

**RADIOLOGIC TECHNOLOGY PROGRAM**

**STUDENT HANDBOOK**

**and**

**POLICY MANUAL**

Endorsed by the Radiologic Technology Advisory Board

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# Forward

This handbook is designed to be used as a quick reference concerning your responsibilities as a student in the Radiologic Technology Program. It also provides space to record your day-to-day clinical activities and includes your clinical labs.

This handbook will also serve as a supplement to the College Student handbook which is located on the college’s web site @https://catalog.middlesex.mass.edu/. You are encouraged to study these handbooks and be completely familiar with each. These handbooks will assist you with answers to the many questions that arise each year relative to the policies of the college, the program, and clinical affiliates.

# Mission Statement

The mission of the Radiologic Technology program is to provide a high-quality equitable learning environment, which will prepare a diverse group of Radiographers for the evolving workforce. Through clinical partnerships, students will provide the highest level of quality and empathetic patient care, perform a variety of diagnostic procedures safely, and demonstrate professionalism.

# Program Goals

1. Students will be clinically competent.
2. Students will communicate effectively.

3. Students will demonstrate effective critical thinking skills.

# Student Learning Outcomes

1. Students will position patients accurately.
2. Students will practice radiation safety following ALARA standards.
3. Students will exhibit professional behaviors.
4. Students will demonstrate effective written skills.
5. Students will demonstrate effective oral communication skills.
6. Students will perform non-routine exams effectively.
7. Students will modify technical factors and exposure indexes.

# COLLEGE POLICIES

The following policies are to be observed while attending the academic portion of the program.

##  ATTENDANCE:

The course professor establishes attendance requirements.

##  EXAMINATION:

1. Examination dates are indicated on the course syllabus for each semester and in addition will be announced one week in advance. In case of inclement weather or other unforeseen circumstances, the examination will be held on the next class day.

2. Make up Examinations: Reasons for anticipated absences for scheduled examination times must be personally communicated to your professor prior to the start of the exam.  Arrangements will be made for a make-up date. A make-up exam will not be given until after the scheduled exam time. **If you do not take an exam during the regularly scheduled time for that exam and do not notify your professor, you will receive a grade of “0” for that exam.  If you notify a professor before the start of the exam, you will receive 90% of your earned grade on the make-up exam**.  For example, if you received a grade of 90 % on your make up exam, the grade 90 will be multiplied by .90 resulting in a grade of 81.

***ACADEMIC INTEGRITY***

1. Cheating: anyone caught cheating on an examination, will receive a zero for that examination. Cheating may result in expulsion from the program.
2. Falsifying Clinical documents will result in expulsion from the program.

## GRADING:

A grade of 2.0 = (C) = 73% in all "RAD" didactic courses must be maintained. Those students with below a "C" average will receive a mid-semester warning. Failure to bring up the RAD course grade by semester end will mean expulsion from the program. Consult your college handbook for the letter grading system.

All Clinical courses are graded on a pass/fail basis. A passing grade of 85% or greater must be maintained. Failure to receive a grade of 85% or greater (passing) could mean expulsion from the program.

## CREDIT HOURS:

 The Radiologic Technology Program calculates credit hours using the formula below:

1. 15 contact hours/semester=1 credit.
2. 1 classroom hour=1 contact hour.
3. 2 lab hours= 1 contact hour
4. 5 clinical hours = 1 contact hour.

Example 1:

Radiologic Positioning I, 3 credit course.

15 week course, 3 contact hours/week.

15x3=45 hours.

45/15=3credits for course.

Example 2:

Clinical Practicum I, 3 credit course.

15 week course, 15 contact hours/week.

15x15=225 hours.

225/5 (ratio of clinic to contact) =45 contact hours/15 (ratio of contact to credit)=3 credit course.

Middlesex Community College follows the Carnegie Unit for credit. Students are expected to spend a minimum of 45 hours of work for each credit. The most common breakdown for one credit is one hour of class instruction and two hours of homework for 15 weeks each semester. A three credit course demands nine hours each week.

## STUDENT RIGHTS:

1. The right to review a student's records and deny continuation in the program due to the student's performance lies with the College and clinical agencies.

2. All official student records are open to the student for inspection.

3. All evaluations conducted in the clinical area are to be signed by the student. This signature signifies that the student has read the evaluation and has received an explanation of the evaluation.

## SMOKING:

Middlesex Community College is smoke free.

## PROBLEMS:

Recognizing that the College and Hospital Affiliates conduct a joint effort in the education of Radiographers; any problem which may arise within the hospital area, must be discussed with hospital officials before involving the college. Failure to satisfactorily resolve the issue will require a further investigation into the problem by the College faculty in conjunction with hospital personnel.

## JRCERT STANDARDS OF COMPLIANCE POLICY:

All complaints regarding allegations that the Radiologic Technology program is in non-compliance of the **STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOLOGIC TECHNOLOGY** can be directed to:

JRCERT

20. N. Wacker Drive

Suite 2850

Chicago, Il 60606-3182

Phone: (312) 704-5300

Fax: (312) 704-5304

mail@jrecert.org or [www.jrcert.org](http://www.jrcert.org)

Upon notification from the JRCERT that the program is in non-compliance the program director will meet with the Clinical Coordinators and Clinical Preceptors within one week and devise a plan to bring the program into compliance.

## STANDARDS FOR AN ACCREDITED PROGRAM IN RADIOGRAPHY

[Standard One: Accountability, Fair Practices, and Public Information](#_TOC_250011)

[The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.](#_TOC_250010)

[Standard Two: Institutional Commitment and Resourses](#_TOC_250011)

[The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program’s mission.](#_TOC_250008)

[Standard Three: Faculty and Staff](#_TOC_250007)

[The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.](#_TOC_250006)

[Standard Four: Curriculum and Academic Practices](#_TOC_250005)

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

[Standard Five: Health and Safety](#_TOC_250004)

[The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.](#_TOC_250003)

[Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement](#_TOC_250002)

[The extent of a program’s effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.](#_TOC_250001)

##

Click on the link or cut and paste link to browser to view the full version of JRCERT 2021 Standards:

<https://www.jrcert.org/jrcert-standards/>

## HARRASSMENT POLICY:

Students effected by or involved with any form of harassment from or towards any fellow student, faculty, clinical staff, patients or any other individual associated with the Radiologic Technology program are unacceptable, impermissible and intolerable. The accepted definition is that which is published in the college Student Handbook. Allegations of harassment within the clinical setting shall be brought to the attention of the clinical education coordinator and forwarded to the program director for action within the policies of both the clinical education setting and college.

## COLLEGE ACTIVITIES:

We do recommend that you become actively involved in college activities, such as the Radiography Club, whenever possible.

***STORM DAYS***

If college classes are cancelled due to inclement weather, students will not attend the clinical portion of the program. Storm days may require make-up days, at the discretion of the clinical preceptor.

## COMMUNICABLE DISEASE POLICY

Students will be admitted to the health programs without regard for the presence of communicable disease. Students who have illnesses may continue to participate in the activities of the college as long as they meet acceptable performance standards and medical evidence indicates that their condition is not a threat to themselves, other students or to their patients.

Students who are immunologically compromised will be excused from institutional requirements for certain vaccinations, notable measles and rubella, as these vaccinations may lead to serious consequences in those with poorly functioning immune systems.

##  BUCKLEY AMENDMENT & STUDENT ACCESS TO RECORDS:

The Family Education Rights and Privacy Act referred to, as The Buckley Amendment, in this policy is to provide the student with a right to privacy and access to their school records. Middlesex Community College Radiologic Technology Program will comply with this amendment outlined in the procedure below.

**PROCEDURE**

Students enrolled in the Radiologic Technology Program will have the following records kept on them:

1. Completed Enrollment Application Form
2. High School Transcripts
3. Letters of Recommendation
4. Placement Examination
5. Transcripts
6. Clinical Competency Evaluations
7. Performance Evaluations
8. Attendance
9. Didactic Examination Scores

The following people will have the responsibility of maintaining and keeping all program related records. These individuals are also authorized to have access to all the aforementioned records.

1. Program Director, Radiologic Technology Program
2. Clinical Coordinator, Radiologic Technology Program
3. Clinical Preceptor, Radiologic Technology Program
4. Enrollment Center, Middlesex Community College.

The members of a site visitation team performed by the Joint Review Committee on Education in Radiologic Technology (for the purpose of accreditation only) will have temporary access to all records only during the actual visitation.

Students wishing to view their records may do so by requesting access from the program director. If there are documents in which the student has waived the right to view, they will be removed from the folder before being given to the student.

After the student has completed viewing the folder, any documents removed will be returned and the file is then returned to the central file.

Records will not be shown to anyone else or mailed to any other institution without the written consent of the student.

## CERTIFICATION EXAMINATION

The American Registry of Radiologic Technologists offers its examination on a computer based testing format. See Examinee Handbook for details. An application fee is required. The application is filled out by the student and endorsed by the Radiologic Technology Program Director.

Individuals convicted of a crime may not be eligible for the American Registry of Radiologic Technologist certification examination.

## PROFESSIONAL SOCIETY MEMBERSHIP

Membership in the American Society of Radiologic Technologist and membership in the Massachusetts Society of Radiologic Technologist is encouraged. Applications will be distributed during department orientation.

## ARRT CODE OF ETHICS

Code of Ethics

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team.TheCodeofEthicsisintendedtoassistCertificateHoldersandCandidatesin maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity if mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status with regard to public assistance, familiar status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations, exercises care, discretion, and judgement; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the
7. The radiologic technologist uses equipment and accessories, employs techniques and procedure, perform services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practice ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgement and/or ability to practice radiologic technology with reasonable skill and safety to patients.

## CPR CERTIFICATION

Students enrolled in the Radiography program will be required to obtain CPR certification at the health care provider level. A copy of your CPR card will be kept on file at the college.

## HEALTH PROGRAMS HEALTH REQUIREMENTS

**MIDDLESEX COMMUNITY COLLEGE**

**NURSING AND ALLIED HEALTH DIVISION**

**HEALTH PROGRAMS HEALTH REQUIREMENTS**

Students accepted to Health Programs must be in compliance with the current immunization requirements specified by the Massachusetts Department of Public Health for Health Care Personnel (HCP) and in accordance with state law, MGL, Chapter 76, Section 15C, and its regulations at 105 CMR 220.000 - 220.700 in order to participate in an externship placement or clinical experience. Students may also be required to meet additional requirements of the particular health program and/or clinical agency as outlined below.

**Students who are not in compliance with these requirements will not be allowed to participate in externship placement or clinical experiences, which may jeopardize their ability to continue in the program.**

**Health Record Requirements**

**Completion of the 4 page Required Student Health Record Form, which includes:**

1. Student Information
2. Physical Examination and evaluation by a health care provider (completed within past 12 months).
3. Testing for Color Deficiency. (This may be administered in Lowell by the health compliance personnel in Pollard 301 or the administrative assistants in Pollard or Derby).
4. TB testing: either two-step **tuberculin skin test** (TST) for Tuberculosis:
* 1st TB/PPD given, read and recorded
* If positive, see notes below
* If negative, repeat in 1-2 weeks (2nd TB/PPD given, read and recorded)

**OR** TB blood test (T-Spot or QuantiFERON Gold)

**Notes:**

* The TB Test must be done before entering the program and updated at least every 12 months.
* Students are only required to do the two-step **Mantoux (TB/PPD) tuberculin skin test upon acceptance into their health program. A one-step Mantoux (TB/PPD) tuberculin skin test OR** TB blood test (T-Spot or QuantiFERON Gold) **will be sufficient to meet the requirements for the annual update.**
* Positive reactors must submit the positive TB test report and a report of a negative chest x-ray performed within the past 5 years.

**Immunization Requirements for Health Care Personnel:**

**Documentation of:**

1. One dose of Tdap vaccination, with a booster (either Td or Tdap) every 10 years.
2. Two doses of MMR (Measles, Mumps, Rubella) vaccine, given at least 28 days apart on/after12 months of age,

**OR** a positive blood titer report for **all three** - (1) Rubeola, (2) Mumps, (3) Rubella

*(with original copy of lab results)*

1. Completion of the 3 dose Hepatitis B (HBV) vaccine series or the new 2 dose Heplisav-B, with a positive Hepatitis B surface antibody (anti HBs) blood titer report *(with original copy of lab results)*
2. Two doses of Varicella vaccine given one month apart,

**OR** a positive Varicella blood titer report *(with original copy of lab results)*

1. One dose of MenACWY meningococcal vaccine administered on or after 16th birthday for any newly enrolled full-time student 21 years of age or younger.

**NOTE:** The COVID-19 vaccine and annual Flu vaccine are strongly recommended for all students enrolled in a health program. Although currently the Massachusetts Department of Public Health does not require these vaccines, students may be required to have these vaccines and show proof if required by a clinical partner. While a reasonable effort will be made to place you in a clinical facility, **clinical placement cannot be guaranteed in an un-immunized status**.

**OSHA Requirements:**

1. Color Deficiency testing (may be administered in Lowell by the health compliance personnel in Pollard 301 or the administrative assistants in Pollard or Derby).
2. Education for OSHA Blood-borne Pathogen Standard and Universal Precautions for all health program students prior to clinical placement.

**Student Health and Medical Insurance:**

All students enrolled in Health Programs are required to carry health insurance because of the potential of exposure to a variety of communicable/infectious diseases as well as contractual requirements of some affiliating agencies. The period of coverage must be current throughout students’ enrollment in the Health Program.

**Malpractice Insurance**

Malpractice/Liability Coverage of one million dollars per incident and three million dollar aggregate is maintained for all students in health programs. This insurance only addresses a claim arising from activities required by the student’s program.

**Health Clearance for Participation in the Clinical Area:**

All enrolled Health Program students, new and returning, will be expected to have completed the Health Records, Immunization and OSHA (Color Deficiency Testing) requirements prior to participation in any externship placement or clinical experience.

All students should submit documentation of these requirements to CastleBranch as directed in the admission acceptance package. CastleBranch is an online resource that allows health program students to submit and track their health records with the College. The documentation will be reviewed and depending upon completeness of the record, the program coordinators will be notified regarding health clearance status for students enrolled in their specific program***. Students who are not cleared may not participate in the externship or clinical experience until they are cleared.***

Students are also responsible to update any requirements (e.g. annual TB/PPD test) in order to continue their participation in the externship or clinical experience if any requirement expires before the end of the externship or clinical experience.

**Medical Clearance for Return to Class/Clinical after Illness/Injury:**

1. Students are responsible to notify their course faculty/clinical preceptor and their Department Chair/Program Coordinator/Director within 24 hours of any change in health status, including but not limited to:
* exposure to a reportable disease requiring isolation/quarantine
* symptoms/disease
* accident/injury
* any condition that may change health status (i.e. pregnancy)
1. The Department Chair/Program Coordinator/Director will provide the student with a copy of a clinical clearance form to submit to the student’s health care provider.
2. Students will not be permitted to return to classes or the clinical area until documentation from the health care provider is returned to the Department Chair/Program Coordinator/Director and the student is cleared to return.
3. The Department Chair/Program Coordinator/Director will notify the appropriate course faculty/clinical preceptor that the student is cleared to return, and send the original of the clinical clearance form to the Health Compliance Officer.

## DRUG SCREENING FOR STUDENTS ENROLLED IN HEALTH PROGRAMS

Patient safety is a paramount concern in the health care arena both locally and nationally. To ensure that patient care is not compromised, facilities and agencies engaged in patient care have begun to require mandatory drug testing of all their employees and any affiliating groups. Some clinical facilities which are used in health programs at Middlesex Community College require that all students participating in a clinical experience at that facility have undergone and passed a drug screening analysis. Therefore, students enrolled in health programs that utilize these facilities will be required to undergo and pass random drug screening in order to remain in the program. In addition, students may be required to undergo random drug screening at the clinical facility as part of their clinical participation requirements.

Students who either fail to pass, or refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame will be deemed ineligible for clinical placement, and consequently will be dismissed from the program. All students will be notified, in writing, of the requirement for drug screening when enrolling in a program that requires such screening. (see Attachment A).

Impacted students will complete a form that acknowledges that they have been provided with notification of the drug screening requirement and understand the impact on their ability to participate in clinical education if they (1) fail to pass a drug screening analysis, (2) refuse to submit to a drug screening analysis, or (3) fail to schedule and take a drug screening analysis within the designated time frame.

While the use of Medical Marijuana is permitted in Massachusetts, marijuana remains classified as a controlled substance under federal law and its use, possession, and/or cultivation at educational institutions remains prohibited. Accordingly, students who test positive for marijuana are unable to participate in the clinical education, which will affect their status in the program. A student who has a prescription for Medical Marijuana and tests positive for marijuana may also be ineligible to participate in clinical placement due to terms in the clinical affiliation agreement.

Students whose results fail to satisfy the screening criteria will not be eligible to participate in clinical education unless the disqualifying factor can be satisfactorily remedied. Students wishing to challenge the results of their drug screening must contact the Director of Compliance within five (5) days of notification of the results.

Failure to satisfactorily remedy the disqualifying factor will result in ineligibility for clinical placement, and consequently the student will be dismissed from the program. Students who are dismissed from the program due to their inability to be eligible for clinical placement due to the drug screening requirement may apply for re-entry into a health program after one year. Requests for re-admission will be considered on a case by case basis and are subject to space availability.

Questions should be addressed to the Dean of Health, Karen Townsend (townsendk@middlesex.mass.edu), or the Director of HR, Compliance & Talent Development,

Darcy Orellana (orellanad@middlesex.mass.edu).

1. Each student enrolled in a program that requires drug screening will be notified of the requirement to report for drug screening to the testing agency (see sample at Attachment A). Students will be given a specific time period in which they must complete the drug screening requirement. (see sample at Attachment B). Students will contact the specified testing agency to schedule an appointment within the specified time period.
2. Students must follow the instructions given by the testing agency and comply with the screening protocol to the testing agency’s satisfaction. Failure to participate in the drug screening process or comply with the protocol will result in the inability of the student to participate in the clinical education and consequently will result in the student being dismissed from the program.
3. The testing agency will provide results to the Director of Compliance at Middlesex Community College. Results can only be accepted directly from the testing site. The Director of Compliance will provide the applicable department chair or program coordinator with a list of those students who have completed their drug screening and are eligible to participate in clinical education.
4. Students whose results fail to satisfy the screening criteria will not be eligible to participate in the clinical education and consequently will be dismissed from the program unless the disqualifying factor can be satisfactorily remedied.
5. Students with a positive drug test may challenge the results of the test within five (5) days of notification of the drug test results. This challenge must be in writing and delivered to the Director of HR, Compliance & Talent Development, Reginald Nichols via email at nicholsr@middlesex.mass.edu/

## LABORATORY POLICY

Students will adhere to the laboratory policy when practicing with each other during open labs, performing assessments, and or conducting phantom radiography.

* Students must wear radiation monitors when at their clinical affiliate and at the college when using the energized lab.
* The radiation monitors are to be worn at the collar.
* Students must be supervised by a licensed Radiographer or the x-ray tube needs to be deactivated when using the energized lab at the college.
* Any student not wearing a radiation monitor will not be allowed to use the lab.
* Students will never hold a phantom or image receptor during a procedure while ionizing radiation is in use.
* There will be no eating or drinking in the lab.
* The students will bring a positioning partner with them during open lab.
* The lab will be cleaned after each use.

# HOSPITAL AND PROGRAM POLICIES

## CLINICAL AFFILIATION

Following is a list of hospitals that have, through formal agreements, agreed to act as the clinical agencies for our program. In order that we maintain continuity in your clinical education, students will rotate to at least two clinical sites. A copy of the agreement between Middlesex and its affiliate hospitals is kept on file in the College faculty office and the Radiology department.

Emerson Hospital-Concord, MA

David Rose, MD Chief Radiologist

Nick Talarico Director of Imaging Services

Marianne Green, RTR Clinical Preceptor

John Fifield, RTR,MR Clinical Preceptor

Beth Israel Lahey Health Lahey Hospital and Medical Center Burlington, MA

Christopher Wald,MD,PHD,MBA Chair of Radiology

Patricia Doyle,MBA,CRA,RTR, MR Executive Director of Radiology

Susan Landolfi, RTR Clinical Preceptor

Mass General Brigham at Newton-Wellesley Hospital – Newton, MA

Anand Prabhaker, M.D. Chair of Radiology

David Marchione Director of Radiology

Sheila Lenihan, RTR Clinical Preceptor

Tufts Medicine, Lowell General Hospital, Saints Campus – Lowell, MA

Dr. Lindsay Baron Chief Radiologist

Eric Musial Director of Imaging Services

Mickey Martinez Manager of Imaging Services

Karen Brunelle, RTR Clinical Preceptor

Beth Israel Lahey Health Winchester Hospital – Winchester, MA

Dr. John Dubrow Chair of Radiology

Joanne Grega Administrative Director

Christine Pedroso, RTR Clinical Preceptor

Stacy Ralphs, RTR Clinical Preceptor

Mass General Brigham at Newton-Wellesley Hospital and Wells Avenue

Anand Prabakher, M.D. Chief Radiologist

Michael Shea Director of Radiology

Sheila Lenihan, RTR Clinical Preceptor

## CLINICAL ASSIGNMENTS

Students will be assigned to at least two of the clinical agencies listed above during their two years in the Radiology Program. Students must be willing to commute up to 100 miles at their own expense for clinical rotations and may incur a parking fee at their rotation(s). The Department Chair will assign students to their clinical rotations. In general, students will not be assigned to sites where they are employed.

***CLINIC/CLASSROOM HOURS***

The Joint Review Committee on Education in Radiologic Technology recommends that a combination of clinic experience and classroom hours not exceed 40 hours per week. Under our present system, the student is below the requirement of the 40 hours per week.

Clinic Rotation will be as follows:

Freshmen...Tuesday and Thursday - Both semesters 8 – 10 hours per day depending on clinical assignment, no later than 6:00 pm.

Summer Practicum - Monday thru Thurday-8 – 10 hours per day depending on clinical assignment, no later than 6:00 pm.

Seniors...Monday, Wednesday, and Friday-8 – 10 hours per day depending on clinical assignment, no later than 6:00 pm.

Other Rotation: Senior students will rotate to a minimum of 5 evening rotations no later than 10:00 pm. During their last two semesters in the program.

## ATTENDANCE

As a professional, we have a responsibility to the patient and hospital staff to arrive at the clinic on assigned time. Therefore, clinic punctuality is a must.

(See attendance sheets)

## TARDINESS

First incident per practicum - informal verbal warning.

Second incident per practicum - formal written warning.

Third incident per practicum - written warning to include a "last chance" notice.

Fourth incident per practicum - Dismissal from clinical practicum.

Each incident and action must be documented.

## ABSENCE

Students will be allowed 1 absence per semester for clinical courses. Any absence that exceeds this must be made up before the end of the semester in which the absence occurred at the discretion of the Program Director and or Clinical Coordinator.

## EXTENDED LEAVE

An extended leave of absence may be granted for extraordinary circumstances. This leave time will be made-up and granted at the discretion of the Clinical Preceptor and Program Director

## HOSPITAL POLICIES & PROCEDURES

Follow the rules and regulations of your own hospital and department as established and explained by your clinical supervisors.

## PATIENT CONFIDENTIALITY POLICY (HIPAA)

 Students in the Radiologic Technology Program will have access to patient and hospital

 information. This information may contain data that is confidential such as technical,

 non-technical, medical records and other information that is not available to the public.

 This information is the property of the clinical site that the student is assigned. Maintaining

 confidentiality is essential in the student’s access to and use of this information.

 Students will be required to sign a statement of confidentiality to be kept on file at the

 college. The clinical sites will also ask the students to sign a statement of confidentiality.

Any student violating the confidentiality policy will be subject to disciplinary action up to

 and including dismissal from the clinical site and/or the Radiology Program.

## ELECTRONIC MEDICAL RECORDS

Students will demonstrate, be trained in or be familiar with digital technology as it relates to an electronic medical record and PACS technology.

## GRIEVANCE

Any problem that may arise between the student and the department and/or its personnel must be discussed FIRST with clinical preceptor. If there is no mutually satisfactory resolution, then a request for college faculty to participate in the discussion may be initiated by either party, with advance written notification to ALL parties concerned. An Preceptor – Student Conference form will be filled out for all meetings between students and their Preceptors. See college handbook for additional information regarding the grievance policy @ https://catalog.middlesex.mass.edu/content.php?catoid=30&navoid=2791#grievances.

## PERSONAL APPEARANCE

Students will follow the uniform policy listed below. Failure to follow these policies will result in the student being sent home and making up the day at a later time.

Wear clean, appropriate footwear, no clogs. Foot must be enclosed in the shoe.

Jewelry may be worn. (in accordance with hospital policy)

Have neat hairstyle. Both men and women with long hair must tie it back or pin it up.

Moderate make-up may be worn.

Oral and personal hygiene is a must.

Name tags and radiation monitor badges must be worn at all times. (See Clinical Preceptor)

Beards must be kept neat, trimmed and clean at all times

Hunter Green pants to match Green top, optional lab coat.

Imaging patch to be worn on left sleeve.

Artificial nails are forbidden in the clinical area.

Tattoos may be covered or not. (in accordance with hospital policy)

## STIPENDS

No stipend will be paid to the student at any time during the program.

## VACATION

No modification or substitutions are to be made for vacations during the academic year.

## TRANSFERS

Transfer to other clinical affiliations occurs only as a final optionin collaboration with the hospital. If a clinical transfer does take place, the student will undergo a three-month probation period at the new hospital. No more than two clinical placements will be allowed.

Requests for transfers must be submitted in writing by the student to the Program Director

The Program reserves the right to transfer students as needed.

## SICK TIME (calling in)

Students must phone their clinical preceptors according to hospital policy if they will be out sick.

## SMOKING

All of our Clinical sites are smoke free.

## RADIATION SAFETY and MONITOR POLICY

IT IS REQUIRED BY LAW THAT ALL PERSONS WORKING WITH OR AROUND X-RAY EQUIPMENT AND/OR RADIOACTIVE MATERIALS WEAR CURRENT RADIATION MONITORS.

Radiation monitors are furnished to students in accordance with existing state and federal regulations, which require that students wear them when working in areas where potential radiation exposure may occur. The reports regarding your exposure become a part of your permanent record and are open for your inspection. When you leave this institution, be sure to request a copy of your exposure record to either take with you or to have sent to your employer.

In order to utilize the radiation monitor most effectively and to have the most accurate records possible, the following regulations must be observed:

* Students must wear radiation monitors when at their clinical affiliate and at the college when using the energized lab.
* Students must be supervised by a licensed Radiographer or the x-ray tube needs to be deactivated when using the energized lab at the college.
* The radiation monitors are to be worn as follows: At the collar, outside the apron.
* Any student not wearing a radiation monitor will not be allowed in radiation areas, and the time missed will be considered a clinical absence.
* Students will be required to wear a lead apron and thyroid shield during procedures such as: fluoroscopy, C-arm procedures and portable radiography
* Students will never hold a patient or image receptor during a procedure while ionizing radiation is in use.
* Students will never take an exposure while a Radiographer is holding a patient and or an Image receptor.
* Students must remove unnecessary personnel from area where exposure is taking place or provide appropriate shielding to individuals unable to leave the area where ionizing radiation is in use.
* Students will properly shield patients while performing procedures according to department protocol. Failure to do so will result in a 15 point deduction from the student’s grade if failure to shield occurs during a competency exam.

**Notice:** Students will be instructed in the as low as reasonably achievable (ALARA) philosophy. The Program Director, Clinical faculty, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, will investigate all instances in which dose limits are exceeded. The student will then be counseled as to the appropriate course of action and review of radiation safety practices. Actual dose limit is any single quarterly reading of 80 mrem or above. “Accidental” exposures due to badges left on aprons, etc., will be documented where proven.

**Notice: failure to adhere to this policy may result in dismissal from the program.**

## PERSONAL MEDICAL INSURANCE

Clinical sites, by contractual agreement, will NOT pay for injuries/illness incurred on site. Students will be provided appropriate medical care (on site) but the student's personal medical insurance will be billed. All students are required to carry medical insurance while attending the program.

## COMMUNICABLE DISEASE POLICY

Students in the health programs are expected to deliver care without prejudice to all patients. The only exception to the above would be in consideration of personal risk factors, such as in cases of immunosuppression.

Students are required to follow the policies governing caring for patients with communicable diseases that are written at each of the clinical agencies. Students must also follow the agency policies on caring for patients when the caregiver has a communicable disease.

Students in the health programs must realize that they have an ethical and legal responsibility to the individual for whom they provide care to maintain a high standard of health.

## BLOOD and BODY FLUIDS EXPOSURE GUIDELINES

**POLICY:**

Any injury which results in an exposure (of mucous membranes, open skin lesions, sharp instruments or needle sticks) to blood or other body fluids at on-campus clinics or laboratories should be reported to the College Health Service at the time of the exposure. The following guidelines should be used to protect the student (or employee) and provide immediate assistance. The referral for an exposure should be to a hospital emergency facility. If the exposure occurs at the hospital, follow the hospital policy and notify the program director.

**Report Exposure Incident / First Aid:**

Inform Clinical Preceptor or Supervisor of the exposure immediately before continuing any further patient procedures.

Initiate first aid by cleansing affected areas well: mucus membrane, open skin lesions, site of needle stick or sharp instrument puncture, etc.

**Exposure Counseling:**

The Clinical Preceptor or Supervisor should discuss with student and source patient:

a.The importance of testing immediately for HIV, HBV, and HCV (CDC notice 4/98).

b.Confidentiality of testing and reporting (written permission required for both at the testing site.)

**Cost of Testing:**

Testing for the source patient should be billed to the College Health Service.

Student's insurance will be billed for the testing (and chemoprophylaxis if warranted). Any special insurance notification should be completed at this time.

Employees will be covered by Workers' Compensation Insurance (contact College Health Service Office within 24 hours to initiate claim).

**Referral:**

Student (or employee) and source patient should be referred immediately to a hospital emergency facility.

Call ahead to the emergency facility to notify of arrival.

If student or source patient chooses to use own personal physician, the Supervisor should inform the physician's office of the nature of the exposure and request testing as soon as possible within two hours. (If this is the primary care physician and the patient is unable to be seen quickly, ask to which hospital emergency unit the student may be referred.)

As a source of information for decision-making at the testing site, a copy of the Accident Report should be sent with the student. Include last Tetanus-diphtheria date and Hepatitis B vaccine status.

**Accident Report:**

Complete the **Accident Report: Blood and Body Fluid Exposure** form.

Notify Director of Health Services and forward original Accident Report to the Lowell Campus Health Service Office with copies to:

a. Program Coordinator

**Refusal of Evaluation:**

The student has the right to refuse testing and evaluation. In this case, the student should sign the Declination of Testing and/or Follow-up Procedures statement on the Accident Report form.

**Exposure Follow-up:**

The Director of Health Services will work with the student/employee regarding post-exposure follow-up testing.

## CLINICAL DIFFERENCES

It is the intent and objective of the Radiologic Technology Program (College and Affiliate Hospitals) to be as uniform as possible with regard to activities for all students. Unfortunately, all hospitals are individual and unique institutions and for this reason there will be different policies and responsibilities at each clinical facility. Any questions which may arise concerning these differences will be gladly answered by College Faculty or Clinical Preceptors. Students will be required to rotate to at least two affiliate hospitals.

## TREATMENT AND SAFETY OF PATIENTS

All patients with whom the student comes into contact will be treated with respect and dignity. Casual conversation to explain the procedure will help relieve the patient of any unnecessary anxiety and is a must. Treat every patient as if you were the one being radiographed. If a student commits a Patient Safety Violation Policy such as standing a patient on fall precautions, leaving the side rail down on a stretcher, performing the wrong procedure, not properly identifying the correct patient and or not following your department policy, the student may be dismissed from the clinical site.

## STUDENTS CLINICAL RECORD OF WORK

During your clinic time all procedures performed by you must be recorded. There must be some record of what you do each day in clinic from the first clinic day to the last.

The student’s daily activity log is a day-to-day record of the different activities and procedures performed by you in the hospital clinic. Keep this record up-to-date, as it will be checked from time to time by college and hospital faculty.

## EVALUATIONS

## COMPETENCY EVALUATION SYSTEM

There are core clinical competencies that all students must demonstrate to establish eligibility for ARRT certification. The Competency Evaluation System is a standardized method of evaluating the performance and progress of students performing radiographic exams. Students must demonstrate competency in all 36 of the mandatory procedures and at least 15 of the elective procedures.

At a time elected by the student and clinical preceptor, within each semester, the student must demonstrate their skill and competency in a particular unit of radiographic examinations. To be rated competent, the student must perform with a 85% accuracy rate for those examinations within the particular unit being evaluated and up to three **retention** evaluations from the previous Clinical Practicum. Before progressing to the next practicum, the student must demonstrate competency in the preceding areas.

Process:

The clinical evaluation will be declared by the student or clinical preceptor prior to the examination. The student cannot refer to protocol or positioning books during the evaluation.

If a student fails to perform with at least an 85% accuracy rate he/she shall be required to follow the System for Failure as outlined below:

**Notice:**

1. Repeat images will result in a deduction of 15.5 points on clinical competency evaluations.

2. Intervention by the Clinical Preceptor or Staff Radiographer, for reasons such as failure to properly shield, failure to set proper technical factors, or improper positioning, will result in a deduction of 15 points on clinical competency evaluations.

 **System for First and Second Failures:**

Clinical preceptor and student will discuss reason (s) for failure.

Student will review the text, and appropriate course notes pertinent to that practicum.

The student will be re-assigned to that particular area to practice and gain additional experience.

The student will then be re-evaluated by the clinical preceptor and in this evaluation must perform with at least a 90% accuracy rate to be rated competent.

**Third Failure:**

The program director at Middlesex Community College shall be advised of this situation. Overall academic and clinical status of the student shall be assessed jointly by the College's Program Director and the Hospital's Clinical Preceptor and a decision made as to the advisability of the student's continuing within the program.

**Notice: All competency reevaluations must be performed during the current semester.**

## MONTHLY EVALUATION SYSTEM

This is a structured evaluation process that has been designed to evaluate the student's clinical performance. At the end of every month the student will complete a self-evaluation. When the self-evaluation is complete, the clinical preceptor will complete the evaluation, and review it with the student. The evaluation is to help the student by providing an overview of their attributes and weaknesses. These evaluations will be graded and used towards determining the student’s semester grade. The student will be evaluated on the following areas:

Patient Care and Communication

Collegiality and Professionalism

Physical Safety

Radiation Safety

Quality of work and performance

## STUDENT COMPETENCY EVALUATION AND LEVEL OF SUPERVISION

Until students achieve the program's required competency in a given procedure, all clinical assignments should be carried out under the direct supervision of qualified Radiographers. Following are the parameters of **direct supervision:**

A. A qualified Radiographer reviews the request for examination in relation to the student's achievement.

B. A qualified Radiographer evaluates the condition of the patient in relation to the student's knowledge.

C. A qualified Radiographer is present during the conduct of the examination.

D. A qualified Radiographer reviews and approves the images.

E. Repeat images, surgical, and mobile procedures (including mobile fluoroscopy) must be under direct supervision regardless of level of competency.

After demonstrating competency, students may perform most procedures with **indirect supervision.**

**Indirect supervision** is defined as supervision provided by a qualified Radiographer **immediately** available to assist students regardless of the level of student achievement.

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

**REPEAT RADIOGRAPH POLICY**

In support of professional responsibility for provision of quality patient care and radiation protection, **unsatisfactory radiographs shall be repeated only in the presence of a qualified** **Radiographer**, regardless of the student’s level of competency.

1. Student and qualified radiographer review the radiograph, identify unacceptable factors and needed corrections.
2. Student identifies how corrections will be implemented.
3. If student’s correction plan is unacceptable return to steps 1 and 2. If plan is satisfactory to the radiographer, continue to step 4.
4. Student implements corrections and makes exposure in the presence of, and with the approval of, the qualified radiographer after the qualified Radiographer has checked the console for appropriate technical factors and entered the exam room to recheck equipment manipulation and patient positioning.
5. Student is required to record repeat and reason for repeat on Daily Log in the Trajecsys Reporting System.
6. Prior to deleting an image, consult Registered Technologist.

**Notice: Failure to adhere to this policy may result in dismissal from the program.**

## CRITICAL CLINICAL OUTCOMES

Critical Clinical Objectives evaluate those affective and cognitive skills that are necessary for success in the Radiologic Technology profession. The student must successfully meet each Critical Clinical Objective to pass the practicum.

## CLINICAL GRADING PROCESS

Clinical grades will be given five times during the 21-month program (December, May and August of the freshman year, December and May of the sophomore year). This grade will be determined by evaluating performance in the following two areas:

Clinical Competency Exams - 50 points.

Monthly Evaluations - 40 points.

Critical Clinical Objectives-10 points.

PROCEDURE

During the semester, each area (Clinical Competency Exams and Monthly Evaluations) will be evaluated and points deducted according to the explanations given below. At the end of each semester, these points are totaled and a grade is given.

1. Clinical Competency Exams - 50 points

During the semester, Clinical Competency Exams are given. Prior to this, a series of steps must be followed.

Example:

Positioning of the Upper Extremity Presentation will occur in class. The following week, role-play positioning a fellow student for radiographs of the upper extremity will occur at the college.

At the clinic, you will be told ahead of time which positions you are responsible for and they will be reviewed with you. You are graded according to a checklist of steps that must be completed for each position. You will be given a list of the general requirements for each Competency Exam to review.

For each section, the points will be totaled and a number grade given. At the end of the Semester, these grades will be averaged. This average will account for 50% of your final clinical grade.

Example:

Chest 88

KUB 94

Thumb 96

Hand 82

Wrist 98

Forearm +100

 558 / 6 = 93 average

 x 50%

 46.5 points awarded for this section

2. Monthly Evaluations - 40 points

At the end of each month, the clinical preceptor will fill out an evaluation. The points will be totaled and a number grade given to this evaluation. At the end of the semester, these grades will be averaged. This average will account for 50% of your final clinical grade.

To be successful on the monthly evaluation, students must:

Meet the behavioral outcomes of the clinical course with the same degree of guidance and instruction as required by other students at the same level.

Apply Safe Practice. Safe practice implies that the student can demonstrate awareness of the potential effect(s) of their actions, nonactions, and decisions. Such actions and decisions shall not endanger the safety of the patient.

The faculty reserves the right to remove a student from the clinical area in any instance where patient safety is jeopardized by the student’s grossly negligent actions/non-actions, or unethical or unprofessional behavior.

Example:

September 92

October 98

November 94

December +100

 384 / 4 = 96 average

 x 40%

 38.4 points awarded for this section

3. Critical Clinical Outcomes - 10 points

At the end of each month, the clinical preceptor will fill out an evaluation. The points will be totaled and a number grade given to this evaluation. At the end of the semester, these grades will be averaged. This average will account for 20% of your final clinical grade.

Example:

September 26

October 30

November 25

December + 28

 109 / 4 = 27 average 27/30=90%

 x 10%

 9 points awarded for this section

Semester average for student used in examples:

Clinical Competency Exams.............46.5

Monthly Evaluations...............……..38.4

Critical Clinical Objectives………...9

SEMESTER CLINICAL GRADE...93.9%

CODE - P = 85 - 100%

 F = below 85%

A clinical grade below 85% is considered failure.

## CLINICAL GRADE SHEET

Grade sheets will be maintained by your Clinical Preceptor and a copy mailed to the college. These grades will be based on your clinical competency evaluations. For transcript purposes, the grade will be recorded as a Pass/Fail.

## RADIATION PROTECTION GUIDELINES FOR PREGNANT STUDENTS AND FACULTY

Should a student or faculty member become pregnant while employed / enrolled in the Radiography Program, she is under **NO** requirement to declare her pregnancy status to any individual associated with the program. Should she voluntarily elect to declare her pregnancy status, she may do so by using the “*Form letter for Declaring Pregnancy*”, and submitting it to the Program Director. If the student or faculty member declares she is pregnant, she may at any time, undeclare her pregnancy status for any reason. She will do so by informing the Program Director in writing. At that time her status will revert to that in effect before her declaration.

Should she elect NOT to declare her pregnancy status, or undeclare her pregnancy, it is understood that the program is under no requirement to afford any measures with regard to radiation safety other than those, which are routinely afforded to all radiography students and faculty.

Should she declare and submit the declaration form to the Program Director, the following measures will become effective for the duration of her pregnancy or declaration, while she is enrolled within or employed by the program:

1. The Program Director or Clinical Preceptor will initiate the use of the form entitled "Radiation Received During Gestational Period".

2. The student will be counseled by the Program Director, Clinical Preceptor, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, regarding methods to protect herself from ionizing radiation, and she will be asked to read the previously distributed Regulatory Guide 8.13, and or NCRP Report No. 54 and the Technical Bulletin Radiation Safety Considerations for the Declared Pregnant Worker.

3. The student must wear a radiation monitor at all times when working with ionizing radiation. An additional badge will be worn at waist level and must not leave the hospital property at any time except when being sent out for processing and reading.

4. Students will have the option to continue their clinical education without modification,

during the entire gestational period.

5. Rotations evaluations, and/or clinic time missed because of pregnancy must be made up. The student will assume the responsibility of meeting with the Program Director and Clinical Preceptor to plan this make-up time.

6. Under no circumstance will any student (pregnant or not) hold or assist in holding a patient or image receptor during a radiographic exposure.

7. The student must bring to the Program Director, as soon as possible, written permission from her physician permitting her to continue her clinical assignments.

8. The student will not be permitted to receive a cumulative radiation dose exceeding 0.5 rem (500 millirems) during the gestation period. The following will be done to ensure that the limit is not exceeded:

1. The radiation monitor reports will be carefully monitored during the gestation period noting averages and trends that may cause the cumulative exposure to exceed the limit. The results will be shared with the student following receipt of each exposure report.
2. The student will be counseled by the Program Director, Clinical Preceptor, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, if and when the cumulative radiation dose during the gestation period reaches 250 mrem.

**Form Letter for Declaring Pregnancy**

 This form letter is provided for your convenience. To make your declaration of pregnancy, you may fill in the blanks in this form letter and give it to your employer or you may write your own letter.

**Declaration of Pregnancy**

To:

 (Name of the facility LRPO, your supervisor or other employer representative)

 Radiation Safety for the Declared Pregnant Worker

 I am declaring that I am pregnant. I believe I became pregnant in \_\_\_\_\_\_\_\_\_\_\_\_\_\_, (only the month and year need be provided).

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

 If I find out that I am not pregnant, if my pregnancy is terminated, or wish to undeclare my pregnancy for any reason, I will promptly inform you in writing that my pregnancy has ended.

 (Your signature)

 (Your name printed) (Date)

See College handbook and websites below for additional information regarding student pregnancy.

Title IX regulations. https://www2.ed.gov/about/offices/list/ocr/docs/dcl-know-rights-201306-title-ix.html

Regulatory Guide 8.13 <http://www.ehs.ucr.edu/radiation/regulatoryguide8.13.pdf>

NCRP Report No. 54. https://ncrponline.org/shop/reports/report-no-054-medical-radiation-exposure-of-pregnant-and-potentially-pregnant-women-1977/

## RADIATION DOSIMETRY REPORT

**MIDDLESEX COMMUNITY COLLEGE**

 **RADIOLOGIC TECHNOLOGY PROGRAM**

 **SAMPLE RADIATION DOSIMETRY REPORT**

Students Name: Date: \_\_\_\_\_\_\_\_\_\_\_\_

Dosimeter report:

Deep:

Shallow:

Whole Body:

The dosimeter report for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been reviewed by the student and program faculty.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Faculty Signature

**Notice:** Dose limit for any single quarterly reading is 80 mrem or above. The Program Director, Program faculty, Chief Radiologist, Radiation Safety Officer, Radiation Physicist, or all five, will investigate all instances in which dose limits are exceeded. The student will then be counseled as to the appropriate course of action and review radiation safety practices. “accidental “exposures due to badges left on aprons, etc., will be documented where proven.

## RADIATION RECEIVED DURING GESTATION PERIOD

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notification Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated Delivery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative radiation exposure prior to start of gestation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written permission to continue program received from physician dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Record of all radiation received during gestation period (in mr.):

Period From Through MR Students Initial

 Shallow Deep

1. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student counseled regarding radiation protection by one or more of the following:

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

 Chief Radiologist or Radiation Safety Officer

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

 Program Director

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

 Clinical Preceptor

My signature acknowledges that I have received counseling on radiation safety measures to protect my fetus and that I have read NCRP Report 53 and 54, or Regulatory Guide 8.13.

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

## ACCIDENT REPORT: Blood and Body Fluid Exposure

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_/ Age\_\_\_\_\_\_\_\_ Gender ( ) M ( ) F**

**Date of Accident\_\_\_\_\_\_\_\_\_ Time of Accident\_\_\_\_\_\_\_\_ Clinical facility where accident occurred\_\_\_\_\_\_\_\_\_\_\_\_**

**Hepatitis B Vaccine status: Dose #1\_\_\_\_\_\_\_ #2\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_ Last Tetanus/Diphtheria booster: \_\_\_\_\_\_\_\_**

**PLEASE DESCRIBE:**

1. Type of exposure (e.g., needlestick/sharps injury; mucous membrane contact with potentially infectious fluids: body part affected.
2. Use back of form if necessary)
3. The volume of blood or body fluid involved and duration of exposure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIAL ACTIONS**:

1. Immediate first aid consisted of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_
2. Notification of Clinical Supervisor/Program Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_
3. Referral site for serological testing/post exposure prophylaxis evaluation (name of hospital emergency center or physician)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_
4. If testing is declined by exposed person, that person must read and sign below.

**DECLINATION OF TESTING AND FOLLOW-UP**

**I have been informed and understand the importance of baseline testing for the Hepatitis B and C viruses and HIV and evaluation for post exposure prophylaxis immediately after an accidental exposure to blood and body fluids. The importance of receiving future follow-up testing at six weeks, twelve weeks, and six months from the date of exposure has also been discussed with me; however, I decline to have testing at this time.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOURCE PATIENT:**

1. Name (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Consent and referral for serological testing to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_
3. If no testing, please explain on back of form\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITNESS:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of person filing report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT**

**RETURN REPORT TO THE HEALTH SERVICE OFFICE AT YOUR CAMPUS WITHIN 24 HOURS OF ACCIDENTCampus Center, Bldg. 8,Bedford Campus OR City Bldg., Ground Floor, Lowell Campus**

## RADIATION SAFETY REVIEW

 **MIDDLESEX COMMUNITY COLLEGE**

**RADIOLOGIC TECHNOLOGY PROGRAM**

 **RADIATION SAFETY REVIEW**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** has exceeded the maximum dose equivalent of 80 mrem during the following quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The dosimeter report has been reviewed and signed by the student. He/she has been given a radiation safety review and can describe means in which to adhere to the concept of ALARA and understands the importance of practicing good radiation safety measures.

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

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

## MRI SAFETY REVIEW

**Middlesex Community College**

MRI SAFTEY SCREENING DOCUMENT

By entering the MRI suite, you are placing yourself within a magnetic field. Everyone entering the MRI Room must be screened for metal that might be in their body or to disclose any removable metal object or electronic devices.

PLEASE RESPOND YES OR NO TO EACH OF THE FOLLOWING QUESTIONS:

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Do you have Pacemaker | Yes | No |
| 2 | Do you have Aneurysm Clips in your body | Yes | No |
| 3 | Do you have a implanted Heart Valve | Yes | No |
| 4 | Have you had Joint Replacements | Yes | No |
| 5 | Shrapnel | Yes | No |
| 6 | Have you had Metal in your Eyes | Yes | No |
| 7 | Are you Pregnant | Yes | No |
| 8 | Have you had Inner Ear/Eye Surgery | Yes | No |
| 9  | Do you have Programmable/Electronic Devices?Internally/Externally | Yes | No |
| 10 | Lock up all loose metal objects including: jewelry, watches, coins, keys and credit cards.  | Yes |  |
|  |  |  |  |
| 11 | To the best of my knowledge, I do not have within me any metal or devices described above. | Yes |  |
| 12 | List previous surgeries |  |  |

# ORIENTATION FORMS

**MIDDLESEX COMMUNITY COLLEGE**

**RADIOLOGIC TECHNOLOGY PROGRAM**

**ORIENTATION FORMS**

##  CONFIDENTIALITY AGREEMENT

 

**MIDDLESEX COMMUNITY COLLEGE**

**RADIOLOGY PROGRAM**

**CONFIDENTIALITY AGREEMENT**

As a student of Middlesex Community College enrolled in the Radiologic Technology Program, I agree to maintain a patient’s right to confidentiality. I understand that the use and disclosure of a patient’s protected health information for other than clinical reasons is punishable by law and will result in dismissal from the program.

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

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

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  GRADE RELEASE AUTHORIZATION

 

**Radiologic Technology Program**

**Grade Release Authorization**

I.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do authorize

Middlesex Community College to release my grades

to my Clinical Preceptor as required for academic purpose.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

## CLINIC TRANSFER POLICY

 

**Radiologic Technology Program**

**Clinic Transfer Policy**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand that as a student in the Radiologic Technology Program, I am required to participate in clinical practicums. I also understand that I will perform at an indicated skill level and in an appropriate manner.

If I am dismissed from a clinical site because of inappropriate behavior, patient care infractions or failure to meet clinical objectives, the program is not obligated to transfer me to another clinical site. Consequently, I will be dismissed from the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

##  NON INVASIVE SKILLS PRACTICE POLICY MCC

**CONSENT FORM FOR PARTICIPATION IN NON INVASIVE SKILLS PRACTICE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a student in the Radiologic Technology

(Print Name)

Program, acknowledge that as part of the Radiologic Technology Program, I will need to practice a number of skills in order to be able to perform them correctly in the healthcare setting. In order to do so, the students in this program serve as “patients” for one another as they learn and practice these skills. I further acknowledge that I had the opportunity to discuss with the faculty any concerns that I have about participating as a “patient” in this program and all my questions have been answered to my satisfaction.

I have been advised that my participation as a practice “patient” is strictly voluntary and understand that my grade will not be affected if I choose not to participate as a practice “patient”. However, I also understand that I will be assessed and graded on my ability to adequately perform the skills on another student in the lab setting.

I knowingly and voluntarily consent to participate as a practice “patient” for my classmates to practice said skills on me. I further understand that participation is for educational purposes only and not for providing diagnostic medical information.

I am at least eighteen (18) years of age, fully competent to sign this agreement, and am voluntarily seeking to participate as a practice patient. If I am not eighteen (18) years of age, then I will have a parent or legal guardian read and execute this agreement. I understand that by signing this document, I am representing that I understand all of its terms and conditions and fully intend to be bound by the same. I also understand that I may wish to consult with an attorney prior to signing this document.This document shall be construed in accordance with the laws of the Commonwealth of Massachusetts.

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

(if applicable)

## NOTIFICATION TO STUDENTS OF

## RANDOM DRUG SCREENING ANALYSIS REQUIREMENT

Please be advised that students enrolled in the Radiologic Technology Program at Middlesex Community College will be required to undergo and pass random drug screening analysis in order to be eligible for placement at a clinical facility. Students who either fail to pass, refuse to submit to, or fail to schedule and take a drug screening analysis within the designated time frame will be deemed ineligible for clinical placement, which will negatively impact their status in the program.

If you have any questions pertaining to this policy, please contact the Dean of Nursing and Allied Health or Director of HR, Compliance & Talent Development.

By my signature, I acknowledge that I have been provided with the MCC Drug Screening Policy and notification that I am required to undergo and pass a drug screening analysis. I am aware that, refusing to submit to, failing to schedule and take a drug screening analysis or failure to submit to or pass the drug screening analysis will result in my being ineligible to participate in clinical education and consequently I will be dismissed from the program.

STUDENT NAME (PRINTED)

STUDENT SIGNATURE DATE

## NOTICE OF RANDOM DRUG SCREENING ANALYSIS

DATE:

TO:

You are hereby notified that you are required to report for random drug screening as a condition of participating in the Radiologic Technology Program at Middlesex Community College.

**YOU ARE REQUIRED TO REPORT FOR DRUG SCREENING WITHIN 24 HOURS**

Therefore, you must make an appointment at  **Quest Diagnostics**  no later than .

**Quest Diagnostics**

**You can go to any location. Quest has convenient locations in:**

**Massachusetts: Chelmsford, Lowell, Methuen, Lawrence, Woburn**

**New Hampshire: Salem**

<http://www.questdiagnostics.com/home/contact.html#locations>

You must bring a photo ID issued by state or federal government with you (for example, driver’s license, military ID, current passport). THERE ARE NO EXCEPTIONS

**FAILURE TO REPORT FOR YOUR TESTING APPOINTMENT WITHIN THE TIME PERIOD SPECIFIED ABOVE WILL BE INTERPRETED AS A FAILED DRUG TEST**

##  POLICIES AND PROCEDURES

 

**Radiologic Technology Program**

 **Policies and Procedures**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the Student Handbooks, college, program, and clinical policies. The policies and procedures are clear and questions have been answered by the Radiologic Technology Program Director, Clinical Coordinator, or Clinical Preceptor.

I have signed this form indicating that I have read and understand and will comply with the policies and procedures at Middlesex Community College.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

## CLINICAL AFFILIATE ASSIGNMENT

 

Below is a list of the hospitals that you will be assigned to for the clinical education component of the Radiologic Technology Program. You will be required to rotate to at least two of the Clinical sites. Students must be willing to commute up to 100 miles at their own expense for clinical rotations.

 **Hospital Location**

 BI-Lahey Hospital and Medical Center Burlington, MA

 Mass General Brigham at Newton Wellesley Hospital Newton, MA

 Tufts Medicine, Lowell General Hospital, Saints Campus Lowell, MA

 BI-Lahey Winchester Hospital Winchester, MA

 Emerson Hospital Concord, MA

## RADIATION DOSIMETER BADGE INFORMATION

Print Clearly

|  |
| --- |
| Name |
| DOB |
| Student ID Number |

## LEAD MARKERS

All students are required to have one set (two is recommended) of markers to use at the clinical sites. These markers signify the correct side which you are imaging and have initials to represent who imaged the patient.

The lead markers can be ordered from the website “pbmarker.com.” <https://shop.pbmarker.com/3A-3A.htm>

 The set which has been selected for the students is 3A. Please order the “right” marker in red and the “left” marker in blue, using your three initials. The cost is $11 a pair and the shipping is reduced with multiple orders.

