



Atlanta, GA



STUDENT HANDBOOK

SCHOOL OF RADIATION THERAPY

2015 - 2016

This handbook belongs to _____

If found, call _____ or **404.616.3610**

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INTRODUCTION AND INSTITUTIONAL POLICIES

DEPARTMENTAL STAFF

SCHOOLS OF RADIATION AND IMAGING TECHNOLOGIES

Kevin Kindle, MBA, RT(T)	Education Manager/Dean of Students
Jessie McFry	Student Admissions Coordinator
Sabrina Twolions	Financial Aid Officer/Registrar

SCHOOL OF RADIOLOGIC TECHNOLOGY

	Program Director/Manager
Betsy Kerr, BMSc, RT(R)	Radiography Training Coordinator
Sylvia Brooks-Dowl, BMSc, RT(R)	Clinical Instructor/Grady
Troy Maxwell, RT(R)	Clinical Instructor/Grady
Terrie Montgomery, BS, RT(R)	Designated Clinical Instructor/Grady ER
Willie Hall, RT(R)	Designated Clinical Instructor/Grady ER
Clifton Davis, RT(R)	Designated Clinical Instructor/Grady ER
Lakeshia Lloyd Wilson, RT(R)	Designated Clinical Instructor/Grady
Nartoshia Wilson, RT(R)	Designated Clinical Instructor/Grady
Sommre Robinson, RT(R)	Designated Clinical Instructor/Grady
Antoine Richards, BS, RT(R)	Designated Clinical Instructor/Grady
David East, RT(R)	Designated Clinical Instructor/Grady
Johnette Tucker, BSRS, RT(R)	Designated Clinical Instructor/Grady
Jeannette Malko, BA, RT(R)	Designated Clinical Instructor/Grady
Karen Moore, RT(R)	Designated Clinical Instructor/Grady
Starla Jones, RT(R)	Designated Clinical Instructor/CHOA at Hughes Spalding
Suzanne Butler, RT(R)	Designated Clinical Instructor/CHOA at Hughes Spalding
Jordan-Lee Sowell, RT(R)	Designated Clinical Instructor/CHOA at Hughes Spalding
Shareka Flenory, RT(R)	Designated Clinical Instructor/CHOA at Hughes Spalding
Diane Manning, AS, RT(R)	Designated Clinical Instructor/CHOA at Mt. Zion
Martha Elizabeth Ledford, RT(R)	Designated Clinical Instructor/CHOA at Mt. Zion
Rochelle Owen, AAS, RT(R)	Designated Clinical Instructor/CHOA at Satellite Blvd
Shauna Cantrell, RT(R)	Designated Clinical Instructor/CHOA at Town Center
Falon Perry, RT(R)	Designated Clinical Instructor/CHOA at Town Center
Angela Scott, BS, RT(R)	Designated Clinical Instructor/Asa Yancey
Evelyn Smith, BA, RT(R)	Designated Clinical Instructor/Ponce de Leon
Michael Daise, RT(R)	Designated Clinical Instructor/EUHM
Portia Dennis, RT(R)	Designated Clinical Instructor/Piedmont
Harry Prevatt, RT(R)	Designated Clinical Instructor/Piedmont West
Michael Demps, RT(R)	Designated Clinical Instructor/Piedmont West
April Gilreath, RT(R)	Designated Clinical Instructor/AMC
Kimmeone Morgan, AAS, RT(R)	Designated Clinical Instructor/AMC
	Designated Clinical Instructor/FC Dept of H & W
Rebecca Craig, RT(R)	Designated Clinical Instructor/Resurgens Austell
Karissa Merrifield, AAS, RT(R)	Designated Clinical Instructor/Resurgens Austell
Kimberly Dean, AS, RT(R)	Designated Clinical Instructor/Resurgens Cumming
Stephanie Harper, RT(R)	Designated Clinical Instructor/Resurgens Douglasville

Anjali Bagade, RT(R)	Designated Clinical Instructor/Resurgens Johns Creek
Erin Hill, AS, RT(R)	Designated Clinical Instructor/Resurgens Kennesaw
Berline Polycart, AAS, RT(R)	Designated Clinical Instructor/Resurgens Marietta
Bilal Lowndes, RT(R)	Designated Clinical Instructor/Resurgens Midtown
Stacy Rivardo, BMSc, RT(R)	Designated Clinical Instructor/Resurgens St. Joseph's
Brandon Smith, RT(R)	Designated Clinical Instructor/Resurgens St. Joseph's
Trelucia Cox, AS, RT(R)	Designated Clinical Instructor/POC Main
Judy Huggins, AS, RT(R)	Designated Clinical Instructor/POC Sports Med
Allison Warner, BS, RT(R)	Designated Clinical Instructor/POC College Park
Lisa Vaccaro, RT(R)	Designated Clinical Instructor/POC Northside
Felicia Hicks, RT(R)	Designated Clinical Instructor/POC Northside
John Malko, PhD	Assistant Professor/Emory University
Jack Fountain, MD	Medical Advisor

SCHOOL OF RADIATION THERAPY

Kevin Kindle, MBA, RT(T)	Program Director/Manager
Sharam Ghavidel, MSHP	Medical Physicist/Didactic Instructor
Christie Jarrío, MS DABR	Medical Physicist/Didactic Instructor
Sara Tolley, RT(R)(T)	Didactic Instructor
Mary Monteith, BS, RT(R)(T)	Clinical Supervisor/Grady
Michael Bowe, RT(R)(T)	Clinical Supervisor/TECM
Tim Crenshaw, RT(R)(T)	Clinical Supervisor/TEC
Britni Thomas, BS, RT(T)	Clinical Supervisor/WellStar Kennestone
Kenny Tyus, RT(R)(T)	Clinical Supervisor/Piedmont
Stephen Lee, RT(T)	Clinical Supervisor/Northside
Karen Godette, MD	Medical Advisor

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY

Judy Billings, BSRT, RT(R), RDMS	Program Director/Manager
Jessi Clark, BS, RT(R), RDMS	Sonography Training Coordinator

HOSPITAL ADMINISTRATION

John M. Hauptert	President/Chief Executive Officer
Christopher R. Mosley	Executive Vice President/Chief Operating Officer
Dr. Kelvin Holloway	Interim Chief Medical Officer/Chief of Staff
Joseph Price	Administrative Director/Imaging Services
Dr. Jackie Reasor	Interim Cancer Center Executive Director

RADIOLOGY AND ONCOLOGY MEDICAL DIRECTORS

Carolyn Meltzer, MD	Chairman, Radiology
Walter Curran, MD	Chairman, Radiation Oncology, TEC
Karen Godette, MD	Chairman, Radiation Oncology, TECM
Jack Fountain, MD	Chief of Service, Radiology/Director, Neuroradiology (Grady)
Jerome Landry, MD	Chief of Service, Radiation Oncology, GHS
Mark McLaughlin, MD	Chief of Service, WellStar Kennestone
Raghuveer Halkar, MD	Chief of Service, Clinical Nuclear Medicine

Roger Williams, MD	Director, Vascular/Interventional Radiology (Emory)/ Interim Director, Abdominal Imaging
Michael Terk, MD	Director, Musculoskeletal Imaging
Amit Saindane, MD	Director, Neuroradiology (Emory)
Omari Johnson, MD	Director, Emergency Radiology
Gail Peters, MD	Director, Vascular/Interventional Radiology (Grady)
Fred Murphy, MD	Director, Abdominal Imaging
Stephen Simoneaux, MD	Director, Pediatric Radiology
Arthur Stillman, MD	Director, Thoracic Radiology (Emory)
Katherine Gundry, MD	Director, Breast Imaging

GRADY HEALTH SYSTEM

VISION	Grady Health System will become the leading public academic healthcare system in the United States.
MISSION	Grady Health System improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner. Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia. Grady leads through its clinical excellence, innovative research and progressive medical education and training.
CORE VALUES	<p>Excellence: Grady Health System strives for the highest quality in all that we do. The art and science of healing require a commitment to lifelong learning and professionalism.</p> <p>Customer Service: Grady Health System is motivated by a sincere concern for the well-being of all people, and we will strive to serve everyone with dignity, respect and compassion.</p> <p>Ethics: Grady Health System will maintain the highest ethical standards through its actions and decisions.</p> <p>Teamwork: Grady Health System cultivates an environment of communication, respect, trust and collaboration.</p> <p>Commitment: Grady Health System is motivated by pride and dedication, determined to achieve the goals of the organization and willing to give our best efforts at all times.</p>

IMAGING SERVICES

VISION	Grady Health System Department of Imaging Services vision is to be the regional leader regional leader in public academic imaging healthcare. We will advance the quality of our standard of care through technological advancement, comprehensive training, and the expansion of our professional expertise. All areas of Medical Imaging will provide the highest level of expert care from Diagnostic radiology to advanced innovative specialty procedures. Grady's Medical imaging commitment remains the same...comprehensive quality, expert delivery and compassionate care in every image.
MISSION	Grady Health System's Imaging Services mission is to provide comprehensive quality

to all the communities we serve. We will provide our expert care with the most innovative and advanced techniques, be good stewards of our finances while maintaining the highest level of compassion and respect for the communities we serve.

MISSION, GOALS and LEARNING OUTCOMES SCHOOL OF RADIOLOGIC TECHNOLOGY

Mission

It is the mission of the School of Radiologic Technology to provide a quality education that actively engages the student in the classroom, laboratory, and clinical experiences that will produce an entry level radiographer and prepare the student to challenge the national certification examination.

Goal 1: Students will be clinically competent.

Learning Outcomes

- 1.1 Students will practice radiation protection.
- 1.2 Students will apply knowledge of radiographic procedures.
- 1.3 Students will evaluate images.
- 1.4 Students will apply provide appropriate patient care.
- 1.5 Students will select appropriate exposure factors.

Goal 2: Students will communicate effectively.

Learning Outcomes

- 2.1 Students will demonstrate knowledge of patient communication skills.
- 2.2 Students will demonstrate effective oral communication.
- 2.3 Students will demonstrate effective written communication skills.

Goal 3: Students will use critical thinking and problem-solving skills.

Learning Outcomes

- 3.1 Students will identify ethical dilemmas.
- 3.2 Students will demonstrate critical thinking and decision-making skills.
- 3.3 Students will adapt procedures for trauma, non-routine, and age-specific patients.
- 3.4 Students will recognize emergency patient conditions.

Goal 4: Students will demonstrate professional development and growth consistent with program mission and expected outcomes.

Learning Outcomes

- 4.1 Students will demonstrate a professional work ethic in the clinical arena.
- 4.2 Students will demonstrate dependability in the clinical arena.
- 4.3 Students will demonstrate confidence in the clinical arena.
- 4.4 Students will demonstrate the ability to function as team players in the clinical arena.

Goal 5: The program will measure ongoing effectiveness.

Learning Outcomes

- 5.1 Graduates will pass the ARRT certification exam on the first attempt.
- 5.2 Graduates will complete the program within 24 months.
- 5.3 Of those pursuing employment, graduates will be employed within 12 months

- post-graduation.
- 5.4 Graduates will be satisfied with their education.
- 5.5 Employers will be satisfied with the graduate's education.

SCHOOL OF RADIATION THERAPY

Mission

It is the mission of the School of Radiation Therapy to provide a quality education that actively engages the student in the classroom, laboratory, and clinical experiences that will produce an entry level therapist and prepare the student to challenge the national certification examination.

Goal 1: Students will be clinically competent.

Learning Outcomes:

- 1.1 Students will accurately position patients.
- 1.2 Students will evaluate radiation therapy treatment prescriptions, images and treatment records.
- 1.3 Students will provide appropriate patient care.

Goal 2: Students will communicate effectively.

Learning Outcomes:

- 2.1 Students will demonstrate effective oral communication skills.
- 2.2 Students will demonstrate effective written communication.

Goal 3: Students will use critical thinking and problem-solving skills.

Learning Outcomes:

- 3.1 Students will evaluate clinical situations using critical thinking and problem solving skills.
- 3.2 Students will recognize setup discrepancies.

Goal 4: Students will demonstrate professional development and growth consistent with program mission and expected outcomes.

Learning Outcomes:

- 4.1 Students will discuss the importance of continued professional development.
- 4.2 Students will maintain a professional network.

Goal 5: The program will measure ongoing effectiveness.

Learning Outcomes:

- 5.1 Graduates will pass the ARRT certification exam on the first attempt.
- 5.2 Graduates will complete the program within 12 months.
- 5.3 Of those pursuing employment, graduates will be employed within 12 months post-graduation.
- 5.4 Graduates will be satisfied with their education.
- 5.5 Employers will be satisfied with the graduate's education.

ACCREDITATION

The School of Radiologic Technology is an accredited program approved by the Joint Review Committee on Education in Radiologic Technology, 20 North Wacker Drive, Suite 2850, Chicago, IL 60606, (312) 704-5300, mail@jrcert.org, www.jrcert.org.

The School of Radiation Therapy is an accredited program approved by the Joint Review Committee on Education in Radiologic Technology, 20 North Wacker Drive, Suite 2850, Chicago, IL 60606, (312) 704-5300, mail@jrcert.org, www.jrcert.org.

The School of Radiologic Technology offers a 24-month course of study in diagnostic radiologic technology. Students satisfactorily completing the program fulfill requirements to write the American Registry of Radiologic Technologists.

The School of Radiation Therapy offers a 12-month course of study in radiation therapy. Students satisfactorily completing the program fulfill requirements to write the American Registry of Radiologic Technologists.

EQUAL OPPORTUNITY POLICY

Grady Health System offers equal education opportunities to students regardless of race, creed, socioeconomic status, sex, age, handicap, religion, or national origin.

GENERAL POLICY

The Administration and/or Faculty reserve the right to make any changes in any administrative, educational, or financial policy which would contribute to the progress of the program. All policies contained in this handbook apply to students while on site at Grady Health System and when off campus on rotations at clinical affiliates.

TIME OF ADMISSION

Radiography and Radiation Therapy classes begin Fall Semester of each year.

HEALTH REQUIREMENT

Students must be able to meet the physical and technical requirements necessary for the course of study in each program.

COMMUNICABLE DISEASE POLICY

Grady Health System values the role that healthcare workers play in keeping the workplace and patient care environment safe for everyone. To achieve the highest level of safety, Employee Health Services (EHS) and Infection Control teams work together with hospital leaders, providers, and employees to reduce health risks and to educate through routine and on-going communications regarding issues that arise as healthcare workers present to EHS and/or result from workplace incidents.

Healthcare workers who develop signs and symptoms of possible communicable diseases may seek care

or be referred to EHS for medical evaluation, treatment, work status determination and/or initiate specialty referral. Although not an exhaustive list, such communicable diseases include the following:

- chicken pox/shingles
- hepatitis
- diarrheal illnesses
- herpetic lesions (uncovered) involving head and neck area of direct patient care givers and food service workers
- herpetic whitlow (herpes simplex infection of fingers/hands)
- rubella (German/3-day measles)
- rubeola (red/hard measles)
- tuberculosis
- viral conjunctivitis (pink eye)
- scabies and pediculosis
- open draining lesions
- influenza
- febrile associated illness with temperature 100 degrees F (37.8 degrees C)

Healthcare workers may be excluded from duty by EHS, or Emergency Department (ED), if the attending physician has been in consultation with the EHS Medical Director, or the Hospital Epidemiologist. Healthcare workers who have been placed off duty due to any of the communicable diseases listed or have dermatitis of the hands must be evaluated and cleared by EHS prior to return-to-duty. If the healthcare worker has not received treatment through EHS, the EHS physician generally requires medical records and a clearance statement from the treating physician. Specifically, healthcare workers must provide documentation from their treating physician in order to return to duty. Final disposition to return to duty rests with EHS Physician. Leaders are expected to work collaborative with EHC, Infection Control, and Administration to ensure a safe workplace for all.

STANDARD PRECAUTIONS

Currently, all scientific information indicates that a carrier of HIV or hepatitis may fully protect him/herself and others as long as the individual conforms to the recommended barrier techniques. It is believed that there is no material risk of harm to others if the student complies with the recommended precautionary system.

If there is no documented material risk of harm to others from the communicable disease, the student may be allowed to remain in the program and to complete all clinical courses, as long as the student's physical ability meets the technical standards of the program. The program will maintain the individual's disease status in strict confidence.

Student carriers may face certain obstacles, and thus counseling is important in those instances in which the student decides to continue his/her career. The School faculty and the Employee Assistance Program, offered through the hospital, will assist the student as needed.

TECHNICAL STANDARDS and AMERICANS WITH DISABILITIES POLICY

In order to fulfill the requirements of the Schools of Radiation and Imaging Technologies, students must be able to meet the physical demands associated with the profession. Examples of these requirements include but are not limited to the following:

Code: F = frequently O = Occasionally NA = not applicable

Physical Demands	Code	
Standing	F	Standing and walking for 4 hours at a time while actively engaged in exams or procedures. Pushing and moving stretchers and wheel chairs with patients. Transferring patients to and from the exam table. Lifting/carrying and attaching extra exam table components for specific procedures. Utilize good body mechanics. Pushing heavy mobile imaging equipment throughout the hospital.
Walking	F	
Sitting	O	
Lifting (up to 125 pounds with assistance)	F	
Carrying (up to 25 pounds)	O	
Pushing	F	
Pulling	F	
Balancing	NA	
Climbing	NA	
Crawling	NA	
Stooping	O	Reaching up to 6 feet with the use of a step stool if needed to manipulate equipment or to retrieve supplies. Gathering items for injections and invasive procedures. Drawing up solutions from a vial into a syringe. Palpate external body land marks to line up imaging or therapeutic devices.
Kneeling	O	
Reaching	F	Communicating in a clear and concise manner with staff and patients. Asking patients questions to obtain appropriate medical history. Listening to responses. Visually assessing the patient. Hearing various background sounds during equipment operation and when person speaking is wearing a protective mask over the mouth. Viewing color distinctions.
Manual Dexterity	F	
Tactile Sensitivity	F	
Talking	F	
Hearing	F	
Seeing	F	
Communicating	F	

Individuals applying for admission must be able to meet the physical and emotional requirements of the program. Students admitted must possess the following qualities:

- The emotional maturity and stability to approach highly stressful human situation in a calm and rational manner
- The ability to make clinical judgment using critical thinking.
- The ability to adhere to ethical standards of conduct as well as applicable state and federal laws.
- The ability to provide effective written, oral, nonverbal communication with patients and their families, colleagues, health care providers, and the public.

AMERICANS WITH DISABILITIES COMPLIANCE

The definition of individuals with disabilities are those who currently have, have a record of having, or are regarded as having a physical impairment when performing manual tasks, walking, seeing, hearing, breathing, and working. Students must be mentally and physically capable of fulfilling the objectives of the program to be qualified. In keeping with its mission and goals, and in compliance with the Americans with Disabilities Act, the program promotes an environment of respect and support for persons with disabilities and will make reasonable accommodations for students.

In accordance with the Americans with Disabilities Act, a student/applicant with a documented disability must submit a written request for reasonable accommodation. Upon receipt of the request, accommodations for classroom or clinical settings will be considered for reasonableness by the program's Admissions Committee and the hospital's administrative committee. Accommodations that compromise patient care, or that fundamentally alter the nature of the program or activity, are not considered to be reasonable. The committee and advisors will meet to determine whether or not reasonable accommodations can be made and the student/applicant will be informed of the decision in a timely manner following the meeting.

Reasonable accommodations for the hearing impaired in the classroom include lecture notes, and adjustment of seating in the front of the classroom. Reasonable accommodations for the visually impaired in the classroom include enlargement of font for assigned readings, extra time to complete reading assignments and seating in the front of the classroom.

Patient care and safety and program physical technical standards cannot be compromised.

DRUG/ALCOHOL POLICY

Grady Health System maintains a drug and alcohol free environment, including all School sponsored functions away from the hospital. It is unlawful to manufacture, distribute, have or use a controlled substance on any Health System premise or work site, including Health System vehicles or private vehicles parked on Health System premises or work site. The Grady Health System also prohibits reporting to duty in an intoxicated or otherwise impaired condition. If there is a reasonable suspicion that a student is impaired based upon physical appearance, demeanor, abnormal or erratic behavior, or based on evidence that a student has used, possessed, sold, solicited or stolen drugs from the Health System, the Health System may ask the student to voluntarily submit to an alcohol or drug screen. Any student who tests positive for drugs or alcohol will be subject to termination. A student who refuses to take a drug screen where reasonable suspicion exists will be subject to termination. As a condition of enrollment, all prospective students are required to submit to and successfully pass a drug screen.

RADIATION SAFETY POLICY

Radiography Program and its clinical affiliates operate under the radiation protection concepts of ALARA (As Low as Reasonably Achievable). This principal of employing proper safety procedures benefits both the patient and the radiation worker.

1. Radiation Monitoring Badges

Students will always wear the school issued radiation monitoring badges during their clinical rotations. Students will be responsible for security and safety of the badge. If the student reports to the clinical practice assignment without the badge, he/she will be sent by the clinical instructor from the site to retrieve their badge. The badge should be worn at the collar level. During fluoroscopy, the badges should be worn outside the lead apron at the collar level. In all cases, it must be clipped to an article of clothing so that the identification information faces forward in order for it to operate correctly. Each student is responsible for exchanging the radiation badges at the end of each monitor period.

2. Radiation Exposure Reports

Following submission of the badge at the end of period, the program will receive a report of radiation exposure. Radiation monitor reports are available for viewing in the clinical instructor's office. The student

will initial the badge report to confirm reviewing the document. The Radiography program will use ALARA Investigational Exposure Levels in regard to exceeding dose level limits.

INVESTIGATION LEVELS
(mrem or mSeiverts per calendar quarter)

Body Dose:	Level I	Level II
Whole body, head and trunk; active blood forming organs; and gonads - Radioactive Material Workers	125 mrem (1.25 mSeiverts)	375 mrem (3.75 mSeiverts)

3. Dose Limit Protocol

The radiation monitor reports are reviewed by the Radiation Safety Officer. If the Student’s quarterly exposure level exceeds 125 mrem, as documented on the radiation monitoring report, the Radiation Safety Officer notifies the Program Manager. The Program Manager and Clinical Coordinator will meet with the student to discuss the increased exposure to determine the cause and methods to decrease occupational exposure. Carelessness in radiation protection will not be tolerated and repeated offenses subject the student to disciplinary action.

RADIATION SAFETY PREGNANCY POLICY FOR DECLARED PREGNANT WORKERS

Upon declaration of pregnancy, the Radiation Safety Office will review past radiation exposure history and job function and determine if radiation restrictions should be applied. If so, these restrictions will be discussed with the individual and her clinical faculty member and will be provided to both in writing. A copy of the U. S. Nuclear Regulatory Commission Regulatory Guide 8.13 "Instruction Concerning Prenatal Radiation Exposure" will be given to the individual as required by the State, NRC and OSHA. The student and clinical faculty member (unless privacy is desired) will sign documentation that this information has been given.

The Radiation Safety Office will issue a monthly fetal monitor for the individual to wear in addition to her regular dosimeter.

All lead barriers in the institution are designed so an individual, if she were behind the barrier for the full 40 hours of a week, would receive less than 10 mRem to the surface of her body and much less to the fetus. NCRP, NRC and the State of Georgia allow the fetus of a radiation worker to receive 0.5 rem (5mSv), sum of internal and external exposure, during the nine months of pregnancy.

PREGNANCY POLICY

Should a student become pregnant, she is encouraged to notify the Education Manager/Program Director, *in writing*, as soon as possible. This is a recommendation only. The student has the option of continuing the educational program with or without modification or interruption. The declaration of a confirmed pregnancy is voluntary and may be withdrawn at any time. Withdrawal of a declaration of pregnancy must also be in writing. If the student chooses to make a declaration of pregnancy, a physician’s letter confirming the pregnancy and the physician’s approval to continue in the program must be received by the Education Manager/Program Director within one week so that a fetal radiation monitor can be issued to a Radiography or Radiation Therapy student.

If at any point during the declared pregnancy, the student has been advised by her physician to suspend

school attendance (either didactic classes, clinical education, or both) the student must inform the Education Manager/Program Director immediately in writing and provide a physician's statement attesting to this advice. Any absence from the program must be requested in writing according to the Request for Leave of Absence procedure. Prior to return to class or clinical education, a written confirmation must be received from the physician confirming approval to resume attendance. If the physician recommends limits on activities, the statement must specify the limits in regard to classes and/or clinical attendance. The School faculty will make every effort to accommodate a student during her pregnancy. Should the student not be able to complete the clinical portion of the program, she may be advised to withdraw from the program until such time that she can resume her normal activities.

The student may choose from one of the following options: 1) Withdraw from the program, 2) Continue with clinical assignment modification, 3) Continue without clinical assignment modification, or 4) Leave of absence. If the student chooses clinical assignment modification, she will be removed from fluoro, OR, mobile radiography, radionuclide sources, or brachy-therapy sources during her pregnancy. After the pregnancy leave is complete, she will be reassigned to those areas missed.

The student must fulfill all lost clinical hours and complete all didactic course requirements prior to graduation. All graduation requirements must be complete prior to the graduation date for the student to be eligible to graduate on schedule.

GENERAL INFORMATION and STUDENT SERVICES

PARKING FACILITIES

Parking permits are available through the parking office located on the third level of the Butler (Grady) parking deck. The parking department assigns lots for parking. Students are assigned to the MLK MARTA station parking lot and must ride the Grady Shuttle between the parking lot and the hospital. The shuttle pick up and drop off is behind Grady on Pratt Street. The shuttle runs every 10 – 15 minutes between the hours of 6:00 AM – 6:00 PM.

Grady parking fees are:

MLK MARTA Lot: \$10.80 Monthly parking fee due at **beginning** of each month

Note: Parking fees are subject to change.

Parking expenses at off-campus clinical affiliate sites are the responsibility of the student. Current all off-campus affiliate sites offer opportunity for free parking. This is subject to discretion of the clinical affiliate administrative policies.

The parking department at Grady will make every effort to boost off batteries and remove keys that are locked in vehicles on the Grady campus; however the parking department does not change flat tires, but can call a service station.

There is no charge for most parking at off-campus clinical affiliate sites. There is a charge for parking at the following sites for Radiography students: Resurgens Orthopaedics St. Joseph and Midtown, and AMC. Parking expenses at off-campus clinical affiliate sites are the responsibility of the student.

Parking is **not allowed** in the lot surrounding the **Radiation Oncology** building. This space is reserved for

patients receiving radiation therapy treatment. Those cars parked illegally **will be towed**.

PUBLIC TRANSPORTATION

Rapid transit authority (MARTA) buses and trains connect Grady Health System to all parts of the city.

A Grady-Emory shuttle bus, Cliff Shuttle Service, may be ridden at no charge to and from Grady Memorial Hospital and Emory University Hospital. The route is **one trip per hour** between the hours of 6:30 AM – 6:30 PM.

WELLNESS CENTER

The exercise facility is located in the Brian Jordon/Steve Atwater Employee Wellness Center located on the 16th floor of the hospital is available for use by employees and students. Wellness Center participants are required to complete a release/waiver form prior to gaining access to the facility. The form is available on the GradyNet.

HEALTH CARE

Employee Health Services (EHS), located on the 15th Floor "A" Area of the hospital, is available for TB screening, flu shots and/or completion of Hepatitis B vaccine series, post needle stick reporting, and exposures to infectious diseases (all at no cost). The student must present his/her current Grady ID badge upon reporting to the clinic. The Employee Health Services clinic is open from 7:30 a.m. to 4:30 p.m. Monday through Friday (except holidays).

If a student wishes to visit one of Grady's outpatient clinics or Emergency Department, he/she is expected to **pay for services** or show **proof of health insurance**.

TB CONTROL

Upon enrollment, a two-step tuberculin skin test (PPD) is required *if there is no documentation of a TB test in the previous 12 months*. Thereafter, all students are required to undergo TB screening in Employee Health Services (EHS) **every 12 months** for ID badge renewal. This screening generally includes a tuberculin skin test. A chest x-ray and/or other evaluation may be required if the student has ever had *a positive reaction from a PPD*. A chest x-ray may be made every twelve months if required by EHS. Those persons requiring follow-up care will be monitored by EHS. Failure to follow the TB Control Policy will result in suspension or termination.

Documentation of **each** PPD, chest x-ray, immunization, and/or other evaluation results **must be submitted to the School and is kept in the student's file**.

INFLUENZA VACCINATION REQUIREMENT

An annual influenza immunization is required for all Grady healthcare workers including students, volunteers and contract workers unless a documented medical exemption exists. Those healthcare workers with a medical exemption must wear a mask in public and patient care areas from October through March (subject to change and may vary by clinical site). Flu shots are required to protect patients, staff and the community from influenza infection and its complications through annual influenza vaccination of all healthcare workers.

Healthcare workers vaccinated at other facilities must submit the Influenza Vaccination Verification

Form to Employee Health Services with written proof of vaccination (i.e., record or receipt of vaccination, physician's note on office letterhead).

A copy of the annual influenza immunization or medical exemption document must be submitted to the School and is kept in the student's file.

ACCIDENT/INCIDENT REPORT

Should you incur an injury while on Grady premises, you must notify the immediate departmental supervisor, clinical instructor, training coordinator, or Program Manager of your School of the injury, describing when, where, and how the injury occurred. You may seek treatment from the Grady Emergency Department, Walk-in Center, or a Neighborhood Health Center.

Proper protocol for student on-the-job injuries is as follows:

- 1) The student's clinical instructor or departmental supervisor can report student injuries using the Online Reporting System found on the GradyNet under Quick Links.
- 2) If the injury is a result of a wet floor, Grady Security (5-4024) should be contacted to assess the event and conditions, then notify Environmental Services.
- 3) If a student requires medical attention, he/she should be referred to the Emergency Department. *Charges for medical services* conducted within Grady Health System, or any of the school's off-campus clinical sites, are the *sole responsibility of the student*.

EMPLOYEE ASSISTANCE PROGRAM

EAP Consultants, Inc. is a national employee assistance program consultant firm, providing counseling services to employees, their families, and students. Individuals receive professional and confidential counseling at **no cost** for the **first 6 visits** in areas of marital, family, or financial problems, stress, substance abuse, depression, etc.

The main objectives are early identification of the employee or student who needs assistance; providing professional and confidential counseling; helping the employee or student find resources when needed; and helping the employee or student to resolve their personal problems. Call (800) 869-0276, 24-hour service. The website is www.eapconsultants.com.

IDENTIFICATION BADGES

A student will receive an ID badge during orientation. ID badges must be renewed every twelve (12) months through Employee Health Services upon compliance with the Tuberculosis Control Policy. It is required that all students update their annual health screen and PPD through Employee Health Services to receive clearance to renew their ID badges by the expiration date.

Failure to renew an ID badge will result in discipline, up to and including termination.

All persons doing business with Grady Health System are required to wear a current and properly displayed (above the waist with the picture and last name in plain view) ID badge **at all times** while on Grady Health System property and clinical affiliates. The Public Safety Department will issue a citation to anyone who is wearing an expired ID badge, or fails to wear an ID badge, and will be reported for appropriate disciplinary action.

and other schools within the hospital.

Library Hours: 8:00 a.m. - 5:00 p.m. Monday through Thursday

8:00 a.m. - 6:00 p.m. Friday

10:00 a.m. - 5:00 p.m. Saturday

1:00 a.m. - 5:00 p.m. Sunday

You must provide your own copy paper to print documents from the Internet.

PHOTOCOPIES and FACSIMILES

Photocopying facilities are available in the A. W. Calhoun Library in the **Glenn Building**. The copying charge is 10 cents per page payable in cash. Photocopying by **students** is **not allowed** in the **School office** (unless authorized by an instructor or office staff member).

A fax machine is located in the School office. Students may fax documents to **local** numbers when authorized by an instructor or office staff member.

CAFETERIA

Morrison's Cafeteria is located on the 2nd floor "E" area of the hospital. An ID badge must be worn in the hospital cafeteria to receive an employee/student discount for meals. Chick-fil-A menu items are available in Grady's cafeteria.

SNACK MACHINES, HENRY'S, and GRAB-N-GO

Snack machines are located in the Morrison's Cafeteria on the 2nd floor. Snack machines are also located on the 1st floor of Piedmont Hall adjacent to the front entrance of the building.

Henry's is located in Grady's Museum Lobby. The Starbuck's coffee and snack bar is open 24 hours a day, 7 days a week. **Grab-n-Go** is located in Grady's Clinic Atrium behind the Information Desk. The kiosk is open 24 hours a day, 7 days a week. A variety of food items from Grady's Cafeteria are available for purchase (salads, sandwiches, fruit cups, healthy bars and sushi).

SMOKING

Grady Health System maintains a **smoke-free environment** for its patients, personnel, and students; therefore, smoking is strictly prohibited in the hospital and all other buildings operated by the Grady Memorial Hospital Corporation, including classrooms. Smoking is permitted only in designated areas outside the hospital and in the Piedmont Hall courtyard.

DISCOUNTS ON ENTERTAINMENT EVENTS

Grady employees and students can take advantage of discounts and special offers to popular theme parks and entertainment attractions nationwide. Discounts are available for the Walt Disney World Resort, Universal Studios, SeaWorld, Six Flags, Cirque du Soleil, Las Vegas and New York City performances, movie tickets and much more. To take advantage of these savings select go to www.TicketsAtWork.com web site. You can order your tickets directly from this web site. Grady's company code is **GMHS**.

GIFT SHOPS

Lori's Hallmark stores are located in Grady's Clinic Building lobby and the CHOA at Hughes Spalding's lobby. The stores offer a selection of snack foods, drinks, greeting cards, special occasion balloons, and holiday specialty items.

PUBLIC SAFETY DEPARTMENT

Public safety officers patrol the medical complex 24 hours a day. The public safety department also monitors the closed circuit television system and the emergency **red** telephones located at various areas on Grady's campus. Unusual incidents, loiterers, or criminal behavior should be reported to Public Safety (Ext. 5-4024) at once. In addition, public safety officers are authorized to search packages carried by individuals as they enter or leave the building and issue notices for violations such as not wearing an ID badge, wearing an expired ID badge, unauthorized use of passenger elevators, unauthorized use of the Emergency Department entrance, violation of the hospital smoking policy, or being in a non-authorized area of the hospital.

The main Pratt Street, Pratt Street Clinic, and Jesse Hill Jr. Drive entrances to the hospital are locked from 9:00 p.m. to 6:30 a.m. each night. During those hours access to the building is through the Jesse Hill Jr. Drive Clinic entrance where the doors are staffed by public safety officers. All students and employees are required to wear their ID badges when entering by these doors during night hours.

PUBLIC SAFETY ESCORT SERVICE

Students and employees desiring escorts to or from parking lots or to isolated locations on the Grady campus should call Ext. 5-4024 to arrange for this service.

LOST AND FOUND

Lost and found inquiries should be directed to the Public Safety Department, Ext. 5-4024.

LOCKERS (Radiography and Sonography Students)

Lockers for books and personal items are available for student use in the third floor "A" area locker rooms. Students must provide their own padlock. Lockers must be shared. (See Sylvia Dowl for locker assignment)

NOTARY PUBLIC

Notary publics are available to notarize items of *Grady business* in Grady's Administration office, Business Office, and Legal Affairs office. There is no charge for this service.

TELEPHONE INSTRUCTIONS

To reach Operator:	Dial "0"
In-House Calls:	Dial "5" and the last 4 digits of the number (most areas); Dial "4" and the last 4 digits of the number (for Cancer Center)
Emory Calls:	Dial "8" and the last 4 digits of the number
Outside Calls:	Dial "9" and the local number
To Transfer a Call:	Give the caller the correct number, then advise him/her that you will transfer the call. Depress the Transfer button. Dial the 5 digits to which the call is to be transferred. Depress the

Complete button and hang up. The original call will be connected with the number you dialed.

FREQUENTLY CALLED NUMBERS

RADIATION & IMAGING TECHNOLOGIES ADMINISTRATIVE OFFICE

Title	Name	Office Phone	e-mail	Cell phone
Education Manager	Kevin Kindle	(404) 616-3611	kkindle@gmh.edu	
Student Admissions	Jessie McFry	(404) 616-3610	jcmcfry@gmh.edu	
Financial Aid/Registrar	Sabrina Twolions	(404) 616-3506	stwolions@gmh.edu	

SCHOOL OF RADIOLOGIC TECHNOLOGY FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director		(404) 616-3611		(404) 316-6257
Training Coordinator	Betsy Kerr	(404) 616-3352	bkerr@gmh.edu	
Clinical Instructor	Sylvia Brooks-Dowl	(404) 616-3288	sdowl@gmh.edu	(678) 772-3535
Clinical Instructor	Troy Maxwell	(404) 616-3584	tmaxwell@gmh.edu	(404) 345-8392

SCHOOL OF RADIOLOGIC TECHNOLOGY CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Radiology Department	5-4500, 5-4501	Radiology Administration	5-4530
Emergency Department	5-4001	Radiology Supervisors	5-3397, 5-4510
CT – ER	5-2649	CT - Cancer Center	4-9097
PET/CT	4-9216	Angiography	5-7005
Imaging Center/MRI	5-6762	Neuroscience	5-3808
Breast Imaging	4-9062		
Asa Yancey Health Ctr	(404) 616-9954	Ponce de Leon/IDP	(404) 616-9716
Atlanta Medical Center	(404) 265-4340	Emory Univ Hosp Midtown	(404) 686-2326
Piedmont West	(404) 425-7979	FC Dept Health & Wellness	(404) 730-1559
CHOA at HS	(404) 785-9990	CHOA at SB	(404) 785-8330
CHOA at TC	(404) 785-8010	CHOA at HB	(404) 785-8660
Resurgens Austell	(404) 944-1100	Resurgens Cumming	(770) 886-8111
Resurgens Douglasville	(770) 949-7400	Resurgens Johns Creek	(404) 575-4500
Resurgens Kennesaw	(770) 421-8005	Resurgens Marietta	(770) 422-3920
Resurgens Midtown	(404) 215-2000	Resurgens St. Josephs	(404) 847-9999
POC Main	(404) 355-0743, Ext 1071	POC Sports Med	(404) 355-0743, Ext 1326
POC College Park	(404) 355-0743, Ext 1071	POC Northside	(404) 355-0743, Ext 1710

SCHOOL OF RADIATION THERAPY FACULTY CLINICAL SITE PHONE NUMBERS

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Kevin Kindle	(404) 616-5024	kkindle@gmh.edu	(404) 397-5203

SCHOOL OF RADIATION THERAPY

Clinical Site	Phone number	Clinical Site	Phone number
GHS Oncology Dept	404-616-6372	WellStar Kennestone	(770) 793-7500
TECM Oncology Dept	404-686-7857	Northside	(404) 851-8153
TEC	404-778-0595		

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Judy Billings	(404) 616-5032	jbillings@gmh.edu	(678) 772-3540
Training Coordinator	Jessi Clark	(404) 616-4587	jclark4@gmh.edu	(404) 397-5201

OTHER

Area	Phone number	Area	Phone number
Public Safety Dept	5-4024 or 5-4025	Near Miss Hotline	5-8600
Emergency (inside Grady)	911	Safety Hotline	5-7233 (5-SAFE)
Emergency (outside Grady)	9-911	Needle Stick injury	5-7849 (5-STIX)
Rapid Response Line	(404) 717-0135		

TELEPHONES, CELL PHONES, PAGERS, and ELECTRONIC DEVICES

School office telephones are for official use only. Courtesy phones are in the reception Room 111-3 and in the Computer Resource Center/Library Room 121 for outgoing calls only. In case of an emergency, which involves the illness or death of a family member, the School office should be notified. Personal calls for students should not be called through the School office except in the case of an emergency. Cell phones, pagers, and electronic devices must be **turned off** during class hours. Cell phones **may not** be used as **calculators** during class. The use of **cell phones, pagers, and electronic devices** during class and clinical hours is **prohibited**, except when texting class notes to cell phone, iPad, notebook, or laptop.

BULLETIN BOARDS POLICY

Bulletin boards in the School are maintained for the posting of Grady Health System and School information and notices only. Only faculty members and support staff may place notices on bulletin boards or remove material from bulletin boards.

MAIL FOR STUDENTS

Students are **not** to give the School office as their resident address. There are individual student memo boxes in the School reception Room 111-3, Radiation Therapy Classroom 207, and Sonography Classroom 206 where School correspondence is delivered to students. Transcripts are mailed or are delivered personally to students by program faculty members.

CLASSROOM FACILITIES

The classrooms for the Schools of Radiation and Imaging Technologies are located on the 2nd floor of Piedmont Hall.

INSTRUCTOR'S OFFICES

The offices of the Education Manager, Sonography Program Director/Manager, Radiation Therapy Program Director/Manager, Radiography Training Coordinator, and Sonographer Training Coordinator are located on the 1st and 2nd floors of Piedmont Hall. The offices for the Clinical Instructors for the School of Radiologic Technology are on the 3rd floor in Grady's Radiology Department.

The office for the School of Sonography is Room 206 and the office for the School of Radiation Therapy is Room 205-2 of Piedmont Hall.

VISITORS ON CAMPUS

Visitors are prohibited during class and clinical hours.

STUDENT GOVERNMENT

Class officers may be elected and class meetings may be conducted. Meetings may be conducted each semester, or more often if needed, to discuss student issues. Meeting minutes may be recorded and maintained by a class officer. The elected class officers may include, but are not limited to, President, Vice President, and Secretary-Treasurer. If issues need to be brought to the attention of the School officials, these concerns may be presented to the Program Director/Manager by appointment.

PROFESSIONAL ORGANIZATIONS and STUDENT ACTIVITIES

Attendance at meetings of the professional societies is encouraged. Applications for membership to the local and national societies are available to the student. Membership in professional organizations is encouraged.

Recognizing the contribution that participation in student activities can make in developing the whole person, the School offers students the opportunity to take part in activities to further their professional interests.

Through participation in group activities in the Atlanta Society of Radiologic Technologists (Radiography and Radiation Therapy students), Georgia Society of Radiologic Technologists and (Radiography and Radiation Therapy students), students develop initiative and responsibility and gain experience which will help them become effective leaders in the radiation and imaging fields. They also learn to work with others toward a common goal. These groups sponsor many activities throughout the school years: seminars, workshops, lectures, etc.

SCHOOL ACTIVITIES

During the course of training, the programs will have several school activities which will broaden the students' knowledge and experience. Documentation of attendance at outside activities is required. Those students who elect **not** to participate in school activities will remain in their assigned clinical areas. If a fee is required for a particular school activity, the student is responsible for payment of the fee.

GENERAL CLEARANCE PROCEDURE

Students who withdraw and/or are terminated from the School must complete the proper clearance procedure before any academic record can be released from the School. The proper clearance procedure is:

Students will obtain a **Clearance Form** from their respective school. Completion of this form in regard to correct addresses, etc. is **required**. A **memo** that states the reason for withdrawal is also submitted as part of the clearance procedure.

To insure that all outstanding debts and obligations are met, students must obtain signatures from the following areas:

Education Manager and/or Program Director/Manager
Training Coordinator
Financial Aid

When the form is completed, it must be returned to the School office along with the student's **identification badge** and **access card**. Upon receipt of the above, the form is signed by the Program Director/Manager, making clearance complete.

When the student reports to Financial Aid, he or she will be told if they are due a *tuition refund* or not. There is no requirement that a student complete the clearance procedure to make any request for the refund. The refund will be processed regardless.

GRADUATION REQUIREMENTS

To graduate from the Schools of Radiologic Technology, and Radiation Therapy a student must have successfully completed both the academic and clinical portions of the course of study.

Successful completion of the academic and clinical portions requires the following criteria to be met:

1. A final accumulative average of 75% must be obtained considering all courses studied.
2. A score of 75% or better must be obtained in each comprehensive final examination in Registry Review.
3. Successful completion of all required clinical hours within the program.
4. Successful completion of all clinical competencies.

Upon completion of all prescribed courses with satisfactory scholastic standing, each graduate will be awarded a certificate from Grady Health System.

GRADUATION CLEARANCE PROCEDURE

On the last day of training, each student must complete a clearance form to insure that all outstanding

debts and obligations are met with the School and Health System. The certificate of graduation will be **withheld** if there are any **outstanding obligations** or **unpaid debts**. The graduate must also turn in their hospital identification badge and access card during the clearance procedure. Graduates who have been hired by Grady Health System as an employee may retain their access cards.

GRADUATION and TECHNOLOGY FEES

Students are responsible for payment of graduation and technology fees each semester. The fees are based on combined expenses for invitations, certificates, caps and gowns, graduation reception, NetLearning System access for required hospital training via GradyNet and My Grady University, and computer software tutorials.

GRADUATION CEREMONY

Graduation certificates are presented at the graduation ceremony. Attendance is mandatory.

GRADUATION AWARDS

The awards presented at the graduation ceremony are:

1. Valedictorian Award - for the highest GPA
2. Salutatorian Award - for the second highest GPA
3. Most Outstanding Student Award - voted upon by the staff radiographers, sonographers, or therapists

Any student who has not completed **ALL** criteria for graduation will **NOT** be eligible to receive an award at the graduation ceremony.

CERTIFICATION

School of Radiologic Technology

The student is eligible to take the national certification examination for the American Registry of Radiologic Technologists after satisfactorily completing the 24-month course. Application for the exam may be made up to 90 days prior to graduation.

School of Radiation Therapy

The student is eligible to take the national certification examination for the American Registry of Radiologic Technologists after satisfactorily completing the 12-month course. Application for the exam may be made up to 90 days prior to graduation.

PLACEMENT FOLLOWING GRADUATION

The School will make every effort to assist graduates to obtain suitable positions, but does not guarantee placement upon graduation.

STUDENT EMPLOYMENT

Students may be employed outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work must be noncompulsory, paid, and subject to employee regulations. Students must be in good standing, both academically and clinically, to be recommended by the School for any paid position at Grady Health System.

ORGANIZATIONAL PROCEDURES

FINANCIAL AID

The cost of your education is primarily the responsibility of you and your family. Student Financial Aid is available to help the student meet the difference between the amount he/she can afford to pay and the actual cost to attend one of the Schools of Radiation and Imaging Technologies. The amount the student and his/her family can afford to contribute is determined by a need analysis. Need is established by filing the Free Application for Federal Student Aid (FAFSA) at the website www.fafsa.ed.gov. The Federal School Code for these schools is **004117**. A student Aid Report (SAR) is provided to the student once the student files the FAFSA online and the SAR can be accessed using their PIN #. The reports are available to the Financial Aid Office electronically, provided the student lists the school on his/her FAFSA. Verification of information on SAR (tax return transcript, etc.) may be requested.

Financial aid **awards** are made prior to enrollment once need is established. No financial aid is **disbursed** until the student is **enrolled** in the program of study. Financial aid awards (grants, loans, or scholarships) will be placed in the student's account at the beginning of each payment period. The payment period for financial aid is by quarter or semester. Students may charge against this account for tuition and required fees (graduation and technology). The Business Office will mail the student a check for the balance of the account. It can take up to 14 calendar days after the first day of class each quarter/semester to receive your residual check.

SATISFACTORY ACADEMIC PROGRESS

In order to be eligible for financial aid a student must be making satisfactory progress in the program. There is both a quantitative and qualitative definition of satisfactory progress. For the Sonography program, the quantitative definition is that a student must satisfactorily complete one-seventh of the six-quarter program in which they are enrolled. The qualitative definition of Satisfactory progress is a "C" grade point average (75%).

A student who makes less than a "C" average (75%) in any course will be placed on academic probation regardless of previous average and will receive a **WARNING**. If a student is placed on a **WARNING** the student is still making satisfactory progress and is eligible to receive financial aid while on academic probation (**WARNING STATUS**).

A student who fails in any quarter or semester to attain a "B" average (80%) in clinical rotations or competency evaluations; is excessive in sickness, lateness, and/or absenteeism; or displays unethical performance in patient care and/or departmental procedures and relationships will be placed on clinical probation and be placed in a **WARNING STATUS**. A student on clinical probation (**WARNING STATUS**) is still making satisfactory progress and is eligible to receive financial aid while on clinical probation.

A student **MUST** meet the SAP at the end of the next quarter/semester or the student will **LOSE** their financial aid eligibility.

A student is considered not making satisfactory progress when he/she fails a course in any quarter or semester. At this point, a student is **NOT** making satisfactory progress and **will not** be eligible to receive financial aid. In fact, if a student fails a course in any quarter/semester, the student will be terminated.

An incomplete (I) grade is not a part of the GPA calculation. The incomplete must be removed before graduation.

FINANCIAL AID PROGRAMS

A. Grants

1. Federal Pell Grant: The Pell grant is only awarded to undergraduate students. It is based on student need. The Pell Grant does not have to be repaid.

B. Direct Loan Programs

1. William D. Ford Federal Direct Loan: There is both a subsidized and an unsubsidized Direct Loan. A student can obtain a loan regardless of income, but the federal government pays interest only on need-based loans.
2. Federal Direct PLUS Loan (Parent Loan for Undergraduate Students): Loans may be applied for by parents on behalf of their dependent, undergraduate students.

C. Veteran Benefits:

Students enrolled in the Schools of Radiation and Imaging Technologies, who are eligible, may receive Veterans Educational Benefits from the Veterans Administration. **Post-9/11 GI Bill** (Chapter 33) benefits for eligible veterans are *now approved for non-degree programs*.

WORKFORCE IN ACTION (WIA) PROGRAM

The Radiologic Technology program is included on the Statewide Eligible Providers List (WIA programs) through the Georgia Department of Labor. The Schools of Radiation Therapy and Diagnostic Medical Sonography do not participate in the WIA program.

STUDENT RESPONSIBILITIES REGARDING FINANCIAL AID

It is your responsibility to:

1. File your FAFSA before December May 2015 for maximum financial aid consideration in the 2015-2016 Academic Year. Complete your FAFSA accurately; errors can delay your receiving financial aid.
2. Provide all additional documentation, verification, corrections, and/or new information requested by the financial aid office.
3. Read and understand all forms that you are asked to sign and keep copies of them.
4. Accept responsibility for the promissory note and all other agreements that you sign.
5. If you have a loan, notify the lender of changes in your name, address, or school status.
6. Attend both the **Entrance** and **Exit Interview sessions** for borrowers as scheduled.

COURSE REGISTRATION

All students must register each term they are enrolled in any School of Radiation and Imaging Technologies. Financial Aid advisement should be attended to prior to registration. The Registration form is completed *online* prior to the scheduled registration payment date.

Tuition and Fee payments starts in the Financial Aid/Registrar's Office in Room 111 Piedmont Hall and the student will then take their payment the Business Office located on the first floor of Grady Hospital.

Tuition is due and payable on the first day of each term, after the first term. The first term of enrollment in the School, tuition is due one month prior to admission unless the student has filed the FAFSA by the deadline date and is eligible for financial aid. Receipts are issued for all tuition payments.

Students may elect to pay their tuition and fees either in Full per semester or in 3 installments per semester. Students will be given a Tuition Agreement Form for each semester/quarter. The form must be completed and signed prior to the start of each semester. All forms must be returned to the Office of Financial Aid.

The Financial Aid/Registrar's Office should be given written notification of change of address or change of name.

WITHDRAWAL POLICY

A student who decides to withdraw should secure the proper withdrawal forms from the program in which he/she is enrolled. A conference with the Program Director/Manager should precede withdrawal proceedings. The withdrawal date is the student's last recorded date of attendance as determined by the School from its attendance records.

If a Federal Direct Loan borrower withdraws or graduates exit loan counseling is required. A student who withdraws is required to surrender his/her ID badge, access card, and dosimeter badge.

TUITION REFUND POLICY

Tuition refund refers to money paid towards school charges that must be returned to financial sources and/or to the student. If the student is due a tuition refund, the School must provide a refund whether or not the student requests the tuition refund or formally withdraws from the program. If a student receives an approved leave of absence, but does not return from that leave, a tuition refund must be processed within 30 days. If a student withdraws from school, a tuition refund must be made within 60 days of the school's determination of withdrawal.

INSTITUTIONAL PRO RATA REFUND POLICY

The pro rata refund applies to all students enrolled at Grady Health System. There is not an applicable state law or refund required by the accrediting agency. Pro rata refund applies to the institutional tuition and fees charged from the first day of class until the 60% point in time of the enrollment. After the 60% point in time of enrollment there is no refund. A 100% refund is due to a student who never enrolls. Tuition refunds are made by the Financial Aid/ Registrar's office. An explanation of the calculations for determining the amount of financial aid to be returned can be obtained through the Financial Aid/Registrar's office.

RETURN POLICY FOR TITLE IV GRANT AND LOAN PROGRAMS

If a student has completed more than 60% of the payment period, he/she is considered to have earned 100% of the Title IV grant or loan aid received for the payment period. In this case, no

funds will be returned to the Title IV aid programs.

However, if a student withdraws before completing more than 60% of the payment period or period of enrollment, the amount of any Title IV loan and grant aid the student received for the payment period (or period of enrollment) must be recalculated to reflect the portion of the payment period that he/she completed prior to withdrawal. The unearned Title IV loan and grant aid for the percentage of the payment period not completed must be returned to the applicable Title IV aid programs.

VETERANS REFUND POLICY

For Veteran students, the School will refund the unused portion of prepaid tuition and fees on a pro rata basis. Any amount in excess of \$10.00 for an Enrollment Registration fee will also be prorated and returned.

STUDENT SCHOLARSHIPS

ASRT Scholarships: Information and applications may be obtained via the ASRT website www.asrt.org.

Jerman-Cahoon Student Scholarship

Five scholarships of \$2,500 each are awarded annually to students in radiography, sonography, magnetic resonance or nuclear medicine.

Royce Osborn Minority Student Scholarship

Five scholarships of \$4,000 are awarded each year to minority students in radiography, sonography, magnetic resonance or nuclear medicine.

Varian Radiation Therapy Scholarship

Nineteen scholarships of \$5,000 each are awarded annually for academically outstanding students attending an entry-level radiation therapy program.

Atlanta Society of Radiologic Technologists Scholarship:

The Atlanta Society of Radiologic Technologists awards the **Judith K. Williams Scholarship** annually to an entry-level student. Information and applications may be obtained via the Atlanta Society website www.atlantaradtech.org. The scholarship application must be postmarked no later than April 1. A student must be a *current member* to apply.

Georgia Society of Radiologic Technologists Scholarships:

The Georgia Society of Radiologic Technologists awards two GSRT scholarships annually to entry level students. Information and applications may be obtained via the Georgia Society website www.gsrt.org. The scholarship application must be postmarked no later than April 1. A student must be a *current member* to apply.

Emory Johns Creek Hospital Scholarships

The Emory Johns Creek Hospital Auxiliary offers scholarships to students who are currently enrolled in health-related fields of study. Information and applications may be obtained by contacting the scholarship chairperson, Jane Radman at jradman1@gmail.com or go to website www.ejcha.com.

Tylenol Scholarships

The Tylenol Scholarship program awards \$250,000 in scholarship money annually to outstanding students who are pursuing health-related studies. Applicants should apply online at www.tylenol.com/scholarship using access key TYNL. The application deadline is May 31.

STUDENT RECORDS

The records of progress, student financial aid, daily attendance in regards to clinical training, class attendance, final attendance, and administration concerning the students enrolled at Grady Health System's Schools of Radiation and Imaging Technologies are maintained as permanent records in the School offices located in Piedmont Hall. Clinical records of current radiography students are maintained in the Clinical Instructors' offices at Grady and the Training Coordinator's offices in Piedmont Hall. Clinical records of current Radiation Therapy are maintained in Room 205-2 of Piedmont Hall.

STUDENT EVALUATIONS

The School faculty members evaluate students on a regular basis. This procedure is as follows:

- a. Evaluations are written and placed in students' records and/or kept on record easily accessible to the School faculty or officials.
- b. Upon viewing, students must sign all evaluations. The student's signature does not mean that the student agrees with the evaluation.

ACCESS TO STUDENTS PERSONAL RECORDS

Students have the right to inspect any and all aspects of their individual academic and clinical records (except pre-entrance information) in the school offices. Such inspections will be made by appointment only, at a mutually convenient time within three (3) days after your request. Copies of documents contained in the file will be provided to the student upon written request, provided this information is relevant to academic or clinical training.

OFFICIAL TRANSCRIPTS

Upon written request to the School, a student who is **currently** enrolled may have an official transcript sent to an agency or institution at *no charge*.

Upon written request and payment of a transcript fee of \$5.00 per copy (payable to GHS), a student who is *no longer in the program* may have an official transcript mailed or may receive a student copy of his or her academic record, *providing the student has completed the required clearance procedure*.

An official transcript is not issued to the individual student, but is mailed as directed to an agency or institution as confidential information. A transcript includes the entire academic record; no partial or incomplete statements of record will be issued as transcripts. For prompt delivery of a transcript, the student should make the request in a reasonable time prior to need.

CHANGE IN STATUS

Any change in name, address, email address, telephone number, marital status, etc., must be made **in writing** and presented to the School office within seven (7) calendar days of the change. Name changes

require the submittal of a copy of the legal documentation (i.e. court order, marriage license) supporting the name change request.

REFERENCE/RELEASE OF INFORMATION

A waiver form must be completed by the student before any information and/or references can be released by School officials.

READMISSION TO THE PROGRAM

A student may make application for readmission to the School through the Program Director/Manager at any time following withdrawal or withdrawal in lieu of termination. Readmission will be decided at the discretion of the Admissions Committee.

TRANSFERS AND CREDIT FOR PREVIOUS EDUCATION AND TRAINING

Transfer credits from other Radiologic Technology or Radiation Therapy programs will not be accepted.

CUSTOMER SERVICE POLICIES

STUDENT POLICIES

1. The student should conform in every way to the general policies of the hospital.
2. The student should conscientiously observe the ethical directives specific to Grady Health System and clinical affiliates. The student is not to render interpretation of images or reveal findings to the patients, friends, or relatives.

DEPARTMENTAL RELATIONSHIPS

1. **Administration:** The student is expected to demonstrate loyalty and generous cooperation so that Grady Health System may fulfill the obligation of adequate patient care.
2. **Physicians:** Physicians deserve respect and courtesy and prompt, cheerful service just as any other member of the medical profession.
3. **Faculty and Staff:** To the department faculty and staff falls the responsibility of seeing that order and conformity prevails in the department; therefore, the student should readily attend their assignments and directions.
4. **Patients:** The students should endeavor to instill within themselves the highest ideals of charity toward the sick. Moreover they should:
 - a. Call patient by last name, using "Mr." or "Ms.", as appropriate.
 - b. Introduce yourself (and physician when applicable) prior to performing a procedure.
 - c. Treat the patients with a warm and friendly approach, but with reserve.
 - d. Explain the procedure, answer the patient's questions and have the courtesy to give them the feeling of personal contact.
 - e. Carefully watch the aged, unconscious, mentally ill, severely traumatized, children, and prison inmate patients.
 - f. Anticipate their needs and handle them with due regard to their condition.

CONFIDENTIAL INFORMATION

Grady Health System takes patient privacy seriously. Our patients not only trust us to provide quality care, but they also trust us to protect the confidentiality of their health information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The Grady Compliance and Privacy program performs routine control audits to determine whether employees and students are appropriately accessing patient health information.

Under HIPAA's Minimum Necessary Rule, Grady Health System employees and students are permitted to access protected health information (PHI) only on a ***need-to-know basis for carrying out their specific job duties***. This means that accessing your own medical records or the medical records of relatives or friends is **prohibited**. Grady's Minimum Necessary Rule Policy also supports HIPAA and states that employees or students who engage in activity in violation of this Policy may be subject to disciplinary action up to and including termination.

Confidential personal health information learned about a patient in the course of duty must be regarded as private and may never be divulged. By work and professional relationships with the patients, one learns many things about a patient's illness, treatment, and even their personal lives.

This information should **not** be discussed with **anyone** either inside or outside the hospital.

The use of PDA phones, smart-phones, digital music devices, laptop computers, or other similar/comparable device used for communication or Internet access (Treo, Blackberry, iPad, iPhone, iPod Touch, iPod, etc.) are **not** to be used while in the clinical setting. Students **may not take any picture of patients** in the clinical setting with their electronic devices; doing so may result in disciplinary action up to and including termination.

HEALTHCARE FOR PRISON INMATES

It is the policy of Grady Health System to ensure patient safety. Employees of Patient Access Services will properly identify inmates presenting for care at the point of service. An inmate shall be identified as an individual being escorted by a law enforcement officer. Information regarding an inmate must not be made public. All Grady employees accessing any Hospital Information System must always review the Publicity Indicator field or patients' labels to determine disclosure of information status. Hospital staff must never communicate appointment dates and times to inmates. The appointment slips must be given to the law enforcement officer who is escorting the prisoner. If there is a need to verbally communicate appointment information to the officer, the representative or counselor must do so confidentially.

HOUSE RULES FOR IMAGING SERVICES

- Be polite and courteous to each person you encounter. Introduce yourself to patients, using their appropriate title, first and last names. Support your fellow workers by being pleasant and helpful.
- Be proactive. Seek out the opportunity to provide aid. If your ability or time is limited, ask a supervisor or coworker for assistance.
- Answer the telephone promptly and properly. Identify your area, yourself, and ask how you may help the caller.
- Be an active listener. After explaining directions or a procedure to a patient, ensure you have been understood.
- Respect the confidentiality of the information you possess. When you discuss patient

information be aware of others need to know, where you are and who may overhear.

- Respect the privacy and personal dignity of patients. Provide appropriate gowns and other covers at all times.
- Create a professional environment. Pattern your speech, dress and personal hygiene to reflect pride in yourself and your work. Keep your personal life personal. Avoid loitering in work areas, loud verbal exchanges and other inappropriate behavior.
- Support the shared values of the Grady Health System, which are:
 - Deliver the highest quality care possible.
 - Be fiscally responsible.
 - Treat others in a supportive and respectful manner.
 - Successfully compete in a managed care environment.
- Thank our physicians for referring patients for our services.
- Know that the services you provide here are vital to this community.

PATIENT RIGHTS

Grady Health System (GHS) recognizes and respects patient rights and encourages its patients to become more informed and involved in their care. All patients deserve care, treatment, and services provided in a way that respects and fosters their personal dignity, autonomy, positive self-regard, civil rights, and cultural, psychosocial, and spiritual values, beliefs, and preferences.

Grady Health System recognizes that each patient has the right to:

1. Receive information in a manner he or she understands.
 - a) Patients have the right to the availability of mechanisms to ensure understanding and effective communication in a manner tailored to the patient's age, language of preference and ability to understand.
 - b) Patients have the right to request auxiliary aids when necessary.
2. Participate in decisions about his or her care, treatment or services.
 - a) Patients have the right to participate in the development and implementation of his/her plan of care and make informed decisions regarding his/her care.
 - b) Patients have the right to include or exclude any or all family members from participating in decisions about their care.
3. Give or withhold informed consent.
 - a) Patients have the right to accept medical care or refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal.
 - b) Patients do NOT have the right to demand treatment or services their doctor believes are medically unnecessary or inappropriate.
 - c) Patients have the right to give or withhold informed consent to produce or use recordings, films or other images of the patient for purposes other than his or her care.
4. Protection during research, investigation, and clinical trials.
5. Receive information about the individual(s) responsible for, as well as those providing his or her care, treatment, and services.
6. Have his or her decisions regarding care, treatment, and services received at the end of life addressed.
 - a) Patients have the right to formulate advance directives and appoint

- an agent to make health care decisions on his/her behalf to the extent permitted by law.
- b) Patients have the right to have their wishes honored concerning organ donation and/or any other end of life decision as indicated in the advanced directive, when made known to the hospital, or when required by the hospital's policy.
7. Be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.
 8. An environment that preserves dignity and contributes to a positive self-image.
 - a) Patients have the right to impartial access to treatment that is available, medically indicated, appropriate, and within the capacity and scope of the GHS mission regardless of race, creed, sex, age, color, national origin, religion, disability, diagnosis, or sexual orientation.
 - b) Patients have the right to have their religious, spiritual, psychosocial, cultural, ethnic and personal values, beliefs, and preferences respected and accommodated.
 9. Have complaints reviewed by the hospital.
 - a) Patients have the right to voice concerns to hospital staff, medical staff, or risk management without fear of reprisal or discrimination, and receive a timely response from the appropriate hospital representative.

NATIONAL PATIENT SAFETY GOALS (2015)

- | | |
|---------------------|---|
| Goal #1: | Identify patients correctly. <ul style="list-style-type: none"> • Use at least 2 patient identifiers – name and date of birth. |
| Goal #2 | Improve staff communication. <ul style="list-style-type: none"> • Report critical results of test and diagnostic procedures on a timely basis (60 minutes/1 hour). • Use SBAR method to hand off patients – Situation, Background, Assessment, and Recommendation |
| Goal #3: | Use medications safely. <ul style="list-style-type: none"> • Before a procedure, label all medications that are not labeled. • Record and pass along correct information about a patient's medications. |
| Goal #6: | Use alarms safely. <ul style="list-style-type: none"> • Ensure that alarms on medical equipment are heard and responded to on time. |
| Goal #7: | Prevent infection. <ul style="list-style-type: none"> • Follow hand hygiene guidelines. |
| Goal #15: | Identify patient safety risks. <ul style="list-style-type: none"> • Find out which patients are most likely to commit suicide. |
| Universal Protocol: | Prevent mistakes in surgery. <ul style="list-style-type: none"> • Make sure that the correct surgery is done on the correct patient and the correct place on the patient's body. • Mark the correct place on the patient's body where the surgery is to be done. |

- Pause before the surgery to make sure that a mistake is not being made.

PATIENT RECORDS

Patients' examination images and interpretations are the property of the hospital; students are not allowed to release patients' images or reports to anyone. All requests for patients' images or reports should be referred to the Radiology Correspondence Clerk. Patient results should never be given by telephone.

Identification of images is of great importance. Identification includes: patient's name, hospital number, date, markers, etc., and should be included on every image. Check and double check for accuracy.

ANTI-HARASSMENT POLICY

Grady Health System is committed to providing a work environment where all employees and students are treated with respect and dignity. A student has the right to train in a professional atmosphere which promotes equal opportunity and prohibits discriminatory practices, including harassment. At Grady Health System, harassment, whether based on race, disability, sex, sexual orientation, color, national origin, religion, age, citizenship, or any other protected category is prohibited and is grounds for disciplinary action, up to and including termination.

Sexual harassment is defined as any unwelcome or unwanted advances, request for sexual favors or any other verbal, visual or physical conduct of a sexual nature. If you believe that you have been harassed based upon sex or any other prohibited basis, you should immediately report the incident to Workforce Effectiveness and Employee Relations in Human Resources, your instructor, Education Manager/Program Director, or the General Counsel. Grady Health System encourages any employee or student to report complaints of harassment promptly so the Health System may conduct an appropriate investigation and take appropriate action. Reporting harassment not only aids the complainant, but also helps the Health System to maintain an environment free from discrimination and harassment for all employees and students. The Director of Workforce Effectiveness and Employee Relations or his/her designee will investigate all complaints. The complainant and the harasser will be told of the outcome of the investigation.

Grady Health System will not in any way retaliate against anyone who makes a complaint of harassment.

SOLICITATION/DISTRIBUTION POLICY

It is the policy of Grady Health System to prohibit solicitation and distribution on its premises by non-employees and to permit solicitation and distribution by employees and/or students only as described below:

Guidelines

1. Solicitation or distribution by non-employees on the premises of Grady Health System is prohibited.
2. Solicitation or distribution of literature by any employee and/or student of the Grady Health System at any time in patient care areas of the Grady Health System is prohibited.

3. Solicitation by employees and/or students of the Grady Health System on the property of the Grady Health System is prohibited when the person soliciting or the person being solicited is on working time. Working time does not include meal or authorized breaks.
4. Distribution of literature by employees and/or students of the Grady Health System on the property of the Grady Health System during their working time is prohibited.

ETHICS POLICY

It is essential to the operation of Grady Health System that members of its governing board, officers, employees, agents, students, volunteers and members of its affiliated medical and house staff be independent and impartial and act always to avoid conflicts of interest, impropriety or the appearance of impropriety when acting for or on behalf of the Hospital Corporation.

SOCIAL MEDIA

Facebook, Twitter and other social media can lead to liability for Grady, even when used from outside of the workplace and during your own free time.

You can help protect Grady from potential liability when you are engaging in social media at home or anywhere else by:

1. Never disclose Grady's trade secrets or other confidential proprietary information about Grady.
2. Never disclose personal or medical information related to Grady's: (a) clients or customers, and (b) employees, students, managers, supervisors, senior management, officer, board member, or owners. This includes, for example, financial information, Social Security Numbers, medical diagnosis, pictures of patients, etc.
3. Don't disclose client/customer names, client/customer information, or the services that Grady performs for such client/customers.
4. If you say something online in support of Grady, its products or services, even if you are using a personal account, disclose your relationship with Grady.
5. Don't accept "friend requests" from anyone you don't know personally, including friends of friends. Your Facebook friends see all of your personal information along with that of your friends and associates.

HIPAA and other privacy laws require that Grady and its employees and students to protect the private, confidential medical information of its patients and customers. Please be mindful of these obligations when using social media at home or elsewhere. Privacy and compliance are everyone's responsibility.

General guidelines for personal use of social networking sites as a student (outside of clinical rotations/class):

- Always remember that everyone can see and read what is placed on the site.
- Activities that occur during clinical rotations or having to do with patients are considered private information and should never be shared via social networking.
- Keep your interactions professional and err on the conservative side when placing written communication or posting personal pictures.

- Remember that your online presence reflects you as a professional.
- Be aware that your actions captured via images, posts, or comments can reflect on you and many recruiters now routinely search the social networking venues when considering people for a new hire.
- Social network postings can be subject to disciplinary action from the Schools of Radiation and Imaging Technologies.

PATIENT/VISITOR RELATIONS

All employees and/or students are expected to treat patients and visitors in a courteous and respectful manner at all times. You should remember that **the patient comes first**, is the primary source of the Health System's income, is the ultimate source of each employee's job and income, and is the source of each student's clinical education. You should listen carefully to patient and visitor inquiries and complaints and then deal with them in a responsive, professional manner. If a controversy arises, you should try to explain Health system policy in a clear, yet deferential manner. If a patient becomes unreasonable or abusive, you should refer the patient, in a calm and pleasant manner, to your supervisor or clinical instructor.

SAFETY POLICIES

DEPARTMENT OF RADIOLOGY SAFETY POLICY

Policy Statement

The Department of Radiology is committed to protecting the health and safety of its employees, patients, and visitors. This Safety Policy has been developed to create a safer working environment and to provide for the safe use of clinical radiation.

Guidelines

The Medical Director, Director, Associate Radiation Safety Officer, and appropriate managers are responsible for ensuring all activities performed in each section are done safely and in accordance with pertinent standards or regulations.

1. Reduction of Exposure to Individuals:
Reduction of radiation exposure to an individual from external sources of radiation may be achieved by any combination of the following:
 - A. Exposure of Radiation Workers:
 1. Distance between the individual and the source can be increased.
 2. The use of protective devices. (Lead shields, lead gloves, lead aprons, thyroid shields, etc.)
 3. The use of proper coning of collimators.
 - B. Exposure of the patient:
 1. Selecting proper and correct exposure factors to achieve desired objectives with minimum dose to the patient.
 2. The use of protective shielding. (Lead half aprons, gonadal shielding, etc.)
 3. The use of proper coning of collimators.
 - C. In the event that non-radiology individuals must be in a room to hold or accompany a patient during an exam or procedure, they will be provided with the

following:

1. Lead apron.
2. Lead glove (if necessary)
3. Thyroid shield (when necessary)

A Radiologic Technologist will assist any individual as to the location in a room which will expose them to the least amount of radiation. Non-radiology individuals who are pregnant or potentially pregnant should not be allowed to hold or accompany a patient during a procedure.

2. General Guidelines in the Clinical Use of Radiation

- A. The useful beam should be limited to the smallest area practical and consistent with an examination and or treatment.
- B. In medical radiological examinations the voltage, filtration and source to skin distance should be as great as is practical and consistent with the diagnostic objectives of the study.
- C. Awareness of protection of the embryo or fetus during radiologic examination or treatment of women known to be pregnant should be given special consideration.
- D. Suitable protective devices to shield the gonads of patients who are potentially procreative should be used when the examination or method of treatment may include the gonads in the useful beam, unless such devices interfere with the conditions or objectives of the examination and or treatment.
- E. Employees who are pregnant will adhere to the radiation pregnancy policy.
- F. Radiation producing equipment must be operated within the manufacturer's parameters.

3. Fluoroscopic Equipment

Design requirements and recommendations of section 311 of the National Council on Radiation Protection and Measurements will meet the require standards of performance for equipment.

4. Fluoroscopic Guidelines

- A. The exposure rate used in fluoroscopy should be as low as is consistent with the fluoroscopic requirements and shall not normally exceed 10R/min. (measured in air) when equipped with automatic exposure control, at the position where the beam enters the patient.
- B. Radiation characteristics of the equipment should be known by the fluoroscopist. Periodic measurements of table top or patient exposure shall be made.
- C. Practical field sizes and exposure times should be kept to the minimum practical.
- D. Medical fluoroscopy should be performed only by or under the immediate supervision of physicians properly trained in fluoroscopic procedures.
- E. Extraneous light that interferes with the fluoroscopic examination shall be eliminated.
- F. Protective aprons of at least 0.5 mm lead equivalent should be worn in the fluoroscopy room by each person (except the patient) whose trunk is exposed to radiation.
- G. The hand of the fluoroscopist should not be placed in the useful bean unless

the beam is attenuated by the patient and a protective glove of at least 0.25mm lead equivalent is worn.

- H. Only persons whose presence is needed should be in the fluoroscopic room during x-ray exposure.
5. Fixed Radiographic Equipment
- A. Particular care should be taken to limit the useful beam to the smallest area consistent with clinical requirements.
 - B. Shielding of the gonads should be used for the patient but never as a substitute for adequate beam collimation and alignment.
 - C. Immobilization devices should be used when a patient must be held in position for radiography. Individuals holding patients during radiographic exposure must be protected by appropriate shielding devices and be positioned as that no part of the body will be struck by the primary beam.
 - D. Only persons whose presence is necessary shall be in the radiographic room during exposure. All such persons shall be protected by wearing an apron of at least 0.25mm lead equivalent.
 - E. The radiographer shall stand behind the barriers provided for protection during radiographic exposure.
 - F. Special care shall be taken to insure adequate filtration in multipurpose machines.
6. Mobile Radiographic Equipment
- A. The operator should use the maximum source to skin distance consistent with the conditions of the radiographic examination.
 - B. Care of equipment
 - 1. Equipment should be cleaned with a disinfectant at least once per day.
 - 2. Care must be taken to prevent elevator and other doors from closing on units.
 - 3. Locks on equipment must be released before any part of the tube arm is moved.
 - 4. Do not make sharp bends with high voltage cables.
 - 5. Do not unplug any unit by pulling on charge wire, pull on plug only.
 - C. Battery powered units
 - 1. Units must be plugged into a standard 110 volt wall socket after use to insure full battery power in order to give correct and reproducible exposures.
 - D. Electrical powered units
 - 1. Portable C-arms must be plugged into a grounded Hubbel plug only.
 - 2. Units that are electrically powered must not be used on a wet surface.
 - 3. The capacitor discharge units must be plugged into 110 volt grounded receptacle when used.
NOTE: Care must be taken not to allow the units to contact the patient during exposure.
7. Radiation Surveys and Monitoring of Radiation Workers
- A. Radiation surveys of radiation producing equipment and radioisotope use areas will be conducted by the Radiation Safety Officer.
 - B. Employees of the Department of Radiology whose work assignments involve

working with or around radiation producing equipment or radioisotopes are required to wear a radiation exposure monitoring device.

- C. Dosimeter badges that estimate whole body exposure normally should be worn on the chest or abdomen.
- D. Radiation monitoring devices shall not be worn by the individual when exposed as a patient for medical or dental reasons
- E. Radiation monitoring devices are issued and collected by the Quality Control Manager at the first of each month and are forwarded to the Radiation Safety Officer. Each monitoring device will be worn for a period of one month.
- F. While not on duty, the monitoring device will be left at the work station on the dosimeter badge board.
- G. Dosimetry reports are received by the department on a monthly basis and are posted on badge boards located in each section of Radiology. They remain posted for one month at a time. These must be signed by each employee after they have reviewed their report.
- H. Past dosimetry reports are kept on file in the Quality Control Department.
- I. The Radiation Safety Officer shall monitor all occupationally exposed individuals.
- J. The Radiation Safety Officer will report excessive radiation exposure to the Radiation Control Council and the employee will be immediately informed. An investigation will take place for individuals with high exposure doses.
- K. A meeting will be held with the Radiation Safety Officer, Radiology Manager, and employee (or Program Director, Clinical Coordinator, and student) to discuss possible reasons for overexposure.
- L. The department adheres to the ALARA program.

8. Electrical and Mechanical Precautions

Equipment includes, but is not limited to, diagnostic equipment, patient monitoring devices, and patient transport units.

- A. All employees have the responsibility of being fully knowledgeable in the care and operation of the electrical and mechanical equipment used.
- B. Operating instructions and manuals will be maintained and be made available to employees.
- C. It is the responsibility of the Biomedical Equipment Department to perform scheduled, unscheduled and preventative maintenance on all electronic biomedical patient care equipment.
- D. Radiology personnel shall immediately remove from service any electrical device which has shocked a user or patient or is otherwise perceived as not operating properly.
- E. Radiology personnel will insure a properly filled out incident report is submitted in cases where accidents or near accidents have occurred.
- F. Personal electrical and electronic devices shall not be used in the vicinity of patients who are connected to IVs, catheters, or any other electrical connections that penetrate the skin.
- G. If a technologist / sonographer feel that there may be any malfunction whatsoever of diagnostic equipment, the patient is to be transferred to another room for completion of the exam.

- H. Any suspected malfunction of equipment is to be communicated to department personnel responsible for equipment service.
- I. Equipment suspected of malfunctioning is to be taken out of service until the problem has been resolved.
- J. In the event of an incident which results in injury as a result of equipment malfunction, mechanical or electrical:
 1. Render immediate care to the person involved.
 2. Make no adjustments to the equipment other than those absolutely necessary for patient care.
 3. Do not move or unplug the equipment (unless necessary to prevent further injury).
 4. Report problems to immediate supervisor.

9. Patient, Visitor, and Personnel Safety

Patient, visitor, and staff safety is everyone's responsibility. Use of the following safeguards is required to help assure patient safety:

- A. Lockable side-rails on stretchers and cribs.
- B. Sharps containers located in every room used for patient care.
- C. Patient identification system.
- D. Wheel brakes on wheelchairs and stretchers when parking or transferring patients.
- E. Never use your hands to compress trash in any trash container.
- F. Portable tanks of oxygen should be stored in designated areas in the department. Oxygen tanks are to be stored upright in such a manner that there is no possibility of a tank falling over.
- G. The location of crash carts and other emergency carts should be known by all department employees.

10. General Safety Rules

- A. Safety is everyone's business. Report to your supervisor any unsafe conditions.
- B. Anyone seeing foreign matter on the floor should be sure that it is removed at once.
- C. Report all injuries and secure immediate first aid if necessary.
- D. Walk don't run. Keep to the right in hallways, using extra caution at corridor intersections.
- E. Use caution with swinging doors.
- F. Comply with all radiation safety rules.
- G. Observe warning signs.
- H. Defective or broken equipment should be reported to your supervisor.
- I. Familiarize yourself with your work procedure and the safe practices to be followed.
- J. Know the hospital Safety and Emergency Preparedness Plan.
- K. Inspect all equipment daily in our assigned work area.
- L. Pay special attention to the safety of all patients being transported by wheel chair, stretcher, being placed onto examination tables or being removed from x-ray tables.
- M. Immobilization devices should be used when a patient must be held in position

- for proper positioning and study quality and/or reasons of safety, as appropriate.
- N. Special care should be taken when handling glass, needles and other sharp items.
- O. Never engage in horseplay or practical jokes.

FIRE PLAN

Upon discovering a fire, remember the **R.A.C.E.** acronym to initiate hospital response.

1. **Remove** anyone in immediate danger. At the same time:
2. **Activate** the nearest red alarm box, and **Dial 911 (inside hospital) or 9-911 (outside hospital)** to report fire location, type and size to the telephone operator. **Alert** co-workers of the fire location to prevent unknowing entry into a fire area.
3. **Confine** the fire and slow smoke spread by closing any windows which are safely accessible and the doors to the area as you leave.
4. **Extinguish** the fire if safely possible by smothering it or through use of a fire extinguisher. Do not attempt this unless you are trained in its correct use. **Evacuate** the patients and visitors to a place of safety. Try to relocate to an area on the same floor first. This is called *horizontal evacuation*. If this is not possible, then relocate to a lower floor. This is called *vertical evacuation*.

Once the a fire alarm has been activated, the communications operator will alert the hospital of an emergency condition by use of the annunciator signal and then announce the location of the alarm by way of the public address system, using the message **Code Red, Code Red, Report To (Location of Alarm)**. The operator will make this announcement twice.

FIRE ASSOCIATED INFORMATION

1. DETECTION OF FIRE AND ACTIVATION OF ALARMS

There are four (4) ways the fire alarm system is activated.

- a. **Manual Pull Station:** This is to be activated as soon as a fire is discovered or when smoke is present and the source cannot be located.
- b. **Smoke Detectors:** Hundreds of these are in the Grady. Most are mounted on the corridor ceilings. If one should activate, an indicator light energizes. When this occurs, check the rooms in the immediate proximity of the smoke detector for fire.
- c. **Heat Detectors:** These are set to activate when the temperature at the ceiling level reaches 165 degrees Fahrenheit. Most of these are not visible and are above the ceiling level.
- d. **Water Flow Detectors:** These sense water flowing through fire protection water pipes, which include stand pipes, sprinklers, and fire hoses.

NOTE: The activation of the fire alarm system is listed first in the chain of events of the fire plan. This is most important because of the events that take place following the activation of the alarm.

1. The fire alarm chimes ring and alert the hospital of a fire.
2. The telecommunications operator announces **Code Red, Code Red report to (area of alarm)**, informing the hospital of the

location of the alarm.

3. The system is directly linked to the Grady's Facilities Management, Public Safety, and Telecommunications Offices, and to the Atlanta Fire Department Dispatch Office. This means you get help. When the system is activated the Emergency Response Team and Fire Department arrive within minutes. The sooner you turn in an alarm, the sooner you get help.
4. The system releases fire and smoke doors, shuts off the ventilation on the area of the alarm, and also on the floor above and below.
5. The passenger elevators that travel in the alarm zone are "captured" and taken to the floor with the closest safe exit. The elevator doors lock open and do not return to normal service until the fire alarm system has been reset.

2. **CONFINING THE FIRE AND SMOKE**

After turning on alarm and removing persons from immediate danger, you must confine the fire and smoke by closing door(s) to the room where the fire is located. The corridor doors have a minimum fire protection rating, but they will stay intact long enough to allow emergency removal of patients and staff. If the doors were left open, smoke would rapidly fill the corridor and make evacuation very difficult. By closing the corridor doors and room windows in the fire area, you greatly reduce the ability of the fire to spread.

3. **EXTINGUISHING THE FIRE**

Upon discovering a fire, you need to assess the situation and make an immediate decision on fighting the fire.

The first things to use on a fire are items immediately available such as water from the patient's pitcher, a blanket or sheet, robe, pillow or anything that could smother or extinguish a fire. If you cannot put it out with those objects, you can slow it down and give yourself more time for action.

When you leave the room to get a fire extinguisher, shut the door. Smoke can fill a corridor surprisingly fast. When you return with the fire extinguisher, first feel the door close to the top, with the back of the hand, before opening. If it is warm to the touch or if you see smoke coming out from under the door, **don't open it**. Proceed with evacuation and leave firefighting to trained personnel.

If the door is cool and no smoke is obvious, then it may be opened slowly and the room entered only if it is a small fire. If the fire is large, shut the door and leave it for trained personnel. Should you get burned or overcome by smoke or heat, you become another situation with which to contend. We don't need injured heroes. Don't allow the fire to get between you and your way out.

Fire extinguishers and First-Aid fire fighting devices are designed for use by building occupants within the first few moments after a fire starts. At that time, the fire has not involved a great deal of fuel and is not extremely hot and can easily be extinguished.

Once a fire is allowed to burn for greater than 5 minutes, it builds heat to a point where other items in the area spontaneously ignite (called flash over). At this stage, it becomes dangerous and could be deadly if not handled properly by anyone other than trained fire fighters.

4. **PRINCIPLES OF FIRE**

In order to have a fire, three (3) criteria must be present in the proper proportions:

- (1) Fuel
- (2) Air
- (3) Heat

Remove any one or more of the three and the fire goes out.

5. **CLASSES OF FIRES**

CLASS "A" fires are ordinary combustibles. Firewood, paper, cloth, etc.

CLASS "B" fires are involve flammable liquids such as gasoline, grease, alcohol, acetone, xylene, etc.

CLASS "C" fires are electrical fires.

6. **TYPES OF FIRE EXTINGUISHERS**

CLASS "A" extinguishers are water filled and should only be used on class "A" fire. Never spray water on a flammable liquid or on an electrical fire.

CLASS "BC" extinguishers are used where the highest risk of fire is electrical or flammable liquid, such as chemical storage rooms, electrical switch gear rooms, and intensive care units. "BC" extinguishers are generally CO₂ or Halon. These are oxygen displacers and caution should be used in confined spaces as unconsciousness is possible.

CLASS "ABC" extinguishers are the most common for Grady. This is a dry chemical extinguisher that is rated for A, B, and C classes of fires.

7. **OPERATION OF FIRE EXTINGUISHERS**

REMEMBER:

- a. CLASS "A" fires - Water cools the fire and removes the heat.
Dry chemical smothers the fire.
- b. CLASS "B" fires - CO₂ smothers the fire by removing oxygen. Dry chemical blankets the liquid and smothers the fire.
Never use water on a flammable liquid fire; it will spread the fire.
- c. CLASS "C" fires - Cut off the power, removing the fuel catalyst.
CO₂ smothers the fire by removing the oxygen.
Dry chemical blankets and smothers the fire.

Never use water on an electrical fire, you could be shocked.

Determine what is burning and get the correct type of extinguisher. Most extinguishers in Grady are ABC rated dry chemical powder. In areas where we have monitoring or other electrical equipment, CO₂ extinguishers have been provided in addition to ABC.

Use the **P.A.S.S** method to extinguish the fire.

- a. **Pull** or twist the pin in the handle to remove it. Move in on the fire. Dry chemical effective range is 5 to 15 feet. CO2 effective range is 2 to 5 feet.
- b. **Aim** at the base of the fire.
- c. **Squeeze** the handle and
- d. **Sweep** in a side-to-side manner. Hit all sides of the fire but never allow it to get between you and your escape route.

****REMEMBER**** Fire extinguishers at Grady have at most about 45 seconds of operation time once activated.

8. **FIRE HAZARDS ON NURSING AREAS**

The main risk of fire in hospitals is careless smoking. Always enforce the NO SMOKING policy for patients and staff. Never allow smoking around oxygen by anyone, patient, visitor, or the patient in the next bed.

All vertical shafts present hazards; not only to nursing areas, but to all occupants. Vertical shafts are anything that penetrates the solid slab of each floor, such as stairwells, elevator shafts, linen chutes, trash chutes or any hole drilled between floors regardless of size.

All penetrations into a vertical shaft are protected by fire doors (the stairwell door, linen chutes, trash chutes, etc). It is very important that each of these fire doors open and close and latch on their own and are never blocked open. It is through these openings that fire and, particularly smoke, will pass. Most deaths associated with fires are caused by smoke inhalation. If these doors do not operate properly, it is your responsibility to see that Engineering is notified and the doors are repaired.

9. **EMERGENCY REMOVAL OF PATIENTS, VISITORS, AND STAFF**

During a fire, it will become necessary to relocate patients and staff to a safer part of the building. There is a big difference in removal of patients from areas of danger and evacuation of a building or area. Often these terms are confused. Emergency removal is just what it says - removing patients from immediate danger. The term "evacuation" is the removal of all persons from a building area or possibly from the entire building. Emergency removal of patients and area evacuation do overlap during certain advanced stages of a fire or when heavy smoke conditions are created.

The **emergency removal** should proceed in the following order:

- a. Remove those patients and visitors in the immediate vicinity of the fire.
- b. Account for all patients and visitors in the area.
- c. Simultaneously, shut all patient room doors to insure that patients and visitors who are removed last have fresh air to breathe until you can return to them.
- d. Collect and lead all ambulatory patients and visitors from the involved areas as a group. Someone should be assigned to stay with them as panic may result or patients may try to return to the area to get something they left.
- e. Remove wheelchair patients next.
- f. Last to be removed would be bed-fast patients.

- g. Gather medical records, census, and irreplaceable patient care material and equipment.
- h. **Account for all persons.**

Each floor of the hospital is sectioned into at least 3 compartments. These compartments are separated by heavy metal fire doors located by the elevator lobby. Other heavy metal fire doors may be located at the entrance to the clinic areas, hazardous locations and stairwells. By properly closing these doors you seal off the only opening between two sections of the same floor. The walls above the door go to the concrete floor above. The wall on either side of the door goes to the outside of the building.

For quick removal of non-ambulatory patients, move laterally behind fire doors, two sets of fire doors if possible. There are a number of patient carriers that could be used depending on the patient. The easiest for a single person is the blanket drag (dragging a patient on a blanket or sheet, head first, through fire doors to the other side of the building).

You may remove ambulatory patients and visitors from the floor by way of stairwells. Going down a minimum of 3 floors is a safe distance unless otherwise instructed by the Fire Department. When using stairwells for emergency removal, it is most important that stairwell doors be closed and latched when not in use. This prevents smoke from being sucked into the stairwell and rendering it unusable.

Never ride elevators during a fire. There are a number of reasons for this. Among them are:

1. The elevator may stop at the fire floor, exposing you to fire, heat and smoke.
2. The elevator shaft may be full of smoke. The air you breathe in an elevator comes from the shaft.
3. The fire may have an effect on the elevator controls and leave you stranded between floors.

10. **EVACUATION OF PATIENTS**

Evacuation of patients can range from removal of patients from a portion of a floor to the removal of all persons from the hospital. It may require the removal of patients by using carries, blanket drags, wheel chairs, stretchers, or even beds. The intensity of a fire and smoke will usually govern the degree of care that can be taken when evacuation is ordered.

The decision of when to evacuate will be made by the Fire Department officer in charge of the fire emergency or before his arrival by the Senior Administrative Officer at the hospital.

During an evacuation, consideration must be given to the visitors also. When the alarm is sounded, they should be reassured and directed to remain in the patient's room with the doors closed. If deemed necessary, they may be escorted to the ground floor lobbies, or directed to leave the building.

Removal of patients from the hospital is only a part of the evacuation plan. The

following procedure is important during the evacuation:

- a. Patient records being removed with the patients.
- b. Ambulance services, funeral homes, and civil defense organizations should be called upon to provide needed transportation.
- c. **Do not panic.** Know what you must do and act accordingly.
- d. Close all doors to rooms, stairwells, and hazardous areas. Fire doors and corridor smoke division doors must be closed as soon as the fire alarm is sounded.
- e. **Do not use elevators** unless authorized to do so by the Fire Department officer in charge.
- f. Be ready to shut down all equipment that might tend to spread the fire such as ventilation systems (Engineering responsibility).
- g. **Lights and power should remain on.**
- h. Dispensing of gases (oxygen, anesthetics, etc.) should be discontinued unless vital to the saving of life. Piped oxygen systems should be controlled or shut off outside the fire area. Compressed gases stored near the fire should be removed.
- i. Special attention should be given to nurseries, intensive care areas, restrained patients, and mental patients.
- j. The fire area must not be overloaded with personnel. Only those persons necessary should be there. If additional personnel are needed, they should be called upon from departments or services.
- k. Personnel reporting to the fire area must report to the person in charge. Individual action can be hazardous if not properly directed.

DISASTER PLAN

The President/CEO and Senior Vice President/Medical Affairs, or in their absences their designees, will have the authority and responsibility for declaring a medical emergency existing at the hospital and for implementation of the hospital's disaster plan.

In the event a disaster situation is declared, personnel on duty at that time will do the following:

1. Station a portable x-ray unit in the emergency area (Emergency Department).
2. Station a portable x-ray unit in the recovery room area.
3. Maintain a separate log sheet for disaster patients. In most cases, these patients will be assigned a disaster number rather than a name. This identification will be on a tag in most cases attached to the patient's wrist.
4. Insure that once the radiographs are finished and readings given, the patient and reports are to be sent to the area designated on the identification tag - it may not be the emergency area.

Staff not on duty at the time a disaster situation is declared may be contacted to report to duty if the need for more personnel is deemed necessary. Personnel will be notified through the department's fan-out procedure. This will be initiated by the administrator or his/her designee.

In a disaster situation, the Emergency Radiology resident on duty will be notified who will then notify the Chief of Service, the Chief Resident, the Staff Radiologist on general call, the

Neuroradiology fellow, and abdominal imaging fellow (body CT). The fellows on call will contact their respective staff members immediately. Overall coordination is the responsibility of the Chief of Service or his designee.

The hospital also holds disaster alert drills. At these times, the fan-out procedure will be initiated to determine staff availability in the event of a real disaster situation.

TORNADO PLAN

The most tornado resistant areas in Grady Health System are in the basement. However, it is not practical to relocate all patients to the basement in the event of a tornado and hence, we must use the safest areas on each floor.

TORNADO WATCH means that weather conditions are such that a tornado may develop. During a tornado watch you are expected to review the Tornado Plan and make preparations should activation of the plan become necessary.

TORNADO WARNING - means that a tornado has been sighted and may affect areas stated in the news bulletins. During a tornado warning you are expected to immediately carry out the tornado plan after the Senior Administrative Officer on duty gives the order to implement the plan.

- a. Move patients away from exterior walls containing windows and into center halls, if feasible. The Clinical Manager will supervise the execution of the Tornado Plan for the area.
- b. Locate patients where privacy curtains may be dropped between patients and windows.
- c. All patients and personnel should turn backs to glass areas, sit on the floor (if possible), and cover head, face, and body with coats, pillows, and blankets, for protection against flying missiles.
- d. Where practical, all occupants should relocate to the "E" or "F/G" corridors and away from windows.
- e. All exterior doors and windows shall remain closed. There is no need to open exterior doors and windows.
- f. All interior doors (except fire doors) should be closed.
- h. Persons are advised not to leave the building.

IF IN THE CLASSROOMS:

In the case of a Tornado Warning, all persons should evacuate their offices or classrooms, go to first floor or basement, then sit or stand in a glass-free area (such as center hallway) until notice that the warning is over.

GRADY HEALTH SYSTEM EMERGENCY CODES

Grady Health System follows the Georgia standardized codes used in the Hospital Emergency Incident Command System:

Cardiac Arrest
Fire

Code Blue
Code Red

Infant Abduction	Code Pink
Bomb Threat	Code Grey 1
Hostage	Code Grey 58
Hazardous Materials Release	Code Orange
Disaster Plan Activation	Code Triage: This code wording applies to an internal or external emergency; including a partial or full hospital evacuation.
Tornado Watch	Warning: "Fulton County is under a tornado watch"; conditions are right for a tornado
Tornado Warning	Warning: "Fulton County is under a tornado warning"; a tornado has been sighted

DISCIPLINARY POLICIES

THREE-MONTH PROBATIONARY PERIOD

If a student's academic or clinical performance does not meet prescribed standards during the **first semester** of training, he/she will be subject to dismissal from the program.

Each program reserves the right to dismiss a student during this time for any of the following reasons:

- Inability to maintain satisfactory grades
- Poor attendance - excessive lateness and/or absenteeism in class or clinical
- Insubordination
- Unprofessional conduct
- Failure to develop those qualities considered essential to medical ethics
- Poor clinical progress

PROBATION

A student's continued enrollment in the School is subject to the decision of the Program Director and other designated faculty. If academic and clinical grades are not satisfactory, if the student is in noncompliance with rules of the School and, if the best interests of the School and the student are not being served, the student will be subject to Probation.

ATTITUDINAL/DISCIPLINARY PROBATION

A student who fails to display professional conduct, is insubordinate in verbiage or action, fails to utilize time and talents, or fails to develop those qualities considered good ethical practices in any semester will be placed on attitudinal/disciplinary probation.

CLINICAL PROBATION

A student who fails in any quarter to attain a "B" average (80%) in clinical rotations or competency evaluations; is excessive in sickness, lateness, and/or absenteeism; or displays unethical performance in patient care and/or departmental procedures and relationships will be placed on **clinical probation**. If a student has been placed on Clinical Probation for more than **two semesters** for the Schools of Radiologic Technology, or one semester for the School of

Radiation Therapy, the student will be subject to further disciplinary action **up to and including termination**.

ACADEMIC PROBATION

A student who obtains less than a “C” (75%) in any academic course or has excessive classroom absenteeism will be placed on **academic probation**, regardless of previous average. Students on probation will be expected to concentrate their energies upon their studies in order to bring their work to the required standard. Academic Probation **shall not exceed two semesters** for the School of Radiologic Technology, or one semester for the School of Radiation Therapy. Failure to achieve satisfactory standards will result in **termination** from the program.

TERMINATION

The faculty reserves the right to dismiss any student who, in their estimation, does not demonstrate a serious intent as indicated by his/her poor attitude and/or professional behavior, low cumulative or semester grade point average, or deficient clinical performance **no matter at what point they are in training**. Termination from the program may be appealed according to the Due Process and Appeal Mechanism. A student’s decision to withdraw from the program in lieu of termination cannot be appealed.

The student will be subject to termination if he/she:

1. exhibits **unethical/unprofessional behavior**;
2. receives a **failing grade** in any **academic course**;
3. receives a **failing grade** in **clinical education** course;
4. has **excessive absenteeism** (see Clinical Education Handbook time and attendance policies);
5. **fails to pass** the prescribed number of **clinical competencies** (see Clinical Education Handbook policies); or
6. exceeds Clinical and/or Academic **probation limits**.

STUDENT COUNSELING

Instructor/student conferences are held with students whenever necessary. The conferences are documented for students and copies of the data are placed in the students’ files.

- a. If it becomes necessary to take further action other than an instructor/student conference, the situation is documented and given to the Program Director, for consultation with the student.
- b. If disciplinary action is required, resulting in the form of warnings, probation, suspension or dismissals, this action is the responsibility of the Program Director. The following procedure is followed:
 - 1) A conference is to be held with the student and documented on a Student Corrective Disciplinary Action form.
 - 2) If the student wishes to appeal the decision, it must be done within **twenty-four (24) hours**. This appeal is to be written and addressed to the Executive Faculty Committee (see Due Process and Appeal Mechanism).

PROBLEMS AND COMPLAINTS

Grady Health System regards its students with great pride and satisfaction, realizing them to be among its most important assets. The hospital shall always attempt to maintain and preserve a good training atmosphere, for each student is serving in an important position, working and training for the overall goal of quality patient care. There will be occasions when problems and complaints arise. The hospital wants each student to be treated equally and justly. The important thing is that these problems and complaints be discussed so that a solution can be reached. Most problems can be solved, but if they are not discussed they usually become more serious. It is the responsibility of everyone to help maintain a good and pleasant training situation.

The Schools of Radiation and Imaging Technologies have adopted the following procedure to handle problems and complaints:

1. Any student who has a problem or complaint concerning his/her training or any other matter should take it up with his or her immediate supervisor or instructor within **three (3) days** of the occurrence.
2. If the problem or complaint is not satisfactorily resolved by the immediate supervisor or instructor within **three (3) days** after the matter is presented to him or her, the instructor will arrange for the student to talk with the Training Coordinator/ Clinical Supervisor who, in turn, will listen to the suggestion or complaint and attempt to work out a satisfactory solution.
3. If the matter is not satisfactorily settled by the Training Coordinator/Clinical Supervisor within **three (3) days** after the matter is presented to him/her, the student may obtain an appointment with the Program Director, who will look into the matter and resolve it in a fair and equitable manner within **three (3) days**. If the dispute continues, the decision will be given to the Executive Faculty Committee for disposition according to the Due Process and Appeals mechanism.

DUE PROCESS AND APPEAL MECHANISM

Following the decision of the Program Director, an appeal may be filed with the Executive Faculty Committee within **twenty-four (24) hours**. The Executive Faculty Committee will meet within **three (3) days**. If necessary, the Executive Faculty Committee can call on the Program Director for comments, clarification, etc. After receiving requested information and hearing comments, the Executive Faculty Committee will make a decision within **three (3) days** to either let the Program Director's decision stand or make recommendations toward further action.

The Committee for the School of Radiologic Technology is composed of two members:

1. Administrative Director, Imaging Services (Chairman)
2. Medical Director/Advisor, School of Radiologic Technology

The Committee for the School of Radiation Therapy is composed of two members:

1. Education Manager, Radiation and Imaging Technologies (Chairman)
2. Medical Director/Advisor, School of Radiation Therapy

When an appeal of the decision of the Executive Faculty Committee is requested, the student must contact the Administrative Director of Imaging Services who will meet with the student

within **three (3) days** to consider their comments, etc. If necessary, the Administrative Director may call on the Executive Faculty Committee for comments, clarification, etc. After receiving requested information and hearing comments, the Administrative Director will make a decision within **three (3) days** to either let the Executive Faculty Committee's decision stand or make recommendations toward further action.

If a dispute continues, the decision will be submitted to the Executive Vice President/ Chief Operating Officer, for final disposition within **three (3) days**. The decision of this individual will be **final**.

If the complaint concerns the School being in suspect of substantial noncompliance with the *Standards* or not following established accreditation policies, Radiography and Radiation Therapy students have the right to seek counsel with the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606, (312) 704-5300, mail@jrcert.org, www.jrcert.org.

STANDARDS OF BEHAVIOR AND PERFORMANCE

It is the policy of Grady Health System that all employees and students are expected to follow the Health System's standards of behavior and performance. Noncompliance with these Standards must be remedied and will be subject to disciplinary actions, up to and including termination. Grady reserves the right to discipline and terminate employees and students based on conduct which, in its discretion, is believed to be inappropriate.

Criminal Background Checks

Grady Health System reserves the right to perform periodic criminal background checks for the duration of your affiliation with Grady. The background checks will be conducted in accordance with Grady Health System policies and procedures and/or regulatory agencies that have governance over Grady Health System.

Guidelines

The Schools of Radiation and Imaging Technologies reserve the right to impose appropriate disciplinary action at their sole discretion. The Schools will administer discipline fairly and impose progressive discipline when appropriate.

1. General Guidelines
 - a. All discipline will be administered without regard to race, color, sex, sexual orientation, age, religion, national origin, disability, or other protected categories.
 - b. Work rules and application of discipline apply to all students.
 - c. The application of discipline will be equitable and impartial.
 - d. Student discipline will be subject to the Due Process and Appeals Procedure.
2. Types of Discipline - The degree of corrective action taken in cases of misconduct is within the sole discretion of the Schools of Radiation and Imaging Technologies of Grady Health System. The types of discipline recognized by the Schools include verbal warnings, written warning/reprimands, written reprimand with suspension for up to 5 days, and termination.
3. All Student Corrective Disciplinary Action forms will be maintained in a student's file and may be

considered in determining future disciplinary action.

4. A Student Corrective Disciplinary Action form is completed whenever the faculty member discusses performance problems with a student. This report is reviewed and signed by the student and a copy retained in the student's file.
5. Whenever more severe disciplinary action (reprimand or suspension) is required, the faculty member will prepare a Student Corrective Disciplinary Action form, which is reviewed and signed by the student and a copy is retained in the student's file.
6. All Student Corrective Disciplinary Action forms that result in reprimand, suspension, or termination are reviewed with the Education Manager/Program Director before issuing the disciplinary action.

Rules of Personal Conduct

Certain guidelines of personal behavior for all employees and students are essential for the safe and orderly operation of the Grady Health System. All employees and students are to use common sense and abide by standards of honesty and decency accepted by all good citizens.

1. **Behavior which will result in immediate termination.**
Listed below are examples of behavior that will not be tolerated.
 - a. Continuous absence of three (3) consecutive days without notification to the school (considered a "voluntary resignation");
 - b. Revealing or unauthorized removal of any confidential information and/or documents as prohibited by the Health System's ethics policy, other departmental policies, or applicable laws or regulations;
 - c. Falsifying patient medical records, Grady Health System records;
 - d. Falsifying student attendance records, clinical affiliate records, student application and admission records, signing in/out for another student's attendance record, withholding any pertinent information relevant to school or hospital records, or making fraudulent statements;
 - e. Giving false explanation of absence or submitting false documentation;
 - f. Reporting to duty in an intoxicated or drugged condition; possessing or drinking alcoholic beverages, intoxicants, or any kind of illegal or unauthorized drugs on Grady premises; violation of the substance abuse policy; selling drugs or alcohol on hospital property;
 - g. Threatening or fighting or attempting to inflict bodily injury on any person while on Grady premises;
 - h. Cheating, plagiarism, falsifying, or knowingly passing off work of another as one's own. Cheating includes acquiring, receiving, or passing on information about the content of an examination knowingly prior to its authorized release or during its administration;
 - i. Failure of academic or clinical courses during any part of training;
 - j. Possession of controlled substances.
 - k. Arrest or conviction of a criminal offense involving matters prejudicial to the effective performance as a student in the School;
 - l. Violation of HIPAA's Minimum Necessary Rule (access of protected health information only on a *need-to-know basis* for carrying out your specific job duties); accessing your own medical records or the medical records of relatives or friends; taking any picture in the clinical setting with an electronic device; or other breach

of patient confidentiality.

2. **Behavior which may result in immediate suspension.** These and other similar acts may result in automatic suspension **up to five (5) days**.
 - a. Committing acts of negligence that may result in injury to others;
 - b. Violation of safety practices or careless acts;
 - c. Unauthorized removal or possession of Grady Health System property or private property of another (stealing); misappropriation of Health System's funds;
 - d. Possessing weapons, firearms, ammunition, firecrackers, etc. on Grady premises;
 - e. Intentional or negligent damage to Grady property; wasting supplies and materials intentionally; defacing Grady property or equipment; misusing or abusing Grady property; unauthorized operation or attempted repair of equipment;
 - f. Insubordination, including the refusal to perform assigned work; failure to comply with instructions or job duties; refusal to follow any reasonable request made by a supervisor or school faculty member;
 - g. The use of profane or abusive language or behavior toward or in the presence of others. Failure to comply with general standards of employee/student conduct, include rude and discourteous behavior;
 - h. Gambling on Health System premises;
 - i. Leaving clinical area during assigned rotation without proper notification and approval of School faculty member; leaving the hospital premises during clinical hours without permission, or leaving early without permission;
 - j. Immoral conduct;
 - k. Coercing, bribing, inciting, or otherwise inducing employees or students to engage in any practice in violation of Grady Health System rules or in restriction of hospital operations;
 - l. Off-duty misconduct that may subject Grady Health System or the School to discredit and/or impact work or school performance;
 - m. Sleeping on clinical duty;
 - n. Rude, disrespectful and/or discourteous behavior;
 - o. Action that causes a patient or the Health System severe harm or loss;
 - p. Operating equipment in a careless or dangerous manner while on the job;
 - q. Failing to report any disease you may have that may endanger any other person;
 - r. Engaging in any form of sexual harassment or other forms of harassment;
 - s. Violation of the "intimate care" policy; or other ethics/compliance policies;
 - t. Other conduct or similar offenses which in the sole judgment of management are sufficient for termination;
 - u. Smoking or use of smokeless tobacco products in prohibited areas.
 - v. Failure to maintain licenses or certifications/credentials.
3. **Acts that an employee or student may receive disciplinary action other than termination.**

Listed below are examples of other acts that cannot be tolerated by the Health System. Generally, a violation of one of these rules will result in **progressive discipline**. On the first offense, the student may receive written counsel (documented verbal) or a written warning. On the second offense, the student will be subject to a **written reprimand, with or without suspension up to 3 days**. On the third offense, the student will be subject to **termination**. However, depending on the severity of the offense, more severe action may be taken on any of the below listed violations:

- a. Making adjustments to the clinical rotation schedule without permission; working makeup time without permission; refusal to work when legitimate occasional emergencies or special assignments exist when requested by your supervisor to do so; failure to clock or sign yourself in upon reporting to work or failure to clock or sign yourself out upon leaving for the day.
- b. Excessive absence and/or lateness in reporting for clinical rotation.
 1. Excessive unauthorized absence within a semester.
 2. Excessive lateness within a semester.
 3. Consistent patterns of lateness under 7 minutes may also result in disciplinary action;
- c. Stopping clinical or making preparation to leave clinical before a specified time, such as breaks, lunch, end of the day; taking extended lunch and/or breaks;
- d. Failure to notify supervisor or instructor of absence or lateness from clinical prior to the shift in a timely manner;
- e. Failing to properly report an accident or injury or violation of the safety rules;
- f. Failing to follow Health System or school dress standards and health/sanitation regulations; poor personal appearance/hygiene; having the obvious odor of alcohol or intoxicants on one's person; failure to wear ID badge and/or dosimeter;
- g. Soliciting on Grady property or failing to follow the bulletin board policy;
- h. Acceptance of gifts in violation of hospital policy;
- i. Violation of other policies, procedures, and standards set by the Grady Health System;
- j. Unsatisfactory quality or quantity of work performance indicative of the level of training as demonstrated by clinical evaluations, or involvement in unprofessional incidents occurring within the department;
- k. Disregard of assigned housekeeping tasks;
- l. Failure to turn in a competency form to the clinical instructor immediately following a check-off with a technologist or failure to give the technologist the competency form to fill out within 48 hours of completing the competency exam.
- m. Excessive use of telephone for personal use (except in cases of emergency);
- n. Violation of fire or safety regulations;
- o. Creating or contributing to unsanitary or unattractive conditions anywhere on Health System property;
- p. Wearing earphones or listening to loud music; use of cell phone, pager, or electronic devices during class or clinical hours;
- q. Failure to attend classes or student inservices without authorization;

- r. Eating in employee work areas, hall or corridors, or where employees meet patients and visitors;
- s. Causing a nuisance because of excessive interference from creditors, family, friends, visitors, etc;
- t. Making inappropriate posts on social networking sites, such as defamatory remarks about Grady Health System, the School, staff including those at clinical affiliate sites, fellow classmates, instructors, etc.
- u. Other acts or offenses deemed inappropriate.

Implementation of discipline

The above-described rules are merely examples of conduct, which cannot be tolerated and do not in any way limit the ability of the Health System or school to discipline or discharge an employee or student for any conduct, depending on the circumstances.

The Health System may add to or change its Standards of Behavior and Performance without notice. Nothing in this policy is intended to limit the type of conduct that may result in disciplinary action.

Nothing in these policies is intended to create any obligation to the Health System to provide pre-disciplinary procedures. No employee or student has the right to any form of pre- or post-disciplinary procedures.

ACADEMIC EDUCATION

CLASS RESPONSIBILITY

Class schedules for the semester are posted and are also included in this handbook. Classroom attendance records are maintained daily. Students are allowed 3 class cuts in classes that are held twice a week. Students are allowed 2 class cuts in courses that are held once a week. After a student has been late to class 3 times this will count as one class cut for every 3 late occurrences. After a student has been late to class 2 times, this will count as one class cut for every 2 late occurrences. Any class time missed over the allotted number will result in 1 point being deducted per occurrence from the final grade for that course.

A student who must miss class must call to notify the instructor of the course *before* the class begins.

The student is responsible to the instructor for all class work missed. Classes begin on time and you are expected to be there on time. The instructor of the course may elect to give a "Zero" for any course work not turned in. Students may NOT miss an assigned test without prior discussion with the instructor. All **cell phones, pagers, and electronic devices** must be turned **to silent**. Students must wear uniforms during class.

ABSENCE FROM EXAMINATION

A student who must miss a scheduled examination must **call** to notify **the instructor of the course** before the scheduled exam time (for Radiation Therapy, the Program Director must also be notified). A student who fails to take a required examination at the scheduled time may **not** make up the examination without permission from the instructor of the course. Deferred examinations must be taken the **first day** following the absence. Permission to make up an examination will be granted only for illness or other dire reason. Documentation (i.e. doctor's note, court summons, etc.) must be submitted to validate the absence. If the student does not present documentation for the absence, the instructor has the option of giving a "0" for failure to take an examination on the scheduled date, or may levy a penalty against the student as determined by the instructor of the course.

GUEST SPEAKERS

Members of the hospital staff, physicians, and various outside speakers may also be invited to give lectures concerning their respective fields of medicine. These lectures may sometimes replace regular scheduled classes. Since these lectures may be required, an examination may be given on the material presented.

GRADING SYSTEM

The following system of grading is used:

A – Excellent	=	90	-	100%
B - Good	=	80	-	89%
C - Marginal	=	75	-	79%
D - Poor	=	70	-	74%
F - Failure	=			Below 70%

*Some Clinical Competencies are based on a Pass(P)/Fail(F) scale

Students receive an academic and clinical grade report at the end of each semester/quarter. Academic and Clinical grades are listed separately, are weighted by credit hours, and are averaged for a semester GPA. The student is individually counseled concerning their academic and clinical training on a weekly,

monthly, quarterly, semester basis as needed.

ACADEMIC INTEGRITY

Academic integrity is an integral part of learning. Any infraction of this honesty policy is detrimental to the student's education and to the integrity of the school. The following cases of dishonesty are strictly forbidden:

1. Plagiarizing any assignment. *Plagiarism* means using someone else's ideas or words without using quotation marks and/or giving credit by citation of source(s).
2. Copying / submitting another person's work.
3. Unauthorized taking of someone else's work.
4. Using unauthorized notes or equipment (including programmable calculators) during an examination.
5. Stealing an examination or using a stolen examination.
6. Allowing another student to have access to your work, thereby enabling that student to represent the work as his or her own.
7. Having someone else take a quiz or exam in your place.
8. Fabricating information such as data for patient log sheets.
9. Falsifying a patient's medical record or a student's clinical record.
10. Using another person's file or flash drive or copying another student's computer program.

Instructors may use **any one or more** of the following disciplinary measures for a case of dishonesty:

- A zero for the assignment.
- An "F" for the course, resulting in dismissal from the program.
- Recommendation of dismissal from the program.

SCHOOL ASSIGNMENTS AND COURSE REGISTRATION

Course syllabi, assignments and handout may be accessed online. It is the student's responsibility to print out or download these documents for class. Students may access these documents on the school computers and utilize the school's printer. Students must bring their own paper when using the school's printer. The web site is: www.gradyhealth.org/img_school or www.engage.com per instructor directions. Course Registration is required prior to the start of the semester. Your user name is your first and last name (as one word), your password is your 3 initials

SCHOOL OF RADIATION THERAPY COURSE DESCRIPTIONS

Orientation: This course introduces the student to the Grady Health System and the School of Radiation Therapy. This includes a brief introduction to key personnel, course registration, ID badge issuance, parking arrangements, student handbook policies and procedures, and required in-service education for radiation protection, general safety procedures, blood borne pathogens, and HIPAA compliance.

Introduction to Radiation Therapy: This course introduces the student to the radiation therapy profession. Emphasis is placed on the multi-disciplinary approach to cancer management and the role of a Radiation Therapist. Topics include organization of the hospital, the cancer care team, medical ethics, introductory law, communication and cultural diversity, death and dying, the history of radiation therapy, simulation and

imaging technology, treatment technology, dosimetry and treatment planning, radiation protection, record management and operational issues, quality control, and computer utilization.

Patient Care I: This course is the first in a two-course sequence that is a review of basic nursing skills and oncology nursing procedures. Emphasis is placed on assessment and management of patients for general medical conditions and patients with cancer. Topics include medical terminology, acquisition and evaluation of vital signs and laboratory test results, body mechanics, infection control and Standard Precautions, medical equipment handling, specimen/biopsy collection, pharmacology, common medical/oncology emergencies, cancer screening and prevention, patient and community education, and quality management.

Patient Care II: This course is the second in a two-course sequence that provides an in-depth study of basic nursing skills and oncology nursing procedures. Emphasis is placed on assessment and management for general medical conditions and patients with cancer. Topics include general and site-specific radiation induced side effects, pain management, myelosuppression, chemotherapy, care for patients receiving brachytherapy, and protocols/clinical trials.

Principles & Practice of Radiation Therapy I: This course is the first in a two-course sequence that introduces the principles of equipment operation and the practice of radiation therapy procedures. Emphasis is placed on medical imaging and processing, nomenclature, simulator operation, linear accelerator operation, other radiation therapy treatment (i.e. Cobalt 60), maintenance of treatment records, treatment delivery and documentation, and interpretation of treatment plans.

Principles & Practice of Radiation Therapy II: This course is the second in a two-course sequence that provides an in-depth study of the principles of equipment operation and the practice of advanced radiation therapy procedures. Emphasis is placed on block fabrication, patient immobilization, accessory devices, QA testing parameters, brachytherapy, safety and protection.

Patho-Oncology I: This course is the first in a three-course sequence that introduces the principles of pathophysiology, carcinogenesis, and neoplasia. Emphasis is placed on cancer development in relation to specific anatomical sites; including nomenclature, etiologic factors, epidemiology, pathology, diagnostic work-up, tumor grading and staging, patterns of spread, treatment options, and prognosis. Topics include malignancies of the respiratory, urinary, reproductive (male/female), and central nervous systems.

Patho-Oncology Lab I: This lab component progressively provides an in-depth study of principles of patient simulation and treatment techniques for the topics included in Patho-Oncology I.

Patho-Oncology II: This course is the second in a three-course sequence that provides an in-depth study of the principles of pathophysiology, carcinogenesis, and neoplasia. Emphasis is placed on cancer development in relation to specific anatomical sites; including nomenclature, etiologic factors, epidemiology, pathology, diagnostic work-up, tumor grading and staging, patterns of spread, treatment options, and prognosis. Topics include leukemia and malignancies of the digestive system, breast, and head and neck.

Patho-Oncology Lab II: This lab component progressively provides an in-depth study of principles of patient simulation and treatment techniques for the topics included in Patho-Oncology II.

Patho-Oncology III: This course is the third in a three-course sequence that provides an in-depth study of the principles of pathophysiology, carcinogenesis, and neoplasia. Emphasis is placed on cancer development in relation to specific anatomical sites, including etiologic factors, epidemiology, pathology, diagnostic work-up, tumor staging, treatment options, and prognosis. Topics include malignancies of the endocrine, lymphatic, musculoskeletal, integumentary, and circulatory systems, as well as pediatric and oncologic emergencies.

Patho-Oncology Lab III: This lab component progressively provides an in-depth study of principles of patient simulation and treatment techniques for the topics included in Patho-Oncology III.

Radiobiology: This course provides an in-depth study of the biological effects of ionizing radiation on living cells/tissues. Emphasis is placed on analysis and interpretation of data from cell survival and dose response curves. Topics include cell biology, structure and function of DNA and chromosomes, the cell cycle, cell/tissue sensitivity and response to radiation, tolerance doses, modification of cell/tissue response to radiation, acute and chronic effects of radiation on various organs and systems, radiation syndromes, somatic and genetic effects of radiation, risks to the embryo and fetus, federal radiation protection standards, and new radiation modalities and treatment techniques.

Physics I: This course is the first in a three-course sequence that is a review of mathematics and the fundamental principles of physics as they relate to diagnostic radiography and radiation therapy. Emphasis is placed on applications involving equations and inequalities, polynomials, rational, exponential, logarithmic, analytic trigonometry functions, and graphing and data analysis/modeling. Topics include units of measurement, principles of mass, force, and energy, structure of atoms and matter, the nature of radiation, electromagnetic radiation, electricity and magnetism, rectification, X-ray tubes and circuits, radiation interactions with matter, the production, properties, and characteristics of radiation, qualities of radiation beams, and measurement of absorbed dose.

Physics II: This course is the second in a three-course sequence that provides an in-depth study of advanced principles of physics as they relate to radiation therapy. Emphasis is placed on selection and application of appropriate charts, isodose curves, and formulas necessary for dose determination and calculations for simple external photon, electron, and other particle beams, as well as consideration, evaluation, and implementation of optimal treatment planning. Topics include radiation therapy treatment units, isodose curves, treatment planning data acquisition, dosimetric considerations, methods of dosimetry calculations, stereotactic radiosurgery, 3-D conformal therapy, IMRT, and other emerging technologies.

Physics III: This course is the third in a three-course sequence that provides an in-depth study of complex principles of physics as they relate to radiation therapy. Emphasis is placed on selection and application of appropriate charts, isodose curves, and formulas necessary for dose determination and calculations for intermediate and complex external photon, electron, and other particle beams, as well as consideration, evaluation, and implementation of optimal treatment planning. Topics include dose distribution and scatter analysis, detection and measurement of ionizing radiation, radioactivity, brachytherapy, radiation protection, equipment calibration, and quality management.

Treatment Planning I: This course is the first in a two-course sequence that is designed to introduce clinical dosimetry and treatment planning procedures. Emphasis is placed on selection and application of appropriate charts, isodose curves, and formulas necessary for dose determination and calculations for simple external photon beams, simple field arrangements, determination of treatment planning options relative to the tumor site and modality selected, beam manipulation, and basic quality management.

Treatment Planning II: This course is the second in a two-course sequence that provides an in-depth study of advanced clinical dosimetry and treatment planning procedures. Emphasis is placed on selection and application of appropriate charts, isodose curves, and formulas necessary for dose determination and calculations for intermediate and complex external photon and electron beams, intermediate and complex field arrangements, determination of treatment planning options relative to the tumor site and modality selected, beam manipulation, brachytherapy procedures, and advanced quality management.

Case Study I: This course is the first in a three-course sequence that is designed to encourage life-long

learning through independent investigation and development of research techniques and documentation styles. It includes development of professional communication skills in oral presentations and classroom discussion. Emphasis is placed on research, listening, critical reading, thinking, analyzing data, interpreting and synthesizing information, summarizing, paraphrasing, and incorporating research findings into a case study. Topics include case studies of malignancies of the reproductive (male/female), urinary, respiratory, and central nervous systems.

Case Study II: This course is the second in a three-course sequence that is designed to encourage life-long learning through independent investigation and development of research techniques and documentation styles. It includes development of professional communication skills in oral presentations and classroom discussion. Emphasis is placed on research, listening, critical reading, thinking, analyzing data, interpreting and synthesizing information, summarizing, paraphrasing, and incorporating research findings into a case study. Topics include leukemia and malignancies of the digestive system, head and neck, and breast.

Case Study III: This course is the third in a three-course sequence that is designed to encourage life-long learning through independent investigation and development of research techniques and documentation styles. It includes development of professional communication skills in oral presentations and classroom discussion. Emphasis is placed on research, listening, critical reading, thinking, analyzing data, interpreting and synthesizing information, summarizing, paraphrasing, and incorporating research findings into a case study. Topics include malignancies of the lymphatic, musculoskeletal, and integumentary systems, as well as pediatric, ocular, and oncologic emergencies.

Sectional Anatomy - The course consists of the study of sectional human anatomy as related to computer enhanced imaging. The course covers all parts of the body in sagittal, coronal, and axial planes. Emphasis is placed on anatomy and pathology as demonstrated in CT, MRI, Ultrasound, and PET/CT images. A complete understanding of basic human anatomy is necessary.

Registry Review I: This course is designed to provide a comprehensive review of course material in preparation for the ARRT Examination in Radiation Therapy. Topics include course material from Introduction to Radiation Therapy, Patient Care I and II, and Radiobiology.

Registry Review II: This course is designed to provide a comprehensive review of course material in preparation for the ARRT Examination in Radiation Therapy. Topics include course material from Principles and Practice of Radiation Therapy I, II, and III, Path-Oncology I, II, and III, Physics I, II, and III, and Treatment Planning I and II.

Clinical Education I: This course is the first in a four-course sequence that provides the student with practical clinical experience with direct supervision. Emphasis placed on the development of professional ethics, medical-legal issues, communication skills, patient care and assessment, professional development, block fabrication, patient immobilization, radiation protection, and technical competence in basic simulation and treatment procedures. Student will progressively develop critical thinking, problem-solving, and clinical skills and behaviors necessary to demonstrate successful completion of clinical objectives and competencies.

Clinical Education II: This course is the second in a four-course sequence that provides the student with additional practical clinical experience with direct supervision, while encouraging a more independent level of performance. Emphasis placed on the development and refinement of professional ethics, medical-legal issues, communication skills, patient care and assessment, professional development, block fabrication, patient immobilization, radiation protection, technical competence in advanced simulation and treatment procedures, and basic treatment planning procedures. Student will progressively develop critical thinking, problem-solving, and clinical skills and behaviors necessary to demonstrate successful completion of clinical objectives

and competencies.

Clinical Education III: This course is the third in a four-course sequence that provides the student with additional practical clinical experience with direct supervision, while encouraging a progressively more independent level of performance. Emphasis placed on the development and refinement of professional ethics, medical-legal issues, communication skills, patient care and assessment, professional development, block fabrication, patient immobilization, radiation protection, technical competence in complex simulation and treatment procedures, advanced treatment planning procedures, and basic quality management. Student will progressively develop critical thinking, problem-solving, and clinical skills and behaviors necessary to demonstrate successful completion of clinical objectives and competencies.

Clinical Education IV: This course is the fourth in a four-course sequence that provides the student with additional practical clinical experience with direct supervision, while encouraging a level of performance expected of an entry-level Radiation Therapist. Emphasis placed on the refinement of professional ethics, medical-legal issues, communication skills, patient care and assessment, professional development, block fabrication, patient immobilization, radiation protection, technical competence in complex simulation and treatment procedures, complex treatment planning procedures, and advanced quality management. Student will progressively develop critical thinking, problem-solving, and clinical skills and behaviors necessary to demonstrate successful completion of clinical objectives and competencies.

ACADEMIC CALENDER AND CREDIT HOURS 2015 – 2016

Fall Semester – September 2 thru December 18, 2015

<u>Course Title</u>	<u>Credit Hours</u>	<u>Instructor</u>
Orientation	0.0	Kindle
Introduction to Radiation Therapy	1.0	Kindle
Patient Care I	0.7	Kindle
Principles & Practice of Radiation Therapy I	2.0	Kindle
Patho-Oncology I	2.0	Kindle
Patho-Oncology Lab I	2.0	Kindle
Physics I	0.7	Jarrio
Radiobiology	1.3	Kindle
Treatment Planning I	0.7	Kindle
Sectional Anatomy	0.7	Kindle
Case Study I	1.3	Kindle
Clinical Education I	<u>5.4</u>	
	17.8	Total Credit Hours

Holiday – September 7, 2015 - Labor Day

Holiday – November 26 & 27, 2015 – Thanksgiving

Holiday – December 24 & 25, 2015 – Christmas

Holiday – January 1, 2016 – New Year's Day

Break – December 21, 2015 – January 8, 2016

Spring Semester – January 11 thru April 29, 2016

<u>Course Title</u>	<u>Credit Hours</u>	<u>Instructor</u>
Principles & Practice of Radiation Therapy II	2.0	Kindle
Patho-Oncology II	2.0	Kindle
Patho-Oncology Lab II	0.7	Kindle

Physics II	0.7	Jarrio
Case Study II	1.3	Kindle
Treatment Planning II	1.3	Kindle
Patient Care II	0.7	Kindle
Clinical Education II	<u>5.4</u>	Kindle
	14.1	Total Credit Hours

Holiday – January 18, 2016 – Martin Luther King, Jr. Day

Break –May 2 thru May 13, 2016

Summer Semesters I & II – May 16 thru August 19, 2016
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<u>Course Title</u>	<u>Credit Hours</u>	<u>Instructor</u>
Patho-Oncology III.	2.0	Kindle
Patho-Oncology Lab III	0.7	Kindle
Physics III	0.7	Jarrio
Case Study III	1.3	Kindle
Registry Review I	2.7	Kindle
Registry Review II	10.1	Kindle
Clinical Education III	4.6	Kindle
Clinical Education IV	<u>4.6</u>	Kindle
	26.7	Total Credit Hours

Holiday - May 30, 2016 – Memorial Day

Holiday – July 4, 2016 – Independence Day

Total Academic Credit Hours	38.6	
Total Clinical Credit Hours	20.0	
Total Credit Hours	58.6	

ACADEMIC & CLINICAL EDUCATION SCHEDULE 2015-2016

Fall Semester – September 2 thru December 18, 2015

Monday:	Clinical Education I.
Tuesday:	Introduction to Radiation Therapy Patient Care I Principles & Practice of Radiation Therapy I Patho-Oncology I Patho-Oncology Lab I Physics I Radiobiology Treatment Planning I Sectional Anatomy Case Study I
Wednesday:	Clinical Education I
Thursday:	Introduction to Radiation Therapy Patient Care I Principles & Practice of Radiation Therapy I

Patho-Oncology I
 Patho-Oncology Lab I
 Physics I
 Radiobiology
 Treatment Planning I
 Sectional Anatomy
 Case Study I

Friday: Clinical Education I

Spring Semester – January 11 thru April 29, 2016

Monday: Clinical Education II

Tuesday: Principles & Practice of Radiation Therapy II
 Patho-Oncology II
 Patho-Oncology Lab II
 Physics II
 Case Study II
 Treatment Planning II
 Patient Care II

Wednesday: Clinical Education II

Thursday: Principles & Practice of Radiation Therapy II
 Patho-Oncology II
 Patho-Oncology Lab II
 Physics II
 Case Study II
 Treatment Planning II
 Patient Care II

Friday: Clinical Education II

Summer Semester I - May 16 thru July 1, 2016

Monday: Clinical Education III

Tuesday: Patho-Oncology III
 Patho-Oncology Lab III
 Physics III
 Case Study III
 Registry Review I

Wednesday: Clinical Education III

Thursday: Patho-Oncology III
 Patho-Oncology Lab III
 Physics III
 Case Study III
 Registry Review I

Friday: Clinical Education III

Summer Semester II – July 1 thru August 19, 2016

Monday:	Clinical Education IV
Tuesday:	Registry Review II
Wednesday:	Clinical Education IV
Thursday:	Registry Review II
Friday:	Clinical Education IV

- NOTE:**
- 1) All academic courses are scheduled Tuesdays and Thursdays 8:00 am - 4:00 pm
 - 2) All clinical education courses are scheduled Mondays, Wednesdays, & Fridays 8:00 am - 4:00 pm with an hour lunch
 - 3) The academic and clinical education schedules are subject to change.

Definitions

Contact (clock hour): A period of (60) sixty minutes.

One (1) semester credit hour is defined as follows:

1. Class – One contact hour of class per week for the duration of the semester equals one semester credit hour.
2. Clinical – Six contact hours of occupation-based instruction per week for the duration of the semester equals one semester credit hour.

Standards

for an Accredited Educational Program in Radiation Therapy

EFFECTIVE JANUARY 1, 2011

Adopted by:
**The Joint Review Committee on
Education in Radiologic Technology -
April 2010**



Joint Review Committee on Education in Radiologic Technology
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Chicago, IL 60606-3182
312.704.5300 • (Fax) 312.704.5304
www.jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is dedicated to excellence in education and to the quality and safety of patient care through the accreditation of educational programs in the radiologic sciences.

The JRCERT is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with these **STANDARDS**.

Standards for an Accredited Educational Program in Radiation Therapy

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Standard One

Integrity

- Standard One:** **The program demonstrates integrity in the following:**
- **Representations to communities of interest and the public,**
 - **Pursuit of fair and equitable academic practices, and**
 - **Treatment of, and respect for, students, faculty, and staff.**

Objectives:

In support of **Standard One**, the program:

- 1.1 Adheres to high ethical standards in relation to students, faculty, and staff.
- 1.2 Provides equitable learning opportunities.
- 1.3 Provides timely, appropriate, and educationally valid clinical experiences for each admitted student.
- 1.4 Limits required clinical assignments for students to not more than 10 hours per day and the total didactic and clinical involvement to not more than 40 hours per week.
- 1.5 Assures the security and confidentiality of student records, instructional materials, and other appropriate program materials.
- 1.6 Has a grievance procedure that is readily accessible, fair, and equitably applied.
- 1.7 Assures that students are made aware of the JRCERT **Standards for an Accredited Educational Program in Radiation Therapy** and the avenue to pursue allegations of non-compliance with the **STANDARDS**.
- 1.8 Has publications that accurately reflect the program's policies, procedures, and offerings.
- 1.9 Makes available to students, faculty, and the general public accurate information about admission policies, tuition and fees, refund policies, academic calendars, academic policies, clinical obligations, grading system, graduation requirements, and the criteria for transfer credit.
- 1.10 Makes the program's mission statement, goals, and student learning outcomes readily available to students, faculty, administrators, and the general public.
- 1.11 Documents that the program engages the communities of interest for the purpose of continuous program improvement.
- 1.12 Has student recruitment and admission practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.13 Has student recruitment and admission practices that are consistent with published policies of the sponsoring institution and the program.

- 1.14 Has program faculty recruitment and employment practices that are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class.
- 1.15 Has procedures for maintaining the integrity of distance education courses.

Standard Two:*Resources*

Standard Two: The program has sufficient resources to support the quality and effectiveness of the educational process.

Objectives:

In support of **Standard Two**, the program:

Administrative Structure

- 2.1 Has an appropriate organizational structure and sufficient administrative support to achieve the program's mission.
- 2.2 Provides an adequate number of faculty to meet all educational, program, administrative, and accreditation requirements.
- 2.3 Provides faculty with opportunities for continued professional development.
- 2.4 Provides clerical support services, as needed, to meet all educational, program, and administrative requirements.

Learning Resources/Services

- 2.5 Assures JRCERT recognition of all clinical education settings.
- 2.6 Provides classrooms, laboratories, and administrative and faculty offices to facilitate the achievement of the program's mission.
- 2.7 Reviews and maintains program learning resources to assure the achievement of student learning.
- 2.8 Provides access to student services in support of student learning.

Fiscal Support

- 2.9 Has sufficient ongoing financial resources to support the program's mission.
- 2.10 For those institutions and programs for which the JRCERT serves as a gatekeeper for Title IV financial aid, maintains compliance with United States Department of Education (USDE) policies and procedures.

Standard Three

Curriculum and Academic Practices

Standard Three: The program's curriculum and academic practices prepare students for professional practice.

Objectives:

In support of **Standard Three**, the program:

- 3.1 Has a program mission statement that defines its purpose and scope and is periodically reevaluated.
- 3.2 Provides a well-structured, competency-based curriculum that prepares students to practice in the professional discipline.
- 3.3 Provides learning opportunities in current and developing therapeutic and/or imaging technologies.
- 3.4 Assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 3.5 Measures the length of all didactic and clinical courses in clock hours or credit hours.
- 3.6 Maintains a master plan of education.
- 3.7 Provides timely and supportive academic, behavioral, and clinical advisement to students enrolled in the program.
- 3.8 Documents that the responsibilities of faculty and clinical staff are delineated and performed.
- 3.9 Evaluates program faculty and clinical supervisor performance regularly to assure instructional responsibilities are performed.

Standard Four

Health and Safety

Standard Four: The program’s policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Objectives:

In support of **Standard Four**, the program:

- 4.1 Assures the radiation safety of students through the implementation of published policies and procedures that are in compliance with Nuclear Regulatory Commission regulations and state laws as applicable.
- 4.2 Has a published pregnancy policy that is consistent with applicable federal regulations and state laws, made known to accepted and enrolled female students, and contains the following elements:
 - Written notice of voluntary declaration,
 - Option for student continuance in the program without modification, and
 - Option for written withdrawal of declaration.
- 4.3 Assures that students employ proper radiation safety practices.
- 4.4 Assures that all radiation therapy procedures are performed under the direct supervision of a qualified practitioner.
- 4.5 Assures sponsoring institution’s policies safeguard the health and safety of students.
- 4.6 Assures that students are oriented to clinical education setting policies and procedures in regard to health and safety.

Standard Five

Assessment

Standard Five: **The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.**

Objectives:

In support of **Standard Five**, the program:

Student Learning

5.1 Develops an assessment plan that, at a minimum, measures the program's student learning outcomes in relation to the following goals: clinical competence, critical thinking, professionalism, and communication skills.

Program Effectiveness

5.2 Documents the following program effectiveness data:

- Five-year average credentialing examination pass rate of not less than 75 percent at first attempt,
- Five-year average job placement rate of not less than 75 percent within six months of graduation,
- Annual program completion rate,
- Graduate satisfaction, and
- Employer satisfaction.

5.3 Makes available to the general public the program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.

Analysis and Actions

5.4 Analyzes and shares student learning outcome data and program effectiveness data to foster continuous program improvement.

5.5 Periodically evaluates its assessment plan to assure continuous program improvement.

Standard Six*Institutional/Programmatic Data*

Standard Six: **The program complies with JRCERT policies, procedures, and STANDARDS to achieve and maintain specialized accreditation.**

Objectives:

In support of **Standard Six**, the program:

Sponsoring Institution

- 6.1 Documents the continuing institutional accreditation of the sponsoring institution.
- 6.2 Documents that the program's energized laboratories are in compliance with applicable state and/or federal radiation safety laws.

Personnel

- 6.3 Documents that all faculty and staff possess academic and professional qualifications appropriate for their assignments.

Clinical Education Settings

- 6.4 Establishes and maintains affiliation agreements with clinical education settings.
- 6.5 Documents that clinical education settings are in compliance with applicable state and/or federal radiation safety laws.

Program Sponsorship, Substantive Changes, and Notification of Program Officials

- 6.6 Complies with requirements to achieve and maintain JRCERT accreditation.

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