program. The cost of textbooks, uniforms, and other fees are not included in the price of tuition.

**Fees:**

<b>Fee/Cost</b>	<b>Amount</b>
Textbooks	\$1,000 approx.
Trajecsys Clinical Management Software	\$150
Corectec Online Review	\$80
Registration Fee	\$100 - nonrefundable
Uniforms	\$300 - \$500
Total	\$12,000 approx.
Associated Program Costs	HESI Exam Physical exam Immunization records Drug screening Health insurance Transportation to and from clinical assignments

**FINANCIAL ASSISTANCE**

The program does not participate in state or federally funded financial assistance programs. Nevertheless, students are encouraged to may contact banks or lending institutions for personal loans or use personal organizations for scholarships and grants. Students may acquire private funding or personal loans to finance tuition or other costs. Additionally, scholarships may be available through public organizations and private financial institutions. The student is responsible for making arrangements to pay for tuition, books and other program fees.

**VETERANS AFFAIRS (VA) EDUCATION BENEFITS**

The following individuals may be eligible for VA funding and will be charged the same tuition and fees as listed above:

- A veteran using educational assistance under either Chapter 30 (Montgomery G.I. Bill® – Active Duty Program) or Chapter 33 (Post-9/11 G.I. Bill), of Title 38, United States Code, who lives in the Commonwealth of Virginia (regardless of their formal state of residence).
- Anyone using transferred Post-9/11 GI Bill benefits who lives in the state where the IHL is located, and the transferor is a member of the uniformed service serving on active duty.
- A spouse or child using benefits under the Marine Gunnery Sergeant John David Fry Scholarship (38 U.S.C. § 3311(b)(9) who lives in the Commonwealth of Virginia (regardless of their formal state of residence).
- A spouse or child using benefits under Survivors' and Dependents' Education Assistance (Chapter 35) living in the Commonwealth of Virginia (regardless of their formal state of residence).
- An individual using educational assistance under chapter 31, Veteran Readiness and Employment (VR&E) who lives in the Commonwealth of Virginia (regardless of their formal state of residence) effective for courses, semesters, or terms beginning after March 1, 2019
- Anyone described above remains continuously enrolled (other than during regularly scheduled breaks between courses, semesters, or terms) at the same institution. Therefore, the described person must be enrolled in the institution and use educational benefits under Chapters 30, 31, 33 or 35 of Title 38, United States Code.

*GI Bill® is a registered trademark of the U.S Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government Webs site at <http://www.benefits.va.gov/gibill>."*

Any student who is entitled to educational assistance under chapter 31, Vocational Rehabilitation and Employment, or chapter 33, Post-9/11 GI Bill benefits, or chapter 35, Dependents Education Assistance:

- Is permitted to attend or participate in the course of education during the period beginning on the date he/she provides a certificate of eligibility for entitlement to educational assistance under chapter 31, 33, or 35 (a “certificate of eligibility” can also include a “Statement of Benefits” obtained from the Department of Veterans Affairs’ (VA) website – eBenefits, or a VAF 28-1905 form for chapter 31 authorization purposes) and ending on the earlier of the following dates:
  1. The date on which payment from VA is made to the institution.
  2. 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.
- Will not receive any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrows additional funds, on any covered individual because of the individual’s inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under chapter 31, 33, or 35.
- May be required to:
  1. Submit a certificate of eligibility for entitlement to educational assistance no later than the first day of a course of education.
  2. Submit a written request to use such entitlement.
  3. Provide additional information necessary for the proper certification of enrollment by the educational institution.

### **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:**

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 \$100.00 registration fee 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



## COURSE DESCRIPTIONS

### First Semester

**RAD 106                      Introduction to Radiography and Patient Care & Lab                      5 credit hours**

This course provides students with an overview of radiography and patient care. Topics include the history of radiology, professional organizations, legal and ethical issues, health care delivery systems, introduction to radiation protection. This course provides the student with concepts of patient care, standard precautions, pharmacology and cultural diversity. Emphasis in theory and lab is placed on assessment and considerations of physical and psychological conditions, routine and emergency. Upon completion, students will demonstrate/explain patient care procedures appropriate to routine and emergency situations. Upon completion, students will demonstrate foundational knowledge of radiologic science and patient care. (This course has 4 classroom credits and 1 lab credit)

**RAD 120                      Radiographic Procedures I & Lab                      5 credit hours**

This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the thorax, abdomen, upper extremities, shoulder girdle, lower extremities, and hip/pelvis. Theory and laboratory exercises will cover radiographic positions and procedures. Upon completion of the course the student will demonstrate knowledge of anatomy and positioning skills and oral communication in both the didactic and laboratory settings. (This course has 4 classroom credits and 1 lab credit)

**RAD 130                      Clinical Education I                      4 credit hours**

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

### Second Semester

**RAD 112                      Radiographic Imaging I & Lab                      5 credit hours**

This course provides students with knowledge of basic physics and the fundamentals of imaging equipment. Topics include information on x-ray production, beam characteristics, and imaging equipment components. Upon completion, students will be able to identify imaging equipment as well as provide a basic explanation of the principles associated with image production. (This course has 4 classroom credits and 1 lab credit)

**RAD 122                      Radiographic Procedures II                      5 credit hours**

This course provides the student with instruction in anatomy, positioning, image evaluation and pathology of the vertebral column, digestive system, bony thorax, cranium, and trauma radiography. 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 and oral communication in both the didactic and laboratory settings. (This course has 4 classroom credits and 1 lab credit)

**RAD 132                      Clinical Education II                      4 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/indirect 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, image 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.

### **Third Semester**

**RAD 112** **Radiographic Imaging II** **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 receptor exposure, contrast, spatial resolution, and distortion as well as image receptors.

**RAD 222** **Radiographic Procedures III & Lab** **5 credit hours**

This course provides the student with review of the previous procedures courses as well as instruction in anatomy, positioning, image evaluation and pathology of the urinary system. This course also provides the students with instruction in special procedures, pediatric & geriatric radiography, mobile & surgical radiography. Theory and laboratory exercises will cover radiographic positions and procedures with applicable contrast media administration. Upon completion of the course, the student will demonstrate knowledge of anatomy and positioning skills, oral communication and critical thinking in both the didactic and laboratory settings. (This course has 4 classroom credits and 1 lab credit)

**RAD 230** **Clinical Education III** **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/indirect 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, image 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.

### **Fourth Semester**

**RAD 220** **Radiographic Imaging III** **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 radiographic quality as well as fluoroscopy, quality assurance, sectional anatomy & CT, and interventional radiology.

**RAD 214** **Radiation Biology and Protection** **4 credit hours**

This course provides the student with principles of radiation biology and protection. 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 the fundamentals of radiation biology and knowledge of radiation protection practices.

**RAD 232** **Clinical Education IV** **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 indirect/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, image 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.

**Fifth Semester****RAD 216****Registry Review****4 credit hours**

This course provides a consolidated and intensive review of the basic areas of expertise needed by the entry-level technologist. Topics include a 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.

**RAD 218****Seminar****3 credit hours**

Provides independent investigation of multiple topics in radiography of interest to the student, under the guidance of their instructor. The student may complete projects, deliver presentations, and/or write journal article(s).

**RAD 234****Clinical Education V****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 indirect/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, image evaluation, pathology, and patient care techniques. Students have the opportunity to rotate through the other modalities. Upon completion of the course, students will demonstrate practical applications of radiographic procedures presented in current and previous courses.

## **GRADING SCALE**

The grading scale for the MWH 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
Below 77	F	0

If academic problems arise during any semester, it is the responsibility of the student to seek academic counseling from the course instructor. A grade below a C in any course is considered a failing grade. Any student who receives a course grade below a C during any semester will be dismissed from the program. Educational benefits will be discontinued, pursuant to 38 USC 3474, when a veteran or eligible person receives a final course grade <77% in any radiology course. The school will no longer certify GI Bill benefits for the student.

## **EDUCATIONAL IMPROVEMENT PLAN**

Students will be placed on an educational plan for reasons that include academic, clinical, or professional progress. Students who earn less than a 2.5 GPA in one semester will be placed on academic probation. Faculty will meet with the student and devise a plan of action that is signed and agreed upon by all parties. If a student is placed on an educational improvement plan, it may delay the program completion and graduation date. The educational improvement plan is used as a tool to help the student achieve success. Specific information about the educational improvement plan should not be shared. Failure to complete all requirements outlined in an educational plan will result in dismissal from the program.

## **ASSESSMENT AND EVALUATION**

### **Student Assessment**

The School of Radiologic Technology uses a variety of methods to assess the program's outcomes. Some of these methods are tests, assignments, projects, competencies, simulations, clinical evaluations, and class presentations.

### **Testing**

Students will use Google Classroom for online testing purposes. Students should not leave the Google Classroom browser window when testing. Leaving the browser window during testing will be considered a violation of Section A of the Academic Integrity/Honor Policy. All exams are administered in the computer lab or classroom. Students are not permitted to have any electronic devices to include smartwatches during testing. Students MAY use paper and a basic 4 function calculator during testing.

### **Academic Evaluations**

Mid-semester evaluations of academic performance consist of formal feedback from the program faculty for all courses. During this time, students may also suggest improvements to classes and program.

### **Clinical Evaluations**

Radiologic technologists will evaluate the students during their clinical rotation. Evaluations will be completed every 2 weeks. During the program, students must maintain an overall rotation evaluation average

of 80% or above at both mid-term and at the end of each semester to maintain program progression. The student will be counseled if the overall rotation evaluation average falls below 80%. An educational plan or personal plan will be developed as deemed appropriate by school faculty.

### **Program Evaluations**

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.

### **Program Faculty Evaluations**

Students will evaluate faculty members, clinical sites, and clinical preceptors at the end of each semester. All evaluations are kept confidential. The evaluations are submitted to the applicable individuals anonymously via Trajecsys for review and analysis to facilitate improvement in didactic and clinical areas of the program.

## **MANDATORY EDUCATION**

Students are required to complete the required computer-based learning activities in Workday for their MWHC Orientation. Students must routinely check Workday to see if there are any additional learning activities to complete throughout the year.

## **ACADEMIC RECORDS**

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

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

# **STUDENT RIGHTS**

## **ACCESS TO STUDENT RECORDS**

A student has the right to inspect his/her file in the presence of a faculty member. The Mary Washington Hospital School of Radiologic Technology will comply with a student's request to examine his/her file in a reasonable period of time, not to exceed 45 days. Program faculty must have written permission from the eligible student to release any information from a student's education record. Access to other parties and organizations may be granted in keeping with the Family Educational Rights and Privacy Act of 1974.

## **FERPA**

The Mary Washington Hospital School of Radiologic Technology protects 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.

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 with 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 their educational 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 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

### **ANTI-HARASSMENT**

All students have the right to attend the MWH School of Radiologic Technology and all its organizational affiliates free of harassment. Refer to the [MWHC Antiharassment Policy](#) that is included in the Appendix.

### **BEREAVEMENT LEAVE**

Students **MUST** notify the Program Director/Manager of the need for bereavement leave. Students are allowed three consecutive days leave for the death of an immediate family member (spouse, parent, child, sibling, parent-in-law, son or daughter-in-law, grandchild, grandparent).

### **CAMPUS SECURITY AND EMERGENCY PREPAREDNESS**

All Associates and students receive an introduction to Emergency Preparedness when they complete the MWHC Orientation in Workday. Additionally, the Security department provides flyers for how to respond to workplace violence as well as a tip sheet with resources. Both flyers are posted in the classroom.

### **NONDISCRIMINATION**

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.

# POLICIES AND PROCEDURES

## PROFESSIONAL CONDUCT POLICY

Clinical assignments are a requirement of the academic program and provide practical experience and opportunities enabling the student to gain competency. During clinical assignments, students represent the program and profession to the public and health care communities; therefore, students are required to demonstrate professional behavior that includes but is not limited to:

- Student relationships with clinical staff and preceptors should be appropriate at all times.
- Students must maintain professional relationships with technologists. They shouldn't have their phone numbers, be friends with them on social media, or communicate with them on a personal level.
- Punctuality, initiative, and enthusiasm in the accomplishment of program objectives are expected.
- Students are expected to exhibit an attitude of maturity and responsibility.
- Students must not get involved with gossiping, drama, or unprofessional activities at clinical sites.
- Students are individually responsible for his/her own actions.
- The student is to act in a manner indicative of someone eager to learn and avoid non-patient connected distractions.
- Intelligent questioning of clinical staff/clinical preceptor is proper and welcomed. Questions should be constructive and geared to learning outcomes.
- Students must refrain from gossiping, needless complaining, smoking (except in designated areas), loud talking, boisterous laughing, gum chewing, or other distracting activities that are inappropriate in the clinical setting.
- Students will use appropriate telephone etiquette at the clinical sites.
- Restrict telephone to patient or school related activities only, except in emergency personal situations.
- Complaints and/or grievances should be discussed with the Clinical Preceptor, Clinical Coordinator, and/or Program Director/Manager. A hostile attitude does not resolve conflicts, and it is recommended that energy and intelligence be used to promote improvements.
- Horseplay is always out of place in the clinical environment. Students are expected to reflect the seriousness of their involvement by dignified and faithful performance of duties.
- Report unauthorized persons loitering in or around a health care facility to the appropriate supervisor/manager
- Personal conversations should not be held in the presence of patients.
- Students must be honest. Any intent of a student to misrepresent facts will be cause for immediate program dismissal. Misrepresentation of facts, verbal or written, can include but are not necessarily limited to, the following situations:
  - Bribery in any form.
  - Deliberate withholding of information about a patient, patient care, or self to appropriate authorities.
  - Falsification of information about a patient, patient care, or self to appropriate authorities.
  - Forgery or falsification in any form including clocking in or out of API for another classmate
  - Plagiarism, cheating, or other forms of academic dishonesty.

### **Theft**

Employee and student cooperation is imperative to minimize theft. Students should ensure that supplies and equipment are stored in approved areas and maximum-security measures are observed. Excessive amounts of money or valuables at the health care facility or school are not recommended. The School is not responsible for the loss or theft of personal items at any MWHC facility.

### **Tips and Gifts**

Acceptance of money by students from a patient or other business associates of the health care facility is not permitted. Anyone wishing to make a donation or gift to the hospital should be referred to a supervisor or to administration. Solicitation of personal gifts or donations by students is prohibited.

### **Weapons**

Firearms, knives, or other weapons are forbidden at any MWHC facility. Violation of this policy or engagement in violence of any type is cause for immediate program dismissal.

### **Substance Abuse**

Students must meet the same standards as MWHC Associates as outlined in the [MWHC Drug/Alcohol-Free Workplace Policy](#) that is included in the Appendix.

### **Confidentiality**

All information concerning patients, or the health care facility's business must be kept in strict confidence and not discussed with non-concerned parties. Confidential information should never be discussed with individuals outside the health care facility. All students are required to abide by the provisions and regulations as contained in the 1996 Health Insurance Portability and Accountability Act (HIPAA) regarding health information.

## **ACADEMIC INTEGRITY/HONOR POLICY**

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

- A. **Cheating:** Using unauthorized material and/or collaborating with other students to complete an assignment, quiz, exam, mock registry, etc. Unauthorized materials may include but are not limited to notes, textbooks, previous examinations, papers, laptops, or prohibited electronic devices. Cheating may also include submitting work completed by another person. The duplication of test material in any form including, but not limited to handwritten, photocopy, video or tape recording is considered cheating. If a student is caught cheating, a grade of "0" (zero) will be given for that assignment, quiz, or exam.
- B. **Fabrication:** Submitting fraudulent or altered information in any academic exercise. This includes citing non-existent articles, contriving sources, falsifying scientific results, etc.
- C. **Facilitating Academic Dishonesty:** Knowingly helping or attempt to help another violate any provision of the Academic Integrity/Honor Code. This includes:
  - a. Providing false or misleading information regarding academic affairs.
  - b. Falsifying evidence, or intimidating, or influencing someone in connection with an honor violation, investigation, hearing, or appeal.
  - c. Selling or giving another student unauthorized copies of any portion of an examination or completed assignments receiving academic credit.
  - d. Rendering unauthorized assistance to another student by knowingly permitting him/her to see or copy all or a portion of an examination or assigned coursework and receiving academic credit.
  - e. Taking an examination for another student.
- D. **Misrepresentation of Academic Records:** Misrepresenting or altering with or attempting to alter with any portion of a student's academic record or transcript, either before or after admission to the Mary Washington Hospital School of Radiologic Technology. This includes:

- a. Falsifying or attempting to falsify class attendance records for self, or having another person falsify attendance on your behalf.
  - b. Falsifying material relating to course registration or grades, either for oneself or for another student.
  - c. Falsifying reasons why a student did not attend a required class/clinical or take a scheduled examination.
  - d. Making any unauthorized changes in any recorded grade or on an official academic record.
- E. Plagiarism:** Using the ideas, data, or language of another without specific or proper acknowledgment. Receiving academic credit or submitting a commercially prepared research project, paper, or work completed by someone else for academic credit are examples of plagiarism.
- F. Unfair Advantage:** Attempting to gain an unauthorized advantage over fellow students in an academic exercise. To obtain prior knowledge of examination materials (including, but not limited to the use of previous examinations obtained from files maintained by various groups and organizations) in a manner not permitted by the Mary Washington Hospital School of Radiologic Technology or to use computing facilities in an academically dishonest manner are examples of this violation.
- G. Multiple Submissions:** The act of submitting, without permission, any previous work submitted to fulfill another academic requirement.

## **STUDENT HEALTH POLICY**

The program attempts to maintain a safe environment for enrolled students. Precautions are discussed in the MWHC mandatory education within Workday and during the Introduction to the Radiologic Sciences and Patient Care class. Also, refer to the [MWHC Communicable Disease Guidelines](#) included in the Appendix.

### **Standard Precautions**

Standard precautions, developed by the Center for Disease Control (CDC), are required for all patients and include but are not limited to proper handwashing technique and use of personal protective equipment (PPE). Some patients also require additional precautions because of specific communicable infections or conditions. Students in contact with isolation situations must observe the appropriate transmission-based precautions

### **Illness**

If a student should become sick during clinical experience hours and/or cannot perform 100%, the student must inform the Clinical Preceptor and contact the Clinical Coordinator. The student may be told to go home and will receive a clinical absence for the day.

### **Exposure to Infectious Material, Infectious Disease, or Communicable Disease**

A student must immediately inform the Clinical Preceptor and contact the Clinical Coordinator if/she is exposed to infectious material, infectious disease, or a communicable disease(s) (i.e., COVID-19, flu, chickenpox, measles, flu, etc.). The student may be referred to the Health & Wellness Department and/or their personal physician for care. Students are financially responsible for any medical treatment provided by a health care provider.

### **Injury During Clinical Education**

If a student sustains an injury during clinical education, he/she must inform the Clinical Preceptor and contact the Clinical Coordinator. The student may be referred to the Health & Wellness Department and/or their personal physician for care. Students are financially responsible for any medical treatment provided by a health care provider.

### **Illness or Injury at Off-Site Courses and Activities**

The MWH School of Radiologic Technology does not assume responsibility for illness or injury sustained by a student while participating in offsite courses or activities, traveling to and from the courses or activity, or traveling to or from the hospital or school.

### **Release from Health Care Provider**

Students who experience any illness or injury that requires, but is not limited to hospitalization, surgery, or more than one week's absence, will be required to provide a health care provider's statement that verifies returning to routine class, lab, and clinical activities does not pose undue risk or harm to the student or others with whom he/she will come in contact.

### **Incidents**

If a student is responsible for or involved in any unusual incident in the clinical area, he/she must inform the Clinical Preceptor/Supervisor and contact the Clinical Coordinator. Examples of incidents may include, but are not limited to incidents or injuries involving:

- Self, patient, staff, or visitor.
- Formal complaints lodged against a student.
- Major equipment damage attributed to student misuse.
- Misadministration of procedures to correct patient.
- Any activities that may, or does, result in adverse consequences to patients or personnel.

The student will complete a Verge report as soon as possible but within 24 hours.

### **Essential Functions Criteria**

All students must be cleared by a medical professional indicating they can perform the [Essential Functions Criteria](#), and students may request reasonable accommodations. The Program Director/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. In no instance will an accommodation be made that will put the applicant, other students, or patients at risk. Students must maintain compliance with the Essential Functions throughout the program. The school reserves the right to require student testing as it deems appropriate to meet the physical demands.

## **SOCIAL MEDIA POLICY**

Students are not permitted to engage in social media activities during clinical rotations. Students must refrain from becoming social media “friends” with MWH SoRT Faculty and MWHC Radiology Associates until after graduation. According to the [MWHC Social Media Policy](#), photographs or video taken on MWHC property or at an MWHC sponsored event cannot be posted unless specifically authorized by MWHC Marketing and Communications. Refer to the [MWHC Social Media Policy](#) in the Appendix.

## **EMPLOYMENT POLICY**

Employment may not interfere with the hours the student is scheduled to complete didactic or clinical education. Didactic nor clinical schedules are not altered to accommodate student’s work schedules. 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 school scrubs while working as an employee.

### **DIDACTIC ATTENDANCE POLICY**

Attendance is critical to the success of the student in the School of Radiologic Technology. The instructor must be notified by text, phone, or email by the start time of a class or lab if an absence that will occur. If the student fails to notify the instructor of an absence before the start time for the class or lab, a one (1) point deduction in the final course grade will occur. Exceptions include illnesses, emergency, court appearances, or transportation problems that can be verified with paperwork submitted to the instructor.

Since life situations occur, one (1) absence and one (1) tardy (arriving for class or lab late) will be permitted for this course without a grade reduction. Each additional absence or tardy beyond the allowed one absence or one tardy requires that the student satisfy the professor that the absence or tardy is valid and include exceptions listed above. Verification of the reason for absence or tardy can be requested by the instructor in making a determination to excuse the absence or tardy. Absences or tardies beyond those allowed (first absence and tardy) and excused absences and tardies with verification, will result in a one (1) point deduction for each absence and a one (1) point deduction for each tardy from the final course grade. Students are responsible for material presented in their absence. No make-up quizzes or tests will be allowed unless previously arranged with the instructor.

### **CLINICAL ATTENDANCE POLICY**

The educational program consists of both clinical and didactic components. These educational activities may comprise, but may not exceed 40 hours per week or 10 hours per day. According to JRCERT Standards, students may not be assigned to clinical settings on holidays that are recognized by Mary Washington Hospital. The student is expected to be in attendance for all scheduled educational hours. Additionally, students are required to use the API badge reader to clock in and out of clinical.

#### **Life Days**

Students are provided attendance “life days” (allowable absences) as follows:

- RAD 130 – 2 days
- RAD 132 – 2 days
- RAD 230 – 3 days
- RAD 232 – 3 days
- RAD 234 - 3 days

Unused “life days” may not be saved or banked for future use

#### **Call-In Procedure**

In the event of an unscheduled absence:

- Contact the Clinical Coordinator at (540)741-1926 or by personal cell-phone number, at least 30 minutes prior to the scheduled report time. If unable to speak to a faculty member, the student must leave a voicemail including their name, type of absence, the time of their call, and their telephone number.
- Notify the site of their clinical rotation at least 30 minutes prior to their scheduled report time, speaking with the clinical preceptor or the supervisor of the department if the clinical preceptor is not available.

In the event of being tardy:

- If the student anticipates being more than 10 minutes tardy, he/she must contact the Clinical Coordinator at (540) 741-1926 or by personal cell-phone number as soon as possible. If unable to speak to a faculty member, the student must leave a voicemail including their name, type of absence, the time of their call, and their telephone number.
- Notify the site of their clinical rotation as soon as possible, speaking with the clinical preceptor or the supervisor of the department if the clinical preceptor is not available.

**Make up Time Procedure**

Missed clinical time in excess of two clinical days during RAD 130 and RAD 132 and in excess of three clinical days during RAD 230, RAD 232, and RAD 234 must be made up. All make up time must be completed before the beginning of the next semester. Make-up time must be completed at the facility and during the hours for which the original clinic shift was scheduled. Scheduled absences must be planned with the Clinical Coordinator any time before the requested date.

**Clinical Attendance Point Deductions**

	<b>At which occurrence will deductions begin</b>	<b>Deductions from the final clinical grade each semester</b>
Each absence in excess of life days per semester	1 <sup>st</sup>	2%
Tardiness (1 or more minutes late)	3 <sup>rd</sup>	1%
Failure to follow call-in procedure	1 <sup>st</sup>	1%
Early clock out (1 or more minutes early)	1 <sup>st</sup>	1%
Leaving clinical early (beyond 15 minutes) without contacting CP or CC	1 <sup>st</sup>	5%
No show/no call	1 <sup>st</sup>	10%
No clock in	2 <sup>nd</sup>	1%
No clock out	2 <sup>nd</sup>	1%

**Lunch and Breaks**

Dependent on workload, a 15-minute morning or afternoon break may or may not be possible. All students are required to take a 30-minute lunch break. Lunch and breaks will be assigned by the Clinical Preceptor or supervising technologists at each clinical site. If the student chooses to leave the clinical site; they must inform a supervisor/faculty member, clock out by using the lunch badge out feature on MWHC time clocks, and clock back in when they return. Students may not take their lunch at the end of the day and leave early. Clinical assignments exceeding 5.25 hours are scheduled a 30-minute break.

**DRESS CODE POLICY**

Students are expected to be neat, clean and professional at all times. Questions regarding appropriate attire should be directed to the Clinical Coordinator.

- Scrub attire must meet the following criteria:
  - Clinical: Eggplant solid color with no colored piping
  - Lab: Eggplant or black solid color with no colored piping. Approved radiology t-shirts may be worn.
  - Scrub tops and pants must fit
  - No low-rise scrub pants
  - Eggplant scrub jackets are permitted

- MWHC approved black fleece/polyester jacket are permitted
- Shirts worn under designated uniform must be white or black with no graphics or printing. No thermal shirts are permitted. The shirt can be long-sleeved with the cuff going to the wrist or short-sleeved if the sleeve length does not go past the sleeve length on the scrub top.
- Uniforms are to be kept neat, clean, and in good repair.
- 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.
- Nails should be neat and clean, no more than a 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 dip nails, extenders, wraps, acrylics, tips, tapes, and other appliques are NOT to be worn. These guidelines are consistent with the Center for Disease Control recommendations.
- 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.
- 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 visible plugs or gauges may be worn at any time.
- Rings with stones are discouraged as they may damage the 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, but watches may be worn.
- Visible tattoos are discouraged and if determined to be offensive by management, program faculty, or internal/external customers, must be covered up.
- The student identification badge with the retractable holder is part of the uniform and shall be worn at all times. It must be visible with the student's picture facing forward and worn on the upper torso.
- The dosimeter is part of the uniform and shall be worn at all times. Refer to the [Radiation Safety Policy](#).
- Smoking is prohibited at all Mary Washington Healthcare facilities. Students that smell of smoke will be sent home. Any absence will be made up in accordance with the attendance policy.
- Students are not allowed to eat, drink or chew gum in clinical areas.

### **ELECTRONICS USAGE POLICY**

Electronic devices (including iPads and laptops) must be secured in a locker and silenced during clinic. Cell phones are allowed in work areas but must be kept on silent. Texting is allowed for communication with MWH SoRT personnel during clinical hours. No personal calls can be made or accepted while in the work area. If there is an emergency call, the student must first notify their clinical preceptor or supervising technologist and then make the call in an approved break area. A cell phone must NEVER be visible to a patient. No pictures are allowed to be taken in confidential work areas or of patient information. If there are reports of excessive or inappropriate cell phone use, the student will be subjected to the disciplinary action policy.

## **INCLEMENT WEATHER POLICY**

In case of inclement weather, the program will follow Germanna Community College for closings and delays of laboratory and/or clinical education. Classroom education will be held as originally scheduled on Teams.

## **CLINICAL FACILITY PARKING POLICY**

Students are provided parking at MWH facilities at no cost. Students may park behind Mary Washington Hospital in one of the lots designated for Associates or in the parking garage. Students are not to park in the emergency lot or any other visitor lots. Approved parking locations for students assigned to Lee's Hill is in the large parking lot on the left side of the building, and for Stafford Hospital at the far end to the parking lot, behind the yellow line that is marked "Caregivers". When attending classes at 2300 Fall Avenue, students are to park in the parking lot behind the Medical Arts Building behind the yellow line marked for MWHC Associates at 2300 Fall Avenue. Students are never allowed to park temporarily while clocking-in.

## **RADIATION SAFETY POLICY**

The student is required to exercise sound radiation practices at all times to ensure safe working conditions for physicians, staff, faculty, other students and patients. Students receive a radiation protection lesson prior to being assigned to clinical rotations to assure they understand basic safety practices.

- 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.
- Students are required to collimate.
- Students will complete the pregnancy determination form for women of childbearing age and follow the protocol of the clinical site in documenting the information. Refer to the [Pregnancy Determination Prior to Radiographic Exams](#) included in the Appendix.

### **Dosimetry**

- Mary Washington Hospital provides dosimetry badges for the students each month. These badges are to be used at all clinical sites. Between rotations, the student may take the badge home so they can take it with them to their next rotation. Otherwise, student badges must be stored at their assigned clinical site. The radiation dosimeter is worn at the collar level and should not be left inside any radiographic or fluoroscopic room. During mobile or fluoroscopic procedures, the student must wear a lead apron and wear the radiation monitor outside the protective apron at the collar level. Students are required to turn in their radiation dosimeter badges monthly to the breakroom at MWH.
- The most recent dose report is available for students to view on the whiteboard in the MWH SoRT classroom within thirty (30) days following receipt of the data. The Clinical Coordinator can provide previous reports to students upon request.
- The annual dose limit for students <18 years of age is 1 mSv, and the annual dose limit for students 18 years or older is 50 mSv.
- Students who have dosimeter readings exceeding 125 mrem 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.

## MRI SAFETY POLICY

Students complete an MRI orientation and screening prior to entering the clinical setting. This assures that students are appropriately screened for magnetic field or radiofrequency hazards. Furthermore, students are mandated to notify the program should their status change.

## PREGNANCY POLICY

A student may provide a written voluntary declaration of pregnancy to the Program Director/Manager. The student will be assigned a fetal badge to monitor dose to the embryo/fetus. The dose limit for the embryo/fetus will be 5 mSv for the entire gestational period and 0.5 mSv per month. The student will be referred to the Radiation Safety Officer (RSO) for additional counseling in protective measures to assure radiation exposure to the student and fetus are kept as low as reasonably achievable.

A student who voluntarily declares pregnancy has the following options:

- A. **Continue in the program without modification** – The student would continue to attend both clinical and didactic classes as scheduled with no accommodations made. The student is required to meet the academic requirements and clinical objectives to continue in the program
- B. **Continue in the program with modification** – The student would continue on a full-time basis with reassignment of rotations (as requested by the student) and scheduled with the Clinical Coordinator. Any clinical rotations or requirements not completed as a result of pregnancy must be made up before graduation and before being permitted to take the registry.
- C. **Request a leave of absence** – Refer to the [Leave of Absence Policy](#)
- D. **Withdraw from the program and apply for re-entry at a later time** - Refer to the [Withdrawal and Re-Entry Policy](#)

The pregnant student may, at any time, withdraw her declaration of pregnancy. This action requires written notification to the Radiation Safety Officer and the Program Director/Manager.

Should the student choose to remain in the program during the pregnancy, absences due to pregnancy or childbirth are excused for as long as the student's doctor says she has to be absent. At the conclusion of that period, the student is required to provide a physician's statement that verifies:

1. returning to routine class, lab, and/or 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 Essential Functions.

At that point, the student will be reinstated to the status which she held when the leave began. She will have to make up any clinical time that she missed and must meet with the Clinical Coordinator to make up a plan. She will also have to make up any class or lab missed and must meet with the class/lab instructors to develop a plan.

## CLINICAL SUPERVISION POLICY

**Direct Supervision:** Students must be directly supervised until competency is achieved. Students must be directly supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement
- evaluates the condition of the patient in relation to the student's knowledge
- is physically present during the conduct of the procedure
- reviews and approves the procedure and/or image

**Indirect Supervision:** Once students have achieved competency, they may work under indirect supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of the level of student achievement.

- Example of inappropriate indirect supervision: A technologist is in one room with a patient and a student is in an adjacent room with a different patient.
- Example of appropriate indirect supervision: A student is in a room with a patient, and the technologist is within voice range of the student while completing paperwork or other duties that could be stopped immediately.

**Supervision during Repeat Images:** Repeat images must be completed under direct supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices. The ARRT registered technologist:

- evaluates the previous image and discusses with the student how to correct the image
- is physically present during the procedure
- reviews and approves the repeat image(s)

### DISCIPLINARY ACTION POLICY

Disciplinary actions are applied equally and equitably. The degree of discipline depends on the severity, frequency, and circumstances under which the offense occurred. A student may be removed from clinical education due to investigation of action and may not return until approved by program faculty. Any absences must be made up in accordance with the Attendance Policy. Students who do not abide by the policies and expectations of the MWH School of Radiologic Technology are subject to corrective action that include the following:

1 <sup>st</sup> offense: Written warning by CC 2 <sup>nd</sup> and all subsequent offenses: Written warning by CC and 1% deduction from final clinical grade *Student will be sent home to correct dress code violation and may return to clinical	Violation of dress code policy, including not wearing student ID badge or dosimeter
Each offense: Written warning by CC and 2% deduction from final clinical grade	Radiographic Mismarking Policy
1 <sup>st</sup> offense: Written warning by CC 2 <sup>nd</sup> and subsequent offenses: Conference with CC and PD and 5% deduction from final clinical grade	Social Media Policy
	Electronics usage policy
1 <sup>st</sup> offense: Written warning by CC and 5% deduction from final clinical grade 2 <sup>nd</sup> offense: Conference with CC and PD and 5% deduction from final clinical grade 3 <sup>rd</sup> offense: Conference with CC and PD and dismissal from the program	Insubordination
	Sleeping while clocked-in during clinical education
	Violation of Clinical Supervision policy
	Violation of Radiation Safety policy
Conference with CC and PD and dismissal from the program:	Patient Misidentification Errors
	Failure to Complete Associate Degree by end of 2 <sup>nd</sup> semester
	Nonpayment of tuition within 5 days of published date
	Grade below a C in any program course

	Failure to complete requirements outlined in educational plan
	Violation of Professional Conduct Policy
	Unprofessional, unsafe, and/or unethical conduct
	Possession of a firearm or other weapon on MWHC properties
	Violation of patient confidentiality - HIPAA violation
	Violation of the Academic Integrity/Honor Policy
	Violation of Substance Abuse Policy
	Hostile actions
	Harassment

\*Any absence must be made up in accordance with the Attendance Policy.

Educational benefits will be discontinued, pursuant to *38 CFR 21.4253(d)(1)*, when a veteran or eligible person is dismissed from the program as a result of the Disciplinary Action Policy. The school will no longer certify GI Bill benefits for the student.

### **DUE PROCESS POLICY**

**Types of Grievances:**

**A. General complaints:**

Students may address complaints with the appropriate faculty member (i.e., Clinical Coordinator and/or Program Director/Manager at any time. This will not invoke the grievance procedure outlined below.

**B. Academic grievance procedure:**

This is 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. 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.

**C. Non-academic grievance procedure:**

This is 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/or 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, 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 Preceptor,

Competency Evaluator, Clinical Coordinator or Program Director/Manager; prejudicial treatment of a student by a Clinical Preceptor, Competency Evaluator, Clinical Coordinator or Program Director/Manager; or an administrative error in the application of a policy by a Clinical Preceptor, Competency Evaluator, Clinical Coordinator or Program Director/Manager.

### **Grievance process:**

1. This process 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. **Academic grievance:** The student may address the issue in writing to the course instructor within five business days of the occurrence in writing outlining his/her issue. 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 grievance procedure.
  - b. **Non-academic grievance:** The student may address the issue in writing to the Clinical Coordinator within five business days of the occurrence in writing outlining his/her issue. The Clinical Coordinator 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 grievance procedure.
2. The student may address the issue in writing to the School of Radiologic Technology Program Director/Manager. The Program Director/Manager will discuss the issue with the course instructor, meet with the student, review the issues in the grievance, and respond to the student in writing within five business days. If the student is unsatisfied with the Program/Director/Manager's written response and wishes to further pursue his/her issue, then the student should advance to step three in the due process procedure.
3. The student may send a written request to schedule a meeting with the Director, Clinical Operations, Imaging, Pathology, and Laboratory Services within five days. The student may request that the Senior Vice President & Chief Human Resources Officer or designee be present at this meeting. The School of Radiologic Technology Program Director/Manager will also be in attendance. The Director, Clinical Operations, Imaging, Pathology, and Laboratory Services will prepare a written response to the student within five business days. If the student is unsatisfied with the response, the student should advance to step four in the due process procedure.
4. The student may send a written request to schedule a meeting with the Senior Vice President & Chief Human Resources Officer 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 Senior Vice President & Chief Human Resources Officer or designee is final. The Senior Vice President & Chief Human Resources Officer or designee has the responsibility to interpret the grievance in light of established policies, procedures, and rules but does not have the right to formulate or change school policies or procedures.

### **JRCERT Noncompliance**

A complete copy of the JRCERT Standards 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/Manager. The Program Director/Manager has 5 business days to respond. If the student is not satisfied, the discussion should be taken to the Administrative Director of Hospital Imaging Services. The Administrative Director of Hospital Imaging Services 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 the strictest confidence.

### **Complaints to SCHEV**

Complaints that cannot be resolved by direct negotiation with the school in accordance with its written grievance process may be filed with the State Council of Higher Education for Virginia (SCHEV), 101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor, James Monroe Building, Richmond, VA 23219. All student complaints must be submitted in writing.

### **Grievance to the Virginia State Approving Agency (SAA) and the U.S. Department of Veterans Affairs**

The Virginia State Approving Agency (SAA) is the approving authority of education and training programs for Virginia. The SAA office investigates complaints of GI Bill® beneficiaries. While most complaints should initially follow the school's grievance policy, if the situation cannot be resolved at the school, the beneficiary should contact the SSA office via email [ssa@dvs.virginia.gov](mailto:ssa@dvs.virginia.gov).

*GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at <http://www.benefits.va.gov/gibill>.*

No student will be subject to unfair actions as a result of initiating a complaint proceeding to program faculty, the JRCERT, SCHEV, or the SAA.

# CLINICAL EDUCATION

Clinical content and integrated clinical experiences ensure a sequential, comprehensive experience exposing students to many facets of the imaging sciences. Educational design (step-lock) promotes student's application, synthesis, integration, critical analysis, and evaluation of theories and concepts in performing procedures. During five sequentially structured competency-based experiences, in conjunction with rotational objectives, course objectives, and didactic courses, student professional development reflecting recognition/appreciation of the healthcare team and patient centered care is examined and evaluated. Clinical experiences focus on competent patient care and assessment utilizing total quality management in the performance of radiographic procedures. Outcome assessment is based on achievement of clinical competency inclusive of the patient's well-being prior, during, and following radiographic procedures.

## CLINICAL EDUCATORS

### **Clinical Preceptors must:**

1. Document two years of clinical experience in the professional discipline
2. Be proficient in supervision, instruction, and evaluation
3. Be an ARRT registered technologist in radiography with CEU compliance
4. Enforce school policies pertaining to students
5. Demonstrate a desire to work with students and to assist them in achieving their goals and objectives
6. Demonstrate a comprehensive understanding of radiographic procedures and exposure manipulation
7. Be objective when grading the student on work performed
8. Maintain knowledge of department policies and protocol

As a part of the competency program, students will have their performance evaluated to document their progress.

### **Competency Evaluators must:**

1. Be an ARRT registered technologist in radiography with CEU compliance
2. Be able to enforce the school policies pertaining to students
3. Be objective when grading the student on work performed
4. Be approved by the MWH School of Radiologic Technology faculty with recommendation from supervisor/Clinical Preceptor
5. Maintain knowledge of department policies and protocol

## CLINICAL COMPETENCY REQUIREMENTS

The clinical competency requirements include:

- Ten mandatory general patient care procedures
- Thirty-nine mandatory imaging procedures
- Fifteen elective imaging procedures selected from a list of 34 procedures. One of the 15 elective imaging procedures must be selected from the head section, and two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.
- Ten terminal competencies

One patient may be used to document more than one competency; however, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both).

### 1. General Patient Care Procedures

**Requirement:** The procedures should be performed on patients whenever possible, but simulation is acceptable if state regulations or institutional practice prohibits candidates from performing the procedures on patients.

General Patient Care Procedures	Date Completed	Competency Verified By
CPR/BLS Certified		
Vital signs – Blood pressure, temperature, pulse, respiration, pulse oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture*		
Assisted Patient Transfer (e.g., Slider board, mechanical life, gait belt)		
Care of Patient Medical Equipment (e.g., oxygen tank, IV tubing)		

\*Venipuncture can be simulated by demonstrating aseptic technique on another person, but then inserting a needle into an artificial forearm or suitable device.

### 2. Imaging Procedures

Students must demonstrate competency in all 39 procedures identified as mandatory (M). Students must demonstrate competency in 15 of the 34 elective (E) procedures. One elective must be from the head section. Two of the electives must be selected from the fluoroscopic studies section. A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the competency list.

Institutional protocol will determine the positions or projections used for each procedure. When performing imaging procedures, the candidate must independently demonstrate: patient identity verification, examination order verification, patient assessment, room preparation, patient management, equipment operation, technique selection, patient positioning, radiation safety, image processing, and image evaluation.

### Master List of Competencies Required for Graduation

Imaging Procedure	Mandatory or Elective	Eligible for Simulation	Date Completed	Patient or Simulated	Competency Verified By	Final Grade
<b>Chest and Thorax</b>						
Chest Routine	M					
Chest AP (Wheelchair or Stretcher)	M					
Ribs	M	✓				
Chest Lateral Decubitus	E	✓				
Sternum	E	✓				
Upper Airway (Soft Tissue Neck)	E	✓				
Sternoclavicular Joints	E	✓				
<b>Upper Extremity</b>						
Thumb or Finger	M	✓				
Hand	M					

Wrist	M					
Forearm	M					
Elbow	M					
Humerus	M	✓				
Shoulder	M					
Clavicle	M	✓				
Scapula	E	✓				
AC Joints	E	✓				
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M					
Trauma: Upper Extremity (Nonshoulder)*	M					
<b>Lower Extremity</b>						
Toes	E	✓				
Foot	M					
Ankle	M					
Knee	M					
Tibia-Fibula	M	✓				
Femur	M	✓				
Patella	E	✓				
Calcaneus	E	✓				
Trauma: Lower Extremity*	M					
<b>Head – Candidates must select at least one elective procedure from this section**</b>						
Skull	E	✓				
Facial Bones	E	✓				
Mandible	E	✓				
Temporomandibular Joints	E	✓				
Nasal Bones	E	✓				
Orbits	E	✓				
Paranasal Sinuses	E	✓				
<b>Spine and Pelvis</b>						
Cervical Spine	M					
Thoracic Spine	M	✓				
Lumbar Spine	M					
Cross Table Lateral Spine (Horizontal Beam)	M	✓				
Pelvis	M					
Hip	M					
Cross Table Lateral Hip (Horizontal Beam)	M	✓				
Sacrum and/or Coccyx	E	✓				
Scoliosis Series	E	✓				
Sacroiliac Joints	E	✓				
<b>Abdomen</b>						
Abdomen Supine	M					
Abdomen Upright	M	✓				
Abdomen Decubitus	E	✓				

Intravenous Urography	E					
<b>Fluoroscopy Studies – Candidates must select 2 procedures from this section and perform per site protocol</b>						
Upper GI Series, Single or Double Contrast	E					
Contrast Enema, Single or Double Contrast	E					
Small Bowel Series	E					
Esophagus (not swallowing dysfunction study)	E					
Cystography/Cystourethrography	E					
ERCP	E					
Myelography	E					
Arthrography	E					
Hysterosalpingography	E					
<b>Mobile C-Arm Studies</b>						
C-Arm Procedure (requiring manipulation to obtain more than one projection)	M	✓				
Surgical C-Arm Procedure (Requiring manipulation around a sterile field)	M	✓				
<b>Mobile Radiographic Studies</b>						
Chest	M					
Abdomen	M					
Upper or Lower Extremity	M					
<b>Pediatrics (age 6 or younger)</b>						
Chest Routine	M	✓				
Upper or Lower Extremity	E	✓				
Abdomen	E	✓				
Mobile Study	E	✓				
<b>Geriatric Patient**</b>						
Chest Routine	M					
Upper or Lower Extremity	M					
Hip or Spine	E					
<b>CT Procedures</b>						
CT Head	M					
CT Chest	M					
CT Abdomen/Pelvis	M					

\*Trauma requires modification in positioning due to injury with monitoring of the patient’s condition.

\*\*Geriatric patient is at least 65 years old and is physically or cognitively impaired as a result of aging.

### Terminal Competency Requirements

Students must complete ten (10) terminal competency exams assigned by the Clinical Preceptor or the Clinical Coordinator. Students must have completed all ARRT required competencies prior to completing terminal competencies. A student may begin completing terminal competencies in Clinical Education IV; however; they must be completed during Clinical Education V.

Terminal competencies include:

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

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.

### Imaging Procedure Competencies to be Completed Each Semester

RAD 130 Clinical Education I	4 competencies
RAD 132 Clinical Education II	13 competencies
RAD 230 Clinical Education III	10 competencies
RAD 232 Clinical Education IV	14 competencies and may complete terminal competencies
RAD 234 Clinical Education V	13 competencies and 10 terminal competencies

### ACHIEVING CLINICAL COMPETENCY

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

1. Successfully achieve competency on the didactic exam and laboratory exam
2. Verbally request to test for competency on the exam prior to the start of the exam
3. Participate in any other X-ray exams that are ordered on the patient
4. Have previously documented in Trajecsys that they have observed one exam and have practiced the required number of exams under the **direct supervision** of a registered technologist before the exam begins.
  - a. **Observe** – Student watches the technologist perform the exam, while in the room with the technologist (not standing behind a control panel).
  - b. **Assist**- Student assists the technologist in the performance of the exam by performing tasks such as placing or running cassettes, completing computer documentation, transporting or assisting the patient (this list is not all inclusive). As students’ progress in ability, an assist may serve as an observe as long as the student has participated in the entire exam.
  - c. **Practiced with major assistance** Student performs the exam under direct supervision with major assistance.
  - d. **Practiced with minor assistance**- Student performs the exam under direct supervision with minimal assistance.
  - e. **Perform**- Student performs the exam under indirect supervision. Students are required to use their personal markers when testing for competency. If the student’s markers are missing from all of the images in the exam, the competency will be rejected. In Epic, the student must document themselves as the performing technologist, and the comp evaluator as additional staff. The Clinical Coordinator will reject exams that are incorrectly entered into Epic.
5. Must perform the exam without technologist assistance (lifting assistance by staff is permitted)
6. Pass the competency with a minimum grade of 85%
7. 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 in Trajecsys. Exams that are approved in Trajecsys by the Clinical Coordinator will be marked as being Validated. Following the update on the master clinical file, the student may perform that procedure under indirect supervision, with the exception of

portable and OR exams. The Clinical Coordinator reserves the right to revoke competencies based on clinical performance and to assign clinical remediation as necessary.

### **Portable, Pediatric, Geriatric, and Trauma Competencies**

Prior to testing for competency on portable, pediatric, geriatric, and trauma procedures, the student must first have successfully achieved competency on a non-portable, non-pediatric, non-geriatric, and non-trauma procedure of the same type.

### **Ungraded Clinical Competencies**

Once a student has successfully achieved clinical competency on a procedure, they must submit an answer on MWH SoRT Ungraded Competency Google form and ensure that the supervising technologist submits the appropriate online Trajecsyst clinical competency form. All Trajecsyst clinical competency forms must be submitted for grading in Trajecsyst by the supervising technologist who was present during the initial procedure for the original date in which the procedure was performed by the student.

## **CLINICAL EXAM DOCUMENTATION**

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during his/her formal education.

During the program and for certification and accreditation purposes, students are required to document various exams and/or activities in Trajecsyst. Students will never record the patient's protected health information (PHI) for documentation purposes. Students will use their initials in addition to the patient's medical record number for clinical exam verification purposes only.

## **CLINICAL ROTATIONS**

Students are assigned to the clinical sites on a rotational basis. Schedules are given to students and the clinical preceptors prior to each semester. Students are expected to stay in the clinical area assigned. If there are no cases in the assigned area, then they may rotate to other areas; however, the students assigned to the other area will have priority in completing procedures/competencies. Students may not "swap" assignments. Clinical assignments can be modified on a case-by-case basis at the discretion of the Clinical Coordinator.

## **LEAD IDENTIFICATION MARKERS**

Students will purchase two sets of personal (initialed) lead markers at the beginning of the program of study. Students can order markers online at <http://pjaxray.com/x-ray-markers/position-indicator-markers.html> The school will confirm and approve the **three** initials that the students will use on their markers.



ALUM MARKERS 1/2" L&R  
(RED-BLUE STANDARD)

Price: \$22.50

AS LOW AS: \$11.25

- Students are expected to bring their markers to clinic 100% of the time. Students who forget their markers are to notify program faculty and are permitted to use generic markers for the day to perform exams. Lead identification markers are required on all competency examinations.
- Markers must be placed “anatomically correct”  
Ex: A right posterior oblique (RPO) cervical oblique may be marked with a left marker as long as it is anatomically correct.
- Lead markers and all digital information such as patient position or grid use on images should be placed outside of the anatomy.
- Students are to place their markers uniformly on extremity exams and to position extremities parallel to the IR border to make the images look more professional.

### **RADIOGRAPH MISMARKING POLICY**

Students are expected to self-report any mismarkings of images performed while under indirect supervision that are visualized on the image. The incident must be reported on the same day in which it occurred and reported to supervising technologist and Clinical Coordinator.

### **BOOKS IN CLINIC**

Students may take textbooks, workbooks, notebooks, and flash cards with them to clinic. They may only study if there are no patient exams or outstanding tasks such as stocking/cleaning rooms.

### **EXAM ACCURACY**

Prior to taking radiographs on any patient in an MWHC facility, students under direct and indirect supervision must verify that the:

- patient’s identity is confirmed by using two identifiers. All patients must be identified by two identifiers prior to any clinical treatment or procedure.
- outpatient electronic prescription is signed by the ordering provider (MD, PA, NP).
- outpatient written prescription is scanned into media files and verified for accuracy.
- physician's name on the ancillary orders tab located in the electronic medical record is the ordering physician whose name appears in the patient’s chart or on the prescription.
- correct patient identification information is selected on the procedure worklist on any imaging system being used, regardless of whether the information can be corrected prior to sending images to PACS.

- exam accession number matches the exam being performed.
- correct patient identification information is selected in EPIC for exam tracking.
- date and time of the order are appropriate. Timed exams or preordered exams must be completed at the appropriate time.
- prescription is not expired and has been signed. Student is responsible for verifying the expiration date as appropriate by the facility.
- correct side is ordered and that the correct side is being examined.

### **WET READINGS/DISCHARGE INSTRUCTIONS**

Students are not permitted to approach radiologists for wet reading results or provide discharge instructions to patients unless they are accompanied by an ARRT registered technologist.

### **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 the enema tip insertion competency for BE procedures. The competency will consist of one documented observation of a BE tip insertion 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 tip insertion 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 the patient is not reasonably clothed or draped unless a radiology or hospital Associate is also present.

## ACADEMIC CALENDAR 2022-2024

New class orientation cohort 31	August 10, 2022
Tuition payment due	August 19, 2022
Fall semester begins cohort 31	August 22, 2022
Labor Day	September 5, 2022
Tuition payment due	October 7, 2022
Thanksgiving break	November 21, 2022 – November 25, 2022
Finals	December 12, 2022 - December 16, 2022
Holiday Break	December 19, 2022 – January 6, 2023
Tuition payment due	January 06, 2023
Spring Semester Begins	January 09, 2023
Tuition payment due	February 24, 2023
Spring break	March 13, 2023 – March 17, 2023
Finals Week	May 1, 2023 – May 4, 2023
Graduation cohort 30	May 5, 2023
Semester Break	May 8, 2023 – May 19, 2023
HESI Testing	May 15, 2023 – May 19, 2023
Tuition payment due	May 19, 2023
Summer Semester Begins	May 22, 2023
Memorial Day	May 29, 2023
Tuition payment due	June 16, 2023
Independence Day	July 4, 2023
Final's week	July 31, 2023 – August 4, 2023
Semester break	August 7, 2023 – August 18, 2023
New class orientation cohort 32	TBA
Tuition payment due	August 18, 2023
Fall semester begins cohort 32	August 21, 2023
Labor Day	September 4, 2023
Tuition payment due	October 6, 2023
Thanksgiving break	November 20, 2023 – November 24, 2023
Finals	December 11, 2023 - December 15, 2023
Holiday Break	December 18, 2023 – January 5, 2024
Tuition payment due	January 5, 2024
Spring Semester Begins	January 8, 2024
Tuition payment due	February 23, 2024
Spring break	March 11, 2024 – March 15, 2024
Finals Week	April 29, 2024 – May 3, 2024
Graduation cohort 31	May 4, 2024
Semester Break	May 6, 2024 – May 24, 2024
HESI Testing	May 13, 2024 – May 17, 2024
Tuition payment due	May 17, 2024
Summer Semester Begins	May 20, 2024
Memorial Day	May 27, 2024
Tuition payment due	June 14, 2024
Independence Day	July 4, 2024
Final's week	July 29, 2024 – August 2, 2024
Semester break	August 5, 2024 – August 16, 2024

# APPENDICES

# ANTI-HARASSMENT



## Mary Washington Healthcare

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

Mary Washington Healthcare adopts this policy and procedure for all MWHC entities and departments (including but not limited to): 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 harassment as unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Sexual harassment is further described 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 legally prohibited conduct defined above and covered by this organization's policies 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 specifically and 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, genetic information, disability or status as a protected veteran. In addition, MWHC also prohibits bullying and additional forms of harassment including but not limited to harassment based upon transgender identity, obesity, and other various known forms of harassment.

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
5. Prohibited harassment includes 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, status as a protected veteran and/or other protected traits 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. Impermissible 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).
6. 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 the following:
- 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. Senior Vice President of Human Resources, and
  - f. MWHC Values Line at 1-540-899-CARE or [899care@mwhc.com](mailto: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.

7. If, after a thorough investigation, a complaint for unlawful harassment or harassment prohibited by this policy is found to have merit, prompt corrective action will be taken. This will include either informal (coaching, education, etc.) or formal (discipline) action as warranted by the offense -- up to and including termination of employment. The organization may also impose formal action for inappropriate behavior that is brought to its attention, without regard to whether the conduct technically constitutes harassment or another violation of law.
8. 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.
9. Refer also to Mary Washington Healthcare's [Nondiscrimination Policy](#).
10. If you have any questions concerning this policy, please contact your designated Human Resource Business Partner, the HR Director of Associate Relations, or the Senior Vice President of Human Resources.

#### 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 via Computer Based Learning (CBL) and a copy of the policy will be posted on MWHC's policy database which may be accessed by any MWHC Associate. Associates will be reminded of the policy by written memorandum via 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 Senior Vice President of Human Resources or his/her designee and will identify the types of conduct and situations that can be considered unlawful or impermissible discrimination, harassment and retaliation. The training will be designed to 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 Senior Vice President of Human Resources 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 may be requested to handle and conduct the initial investigation of a sexual harassment complaint.
6. Prompt corrective action will be taken when unlawful or other prohibited 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; 8/20

## 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

# COMMUNICABLE DISEASE GUIDELINES



## Mary Washington Healthcare

Level: Corporate  
Supersedes: Communicable Disease Control Guidelines

### Objective:

To establish procedures for the care and management of patients with a communicable disease in order to decrease the transmission or exposure of communicable disease to patients and hospital personnel.

### Supportive Data:

Communicable diseases are those caused by a specific agent or its toxic products, transmitted either by direct contact or indirectly through contaminated articles. These highly transmissible or epidemiologically important significant pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. Disease processes to consider include, but not limited to: *Neisseria meningitidis*, varicella chicken pox, pertussis, measles and tuberculosis.

1. *N. meningitidis* – a gram negative diplococcus, exposure consists of close face to face contact with mucosal secretions. Once the patient has been on 24 hours of appropriate antibiotic therapy, there is no risk of exposure. Place patients with this organism on Droplet Precautions.
2. Chickenpox Varicella – primary infection with the varicella zoster virus, manifested by a generalized pruritis, vesicular rash with mild fever and systemic symptoms. Patients with chicken pox are most contagious one to two days before and shortly after the onset of the rash. Patients remain contagious until all lesions are crusted and no new lesions have erupted for 24 hours. Place patients with chickenpox on Airborne Precautions and Contact Precautions in a negative pressure room in accordance with the [Isolation, Transmission-Based Precautions](#) policy.
3. Pertussis – bacterial respiratory infection that causes a severe cough often followed by vomiting. Exposure to pertussis occurs by close contact with respiratory secretions. Patients are most contagious during the early stage of the disease before the onset of severe coughing. Place patients who have or are suspected to have pertussis on Droplet Precautions in accordance with the [Isolation, Transmission-Based Precautions](#) policy.
4. Measles (Rubeola) – an acute and contagious respiratory virus that causes fever, runny nose, cough and a rash that can spread over the entire body. Measles virus normally grows in cells lining the back of the throat and lungs. Exposure to measles occurs by contact with respiratory secretions of the affected individual's breathing, coughing or sneezing. Place patients who have or are suspected to have measles on Airborne Precautions in a negative pressure room in accordance with the [Isolation, Transmission-Based Precautions](#) policy.
5. Tuberculosis (TB) – a bacterial respiratory infection that causes a bad cough lasting 3 weeks or longer, chest pain, coughing up blood or blood in sputum, weakness or fatigue, weight loss, loss of appetite, chills, fever and night sweats. Exposure to tuberculosis occurs by contact with respiratory secretions of the affected individual's breathing, coughing or sneezing. Place patients who have or are suspected to have TB on Airborne Precautions in a negative pressure room in accordance with the [Isolation, Transmission-Based Precautions](#) policy.

### Care of Patients:

#### Precautions

1. Standard Precautions are always used following the [Standard Precautions](#) policy.

2. Isolation procedures will be followed as indicated in the [Isolation, Transmission-Based Precautions](#) policy.
3. Hospital approved resources are available online and through the Infection Prevention Office.

#### Patient Assessment

1. Pertinent history to include recent travel, exposure to communicable diseases, immunization status of patient/family. Treatment of any symptoms will be noted.
2. Physical Findings: vital signs, weight, review of systems for symptoms pertinent to each disease.
3. Psychosocial concerns/developmental factors
  - a. Age, developmental level.
  - b. Previous coping mechanisms.
  - c. Extended family support.
  - d. Community resources.
  - e. Habits (what comforts child/patient), eating/bedtime routines, favorite objects.
4. Patient and family knowledge. The patient and/or family will be able to verbalize and demonstrate an understanding of required immunizations. Family members will be assessed for immune status as appropriate, i.e., staph or Group A-B strep infections. Allow visitation when appropriate and possible to provide emotional support. Patient and/or family will take steps to limit exposure of others if disease is present.
5. Assess for continuing care needs. Care will be provided to limit risks of secondary bacterial infection of skin lesions or systemic infections.

#### Related Nursing Diagnosis

1. Potential for infection related to susceptibility of exposed individual, virulence of organism.
2. Alteration in comfort, related to:
  - a. Pain – related to disease process.
  - b. Pruritus – related to rash or lesions.
  - c. Impairment of skin integrity related to rash or lesions.
3. Fluid volume deficit related to fever, decreased fluid intake, etc.
4. Diversional activity deficit related to isolation from peers.
5. Knowledge deficit regarding disease process and goals of treatment.
6. Inadequate airway maintenance, secondary to:
  - a. Impaired gas exchange.
  - b. Ineffective airway clearance.
  - c. Ineffective breathing pattern related to neurologic damage.
7. Bronchopneumonia is one of the chief complications of measles and may be caused by the measles virus itself or due to secondary bacterial invasion.

#### Interventions

1. Vital signs per unit standard or as patient condition warrants. Weight every other day. Intake and output (I&O) every shift or as ordered.
2. Treatment administered per physician orders
3. Maintain skin integrity related to pruritus, rashes, lesions. Use of soothing tepid baths, (mild soap and water to help prevent infection). **Topical antibiotics are sensitizing and should not be used.**

#### **Exposure Management:**

1. Infection Prevention and MWHC Health and Wellness Department will review a communicable disease brought to their attention.
2. The disease will be reviewed for:
  - a. Mode of transmission
  - b. Incubation period
  - c. Communicability
  - d. Control measures
3. A contact list of Associates involved in the treatment of patients pre-isolation will be reviewed with the appropriate manager by MWHC Health and Wellness staff.
4. Treatment recommendations including prophylaxis and follow up will be provided to exposed

Associates in accordance with standard exposure protocols established by MWHC Health and Wellness Medical Director

5. Reference texts used in making those recommendations may include:
  - a. Red Book on infectious diseases of the American Academy of Pediatrics
  - b. American College of Physicians Adult Guide for Immunization text
  - c. CDC MMWR recommendations on treatment of sexually transmitted diseases
6. The local Health Department will be notified as appropriate according to the policy [Communicable Disease Control, Reporting and Regulation of](#).
7. In the event the communicable disease potentially exposed other patients, a communication to physicians will come from the medical director of Infection Prevention. Health and Wellness will notify the appropriate executive vice-presidents to include the Chief Medical Officer and the EVP of Human Resources and Organizational Development. The Medical Director of Infection Prevention, along with the Infection Prevention Department, will provide information to the local Health Department regarding patients who may have been potentially exposed.  
For additional information, refer to:  
[OSHA Exposure Control Plan](#)  
[Rabies Exposure](#)

Policy reviewed/approved by:  
MWH Infection Control Committee, April 18, 2018.  
SH Infection Control Committee, April 10, 2018.  
FASC Infection Control/Quality Committee, July 3, 2018.

**Approved:** 2/86  
**Reviewed:** 6/97; 2/00  
**Revised:** 2/89; 2/90; 2/92; 1/95; 3/98; 2/02; 6/04; 12/06, 10/08; 1/09; 1/13; 7/14; 12/18

## SOCIAL MEDIA/ELECTRONIC COMMUNICATIONS



### 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

## PREGNANCY DETERMINATION PRIOR TO RADIOGRAPHIC EXAMS



### Mary Washington Hospital, Stafford Hospital

Level: System – Hospital  
Supersedes: LMP Documentation in Radiology

#### Objective:

To provide guidelines for the Radiology Technologist to complete the Pregnancy Questionnaire Form to avoid radiation exposure to an unborn fetus, particularly during the first trimester.

#### Content:

1. Prior to participating in any radiographic examination (as a patient, parent holding or remaining with a child, Associate or other person assisting or holding a patient during an examination), all females of child bearing age (11 years to 50 years, inclusive) are questioned as to their last menstrual period (LMP), and the possibility of their being pregnant.
2. The date of the LMP and other information obtained during the questioning of the patient are documented on the Pregnancy Questionnaire Form (FR-RAD-008) found in the Forms Database.
  - a. Under VA law, an individual under the age of 18 is considered to be a minor. Minors are considered to be adults with regard to medical information concerning birth control, pregnancy, and family planning. A minor can complete and sign the Pregnancy Questionnaire Form. The minor's parent or other responsible adult should not be asked to sign this form.
  - b. For patients having multiple examinations on the same day, or an inpatient throughout the duration of their inpatient stay, it is only necessary to complete the Pregnancy Questionnaire Form once.
  - c. Pregnancy Questionnaire Forms that have been completed by the patient, parent or primary caregiver (when remaining with a child during a radiographic examination) are retained in the PACS system.
2. If the LMP is more than 28 days ago or if the patient states that pregnancy is known or possible, the examination is not initiated until further evaluation and information is obtained.
3. If the patient states that pregnancy is impossible because she is post-menopausal for at least one year, premenstrual, has had a total hysterectomy, or is currently undergoing radiation therapy to the abdomen or pelvis, or chemotherapy, this is noted on the Pregnancy Questionnaire Form.
4. When there is any question of pregnancy or the patient is known to be pregnant, the technologist notifies the Radiologist or physician ordering the exam.
5. The Radiologist or physician ordering the exam will provide direction for proceeding with or canceling the radiographic study. If pregnancy is unknown or the LMP is not within 28 days, the following options are available:
  - a. Other imaging modalities that do not utilize x-ray or that result in less radiation exposure to the fetus may be considered. For example, an Ultrasound or Diagnostic X-ray procedure may be chosen over a CT Scan.
  - b. The patient's exam may be rescheduled after the onset of menses
  - c. A pregnancy test may be ordered. Note: The parent does not have to give permission for a pregnancy test to be performed on a minor.
  - d. For non-contrast exams using ionizing radiation above the abdomen or below the hips, the patient may elect to proceed with the exam after reviewing the information on the back of the Pregnancy Questionnaire Form. The Technologist will place an "X" next to the applicable section.
  - e. The parent, Associate, or other person who was going to remain in the room with the patient during the examination is advised not to do so.
6. Pregnancy test results are documented on the Pregnancy Questionnaire Form and reviewed by the Radiologist or ordering physician prior to proceeding with the radiographic examination.
  - a. The procedure may be initiated without consultation with the Radiologist only if the pregnancy test is negative or the criteria are met in section #8 below.

- b. Exceptions are made at the discretion of the Radiologist or ordering physician under life threatening or extenuating circumstances.
- 7. If a minor's exam is canceled because pregnancy is determined or suspected, this confidential "protected" information cannot be communicated to the parent unless the minor consents to this. If the minor does not consent to this, the parent can only be told the following: "Your daughter's exam has been canceled. The reason needs to be discussed with your daughter. Your daughter did not give permission for me to discuss this with you."
- 8. If the patient is pregnant, information is provided to her regarding the possible risks and benefits of proceeding with the examination. This information is provided as follows:
  - a. For exams above the abdomen or below the hips using ionizing radiation or non-contrast MRI, the patient may elect to proceed with the exam after reviewing the information on the back of the Pregnancy Questionnaire Form. The information on the back of the Pregnancy Questionnaire Form provides patient education related to the imaging test during pregnancy. After review, the patient and the technologist will place their signatures in the box on the front of the pregnancy form.
  - b. For exams of the pelvic area (anywhere between the umbilicus and the symphysis pubis) using ionizing radiation and exams that require the administration of a radiopharmaceutical, the Radiologist or ordering physician explains the possible risks, benefits, complications, and alternatives to the proposed radiographic procedure to the patient and obtains written consent from the patient prior to proceeding with the exam. The patient's consent is documented on the reverse side of the Pregnancy Questionnaire Form.
  - c. Non-Contrast MRI: If the patient is pregnant and having a non-contrast MRI, the Technologists will consult with the Radiologist prior to initiating imaging. Permission to proceed with MRI imaging is documented in the box located on the front of the pregnancy form.
  - d. Contrast MRI: If the patient is pregnant and is having an MRI procedure using contrast media (Gadolinium), the Pregnancy/Fetal MRI Gadolinium Consent (FR-1425-MWHC) form (this covers the mother and/or the fetus) will also be completed. (Note: it is not necessary to consent pregnant patients for MRI procedure if no contrast is being used.)
- 9. Shielding of the patient and any other special precautions or protective measures as directed by the Radiologist or referring physician (such as limited studies or views) is documented on the Pregnancy Questionnaire Form.
- 10. Pregnancy Questionnaire Forms that have been completed by the patient, parent or primary caregiver (when remaining with a child during a radiographic examination) are retained in the PACS system.

Refer to the Forms Database: Pregnancy Questionnaire (FR-RAD-008 Rev 9/2019) Pregnancy/Fetal MRI Gadolinium Consent (FR-1425-MWHC Rev 5/2019)

Approved: 3/90

Reviewed: 10/91; 1/95; 1/98; 12/12

Revised: 1/95; 9/01; 4/04; 9/04; 5/05; 4/08; 12/08; 10/14; 11/16; 10/19



**PROGRAM HANDBOOK AGREEMENT**

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

\_\_\_\_ I read and understand the information provided in the student handbook.

\_\_\_\_ I had an opportunity to ask questions about all material and had those questions answered.

\_\_\_\_ I understand that failure to follow any of these policies may result in disciplinary action.

**Photography Release**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Permission to Survey Future Employer**

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name