SUPER HEROES AREN'T THE ONLY ONES WITH X-RAY VISION!

T-shirts designed by the RGT class of 2006
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission Statement &amp; Goals</td>
<td>3</td>
</tr>
<tr>
<td>Program Cost</td>
<td>4</td>
</tr>
<tr>
<td>Faculty</td>
<td>5</td>
</tr>
<tr>
<td>Class Guidelines-Grading &amp; Lab Policies</td>
<td>6-9</td>
</tr>
<tr>
<td>Substance Use</td>
<td>10</td>
</tr>
<tr>
<td>Attendance-Withdrawal Policy</td>
<td>11-14</td>
</tr>
<tr>
<td>Clinical Affiliations &amp; Guidelines</td>
<td>15-22</td>
</tr>
<tr>
<td>Clinical Dress Code</td>
<td>23-24</td>
</tr>
<tr>
<td>Clinical Assignments</td>
<td>25-26</td>
</tr>
<tr>
<td>Supervision &amp; Repeat Policies</td>
<td>27</td>
</tr>
<tr>
<td>Clinical Grading Policy</td>
<td>29</td>
</tr>
<tr>
<td>Code of Ethics</td>
<td>30</td>
</tr>
<tr>
<td>Terminal Competencies</td>
<td>31</td>
</tr>
<tr>
<td>Radiation Safety Guidelines</td>
<td>33</td>
</tr>
<tr>
<td>Pregnancy Policy</td>
<td>34-41</td>
</tr>
<tr>
<td>Forms</td>
<td>43-45</td>
</tr>
</tbody>
</table>
Dear RGT student:

Welcome to Hinds Community College and congratulations on being admitted to the Radiologic Technology Program. As you begin this new phase of your life you will be faced with many new challenges. You will also experience a great deal of personal growth. We want you to know that we are dedicated to helping you grow as a student and a professional so that you will also continue this process of growth in a successful career.

The next two years will also be very rewarding in many aspects. Your life will be filled with new friendships, new experiences, fun, and lots of hard work. You will eventually come to a point in your studies where you will be able to look back and be amazed at how much you have learned and accomplished. The key to success in the Radiology Program is to: study, study, study; follow the rules and policies; always be professional and courteous; and DO NOT FALL BEHIND!

The radiologic technology program is a technical program and should not be confused with general academic classes. The radiologic technology program is a two-year program and must be completed consecutively in order to continue each semester and to finally complete the program. We want you to realize that all programs at Hinds Community College Nursing Allied Health Center are different. Each program may have some similarities but each program has their own set of guidelines for the students to follow in order to complete the program.

Therefore, the information contained in this student manual is designed to provide specific information about the program as well as behavioral guidelines. Following these guidelines will make your educational experience more productive and pleasant. You are expected to be aware of and comply with the policies and procedures contained in this manual. At the end of this manual we ask that you sign the agreement for us to keep in your file. The program faculty can answer any questions regarding this information.

Again, we are excited to have you in the program. We are looking forward to a great next two years with you. GOOD LUCK!

Steve Compton, MS.Ed. R.T. (R)  
Program Director

Laurie Cuevas B.S., R.T. (R)  
Clinical Coordinator

Nanci Seoles, R.T. (R)(M)  
Clinical Instructor

Tiffany Smith, R.T. (R)  
Instructor
HINDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY

MISSION STATEMENT

The mission of the radiologic technology program is to provide students with an academic and clinical environment conducive to learning the skills necessary to become competent in medical communication, radiographic procedures, imaging equipment, radiation protection, and evaluation of radiographs. To provide the necessary learning experiences that enable radiologic technology graduates to become an effective member of the health care team.

GOALS

- Students will be clinically competent and develop the ability to function as a radiologic technologist.
- Students will use critical thinking and problem solving skills.
- Students will communicate effectively in written, verbal and non-verbal communication.
- Students will exhibit professionalism.

(revised 07/11)
## 2015
### RADIOLOGIC TECHNOLOGY PROGRAM
### APPROXIMATE COST FOR STUDENTS

#### TUITION AND FEES

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and Registration Fall and Spring ($1,200.00 x 4 + $50 x 4)</td>
<td>5000.00</td>
</tr>
<tr>
<td>Summer Tuition and Registration Fee ($100.00/sem.hr. x 9 + $50 x 2)</td>
<td>1000.00</td>
</tr>
<tr>
<td>Lab Fees ($30.00 x 5)</td>
<td>150.00</td>
</tr>
<tr>
<td>Technology Fee ($50.00/sem. x 4) + ($5.00/sem.hr. x 7 hrs.)</td>
<td>235.00</td>
</tr>
<tr>
<td>Insurance (Liability) ($15 x 6)</td>
<td>90.00</td>
</tr>
<tr>
<td>Books (approximately)</td>
<td>900.00</td>
</tr>
<tr>
<td>Health Professional Fee</td>
<td>410.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7785.00</strong></td>
</tr>
</tbody>
</table>

#### MISCELLANEOUS EXPENSES

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uniforms, Lab Coats, Shoes</td>
<td>200.00</td>
</tr>
<tr>
<td>Hinds ID Badge FREE ($5.00 if lost)</td>
<td>0</td>
</tr>
<tr>
<td>Hinds Radiology Program Patch for lab coat (each)</td>
<td>6.00</td>
</tr>
<tr>
<td>Film Markers ($9.10 per set)</td>
<td>13.00</td>
</tr>
<tr>
<td>Dosimeter Badges (105.00 per year)(Included in Health Professional Fee)</td>
<td>0</td>
</tr>
<tr>
<td>Hinds Car Decal ($25.00 per year)</td>
<td>50.00</td>
</tr>
<tr>
<td>Health Screening Physical, lab work, (cost will vary)</td>
<td>200.00</td>
</tr>
<tr>
<td>Drug screen(included in Health Professional Fee)</td>
<td>0</td>
</tr>
<tr>
<td>Hepatitis B Series (3 shots) (cost will vary)(optional)</td>
<td>200.00</td>
</tr>
<tr>
<td>TB Skin Test ($20 per year) (cost will vary)(annual)</td>
<td>20.00</td>
</tr>
<tr>
<td>Background Check</td>
<td>50.00</td>
</tr>
<tr>
<td>Simulated St. Catherine Registry Examinations (Included in Health Professional Fee)</td>
<td>0</td>
</tr>
<tr>
<td>Mississippi State Board of Health Licensure Fee (Included in Health Professional Fee)</td>
<td>0</td>
</tr>
<tr>
<td>ARRT Registry Test Fee</td>
<td>200.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 939.00</strong></td>
</tr>
</tbody>
</table>

#### OPTIONAL EXPENSES (cost will vary due to inflation and fund raisers)

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Student Out of State Review Trip (optional)</td>
<td>500.00</td>
</tr>
<tr>
<td>Senior Student Spring Seminar (optional)</td>
<td>50.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$550.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$9,274.00</strong></td>
</tr>
</tbody>
</table>
Fund Raising

Fund raisers may be conducted to support student attendance of registry review events. If conducted, students must commit to the fundraising event to share in the monies collected for the fund-raisers. A student who participates, but later is unable to attend the event, forfeits their share of the money. Prior monies used on a student for a trip or review must be repaid by the student to the fund if the student chooses not to go. If a student elects not to participate in the fund-raisers, that student may not share in the proceeds from the event. All money is to be placed in the Hinds Community College account.
RADIOLOGIC TECHNOLOGY PROGRAM
FACULTY

INSTRUCTOR OFFICES:
Students are asked not to use class time to discuss individual program questions or personal problems. However, students are encouraged to come to instructors’ offices at any time to ask program questions or discuss any problems.

Instructor’s offices are located on the 2nd floor. Students are not allowed in the instructors’ office unless an instructor is present. Instructors are available during office hours or by appointment. Office hours of each instructor are subject to change each semester.

MESSAGES FOR THE INSTRUCTOR:
Instructors may be contacted by phone at their office. Messages may be left on the instructor voice mail. When leaving a message on voice mail please leave name, date, time, then message and any return call phone numbers.

Instructors may be reached by cell at any time. If the instructor is in class when called, the instructor will return the call as soon as the class is over.

Instructors may be contacted by phone at home in emergencies only.

Steve Compton
Program Director
Office RM # 2255
Office Phone # 376-4826

Laurie Cuevas
Clinical Coordinator
Office Rm# 2252
Office Phone # 376-4830

Tiffany Smith
Instructor
Office Rm. # 2253
Office Phone # 376-4836

Nanci Soles
Clinical Instructor
Office Rm. # 2254
Office Phone # 376-4835

Steve Compton
Radiation Safety Officer
Office RM # 2255
Office Phone # 376-4826
CLASS GUIDELINES

- The Radiologic Technology program is not permitted to schedule a student for more than 40 hours/week for clinical and for didactic classes.

- Students must report to class promptly and quietly. If you must be late be courteous and enter quietly.

- Three tardies equals and absence.

- A student who misses more than 15 minutes is considered absent.

- Books and workbooks are required for each class meeting.

- During class, the student may be assigned homework to be completed by a given date. These may be turned in or graded in class.

- A zero will be given on all homework assignments that are not turned in on time.

- If the student has an excused absence the homework will need to be turned in by the next class meeting in order to be graded.

- All unexcused absences on days of quiz and test will be given a zero.

- Quizzes and tests will need to be made up the next class meeting for students with excused absences.

- On test days, students need to bring a pencil to use for scantrons.

- Students will not be allowed to get up during the test. You should use the rest room before the test begins.

- All cell phones should be turned off during class.

- During class give your instructor your undivided attention. Sleeping during class is not acceptable!

- Maintain a friendly and courteous attitude during each class period.

- Dress attire for class should be appropriate.

- Students who have any comments regarding what happen in clinical or another class needs to wait till the end of class to discuss these problems.

- NEVER COPY OR HELP ANOTHER PERSON TO CHEAT!

- See HCC Student handbook and college calendar at hindsec.edu The NAHC student manual is available at: hindsec.edu/Documents/Departments/HealthRelatedProfessions/

- Go to my.hinds web site to view mid-term & final grades. Instructions on how to log in can be found in the College Catalog or www.hindsec.edu/online/
Class Guidelines

- Students should check Canvas on a regular basis for announcements or assignments posted & also hinds e-mail. Login instructions can be found at www.hindscc.edu/online.

- The Hinds Photo ID badge must be worn on your lapel with your picture visible to security, patients and other personnel. This is required AT ALL TIMES to be allowed on campus, into the classroom, to take tests and to be allowed in the clinical sites. If you do not have the HCC Photo ID badge properly displayed, you will not be allowed into the classroom, in the clinical site or to take tests. You will have the option of 1.) purchase another ID or 2) receive an unexcused absence. You will be fined for each offense.

- If a test is given and the ID is not properly displayed, the student will receive a fine as stated in the HCC Student Handbook. You will then have the option of purchasing another ID and will be allowed to take the test with the remaining time allotted for the test. If you choose to not purchase another ID, you will receive an unexcused absence and a grade of ZERO will be recorded for the test.
RADIOLOGIC TECHNOLOGY PROGRAM
GENERAL INFORMATION FOR CLASSES

CLASS GRADING POLICIES:

A. Grade scale for classes in the Radiologic Technology Program is:

\begin{align*}
100 - 93 & = A \\
92 - 85 & = B \\
84 - 78 & = C \\
77 - 0 & = F
\end{align*}

B. In order to remain in the Medical Radiologic Technology Program:

The student must maintain a grade of "C" in each of the Radiologic Technology courses and the required academic courses for each semester.

C. Some classes are a combination of a lecture and a lab. Therefore, the lecture grade and the lab grade will each be a percentage of the final grade for the class.

CLASS LAB POLICIES:

1. During any lab work, students must be in \textbf{FULL} school uniforms and wearing Hinds ID badge or will be marked absent and asked to leave class.

2. Students must bring lab manual & markers to lab each time.

3. Lab schedules, including locations and times, are subject to change from time to time. Students will be notified of all changes prior to lab.

4. Students must report to lab on their scheduled day. No switching lab days, unless approved by the instructor.

5. Attendance to the lab is essential in completing the course. Absence from the lab will count as a class absence in the course (refer to HCC attendance policy).

6A. Procedure Practice lab schedule:

1. Excused Absences will be allowed to be made up as scheduled with instructor.

2. Unexcused Absences the student will be responsible for learning that material for that class (Instructor will not be responsible for providing information).

6B. Procedure Check off lab schedule:

1. Excused Absences the student will be required to make up missed lab day on the next scheduled lab day, if not you will receive a 0 (i.e., lab day on Monday, check off on Thursday or lab day on Tuesday check off on Wednesday). If the student is to remain in the program, he/she will be required to satisfactorily complete competency (85%) within \textbf{one week} of original check off day. He/she will be dismissed if not completed.

2. Unexcused Absence will get a 0, but he/she must complete competency within \textbf{one week}. If not, student will be dismissed from program.
Class Lab Policies Continued

7. Students will not be able to leave lab early, unless given permission by the instructor.

8. During Lab students must stay in lab area unless told otherwise.

9. After class assigned instruction on correct positioning of a given part, the student will be given an individual procedure grade and film grade during the lab setting. This procedure grade requires a minimum competency of 85% and film grade requires a 78% or higher. This grade will count toward the procedure class grade. If a procedure grade of 85% or a film grade of 78% or above is not obtained on the first try, the student will be required to recheck off. He/she should be prepared to perform any positions or critique any films associated with that anatomy. This must be done by the next lab day (i.e., lab day on Monday, check off on Thursday, Thursday check off on Monday or lab day on Tuesday check off on Wednesday and Wednesday check off on Friday). If the student does not pass after the second try on positioning or film critiquing he will not be able to complete the program. Students may be required to repeat procedures check off’s at the instructor’s discretion even if the grade was 85% or above.

10. Students will draw for partners on day of check offs and the order to check off.

11. Students will critique films that pertain to that study.

12. Good housekeeping is the responsibility of everyone using the lab. Clean, organize, and return all equipment used to its proper place.

13. Noise pollution is prohibited. Skills should be practiced quietly.

14. Students may not bring their children to lab

15. Students doing any phantom work must schedule times with Mr. Compton.

16. When working on phantom work, student must have indirect supervision (instructor in their office or in lab).

17. Phantom practices may be done in lab with CR

18. Phantom grades must be done with film.

19. Everyone must work alone on phantom practices or grades & no repeating films unless given permission to by instructor.

20. Do not use positioning books on phantom work.

21. If caught cheating or helping another student, you or all who were involved, for the first commission, will be given the option of receiving a zero on the particular assignment, withdrawal from the course, or failure in the course. The instructor will also refer the matter for possible further action, including possible suspension or dismissal from the program of study or from the college. The penalty for subsequent commissions will be failure in the course and possible dismissal or suspension from the program of study or from the College.

10/14
GENERAL INFORMATION FOR CLASSES Cont....

PARKING AT HCC NURSING ALLIED HEALTH:

The EAST parking lot and the Lower WEST parking lots are designated for students. Please DO NOT park in the Faculty/Staff area on the upper west side of Anderson Hall or the lots in front of and to the east of the Annex. Students must have valid parking decals. Students parking in areas not designated for students and not having decals will receive a ticket from security.  
(See HCC Student Handbook pg. 61-65 under Motor Vehicle Rules)

USE OF COMMUNICATION DEVICES:

Instructors’ office phones are to be used for emergencies only. A public pay phone is available in the lobby of Anderson Hall, in the student lounge in the Annex, and lower level of Annex.

Cellular phones and personal/work pagers are not allowed in the classroom or clinical setting. Failure to turn cell phones off during class may result in a $50.00 fine. Cell phones are not allowed in clinical rotation areas. Failure to turn off cell phones at clinical may result in a $50.00 and/or disciplinary action.  
(See HCC Student Handbook page 55, under violations)

Note: Cellular phones may interfere with patient equipment and monitoring systems.

BEHAVIORAL DISTURBANCES:

Obstruction to program property and disruption of study or teaching is a direct violation of school policy. The use of foul language in the classroom or clinical area is also a violation of school policy, which may lead to fines or dismissal.

Physical abuse or flagrant disrespect of any person on College owned or controlled property will not be tolerated by the instructors of the program and will lead to appropriate disciplinary action.  
(See HCC Student Handbook pg. 53-55 under violations)

TOBACCO USE:

Smoking and use of smokeless tobacco is not permitted in the NAHC, including the Instructor’s offices. Smoking policies of each clinical agency must be observed also. (See HCC Student Handbook pg. 66)
DRUG AND ALCOHOL ABUSE:

It is the goal of Hinds Community College to maintain an environment that is free from the effects of intoxicants or other behavior affecting substances. It is our belief that a drug free environment is to the benefit of both students and employees of Hinds Community College as well as the surrounding community.

Preadmission drug screening will be required as a part of the physical exam for all students admitted to Nursing/Allied Health Programs. A student should notify the Chairperson of the Department when using prescription drugs which affect behavior.

Any person in the role of a student at Hinds Community College who exhibits sensory symptoms or behavior indicative that he/she is under the influence of mind altering substances will be required to have a drug and/or alcohol screening performed immediately. Lab results, if indicated, must be submitted to Hinds Community College, Nursing/Allied Health Center. Medical doctor, lab fees, or further treatment costs will be the responsibility of the student. If the test is positive, the student will be asked to withdraw from the program and seek rehabilitation. The student will be considered for readmission following counseling and appropriate treatment. The student may appeal this action by following the District appeals process. (See updated policy in the Student Handbook, pg. 58-59)

EMPLOYMENT

For educational reasons, the full time student is discouraged from seeking employment. Excessiveness tardiness due to prolonged fatigue may cause the student to fail to meet class requirements. Fatigue and sleepiness in class or clinical can lead to omissions in learning and errors in performance in giving care. Such circumstances may lead to being dismissed from the program. Additionally, class hours, requirements and learning needs have priority over work hours and the student is expected to arrange work hours in accord with the above.

Students who work are not permitted to wear the school uniform or any identification implying HCC student role while on the job.

PROCEDURE CHANGE:

Faculty reserves the right to change procedures as necessary. Written notification of the procedure change will be given or sent to the students and applicants, who are approved for admission. Written notification is sufficient to put into effect the procedure change.

ETHICS AND CONDUCT

The term “ethics” is defined as a system of moral principles or standards, which govern conduct. Students enrolled in health care programs at the Nursing/Allied Health Center are expected to conduct themselves with integrity and honesty at all time. Cheating, lying, stealing, misrepresentation, false documentation, or any other forms of dishonesty in the class or clinical area will be cause for immediate disciplinary action. (See Rules of Academic Integrity)
Attendance-Withdrawal Policy

Attendance

Attendance in class is a key factor of success in college. The following procedure applies to regular academic, technical and career credit programs, including Distance Learning online courses. It does not apply to non-credit or continuing education activities. Some programs in nursing and allied health, career fields or non-credit programs require more stringent attendance policies which will be followed and will be stated in the departmental regulations for the program of study.

Attendance will be recorded beginning the first day of the course or the first day the student registers for the course. The student is responsible for all work in the course. Students must attend 80% of the meetings for each course in order to receive credit for a course. For Distance Learning courses, students must participate in a minimum of 80% of the activities assigned by the instructor in order to receive credit for the course. (See Notice of Absence Procedure below.) Class enrollment status may not be challenged beyond twelve (12) months from the date that the class ended.

Tardies

Failure to report to class at the beginning of the class period equals a tardy. Three tardies equal one absence. Students who miss more than fifteen (15) minutes of a class will be marked absent. A student who leaves the classroom without the instructor’s permission will be marked absent.

Excused Absences

HCC recognizes two types of excused absences: those for personal emergencies, and those for official school activities. The student is allowed to make up the work for excused absences.

Student absences may be excused by the instructor for personal emergencies such as illness, or death in the student’s immediate family, or other valid unavoidable circumstances. It is the responsibility of the student to inform all instructors when absences are due to personal emergency. Instructors may require written documentation, such as verification of illness on a physician’s letterhead.

Official absences are those resulting from student participation in important activities officially sponsored by the College. Students will be provided with an Official Absence Notice by the proper College official. It is the responsibility of the student to show the instructor the Verification of Official Absence form or letter. A student will be allowed to make up the class or laboratory work that was missed during an official absence.

Unexcused Absences

All absences not due to personal emergency or official school activities are unexcused. Students who are absent from a final exam without the approval of the instructor will receive a course grade of "F".

Excessive Unexcused Absences

NOTICE OF ABSENCEs must be sent when the student has accumulated excessive unexcused absences as defined below. All Excessive Absence Notices (traditional classes, online classes and college life/study hall classes) will be sent to the student by e-mail. Students taking credit courses are issued a College e-mail account upon his/her first registration for classes. It is the student’s responsibility to activate this account within three (3) days of registration or by the first day of classes and to check this account at least three (3) times per week. Excessive unexcused absences are defined as follows:

1. Fall and spring semesters - day or evening class, after the number of times that the class meets in one week plus one, based on a full semester length course.
2. Distance Learning courses during any term - when the student has three (3) missed or late assignments.
3. Four (4) week term - after two (2) days.
   Eight (8) week term - after four (4) days.
4. Summer session - evening class, after the number of times that class meets in one week.
5. Career Block - three (3) days of absences.
Notice of Absence Procedure

The primary method by which the College communicates with its credit students concerning attendance is the students’ Go.Hinds email accounts. All credit students are responsible for activating their College email account within three (3) days of registering for classes for the first time and for checking it frequently (at least three times each week).

All instructors will take roll at each class meeting and will maintain an attendance record for each student. Attendance will be recorded beginning the first day of the class or the first day the student registers for the class, whichever is later. All Instructors will make certain that each student is aware of all College policies and procedures concerning attendance, excessive absence notification, and withdrawal and will stress the student’s responsibility for reading all related requirements in the College Catalog and the Student Handbook.

- **A FIRST WARNING NOTICE** may be sent to the student by the instructor when the student has the following number of absences:
  1. Face-to-face Academic and Technical classes (all terms)
     The equivalent of the number of times the class meets each week based on a full-length fall or spring term (15 weeks). For full-length fall and spring terms, this will be (for example) three (3) MWF classes, two (2) MW or TR classes, and one (1) Monday-only class. For classes which meet for less than 15 weeks, the First Warning Notice may be sent when the student has missed the equivalent of 1/15 of the total time the class is scheduled to meet. For four-week summer day classes and eight-week summer evening classes, this will be one class meeting.
  2. Career Block - two (2) days absence.

Note: More restrictive attendance requirements may apply to specific courses and/or departments - See College Catalog.

- **A NOTICE OF ABSENCE** must be sent to the student by the instructor when the student has twice the number of absences listed above in items 1 and 2. For face-to-face academic and technical classes, this is 2/15 of the total time the class is scheduled to meet for the entire term. For full-length fall and spring classes, this is six (6) MWF classes, four (4) MW and TR classes, etc. This “twice the number” criteria also applies to Career Block classes.

- **A NOTICE OF ABSENCE** must be sent to a student in an on-line class who has three (3) missed or late assignments.

The First Warning Notice and the Notice of Absence require the student to contact the Instructor immediately to discuss the following options:

1. Return to the class.
2. Withdraw from the class with a 'W' during the withdrawal period if all fees are paid.
3. Withdraw from all classes on dates listed in the College Calendar if all fees are paid (See counselor in Counseling Office).
4. Be dropped from class with a grade of 'F'.

If the student fails to contact the instructor within the number of calendar days* specified below of the send date of the notice, he/she may be dropped from class with a grade of 'F'.

1. Fall and Spring full-term classes - seven (7) calendar days.
2. Distance Learning Classes - seven (7) calendar days or the last day to withdraw, whichever comes first.
3. Summer session four week classes - three (3) calendar days.
4. Eight-week classes (all terms, day and evening) - four (4) calendar days.

The Admissions Office will notify the Office of Financial Aid and Veterans Affairs of the assigned 'F' and the last date of attendance for any student receiving Financial Aid or Veterans Benefits and who has earned an 'F' for excessive absences.

---

*Calendar days include weekends and non-working days.
APPEALS

The student, after consulting with the instructor, may file an appeal with the appropriate Department Chairperson and Academic or Career-Technical Dean. The instructor, chairperson and dean will review the appeal and respond to the student. The final level of appeal may be made in writing through the Dean of Students/location Dean for review by the Local Student Affairs Committee.

COLLEGE COMPLAINT PROCEDURE

The student should refer to the N/AHC student manual and college student handbook.

PROGRAM COMPLAINT PROCEDURE

The Joint Review Committee on Education in Radiologic Technology maintains a website at www.jrcert.org that contains information regarding accredited programs, accreditation standards, policies and procedures, a listing of Directors and staff, and an allegations reporting form.

If a complaint is to be made regarding allegations of non-compliance with JRCERT STANDARDS, they must be submitted in writing to the JRCERT; they must be signed, and they must relate to the accreditation standards relevant to the particular program.

The program will maintain any records of complaints and their resolution.
WITHDRAWING FROM A COURSE

Before considering withdrawing from a course, a student should be aware of the following information if it pertains to him/her:

1. Students on Financial Aid, Veterans Benefits, Scholarship, or GSL Loan should note that dropping a course(s) may lower benefits, stop benefits, or cause repayment to be due immediately.

2. Students must maintain full-time enrollment (12 hours or more during fall and spring) to live in a residence hall.

3. No student will be permitted to withdraw from a class until all financial obligations have been cleared with the Business Office.

When a student replaces one course with another course during Drop and Add, the original course will be purged from his/her record. When the College officials cancel a course, the course shall be purged from his/her record.

The student initiates withdrawal from a single class in the Admissions Office. If all fees are paid the student will be given the form to take to the instructor to request a withdrawal. Students may withdraw from a class and receive a grade as specified below. The times a student may withdraw are indicated below.

1. Fall and Spring - day and evening class
   A student's record of performance begins with the second week of classes. The second week through midterm week, a student cannot withdraw from a class except by withdrawing from school. A student may withdraw from a class between the ninth week and up to five working days before the first day of the final exam schedule. The student will receive an "F" if the instructor has already processed a Notice of Absence form prior to the student's request for withdrawal, otherwise the student will receive a "W."

2. Summer session - four week and eight week day classes
   A student's record of performance begins with the third scheduled class. The third class through the eleventh class, a student cannot withdraw from a class except by withdrawing from school. A student may withdraw from a class between the eleventh and up to three working days before the start of the final exam schedule. The student will receive an "F" if the instructor has already processed a Notice of Absence form prior to the student's request for withdrawal, otherwise the student will receive a "W."

3. Summer session evening classes
   A student's record of performance begins with the second scheduled class. The second class through the fourth week, a student cannot withdraw from a class except by withdrawing from school. A student may withdraw from a class between the first week and up to three working days before the start of the final exam schedule. The student will receive an "F" if the instructor has already processed a Notice of Absence form prior to the student's request for withdrawal, otherwise the student will receive a "W."

WITHDRAWAL FROM COLLEGE

To withdraw from the College at any time prior to five (5) working days before the first day of final exams for day/evening classes during a regular semester (three (3) during the summer), a student must contact a counselor to initiate the withdrawal. The grade at the time of withdrawal from the College will be "W" in all classes in which the student has not been dropped for excessive absences. It is the responsibility of the student to complete and return the Withdrawal Form to the Counseling Office within twenty-four (24) hours.

Students who have advance registered, did NOT pay tuition and are unable to attend classes must mail the tuition billing notice back to the Business Office with a statement indicating that he/she will not be attending classes. This must be done immediately upon the billing so that he/she can be removed from classes.

Students who have advance registered, paid tuition and are unable to attend classes should contact the appropriate Counseling Office to officially withdraw from school. Students must withdraw before the first day of classes to receive 100% refund. No student will be permitted to withdraw from college until all financial obligations have been cleared with the Business Office.
GENERAL REQUIREMENTS FOR CLINICAL AFFILIATIONS

Before a student may enter a clinical facility, he/she must have the following documentation completed in full and returned at least one (1) week prior to the first day of class to your Program Director.

1. Complete health record

2. A physical examination by a physician/Certified Nurse Practitioner within three (3) months prior to the first class may be mailed to your program director. (Annually)

3. Specified lab-work or clinical tests (including TB skin test, and Custody Drug Screen) prior to the first class and may be mailed to Nora Butts. If positive TB skin test then documentation of appropriate follow up procedures must be submitted. (Annually)

4. Complete immunization record

5. Background check

The following documentation completed in full must be returned at least one week prior to the first day of clinical to your Program Director

1. Verification of liability insurance.

2. Verification of health/accident coverage during enrollment in the RGT program.


4. In order to assure that all students who are enrolled in a health care program at HCC are sufficiently protected from risk due to exposure to blood-borne pathogens, the students must validate by signature that they have been informed of the blood-borne pathogen standard and all components involved. Students will turn in test and signed documentation of blood-borne pathogens/infections materials training.

5. Documentation of having received the Hepatitis B vaccine, or have signed and submitted a declination statement to the Program director.

6. Verification of American Heart Association of Health Care Provider CPR certification, which includes adult, infant, and child techniques. Students must keep CPR certification current throughout the entire program.

CLINICAL AFFILIATES

Students shall receive their clinical experience at the following five hospitals. The student will follow the guidelines above along with hospital department policies of each clinical site during their assigned clinical rotations.

1. Mississippi Baptist Medical Center
2. Central Mississippi Medical Center
3. St. Dominic-Jackson Memorial Hospital
4. River Oaks Hospital
5. River Region Medical Center
6. Mississippi Sports Medicine and Orthopedic Center
7. TrustCare Express Medical Clinics
<table>
<thead>
<tr>
<th>Department</th>
<th>Supervisor</th>
<th>Phone Number</th>
<th>Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust Care</td>
<td>Daniel May (Chief)</td>
<td>601.336.5517</td>
<td>CT (Rayon)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imaging Services</td>
<td>Lindsey Holter</td>
<td>601.335.2075</td>
<td>ER (Rayon)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>核准</td>
<td>601-200-6168</td>
<td>Nuclear Med</td>
</tr>
</tbody>
</table>
GENERAL GUIDELINES FOR ALL CLINICAL SITES

1. The student is expected to demonstrate loyalty and cooperation so that the Radiology Department may fulfill its obligations for adequate patient care and proper student training.

2. To the radiologists, the student owes loyalty and obedience in all matters pertaining to the Department of Radiology. Respect and courtesy is expected as a member of the medical profession:
   - Always address them by the title of “doctor”
   - Willingly conform to their directions
   - Accept their corrections

   To all other physicians using the facility of Radiology, please pay them the same respect and give them prompt, cheerful service.

3. Answer all phones in the Radiology department “Radiology” and give your name.

4. Students must have their clinical notebook with clinical guidelines with them during clinical rotation. Failure to do so will result in disciplinary action.

5. Do not eat, drink or chew gum in the diagnostic areas.

6. The student will endeavor to instill within herself/himself the highest ideals and charity toward the sick. Failure to do any of the following may result in disciplinary actions.
   - Treat the patient in a warm, friendly, and professional manner
   - Explain the procedure to them and answer their questions.
   - Clothe them and perform the examination with the utmost regard to modesty.
   - Carefully watch the aged, unconscious, mentally disturbed and children.
   - Anticipate the patient’s needs, because they are your first concern.
   - Determine the requested procedure and appropriate information from the request. Maintain the patient’s confidentiality at all times.
   - Establish priorities with your assigned procedures and return your patient to his/her room/area in a timely manner.
   - Maintain a neat and clean procedure room and work area. Aid in replacing and/or replenishing all used articles before leaving the room.

7. Stay in your assigned clinical rotation area and perform procedures only in your assigned clinical rotation area.
   - Please do not call students out of their areas to get grades until approved by instructors.
   - Report to the technologist or clinical instructor before leaving the assigned clinical areas for breaks, lunch and at the end of clinical. Failure to do so may result in disciplinary actions.
   - Report to the director or clinical instructor before leaving the assigned clinical rotation area for any reason other than breaks, lunch, class or end of clinical.

Leaving any Clinical site Radiology Department (during assigned clinical hours) without notifying the Program Director or Clinical Coordinator will result in disciplinary actions. Anytime you leave the clinical site you must clock out.
8. Reserve departmental telephone lines for business use. Ask friends and relatives to call only in emergencies. Incoming callers may be asked to leave their name, number or a message. Failure to do so will result in disciplinary action.

9. Apply rules of safe handling of the equipment and accessories as instructed at all times. Operate and maintain radiographic equipment with utmost care as instructed.

10. Immediately report any corrective or preventative maintenance needed for assigned areas, emergency rooms, portable units and equipment to the supervisor, R.T. in charge.

11. Apply radiation safety measures and regulations to yourself, your patients, and other personnel, as instructed, to prevent radiation overdose with serious effects. Demonstrate moral and legal obligations to properly apply radiation protection measures as instructed. Failure to comply with radiation safety guidelines may result in disciplinary action.

12. Obtain a written or verbal order from a physician prior to any patient exposure for all radiographs. This means that x-ray of patients, employees, students, family, pets and friends without a doctor’s order is not permitted. FAILURE TO DO SO MAY RESULT IN DISMISSAL.

13. Refer all questions from the patient regarding radiographic findings and interpretation to the patient’s physician or radiologist. Maintain strict patient confidentiality in a professional manner. FAILURE TO DO SO MAY RESULT IN DISMISSAL.

14. Students are bound by the same code of ethics as employees and must respect the patient’s right to privacy. Do not discuss the patient or patient cases in public areas of the hospital (cafeteria, hallways, elevators, etc…). Do not falsify records and patients names should also not appear on films or reports used for student presentations. Failure to do so will result in disciplinary action.

15. If the student is injured during clinical, first report to your instructor/R.T. There will be an accident report filed NO MATTER HOW SMALL it may seem. Immediate care may be rendered in the emergency room if the radiologist feels it is necessary. If further attention is required, you will be referred to a private physician. Hospitals are not liable for accidents not reported AT THE TIME THEY OCCUR.

16. Patient accidents MUST be reported IMMEDIATELY, NO MATTER HOW MINOR. Accident reports are to be filed before the patient leaves the department and they should be reported to a radiologist.

17. Cell phones are not allowed in clinical rotation areas. Use of cell phone at clinical will result in a $50.00 fine and disciplinary action.

18. During down time you should stock additional supplies, clean rooms, practice positioning, go through notes reviewing positioning & techniques, general studying of Radiology material. Under no circumstances should there be any reading of outside materials such as: novels, magazines, etc. that is not school related.

19. Sleeping during clinical hours will be reason for Dismissal.
HINDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL GUIDELINES

ATTENDANCE PROCEDURES

Clinical assignments are a necessity for each student to develop intellectually and build confidence and competence of radiographic procedures performed during school. In order to do this:

A. Student must be present at the clinical sites assigned to them.

B. In the event, a student is absent; he/she must notify their assigned clinical instructor by 7:30 a.m. and before 12:30 p.m. for evening shift. Also, it is the responsibility of the student to contact the clinical site by the same time. Failure to call in within time frame will result in a write up.

C. Any absence occurring without notification will be brought to the attention of the H.C.C. Faculty Hearing Committee, and the privilege to continue in the program will be evaluated by: 1. Student’s academic performance 2. Student’s clinical performance 3. Reason for absence 4. Time available for make-up

D. The maximum number of absences allowed per semester are as follows: (1) First-year-Fall Semester - 24 hours (2) First-year-Spring Semester - 24 hours (3) First-year-Summer Semester - 28 hours (4) Second-year-Fall Semester - 32 hours (5) Second-year-Spring Semester – 32 hours. If this time is exceeded per semester, you will be dropped from class with a failing grade due to excessive absents.

All absences during each semester will be required to be made-up, with the amount of time and scheduling of such time to be at the discretion of the Clinical Coordinator and the Program Director. This time must be made up prior to the end of the semester in order to continue.

E. For continuation in the program following an extended illness, pregnancy or trauma, the student must furnish the program a release from the physician before returning to clinical sites. No light duty assignments are accepted.

F. Students who declare pregnancy are encouraged to “bank” clinical days early in the pregnancy to avoid owing more time than can be made up by the end of the semester. Student must schedule time with Clinical Coordinator. All clinical absences, due to, pregnancy and recovery time, must be approved by faculty.
G. Clinical assignments are made prior to each shift and any tardies disrupt the smooth operation of the department. If you are going to be tardy more than 15 minutes you must notify your assigned clinical instructor immediately. Students who arrive late (15 minutes or later without notification or valid excuse) will receive a clinical absence for the day. The student will be required to make up the day.

H. Notification of tardiness is still considered a tardy. If notified, the student will be able to make up that time. A tardy is considered being more than 4 minutes late.

I. Three (3) tardies, will be counted as an absence.

J. Special consideration will not be given to students who live outside the Jackson area or to those students with children. Students will have to go to River Region, you will need to be able to make arrangements for work or childcare.

K. The students will wear the required dress for the clinical affiliate he/she will be attending. If assigned to an area that requires surgery scrubs to be worn, the student must still wear appropriate clinical dress to clinical site. The student will change into and out of the surgery scrubs at the site. FAILURE TO COMPLY WILL RESULT IN A DISCIPLINARY ACTION.

L. Any student reporting for the wrong shift or to the wrong clinical site should notify their assigned clinical instructor immediately. The student will be responsible for making up time missed at their assigned clinical site and will be marked tardy for the day. This will also result in disciplinary action.

M. Changes in the clinical schedules are to be made only by the Clinical Coordinator or Program Director for EMERGENCY only. Employment will be scheduled around clinical schedules.

N. The Radiologic Technology program is not permitted to schedule a student for more than 40 hours/week for clinical and didactic classes, unless makeup time, which is voluntarily and agreed upon by student.
MRT Clinical Make Up Day Guidelines

1. All absences during each semester will be required to be made-up. The amount of time and scheduling of such time will be determined at the discretion of their assigned Clinical Instructor.

2. You will be allowed one excused absence due to illness (with an official doctor’s note) or due to death in the immediate family. This one excused absence will not have to be made up. All other absences (excused or unexcused) will have to be made up by the end of the semester. To be reported as an excused absent, the instructor must receive the proper verification within one week of absence.

3. Students who miss a clinical day will be required to fill out a make up day request form and turn it into your assigned Clinical Instructor appropriate to their class, for their approval. Make up day request forms must be turned in and approved 1 week before the make up day. You must have verbal approval by your assigned clinical instructor before making up any time.

   For example: If you are going to make up time on January 1st then your request must be turned in and approved 1 week before January 1st.

4. Once a make up day request slip is turned in and approved, the student is then committed to that day as their make up day. This make up day will then be treated as any other clinical day and all clinical rules apply. If the student is going to be absent on this approved make up day the same procedures will need to be followed as on any other clinical day. Unexcused absences will be counted as 8 additional hours added to their total absence time. If a student is tardy on their approved make up day this will be counted towards their total number of tardies in the semester.

5. Students may not make up more than 8 hours of clinical per make up day.

6. Students may make up days on Saturdays if there are no available days during the week. Saturdays used for make up days will be limited to certain areas and must be approved by the Clinical Instructor.

7. Only the night shift will be allowed to make up time on Sunday night as approved by the Clinical Instructor. Otherwise Sundays are not to be used for make up time.

8. Students’ time must be made up prior to the end of the semester in order to continue in the program. Student must also attend 80% of the class in order to receive credit for that course.

9. If you know in advance of time needed off for a Dr. appointment, surgery or hospitalization you can make up that time prior to your appointment or surgery.
   a. This is for medical appointments only.
   b. Emergencies are excused and time will be made up after the absence and before the end of the semester.

10. Students’ make up days will be made up in the rotation area in which they missed.

11. The hours students make up should be concurrent to the hours the student missed. For example time missed in the AM should be made up in the AM.

12. Time missed from clinical must be in 4 or 8 hour increments (not 30 or 1 hour etc...)

13. Make up days due to excessive tardies may be in a rotation area and hours of the students’ choice as long as the Clinical Instructor approves it.

14. If the make up time were to put a student in class/clinical more than 40 hours per week, it would be on a voluntary basis.

Revised 2/09
Hinds Community College—Radiologic Technology
MAKE UP DAY REQUEST

NAME: __________________________ DATE OF REQUEST: _____________

Date of absence: _____________________

Hospital and rotation area during absence: _____________________________

Date of requested make up day: ________________________________

Hospital and rotation area requested for make up day: _________________

Hours student will report to clinical & leave clinical on make up day: ________

Student’s signature ________________________________________________

APPROVED DENIED

Instructor’s signature ______________________________________________

If the make up time were to put a student in class/clinical more than 40 hours per week, it would be
on a voluntary basis.
DRESS CODE

Patients and visitors to hospitals are frequently unfamiliar with medical procedures and therefore, are prone to judge the hospital by what they see and hear. Your attire, grooming and manner can serve to reassure patients, their families and visitors that you are competent and careful in the performance of your clinical duties.

Your attire also contributes to the maintenance of a clean and safe environment for patients, visitors, staff and other students. For these reasons, the following personal appearance and hygiene requirements have been established and are a matter of all hospital policies.

Students will report to the assigned clinical site clean and well groomed and in complete uniform. The uniform consists of:

1. Maroon/Burgundy or chocolate brown scrub suits. Proper undergarments with a visible white t-shirt will be worn under the scrubs and tucked in. The scrubs need to be kept clean and pressed.

2. Clean brown leather shoes or white leather shoes. White socks or white support hose will be worn with shoes.

3. White lab coats or solid color maroon or chocolate brown can be worn in the clinical areas. No other type of jacket will be allowed during clinical assignments.

4. Hinds ID. Badge will be worn on your lapel with your picture visible to patients and other hospital personnel. This is required to be worn during clinical in the hospital at all times. Student’s film badge will be worn on the collar to measure the amount of radiation you receive while performing an examination. This badge will be issued to you each month and turned in each month to be monitored. Do not leave them in the exam rooms, in the sun or on top of a color television or microwave oven.

5. Hinds RGT patch can be purchased in the Hinds Bookstore and must be worn on the left shoulder (2 in from the seam) on the white lab coat. Students not wearing the lab coat must place the Hinds RGT patch on the left sleeve (2 in from the seam) on the uniform scrub top.

6. Student lead markers are to be brought to clinical each day. Markers are for legal reasons, it is important that every anatomical part of the body being radiographed be marked with lead markers as to whether it is a left or right side. Left and right markers are some of the most valuable equipment you will need. Carry a set at all times. These are to be purchased at the start of the training and must be replaced by you if lost. The use of other students or tech markers is prohibited.

7. Hair is an important part of a student’s appearance. It must be clean, neat and worn in a manner that will not create a health or safety hazard for you and the patient. In all clinical areas, hair longer than shoulder length will be pulled completely back so that it does not fall toward the patient or pose a safety hazard when operating or working near equipment.

8. Mustaches, beards, and sideburns should be kept clean and neatly trimmed. All tattoos must be covered if visible.

9. Sculptured or artificial nails are not to be worn. Fingernails shall be no longer than 1/8 in. from fingertips. Only clear fingernail polish may be worn while performing duties.

10. Make-up should be worn in good taste. Please don’t overdo.
11. **No earrings** are to be worn in the hospital clinical setting by males or females. Necklaces and bracelets pose a safety hazard and should not be worn. Rings are against infection control standards in some areas and should be limited to plain wedding bands only. A simple wristwatch may be worn and is recommended.

12. The use of perfumes and scents can be annoying to both patients and co-workers and may cause allergic reaction. These are not to be worn in patient care areas.

SMOKING can be an irritant as a health and safety hazard. **Students may smoke only in designated smoking areas during scheduled clinical breaks only and never in the presence of patients. Students are not to have cigarettes or smoking materials in their possession while in the patient care areas. Smokeless tobacco & Electronic cigarettes also may not be used while on duty.**

FAILURE TO COMPLY WITH ANY OF THE ABOVE WILL RESULT IN DISCIPLINARY ACTION; which can lead to the student being written up, sent home, or MAY LEAD TO DISMISSAL FROM THE PROGRAM.
CLINICAL AREA ROTATION ASSIGNMENTS

A. Students will be assigned to different areas of the radiology department at each site on a rotational basis. An E.R. evening rotation from 12:30 p.m. to 9:00 p.m. will be assigned to second year students starting during the summer semester. The student will start the Saturday before their rotation and then Monday, Tuesday, Wednesday, and Thursday and will be off Friday of that week. During the Fall and Spring semester the student will continue a night rotation still starting the Saturday before rotation and then Tuesday, Wednesday and Friday of that week. At no time shall a student be pulled from the ER to cover another area. During the clinical time the student shall abide by the policies and Procedures of HCC and of the Clinical Affiliation in which they are assigned. If the student is unsure about policies or procedures the student should contact the clinical coordinator or program director.

B. Students will clock in and out on their time card each day. If a student fails to clock in or out on their time card (ex. using a piece of paper or hand writing in the time to avoid a tardy), the student will be written up on the first offense and second offense they will be counted absent for that day. If the time clock is not working or if there are no more time cards a student may get the tech to write and initial on the time card or on paper. First year will turn their time cards in on Friday and second year will turn their time cards in on Monday to the school. If not turned in on time you will be marked absent.

St. D. Radiation Therapy, MSMOC & Trust Care does not have time clocks. The student must sign in on the Hills Community College book on the sign in sheets available and get a technologist to initial each day. DO NOT sign in the book at the beginning of the week for the entire week.

If a student is caught clocking in or out for another student (in any way) or signing in or out both students may be dismissed from the program. If a student is caught trying to manipulate, change the time, or unplug the time clock in any way; the student may be dismissed from the program.

After clocking in the students MUST report to their assigned rotation area. Do not go to breakfast after clocking in to clinical. If you want to eat breakfast before clinical please do so before clocking in.

C. Students will be assigned to a clinical instructor or supervising technologist while in the assigned rotation area. The student will be under supervision of the technologist at all times during clinical. Students who are caught performing exams on patients without supervision will be written up and possibly dismissed from the program. Under direct/indirect supervision you will observe, learn, and recall different levels of each exam performed in that area. If the student is presenting a problem during clinical the technologist/supervisor may refer the student to the clinical coordinator or program director to be sent home. Disciplinary action will be discussed and the student may be dismissed from the program.

PRACTICES

D. When the student has practiced in lab under supervision of the instructor, the student will be allowed to do this procedure for a practice under the direct supervision of a technologist. When the student feels confident to perform the procedure for a practice, the student must inform the technologist prior to performing the exam. The student will perform the practice under direct supervision and may have assistance from a technologist during the exam. The technologist will then sign the practice/grade competency evaluation that the student has successfully completed a practice on that exam.

Revised 5/14
GRADES

E. When the student has successfully passed with 85% or above on the procedure check off and tested on the material, the student will be allowed to do this procedure under the direct supervision of a technologist. The technologists need to be informed whether the student is performing for a practice or a grade. When performing for a grade, the student will be under direct supervision by a technologist and will not have assistance. If the student has to repeat a film, the technologist will need to directly supervise the repeat. 5 points will be deducted from the image grade for each image repeated. After the student has completed an exam for a grade with images, the technologist will sign the practice/grade competency evaluation. Grades without images (ex. Lumbar Puncture), technologist will sign the performance sheet for that exam. The grades will be placed in the Hinds box.

F. For a student to perform a procedure for a grade, they must perform all exams ordered on the patient.

G. If a student requests to perform a procedure for a grade, they must follow through or 10 points will be taken off the image grade.

H. At the end of each rotation (weekly) the student will be evaluated on their performance by a technologist that they worked with. The technologist will place the evaluation in the Hinds box for a grade. Periodically the faculty will call the students in for a conference to review their evaluations and to look at ways of improving their skills.

I. Students are required to turn in a complete student evaluation of their clinical rotation at the end of each week to a Hinds instructor. First year will turn in on Friday by 3:30 p.m. and second year will turn in on Monday by 3:30 p.m. Failure to do so will result in Zero for the rotation area evaluation for that week. If student is absent on the due date, he or she must have an excused absence in order to be able to turn it in the next class day.

J. Other paper work (practices & grades) must be turned in within 1 week to be counted. Student paperwork not turned in within one week will not be accepted.

K. It is the responsibility of the student to keep up with all paper work and time cards.

L. If you lose a time card it is your responsibility to prove (within one week) that you were at clinical on all required days or will be marked absent for each day; however, you will still be marked absent if not turned in on time. First year will turn in on Friday by 3:30 p.m. and second year will turn in on Monday by 3:30 p.m. If student is absent on the due date, he or she must have an excused absence in order to be able to turn it in the next class day.

M. Phantom work will only be allowed for River Oaks and River Region students. In order to do phantom work you will be required to get proper documentation for your CI at that site stating that there was not enough available exams. You will be allowed to do the phantom for grades checked off on during the last two weeks of that semester. All other students will be allowed to start phantom grades the last semester, with faculty discretion.
DEVELOPING PROFESSIONAL BEHAVIOR

During clinical in the Radiology department the student will learn how to perform and function as a R.T. in the field of Radiology. The student is there to gain valuable clinical experience, by participating in exams and performing radiographic procedures on patients, under supervision at all times. The student is not an employee of the hospital during clinical hours and should not be left unsupervised at any time while performing a radiographic procedure.

During the clinical experience the student’s attitude and values will affect his/her behavior during clinical. Positive work attitudes are important to the success in any job or program, as are technical skills. During the clinical experience we ask that the student do his/her part in learning how to function as a professional radiologic technologist. Focus on having good work habits such as: **be punctual, communicate with your fellow students and co-workers, be cooperative and follow directions, concentrate on your work and care about the quality of your work, recognize problems and find solutions, take the lead and work hard, be honest and dependable, dress properly and practice good grooming, and have a positive attitude.**

**POLICY FOR DIRECT SUPERVISION**

If the student has not been deemed competent of a radiographic procedure:

1) A qualified radiographer should review the procedure in relation to the student’s achievement.
2) A qualified radiographer should evaluate the condition of the patient in relation to the student’s knowledge.
3) A qualified radiographer is present during the conduct of the procedure.
4) A qualified radiographer will review and approve the procedure.

**POLICY FOR INDIRECT SUPERVISION**

If the student has been deemed competent of a radiographic procedure; the radiographer must be immediately available to assist the student regardless of the level of student achievement. “Immediately available is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.”

**POLICY FOR REPEAT RADIOGRAPHS**

When the student is required to perform a repeat radiographic examination, he/she will perform only under the direct supervision of the radiologic technologist. If an image was to be repeated, it would be recorded immediately on the weekly student evaluation form and signed by Technologist. If no repeats are done per day, student will write in no repeats, sign and have technologist sign. The student will have 10 points taken off clinical evaluation grade if not correctly completed at the end of the week.

**POLICY FOR OBSERVATION IN RADIATION THERAPY**

The student is required to observe a registered radiation therapy technologist during ALL Radiation Therapy procedures. There are objectives for the students to complete during their rotation.

Revised 9/13
Student Evaluation

NAME: (Student Name)  DATE:
Clinical Site and Rotation Area: (Must have both)

1. How many practices did you turn in this week?
2. How many grades did you turn in this week?
3. Did you have to repeat any images this week?
4. List some procedures you participated in this week. (Were they done alone or with assistance?)
5. Did you learn anything new this week? If yes, what?
6. Did you turn in any Objective or Procedure sheets?
7. Who did you work with during your rotation?
8. Did you enjoy working in this area? Why or Why not?

<table>
<thead>
<tr>
<th>Date</th>
<th>Exam</th>
<th>Accession #</th>
<th>Student Signature</th>
<th>Tech Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tues.</td>
<td>8/22/2012</td>
<td>CXR</td>
<td>#1234567</td>
<td>Jan Doe</td>
</tr>
<tr>
<td></td>
<td>8/22/2012</td>
<td>KUB</td>
<td>#1234567</td>
<td>Jan Doe</td>
</tr>
<tr>
<td></td>
<td>8/22/2012</td>
<td>PORT. CXR</td>
<td>#12589647</td>
<td>Jan Doe</td>
</tr>
<tr>
<td>Wed.</td>
<td>8/23/2012</td>
<td>absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fri.</td>
<td>8/25/2012</td>
<td>No repeats</td>
<td></td>
<td>Jan Doe</td>
</tr>
</tbody>
</table>
CLINICAL GRADES

A. The clinical experience grade will be determined by averaging the image/film grades and clinical evaluations. First time disciplinary write up will result in 2 points off the final clinical semester average. Second write up that semester will result in additional 3 points off clinical average resulting in a total of 5 points off. Third write up will result in the student being sent to Hinds disciplinary committee (per semester). All points will be added up and then subtracted from student’s final clinical semester average (per semester). The student is expected to achieve an overall average of 85% for each clinical level.

B. On an interim basis and following each area rotation, the student will be expected to have completed certain levels of clinical competency. There are four levels of clinical competency:
   1. Clinical performance objectives for each rotation area
   2. Image/Film grades of radiographic procedures
   3. Performance grade of radiographic procedures
   4. Weekly clinical evaluations filled out by the clinical instructor/ supervising technologist of each assigned area and scored by the clinical coordinator.

C. All clinical area assignments are mandatory and objectives are required to be completed. First year students will turn in general first year objectives at the end of their first year and second year will turn in the remaining objectives at the end of their second year.

D. If the student fails to complete clinical performance objectives by the given date the student will have to repeat the rotation area. Failing to turn in all objectives by a given date before graduation may result in dismissal from the program.

E. After class assigned instruction on correct positioning of a given part, the student will be given an individual procedure grade and film grade during the lab setting. This procedure grade requires a minimum competency of 85% and film grade requires a 78% or higher. This grade will count toward the procedure class grade. If a procedure grade of 85% or a film grade of 78% or above is not obtained on the first try, the student will be required to recheck off. He/she should be prepared to perform any positions or critique any films associated with that anatomy. This must be done by the next lab day (i.e., lab day on Monday, check off on Thursday, Thursday check off on Monday, or lab day on Tuesday check off on Wednesday and Wednesday check off on Friday). If the student does not pass the second try on positioning or film critiquing he will not be able to complete the program. Students may be required to repeat procedures check off’s at the instructor’s discretion even if the grade was 85% or above. When the student successfully completes the procedure grade they may start working on grades toward a model radiograph for an image/film grade. The radiograph/image/film will be graded on such aspects as positioning, exposure, collimation, markers, patient info etc… A competency level of 85% will be expected on each image. This image/film grade will count toward the clinical grade. If the number of image/film grades assigned is not obtained by the end of the semester, the student will be given a grade “0” for each image.

F. Grading scale for clinical in the Medical Radiologic Technology Program:
   100 – 95 = A
   94 – 90 = B
   89 – 85 = C
   84 or below = F

G. Radiography Clinical Competency must be met in order for the student to meet certain requirements set forth by the ARRT. A list of mandatory and elective requirements will be given to each student. These requirements must also be completed in order to meet graduation requirements in the Radiologic Technology Program.

10'14- revised
Hinds Community College Radiologic Technology Clinical Grading Policy

- **Practices** can be done once they have practiced in lab.

- **Grades** can be done once they have checked off in lab and obtained the maximum number of practices.

- Any check off’s that are done in Clinical should be done with a grade not with practice. The following will have a Procedure Sheet and are done in clinical:
  - Portable check off
  - Portable NICU
  - Pigg-O-Stat
  - Modified Barium
  - IVU
  - C-spine/L-spine Flex./Ext.
  - Trauma C-spine
  - Myelogram
  - Arthrogram
  - ERCP
  - Bronchoscopy
  - LP
  - 2 view C-arm

- All portable practices/grades must be ordered portable

- All Fluoro grades must have at least two different projections.

- When getting a BE with Air grade one decubitus can be used for an Abdomen decubitus practice only.

- Once BE with Air grade has been done, next BE with Air can be used for a BE and Abdomen decubitus.

- If knee is ordered 3 view you can use it as your knee & patella.

- Trauma Hip & all other trauma grades tube must have been manipulated not stretcher. Manual techniques must be set.

- 5 view C-spine & 5 view L-spine practice can be used also for a 3 view practice.

- 7 view C-spine & 7 view L-spine can be used also as a practice for 3 view, 5 view and Flexion/Extension.

- Swimmers practice & grade cannot be used along with c-spine practice and grade.
Hinds Community College Radiologic technology clinical grading policy

Grades that can be simulated the last semester:

- Transthoracic
- Scoliosis

Grades that can be tested out the last semester:

- Arthrogram
- Bronchoscopy
- Casted Extremity
- BE with Air

Grades that can be performed on phantom last semester:

- SI joints
- AC
- Scapula
- Sternum

Grades that can be performed on phantom or tested the last semester after a practice on a real patient:

- Chest Decubitus
- Abdomen Decubitus
- Os calcis
- Navicular
- Clavicle
- Soft tissue
- C-spine cross table
- C-spine with obliques
- IVU

Grades that can be performed on phantom the last semester after practice done in Procedures 3:

- Orbits & Rhino
- Mandible
- Zygomatic arches

Grades that can be performed on phantom after mid-term the last semester and after practice done in Procedures 3:

- Facial
- Nasal
- Sinuses
The radiologic technologist conducts himself or herself in a professional manner, responds to patient needs and supports colleagues and associates in providing quality patient care.

The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

The radiologic technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.

The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purpose for which they were designed and employs procedures and techniques appropriately.

The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions and acts in the best interest of the patient.

The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.

The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

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.

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.
TERMINAL COMPETENCIES

Terminal competencies will count 40% of your Clinical V grade. You will be drawing from the following categories and must pass with 85% on positioning:

1. Upper Extremities (no fingers)
2. Lower Extremities (no toes or heel)
3. Head (facial, nasal, sinuses)
4. Spine (obliques also)
5. Abdomen (Fluoro procedure- UGI & BE)
6. Thorax (ribs-upper & lower)

If the student fails the positioning check off they will not be allowed to repeat. Students will identify and critique films according to what exams they draw. They must pass films with 78%. If the student fails films they will be allowed to repeat films one time. They will come back another day and redraw from that category. If a student does not pass either films after 2nd try or positioning after 1st try, they will not be able to complete the program. Students are not to discuss with others about their terminal check off. This is considered cheating and the student will be sent to the disciplinary committee. This is a TEST.

Terminal competencies shall include, but not limited to, the objectives listed below:

1. Use oral and written medical communication.
2. Demonstrate knowledge of human structure, function and pathology.
3. Anticipate and provide basic patient care and comfort.
4. Apply principles of body mechanics.
5. Perform basic mathematical function.
6. Operate radiographic imaging equipment and accessory devices.
7. Position the patient and imaging system to perform radiographic examination and procedure.
8. Modify standard procedures to accommodate for patient condition and other variables.
10. Determine exposure factors to obtain diagnostic quality radiographs with minimum radiation exposure.
11. Adapt exposure factors for various patient conditions, equipment, accessories and contrast media to maintain appropriate radiographic quality.
12. Practice radiation protection for the patient, self and others.
13. Recognize emergency patient conditions and initiate first aid and basic-life support procedures.
14. Evaluate the performance of radiographic systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.
15. Demonstrate knowledge and skills relating to quality assurance.
STAFF DEVELOPMENT PROGRAM POLICY

All radiology staff personnel will be encouraged by their supervisors to attend in-service educational programs when workload permits. It is highly recommended that all technical personnel participate in an annual minimum of 12 hours of in-service education per year. All employees should attend at least one education program per year, and shall attend one safety program, one general, one fire safety and one infection control per year. The program director and clinical instructors should attend at least one program in the area of curriculum design and teaching strategies. Documentation of continuing education is the responsibility of the individual employee.

Revised 5/01

SCHOOL POLICY FOR CONTINUING PROGRAM EVALUATION

The process of self-evaluation of the R.T. program's effectiveness is a continuing process. Both internal and external clinical didactic curriculum evaluation instruments are reviewed by the program officials in order to implement needed change. The following mechanisms are utilized to obtain data needed for evaluation:

1. One year graduate evaluations of curriculum
2. One year employer evaluations of graduate's preparation
3. Student evaluation of each instructor per course
4. Student evaluations of each clinical rotation
5. End of year meeting of program officials and clinical instructors to evaluation student/instructor feedback from evaluations. Revise clinical and didactic curriculum according to identified needs.
6. Annual review of registry scores

Revised 5/01
HCC RADIOLOGIC TECHNOLOGY
RADIATION EXPOSURE POLICIES

Apply radiation safety measures and regulations to yourself, your patients, and other personnel, as instructed, to prevent radiation overdose with serious effects. Demonstrate moral and legal obligations to properly apply radiation protection measures as instructed. Failure to comply with radiation safety guidelines may result in disciplinary action.

ALARA states that the Annual Investigation Levels (12 months) be based on 10% of the occupational limit. Hinds Community College Radiologic Technology program determines that if the student exceeds 100 mR/Bimonthly, the level will be considered excessive. A notification will be sent to the student from the Radiation Safety Officer and their doses will be closely monitored for the remainder of the calendar year. The program faculty will discuss with the student methods for limiting the potential dose.

RADIATION SAFETY

1. Wear radiation film badge while on duty at all times. It should be worn outside the apron about the collar level. Don’t wear the film badge:
   A. Outside the building especially in the sunlight
   B. While personally receiving an x-ray examination
   C. Possibility of exposure to water (laundry, rainy weather, etc)
2. Wear lead aprons whenever you are in an x-ray or fluoroscopic room during exposure times.
3. Wear lead gloves whenever holding patients for x-ray exposure.
4. Stand at the end of the table during fluoroscopy whenever possible.
5. Never allow anyone to be in x-ray room or fluoroscopic room or in room when portable examination is taking place unless the person is protected by lead apron.
6. Never allow a pregnant person to hold a child or even be in the room during an x-ray examination.
7. When anyone hold a patient (baby, etc.), they must wear lead gloves.
8. In examination of a pregnant female, place the lead shield over the abdomen and pelvis of the patient during x-rays unless this is the area of examination.
9. Strict limitation of field size to the area necessary for the examination must be routinely practiced.
10. Limit x-ray exposure factors to be required minimum.
11. Whenever possible, the x-ray beam should not be directed toward the gonads.
12. Adequate gonad shields should be used unless they interfere with the proposed examination.
13. During portable radiograph, the minimum distance of the operator from the tube and patient should be six (6) feet.
14. Time, distance and shielding are the three factors which reduce exposure to the individual.

Revised 9/13
PREGNANCY POLICY TEACHING GUIDE

I. Be able to differentiate between radiation/non radiation worker.
II. Be able to differentiate between declaring and not declaring a pregnancy.
III. Understand radiation dose limits for declared worker and non declared worker.
IV. Understand the radiosensitivity of the embryo-fetus
V. Identify radiation risks to the embryo-fetus
VI. Identify nonradiation risks to the embryo-fetus
VII. Understand the NRC position of radiation protection to the unborn fetus
PREGNANCY POLICY
STATEMENT OF UNDERSTANDING

I, the undersigned, was presented specific instructions about the possible risks to the embryo/fetus caused by radiation and non-radiation as given in the U.S. Nuclear Regulatory Commission’s REGULATORY GUIDE. I was given the opportunity to ask questions about any item of misunderstanding. I fully understand that I have the right to declare or not declare if I was to become a pregnant student at Hinds Community College Radiologic Technology program.

I understand that if I do not declare a pregnancy, the Radiologic Technology program will maintain its normal “Standards for Protection Against Radiation”.

I understand that if I declared a pregnancy, (notification must be in writing) I would have the option of: Academically – 1) to continue with courses under all college policies or 2) withdraw from the program and be accepted as a deferred student the following year. Clinically - 1) if I continued with the program, I would have the option of having my clinical rotations reassigned to low-radiation risk areas during my first trimester and complete all phases of required clinical competencies during remainder of pregnancy or 2) continue with my regularly scheduled clinical rotations throughout my entire pregnancy. Records of radiation doses to the embryo/fetus will be maintained during my pregnancy. Confidentiality is assured, if necessary.

I understand that if I have declared a pregnancy, I have the right to withdraw my declaration of pregnancy (in writing) at any time. This is in accordance with federal and state law.

SIGNED: __________________________________________
(Student’s Name)

DATE: __________________________________________
PREGNANCY DECLARATION

I, ____________________________, would like to declare my pregnancy to the Hinds
Community College Radiologic Technology program. I understand that the program will
immediately order a fetal dosimeter for me to wear during my gestation period while I attend my
clinical education course.

__________________________________________  _____________
Student Signature                        Date
INSTRUCTION CONCERNING PRENATAL RADIATION EXPOSURE

A. INTRODUCTION

Section 19.12, "Instructions to Workers," of 10 CFR Part 19, "Notices, Instructions, and Reports to Workers; Inspections," requires that all individuals working in or frequenting any portion of a restricted area be instructed in the health protection problems associated with exposure to radioactive materials or radiation, in precautions or procedures to minimize exposure, and in the regulations that they are expected to observe. The present 10 CFR Part 20, "Standards for Protection Against Radiation," has no special limit for exposure of the embryo/fetus. This guide describes the instructions an employer should provide to workers and supervisors concerning biological risks to the embryo/fetus exposed to radiation, a dose limit for the embryo/fetus that is under consideration, and suggestions for reducing radiation exposure.

This regulatory guide takes into consideration a proposed revision to 10 CFR Part 20, which incorporates the radiation protection guidance for the embryo/fetus approved by the President in January 1987 (Ref. 1). This revision to Part 20 was issued in January 1986 for comment as a proposed rule. Comments on the guide as it pertains to the proposed Part 20 are encouraged. If the new Part 20 is codified, this regulatory guide will be revised to conform to the new regulation and will incorporate appropriate public comments.

Any information collection activities mentioned in this regulatory guide are contained as requirements in 10 CFR Parts 19 and 20, which provide the regulatory basis for this guide. The information collected requirements in 10 CFR Parts 19 and 20 have been cleared under OMB Clearances Nos. 3150-0044 and 3150-0014, respectively.

B. DISCUSSION

It has been known since 1906 that cells that are dividing very rapidly and are undifferentiated in their structure and function are generally more sensitive to radiation. In the embryo stage, cells meet both these criteria and thus would be expected to be highly sensitive to radiation. Furthermore, there is direct evidence that the embryo/fetus is radiosensitive. There is also evidence that it is especially sensitive to certain radiation effects during certain periods after conception, particularly during the first 2 to 3 months after conception when a woman may not be aware that she is pregnant.

Section 20.104 of 10 CFR Part 20 places different radiation dose limits on workers who are minors than on adult workers. Workers under the age of 18 are limited to one-tenth of the adult radiation dose limits. However, the present NRC regulations do not establish dose limits specifically for the embryo/fetus.

The NRC's present limit on the radiation dose that can be received on the job is 1,250 millirems per quarter (3 months). Working minors (those under 18) are limited to a dose equal to one-tenth that of adults, 125 millirems per quarter. (See § 20.101 of 10 CFR Part 20.)

Because of the sensitivity of the unborn child, the National Council on Radiation Protection and Measurements (NCRP) has recommended that the dose equivalent limit is 3,000 millirems per quarter if the worker's occupational dose history is known and the average dose does not exceed 5,000 millirems per year.

1 Restricted area means any area that has controlled access to protect individuals from being exposed to radiation and radioactive materials.

2 In conformity with the proposed revision to 10 CFR Part 20, the term "embryo/fetus" is used throughout this document to represent all stages of pregnancy.

3 The limit is 3,000 millirems per quarter if the worker's occupational dose history is known and the average dose does not exceed 5,000 millirems per year.

This guide was issued after consideration of comments received from the public. Comments and suggestions for improvements to these guides are encouraged at all times, and guides will be revised, as appropriate, to accommodate comments and to reflect new information.

The guides are issued in the following ten broad divisions:

1. Power Reactors
2. Research and Test Reactors
3. Fuels and Materials Processing
4. Environmental and Siting
5. Products
6. Transportation
7. Occupational Health
8. Antitrust and Financial Review
9. Materials and Plant Protection
10. General

Copies of issued guides may be purchased from the Government Printing Office at the current GPO price. Information on current GPO prices may be obtained from the Superintendent of Documents, U.S. Government Printing Office, P.O. Box 800, Springfield, VA 22155, telephone (202) 512-1800 or (202) 512-2100.
to the unborn child from occupational exposure of the expectant mother be limited to 500 millirems for the entire pregnancy (Ref. 2). The 1987 Presidential guidance (Ref. 1) specifies an effective dose equivalent limit of 500 millirems to the unborn child if the pregnancy has been declared by the mother; the guidance also recommends that substantial variations in the rate of exposure be avoided. The NRC (in § 20.208 of its proposed revision to Part 20) has proposed adoption of the above limits on dose and rate of exposure.

In 1971, the NCRP commented on the occupational exposure of fertile women (Ref. 2) and suggested that fertile women should be employed only where the annual dose would be unlikely to exceed 2 or 3 rems and would be accumulated at a more or less steady rate. In 1977, the ICRP recommended that, when pregnancy has been diagnosed, the woman work only where it is unlikely that the annual dose would exceed 0.30 of the dose-equivalent limit of 5 rems (Ref. 3). In other words, the ICRP has recommended that pregnant women not work where the annual dose might exceed 1.5 rems.

C. REGULATORY POSITION

Instructions on radiation risks should be provided to workers, including supervisors, in accordance with §19.12 of 10 CFR Part 19 before they are allowed to work in a restricted area. In providing instructions on radiation risks, employers should include specific instructions about the risks of radiation exposure to the embryo/fetus.

The instructions should be presented both orally and in printed form, and the instructions should include, as a minimum, the information provided in Appendix A (Instructor's Guide) to this guide. Individuals should be given the opportunity to ask questions and in turn should be questioned to determine whether they understand the instructions. An acceptable method of ensuring that the information is understood is to give a simple written test covering the material included in Appendix A (Pregnant Worker's Guide). This approach should highlight for instructors those parts of the instructions that cause difficulties and thereby lead to appropriate modifications in the instructional curriculum.

D. IMPLEMENTATION

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

Except in those cases in which an applicant or licensee proposes an acceptable alternative method for complying with specified portions of the Commission's regulations, the NRC will use the material described in this guide to evaluate the instructional program presented to individuals, including supervisors, working in or frequenting any portion of a restricted area.
RADIATION DOSE LIMITS

The NRC's present limit on the radiation dose that can be received on the job is 1,250 millirems per quarter (3 months).* Working minors (those under 18) are limited to a dose equal to one-tenth that of adults, 125 millirems per quarter. (See § 20.101 of 10 CFR Part 20.)

Because of the sensitivity of the unborn child, the National Council on Radiation Protection and Measurements (NCRP) has recommended that the dose equivalent to the unborn child from occupational exposure of the expectant mother be limited to 500 millirems for the entire pregnancy (Ref. 2). The 1987 Presidential guidance (Ref. 1) specifies an effective dose equivalent limit of 500 millirems to the unborn child if the pregnancy has been declared by the mother; the guidance also recommends that substantial variations in the rate of exposure be avoided. The NRC (in § 20.208 of its proposed revision to Part 20) has proposed adoption of the above limits on dose and rate of exposure.

ADVICE FOR EMPLOYEE AND EMPLOYER

Although, the risks to the unborn child are small under normal working conditions, it is still advisable to limit the radiation dose from occupational exposure to no more than 500 millirems for the total pregnancy. Employee and employer should work together to decide the best method for accomplishing this goal. Some methods that might be used include reducing the time spent in radiation areas, wearing some shielding over the abdominal area, and keeping an extra distance from radiation sources when possible. The employer or health physicist will be able to estimate the probable dose to the unborn child during the normal nine-month pregnancy period and to inform the employee of the amount. If the predicted dose exceeds 500 millirems, the employee and employer should work out schedules or procedures to limit the dose to the 500-millirem recommended limit.

It is important that the employee inform the employer of her condition as soon as she realizes she is pregnant if the dose to the unborn child is to be minimized.

INTERNAL HAZARDS

This document has been directed primarily toward discussion of radiation doses received from sources outside the body. Workers should also be aware that there is risk of radioactive material entering the body in work places where sealed radioactive material is used. Nuclear medicine clinics, laboratories, and certain manufacturers use radioactive material in bulk form, often as a liquid or gas. A list of the commonly used materials and safety precautions for each is beyond the scope of this document but certain general precautions might include the following:

1. Do not smoke, eat, drink, or apply cosmetics around radioactive material.
2. Do not pipette solutions by mouth.
3. Use disposable gloves while handling radioactive material when feasible.
4. Wash hands after working around radioactive material.
5. Wear lab coats or other protective clothing whenever there is a possibility of spills.

Remember that the employer is required to have demonstrated that it will have safe procedures and practices before the NRC issues it a license to use radioactive material. Workers are urged to follow established procedures and consult the employer's radiation safety officer or health physicist whenever problems or questions arise.

* The limit is 3,000 millirems per quarter if the worker's occupational dose history is known and the average dose does not exceed 1,000 millirems per year.
APPENDIX A

INSTRUCTOR’S GUIDE

EFFECTS ON THE EMBRYO/FETUS OF EXPOSURE TO RADIATION AND OTHER ENVIRONMENTAL HAZARDS

In order to decide whether to continue working while exposed to ionizing radiation during her pregnancy, a woman should understand the potential effects on an embryo/fetus, including those that may be produced by various environmental risks such as smoking and drinking. This will allow her to compare these risks with those produced by exposure to ionizing radiation.

Table 1 provides information on the potential effects resulting from exposure of an embryo/fetus to radiation and nonradiation risks. The second column gives the rate at which the effect is produced by natural causes in terms of the number per thousand cases. The fourth column gives the number of additional effects per thousand cases believed to be produced by exposure to the specified amount of the risk factor.

The following section discusses the studies from which the information in Table 1 was derived. The results of exposure of the embryo/fetus to the risk factors and the dependence on the amount of the exposure are explained.

1. RADIATION RISKS

1.1 Childhood Cancer

Numerous studies of radiation-induced childhood cancer have been performed, but a number of them are controversial. The National Academy of Science (NAS) BEIR report reanalyzed the data from these studies and even reanalyzed the results. Some of the strongest support for a causal relationship is provided by twin data from the Oxford survey (Ref. 4). For maternal radiation doses of 1,000 millirads, the excess number of deaths (above those occurring from natural causes) was found to be 0.6 death per thousand children (Ref. 4).

1.2 Mental Retardation and Abnormal Smallness of the Head (Microcephaly)

Studies of Japanese children who were exposed while in the womb to the atomic bomb radiation at Hiroshima and Nagasaki have shown evidence of both small head size and mental retardation. Most of the children were exposed to radiation doses in the range of 1 to 50 rads. The importance of the most recent study lies in the fact that investigators were able to show that the gestational age (age of the embryo/fetus after conception) at the time the children were exposed was a critical factor (Ref. 7). The approximate risk of small head size as a function of gestational age is shown in Table 1. For a radiation dose of 1,000 millirads at 4 to 7 weeks after conception, the excess cases of small head size was 5 per thousand; at 8 to 11 weeks, it was 9 per thousand (Ref. 7).

In another study, the highest risk of mental retardation occurred during the 8 to 15 week period after conception (Ref. 8). A recent EPA study (Ref. 16) has calculated that excess cases of mental retardation per live birth lie between 0.5 and 4 per thousand per rad.

1.3 Genetic Effects

Radiation-induced genetic effects have not been observed to date in humans. The largest source of material for genetic studies involves the survivors of Hiroshima and Nagasaki, but the 77,000 births that occurred among the survivors showed no evidence of genetic effects. For doses received by the pregnant worker in the course of employment considered in this guide, the dose received by the embryo/fetus apparently would have a negligible effect on descendants (Refs. 17 and 18).

2. NONRADIATION RISKS

2.1 Occupation

A recent study (Ref. 9) involving the birth records of 130,000 children in the State of Washington indicates that the risk of death to the unborn child is related to the occupation of the mother. Workers in the metal industry, the chemical industry, medical technology, the wood industry, and textile industry, and farms exhibited stillbirths or spontaneous abortions at a rate of 90 per thousand above that of workers in the control group, which consisted of workers in several other industries.

2.2 Alcohol

It has been recognized since ancient times that alcohol consumption had an effect on the unborn child. Carthaginian law forbade the consumption of wine on the wedding night so that a defective child might not be conceived. Recent studies have indicated that small amounts of alcohol consumption have only the minor effect of reducing the birth weight slightly, but when consumption increases to 2 to 4 drinks per day, a pattern of abnormalities called the fetal alcohol syndrome (FAS) begins to appear (Ref. 11). This syndrome consists of reduced growth in the unborn child, faulty brain function, and abnormal facial features. There is a syndrome that has the same symptoms as full-blown FAS that occurs in children born to mothers who have not consumed alcohol. This naturally occurring syndrome occurs in about 1 to 2 cases per thousand (Ref. 10).
<table>
<thead>
<tr>
<th>Effect</th>
<th>Number Occurring from Natural Causes</th>
<th>Risk Factor</th>
<th>Excess Occurrences from Risk Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer death in children</td>
<td>1.4 per thousand (Ref. 5)</td>
<td>Radiation dose of 1000 millirems received before birth</td>
<td>0.6 per thousand (Ref. 4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Abnormalities</td>
<td></td>
</tr>
<tr>
<td>Small head size</td>
<td>40 per thousand (Ref. 6)</td>
<td>Radiation dose of 1000 milliads received during specific periods after conception:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-7 weeks after conception</td>
<td>5 per thousand (Ref. 7)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8-11 weeks after conception</td>
<td>9 per thousand (Ref. 7)</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>4 per thousand (Ref. 8)</td>
<td>Radiation dose of 1000 milliads received 8 to 15 weeks after conception</td>
<td>4 per thousand (Ref. 8)</td>
</tr>
<tr>
<td>Stillbirth or spontaneous abortion</td>
<td>200 per thousand (Ref. 9)</td>
<td>Work in high-risk occupations (see text)</td>
<td>90 per thousand (Ref. 9)</td>
</tr>
<tr>
<td>Fetal alcohol syndrome</td>
<td>1 to 2 per thousand (Ref. 10)</td>
<td>Alcohol Consumption (see text)</td>
<td>100 per thousand (Ref. 11)</td>
</tr>
<tr>
<td>Fetal alcohol syndrome</td>
<td>1 to 2 per thousand (Ref. 10)</td>
<td>2-4 drinks per day</td>
<td></td>
</tr>
<tr>
<td>Fetal alcohol syndrome</td>
<td>1 to 2 per thousand (Ref. 10)</td>
<td>More than 4 drinks per day</td>
<td>200 per thousand (Ref. 11)</td>
</tr>
<tr>
<td>Perinatal infant death (around the time of birth)</td>
<td>23 per thousand (Ref. 13, 14)</td>
<td>Chronic alcoholic (more than 10 drinks per day)</td>
<td>350 per thousand (Ref. 12)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chronic alcoholic (more than 10 drinks per day)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Smoking</td>
<td></td>
</tr>
<tr>
<td>Perinatal infant death</td>
<td>23 per thousand (Ref. 13, 14)</td>
<td>Less than 1 pack per day</td>
<td>5 per thousand (Ref. 13)</td>
</tr>
<tr>
<td>Perinatal infant death</td>
<td>23 per thousand (Ref. 13, 14)</td>
<td>One pack or more per day</td>
<td>10 per thousand (Ref. 13)</td>
</tr>
</tbody>
</table>
For mothers who consume 2 to 4 drinks per day, the excess occurrences number about 100 per thousand; and for those who consume more than 4 drinks per day, excess occurrences number 200 per thousand. The most sensitive period for this effect of alcohol appears to be the first few weeks after conception, before the mother-to-be realizes she is pregnant (Refs. 10 and 11). Also, 17% or 170 per thousand of the embryo/fetuses of chronic alcoholics develop FAS and die before birth (Ref. 15). FAS was first identified in 1973 in the United States where less than full-blown effects of the syndrome are now referred to as fetal alcohol effects (FAE) (Ref. 12).

2.3 Smoking

Smoking during pregnancy causes reduced birth weights in babies amounting to 5 to 9 ounces on the average. In addition, there is an increased risk of 5 infant deaths per thousand for mothers who smoke less than one pack per day and 10 infant deaths per thousand for mothers who smoke one or more packs per day (Ref. 13).

2.4 Miscellaneous

Numerous other risks affect the embryo/fetus, only a few of which are touched upon here. Most people are familiar with the drug thalidomide (a sedative given to some pregnant women), which causes children to be born with missing limbs, and the more recent use of the drug diethylstilbestrol (DES), a synthetic estrogen given to some women to treat menstrual disorders, which produced vaginal cancers in the daughters born to women who took the drug. Living at high altitudes also gives rise to an increase in the number of low-birth-weight children born, while an increase in Down's Syndrome (mongolism) occurs in children born to mothers who are over 35 years of age. The rapid growth in the use of ultrasound in recent years has sparked an ongoing investigation into the risks of using ultrasound for diagnostic procedures (Ref. 19).
APPENDIX B

PREGNANT WORKER’S GUIDE

POSSIBLE HEALTH RISKS TO CHILDREN OF WOMEN WHO ARE EXPOSED TO RADIATION DURING PREGNANCY

During pregnancy, you should be aware of things in your surroundings or in your style of life that could affect your unborn child. For those of you who work in or visit areas designated as Restricted Areas (where access is controlled to protect individuals from being exposed to radiation and radioactive materials), it is desirable that you understand the biological risks of radiation to your unborn child.

Everyone is exposed daily to various kinds of radiation: heat, light, ultraviolet, microwave, ionizing, and so on. For the purposes of this guide, only ionizing radiation (such as x-rays, gamma rays, neutrons, and other high-speed atomic particles) is considered. Actually, everything is radioactive and all human activities involve exposure to radiation. People are exposed to different amounts of natural “background” ionizing radiation depending on where they live. Radon gas in homes is a problem of growing concern. Background radiation comes from three sources:

<table>
<thead>
<tr>
<th>Source of Radiation</th>
<th>Average Annual Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Terrestrial - radiation from soil and rocks</td>
<td>50 millirem</td>
</tr>
<tr>
<td>Cosmic - radiation from outer space</td>
<td>50 millirem</td>
</tr>
<tr>
<td>Radioactivity normally found within the human body</td>
<td>25 millirem</td>
</tr>
<tr>
<td>Dosage range (geographic and other factors)</td>
<td>125 millirem*</td>
</tr>
<tr>
<td></td>
<td>75 to 5,000 millirem</td>
</tr>
</tbody>
</table>

The first two of these sources expose the body from the outside, and the last one exposes it from the inside. The average person is thus exposed to a total dose of about 125 millirems per year from natural background radiation.

In addition to exposure from normal background radiation, medical procedures may contribute to the dose people receive. The following table lists the average doses received by the bone marrow (the blood-forming cells) from different medical applications.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Average Dose*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal chest examination</td>
<td>10 millirem</td>
</tr>
<tr>
<td>Normal dental examination</td>
<td>10 millirem</td>
</tr>
<tr>
<td>Rib cage examination</td>
<td>140 millirem</td>
</tr>
<tr>
<td>Gall bladder examination</td>
<td>170 millirem</td>
</tr>
<tr>
<td>Barium enema examination</td>
<td>500 millirem</td>
</tr>
<tr>
<td>Pelvic examination</td>
<td>600 millirem</td>
</tr>
</tbody>
</table>

*Variations by a factor of 2 (above and below) are not unusual.

NRC POSITION

NRC regulations and guidance are based on the conservative assumption that any amount of radiation, no matter how small, can have a harmful effect on an adult, child, or unborn child. This assumption is said to be conservative because there are no data showing no effects from small doses; the National Academy of Sciences recently expressed “uncertainty as to what” dose of, say, 1 rad would have any effect at all. It is known that the unborn child is more sensitive to radiation than adults, particularly during certain stages of development, the NRC has established a special dose limit for protection of the unborn child. Such a limit could result in job discrimination for women of child-bearing age and perhaps in the invasion of privacy (if pregnancy tests were required) if a separate regulatory dose limit were specified for the unborn child. Therefore, the NRC has taken the position that special protection of the unborn child should be voluntary and should be based on decisions made by workers and employers who are well informed about the risks involved.

For the NRC position to be effective, it is important that both the employee and the employer understand the risk to the unborn child from radiation received as a result of the occupational exposure of the mother. This document tries to explain the risk as clearly as possible and to compare it with other risks to the unborn child during pregnancy. It is hoped this will help pregnant employees balance the risk to the unborn child against the benefits of employment to decide if the risk is worth taking. This document also discusses methods of keeping the dose, and therefore the risk, to the unborn child as low as is reasonably achievable.
HINDS COMMUNITY COLLEGE
NURSING/ALLIED HEALTH CENTER
HEALTH CARE PROGRAMS

ETHICS FOR THE HEALTH CARE PROFESSIONAL

Students enrolled in health care programs at the Nursing/Allied Health Center are expected to conduct themselves with integrity and honesty at all times. Cheating, lying, stealing, misrepresentation, false documentation, or any other form of dishonesty in the class or clinical area will be cause for immediate disciplinary action.

Eight Cardinal Rules of Academic Integrity
(Used by permission of Dr. Dan Garrison, Northwestern University)

1. **Know Your Rights.** Do not let other students in your class diminish the value of your achievement by taking unfair advantage. Report any academic dishonesty you see.

2. **Acknowledge Your Sources.** Whenever you use words or ideas that are not your own when writing a paper, use quotation marks where appropriate and cite your source in a footnote, and back it up at the end with a list sources consulted.

3. **Protect Your Work.** In examinations, do not allow your neighbors to see what you have written; you are the only one who should receive credit for what you know.

4. **Avoid Suspicion.** Do not put yourself in a position where you can be suspected of having copied another person’s work, or of having used unauthorized notes in an examination. Even the appearance of dishonesty may undermine your instructor’s confidence in your work.

5. **Do your own work.** The purpose of assignments is to develop your skills and measure your progress. Letting someone else do your work defeats the purpose of your education, and may lead to serious charges against you.

6. **Never falsify a record or permit another person to do so.** Academic records are regularly audited and students whose grades have been altered put their entire transcript at risk.

7. **Never fabricate data, citations, or experimental results.** Many professional careers have ended in disgrace, even years after the fabrication first took place.

8. **Always tell the truth when discussing your work with your instructor.** Any attempt to deceive may destroy the relation of teacher and student.

I understand the above rules and pledge to adhere to them.

Signed: ___________________________  Date: ___________________________

Program: ___________________________
Hinds Community College  
Nursing and Allied Health Programs  
Blood-Borne Pathogens and Tuberculosis Training Form

Student Name: ___________________  ID#: _______________  Program: _______________

Read each statement carefully, initial your acknowledgement of each statement, and sign your name at the end of the statements.

_______ I acknowledge that I have completed the required training programs on Blood-Borne Pathogens and Tuberculosis that identify the risks involved in participating in clinical experiences as a part of my nursing or allied health program.

_______ I acknowledge that I have read the Student Guidelines Regarding Blood-Borne Pathogens and Tuberculosis in the Nursing and Allied Health Student Manual.

_______ I acknowledge that if I have not completed a Hepatitis B series I have a higher risk of acquiring Hepatitis B.

_______ I acknowledge that I am declining the Hepatitis Series until I have provided documentation of a complete Hepatitis B series or a positive Hepatitis B titer.

_____________________________  ___________________
Student Signature  Date
HINDS COMMUNITY COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM

COURSE AGREEMENTS

I have read the disciplinary procedures of Hinds Community College district in the Hinds Community College student handbook and the RGT student manual. I am aware that these procedures are applicable to me during activities at the Nursing Allied Health Center at Hinds Community College, and while on official clinical assignment, and any other activity or approved clinical affiliation or an official Hinds Community College activity.

I understand that this handbook and manual serve as my written warnings and that failure to comply with these procedures will result in the disciplinary actions as follows: written write up, suspension (waiting on disciplinary committee hearing), then dismissal as prescribed in the Hinds Community College student handbook and the RGT student manual.

Student Signature____________________________________________________ Date:___________________
I have read the **disciplinary procedures** of the Hinds Community College regulations in the 2015-2016 student handbook. I am aware that these procedures are applicable to me during activities at the Nursing/Allied Health Center of Hinds Community College, and while on official clinical assignment, and any other activity or approved clinical affiliation or an official Hinds Community College activity.

I recognize that failure to comply with these procedures will result in disciplinary action as prescribed in the 2015-2016 student handbook.

__________________________________________
Student Name

__________________________________________
Printed Name

__________________________________________
Date