Atlanta, GA

STUDENT GENERAL HANDBOOK

SCHOOLS OF RADIATION AND IMAGING TECHNOLOGIES

2021 - 2022

This handbook belongs to _____

If found, call _____ **or** 404.616.3610

Revised May 2021

TABLE OF CONTENTS

INTRODUCTION AND INSTITUTIONAL POLICIES

SCHOOLS OF RADIATION AND IMAGING TECHNOLOGIES

Jessi Clark, MSEd, RT(R), RDMS	Director
Rain Twolions-Brown, MS	Student Admissions Coordinator
Sabrina TwoLions, BS	Financial Aid Administrator/Registrar

School of Radiologic Technology

Betsy Kerr, MSEd, RT(R)	Program Manager
Sylvia Brooks-Dowl, BMSc, RT(R)	Radiography Training Coordinator
Troy Maxwell, RT(R)	Clinical Instructor
Jennie LaBarrie, BS, RT(R)	Clinical Instructor
John Malko, PhD	Assistant Professor – Emory University, Advisor
David J. East, RT(R)	Clinical Preceptor - Grady
Nartoshia L. Wilson, RT(R)	Clinical Preceptor - Grady
Robyn Embry, RT(R)	Clinical Preceptor - Grady
Russell W. King, RT(R)	Clinical Preceptor - Grady
Terrie Y. Montgomery, BS, RT(R)	Clinical Preceptor - Grady
Enrika Parks, RT(R)	Clinical Preceptor - Grady
Leon Thompson, RT(R)	Clinical Preceptor - Grady
Ieisha Trice, RT(R)	Clinical Preceptor - Grady
Samantha Smith, RT(R)	Clinical Preceptor - Grady
Braylon Madison, RT(R)	Clinical Preceptor - Grady
Misty Marshall, RT(R)	Clinical Preceptor - Grady
Amalie Kuehnel, RT(R)	Clinical Preceptor - Grady
Rachael Santos, RT(R)	Clinical Preceptor - Grady
Nataley Little, RT(R)	Clinical Preceptor - Grady
Shana P. Baldwin, RT(R)	Clinical Preceptor – Camp Creek Health Center, GHS
Angela N. Scott, BS, RT(R)	Clinical Preceptor – Asa G. Yancey Health Center, GHS
Lakeshia Wilson, BS, RT(R)	Clinical Preceptor – East Point Health Center, GHS
Tracy L. Green, BBA., RT(R)	Clinical Preceptor –Kirkwood Family Medicine, GHS
Angela Moore, RT(R)	Clinical Preceptor – Brookhaven Health Center, GHS
Evelyn Smith, RT(R)	Clinical Preceptor – Ponce de Leon Health Center, GHS
Jordan Lee Sowell, RT(R)	Clinical Preceptor – CHOA at Hughes Spalding
Suzanne M. Butler, RT(R)	Clinical Preceptor – CHOA at Hughes Spalding
Dan Yale Douglas, RT(R)	Clinical Preceptor – CHOA at Hughes Spalding
Tracia Pitters, RT(R)	Clinical Preceptor – CHOA at Satellite Blvd
Shauna Cantrell, RT(R)	Clinical Preceptor – CHOA at Hudson Bridge
Michael Daise, RT(R)	Clinical Preceptor – Emory University Hospital Midtown
Donell Edmond, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic - Main
Mark Fowler, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic - Main
Allison Bass Warner, B.S.R.S., RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic – College Park
Wendy Bassett, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic – College Park
Vieng Notsombath, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic Northside
Rebecca Benton, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic West Paces
Anyetta Crawford-Stickland, RT(R)	Clinical Preceptor – Peachtree Orthopedic Clinic West Paces
Michael P. Demps, RT(R)	Clinical Preceptor –Piedmont Outpatient Center at Piedmont West
DeAnna Johnson, BSEd, RT(R)	Clinical Preceptor – Kaiser Permanente Town Park
Falon Pettigrew, BS, RT(R)	Clinical Preceptor – Kaiser Permanente Southwood

School of Radiation Therapy

Vuntressa Brown, MBA, RT(R)(T)(CT)	Program Manager
Ndipnu Lima, BS, RT(R)(T)	Therapy Training Coordinator
Sharam Ghavidel, MSHP	Medical Physicist/ Didactic Instructor
Christie Jarrio, MS, DABR	Medical Physicist/ Didactic Instructor
Colton Gartin, BS, RT(R)(T)	Clinical Supervisor – Emory University Hospital
Nikki Stafford, RT(R)(T)	Clinical Supervisor – Emory University Hospital Midtown
Allison Brown, RT(T)	Clinical Supervisor – Wellstar Paulding Hospital
Stacey Daniel, BS, RT(T)	Clinical Coordinator – Grady Cancer Center
Raquel Dunn, RT(T)	Clinical Supervisor – WellStar Cobb Hospital
Ashley Hawkins	Clinical Supervisor – WellStar Kennestone Hospital
Liz Gaunt, RT(T)	Clinical Supervisor – Northside Hospital Atlanta
Jandria Jackson, BS, RT, (R)(T)	Clinical Supervisor – Emory University Hospital Midtown
Gary Lee, RT(T)	Clinical Supervisor – Emory St. Joseph's Hospital
Mary Monteith, BS, RT(R)(T)	Clinical Supervisor – Grady Cancer Center
Tony Webb, RT(R)(T)	Clinical Supervisor – Emory University Hospital
Karen Godette, MD	Medical Advisor – Associate Professor Emory University

School of Computed Tomography

Vuntressa Brown, MBA, RT(R)(T)(CT)	Program Manager
Ndipnu Lima, BS, RT(R)(T)	Training Coordinator

Schools of Sonography – General Concentration

Donna McNeil, MSEd, RDMS, RVT	Program Manager
Khristine Simmons, BSc, RDMS, RT (R)	Sonography Training Coordinator
C. Nicole Barrett, AS, RT(R), RDMS	Clinical Supervisor – Emory University Hospital
Malissa Fahmy, RDMS	Clinical Supervisor – Northside Hospital
Christina Byelick, BBA, RT (R), RDMS	Clinical Supervisor – Emory University Hospital Midtown
Kelly Darugar, BS, RN, RDMS	Clinical Supervisor – Grady Health System
Rishi Vaid, RDMS	Clinical Supervisor – Emory University Hospital
Anthony Frazier, RT(R)	Clinical Supervisor – Piedmont Hospital Henry
Tynesha Johnson, RDMS	Clinical Supervisor – Piedmont Hospital Henry
Marquis Worthy	Clinical Supervisor – Piedmont Hospital Atlanta
Caron Tulpan, RDMS	Clinical Supervisor – Northside Hospital Atlanta
Nnenna Onyeji, RDMS	Clinical Supervisor – Grady Health System
Rita Udeshi, BS, RDMS, RDCS, RVT	Clinical Supervisor – Children's Healthcare Of Atlanta
Natasha Wilson, RDMS	Clinical Supervisor – Grady Health System
Frederick Murphy, MD	Medical Advisor- Associate Professor, Emory University

School of Sonography – Vascular Concentration

Donna McNeil, MSEd, RDMS, RVT	Program Manager
Khristine Simmons, BSc, RDMS, RT (R)	Sonography Training Coordinator
Debra Dice, RVS	Clinical Supervisor, Grady Vascular Lab
Malissa Fahmy, RDMS	Clinical Supervisor, Northside Atlanta Vascular
Kim Hodge, RVS	Clinical Supervisor, Grady Neurology
Bojana Zukovic, RDMS	Clinical Supervisor, Piedmont Henry Vascular

School of Magnetic Resonance Imaging

Betsy Kerr, MSEd, RT(R)	Program Manager
Sylvia Brooks-Dowl, BMSc, RT(R)	Training Coordinator
John Malko, PhD	Assistant Professor – Emory University - Faculty

HOSPITAL ADMINISTRATION

John M. Haupert	President/Chief Executive Officer
Michelle Wallace	Interim Chief Nursing Officer
Dr. Robert Jansen	Chief Medical Officer/Chief of Staff
Michelle Wallace	VP, Clinical Operations
Jacquelyn Reasor	Executive Director Imaging Services
Dr. Laura Findeiss	Chief of Service, Department of Radiology
Pooja Mishra	Executive Director Oncology Grady Cancer Center
Leslie Letter	Director, Outpatient Radiology and Imaging Services
Davian Strozier	Director, Inpatient Radiology and Imaging Services

RADIOLOGY AND ONCOLOGY MEDICAL DIRECTORS

Carolyn Meltzer, MD	Chairman, Radiology
Walter Curran, MD	Chairman, Radiation Oncology, TEC
Karen Godette, MD	Chairman, Radiation Oncology, TECM
Laura Fendeiss, MD	Chief of Service, Radiology/Director, Neuroradiology (Grady)
Joseph Shelton, MD	Chief of Service, Radiation Oncology, GHS
Mark McLaughin, MD	Chief of Service, WellStar Kennestone
Raghuveer Halkar, MD	Chief of Service, Clinical Nuclear Medicine
Roger Williams, MD	Director, Vascular/Interventional Radiology (Emory)
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 At Grady, we have a higher calling and a deep sense of pride. We deliver essential

care with humanity, compassion and kindness – with arms open wide to everyone in our community. Regardless of role or level in the organization, humanity starts with how we treat our coworkers and colleagues.

- **BE PATIENT CENTERED**- I believe delivering care with humanity and kindness is what sets us apart.
- **BE SAFE**- I believe I owe it to my patients, my family, my co-workers and myself to be safe because harm changes lives forever.
- **SERVE OTHERS WITH EXCELLENCE**- I believe this is where I shine, by owning it, personalizing it, and elevating it.
- **DO RIGHT**- I believe in always doing the right thing, knowing it leads to the right outcome.
- **DO GOOD**- I believe my spirit can be contagious – in a positive way!

IMAGING SERVICES

VISION Grady Health System Department of Imaging Services vision: the Department of Radiology's team of engaged, empowered, and resilient providers, patients, and staff will partner in improving the health of our community.

MISSION Grady Health System's Imaging Services mission: the Department of Radiology respectfully and compassionately serves with pride a diverse community using innovative technology and individualized care, enhancing quality of life through collaboration, research, training and education.

SCHOOLS OF RADIATION AND IMAGING TECHNOLOGIES

VISION The Schools of Radiation and Imaging Technologies at Grady Health System will become a recognized center of excellence for education of Radiographers, Radiation Therapists, and Diagnostic Medical Sonographers.

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 apply knowledge of radiographic procedures.

1.2 Students will evaluate radiographic images.

Goal 2: **Students will communicate effectively.**

Learning Outcomes

2.1 Students will demonstrate knowledge of patient communication skills.

2.2 Students will demonstrate effective communication skills.

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

Learning Outcomes

3.1 Students will demonstrate critical thinking and decision-making skills.

3.2 Students will employ adaptation/modification of positioning for trauma, and age-specific patients.

Program Effectiveness Measurements:

Outcomes

1 Graduates will pass the ARRT certification exam on the first attempt.

2 Graduates will complete the program within 23 months.

3 Of those pursuing employment, graduates will be employed within 1 year post-graduation.

4 Graduates will be satisfied with their education.

5 Employers will be satisfied with the graduate's education.

MISSION, GOALS and LEARNING OUTCOMES
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.

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.

Program Effectiveness Measurements:

Outcomes:

1. Graduates will pass the ARRT certification exam on the first attempt.
2. Graduates will complete the program within 12 months.
3. Of those pursuing employment, graduates will be employed within 12 months post-graduation.
4. Graduates will be satisfied with their education.
5. Employers will be satisfied with the graduate's education.

MISSION, GOALS and LEARNING OUTCOMES

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY – General and Vascular Concentrations

Mission

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

Goal

The goal of the School of Diagnostic Medical Sonography is to prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Goal 1: Students will be clinically competent.

Learning Outcomes

1.1. Students will apply principles of patient safety in using acoustic energy as low as reasonably achievable during sonographic exam.
1.2 Students will apply knowledge of sonographic procedures.
1.3 Students will provide appropriate patient care.

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 non-routine exams and emergent patient conditions.

Goal 4: Students will demonstrate professional development and growth.

Learning Outcomes

4.1 Students will demonstrate a professional work ethic.
4.2 Students will demonstrate dependability.
4.3 Students will demonstrate the ability to function as a team player.

Goal 5: **Program Effectiveness Measurements**

Outcomes

5.1 General Graduates will pass the SPI and one specialty ARDMS certification exams no later than 1 year from graduation. Vascular Graduates will pass the SPI and RVT certification exams no later than 1 year from graduation.

5.2 General Students will complete the program within 18 months and Vascular students 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 Radiologic Technology offers a 23-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 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 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.

The School of Diagnostic Medical Sonography – General Concentration is an accredited program in General Concentration approved by the Commission on Accreditation of Allied Health Education Programs, 25400 U.S. Highway 19 North, Suite 158, Clearwater, FL, 33763, (727) 210-2350, www.caahep.org through review by the Joint Review Committee on Education in Diagnostic Medical Sonography, 6021 University Boulevard, Suite 500, Ellicott City, MD 21043, (443) 973-3251, www.jrcdms.org. The School of Diagnostic Medical Sonography offers an 18-month course of study in general concentration in diagnostic medical sonography. Students satisfactorily completing the program fulfill requirements to become credentialed by the American Registry of Diagnostic Medical Sonography. The Sonography Principles and Instrumentation Examination (SPI) may be taken upon completion of the physics course. The Abdomen and OB/Gyn Examinations may be taken up to 60 days prior to graduation. The credential(s) in Abdomen and/or OB/Gyn is awarded by ARDMS upon completion of the program once the SPI, and Abdomen and/or OB/Gyn examinations are passed.

The School of Diagnostic Medical Sonography – Vascular Concentration is an advanced level 12 month certificate program. The school awards a certificate in Vascular Sonography upon completion. The program is currently working toward accreditation. The Sonography Principles and Instrumentation Examination (SPI) may be taken upon completion of the physics course. The student must meet the prerequisite of a Bachelor's degree or a 2 year allied health degree, and

complete the 12 month program to qualify to sit for the ARDMS Vascular Technology exam (RVT) or the Cardiovascular Credentialing International exam (CCI).

The Computed Tomography program at Grady Health System is an advanced level, 7 month program. This specialized program prepares registered radiologic technologists for a rewarding career as a CT Technologist. The school awards a certificate in Computed Tomography upon completion. This advanced- level program is ONLY for Registered Radiologic Technologists.

The Magnetic Resonance Imaging program at Grady Health System is an advanced level, two semester program. This specialized program prepares registered radiologic technologists for a rewarding career as a MRI Technologist. The school awards a certificate in Magnetic Resonance Imaging upon completion. This advanced- level program is ONLY for Registered 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, Radiation Therapy, Vascular Sonography, Computed Tomography, and Magnetic Resonance Imaging classes begin Fall Semester of each year. General Sonography classes begin every 24 months.

HEALTH REQUIREMENT

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

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. During the interview process all students received a copy of the Technical Standards and Americans with Disabilities policy and they also verified that they were capable of preforming all technical standards. 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 patients on/in stretchers and wheel chairs. Transferring patients to and from the exam table. Lifting/carrying and attaching extra exam table components for specific procedures. Utilizing good body mechanics. Pushing heavy
Walking	F	
Reaching	F	
Lifting (up to 125 pounds with assistance)	F	
Manual Dexterity	F	

Pushing	F	mobile imaging equipment throughout the hospital.
Pulling	F	
Tactile Sensitivity	F	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. Palpating external body land marks to line up imaging or therapeutic devices.
Talking	F	
Hearing	F	
Seeing	F	
Communicating	F	
Sitting	O	
Carrying (up to 25 pounds)	O	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.
Stooping	O	
Kneeling	O	
Balancing	NA	
Climbing	NA	
Crawling	NA	

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

According to the U.S. Department of Justice, the definition of an individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. 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.

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 (including students) 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 including the following:

- chicken pox/shingles
- hepatitis
- diarrheal illnesses including *c difficile*
- 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
- COVID-19
- febrile associated illness with temperature 100 degrees F (37.8 degrees C)
- Any student that is experiencing viral symptoms will be directed to Employee Health and must follow the protocol for returning to class and clinic.

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 in collaboration with EHC, Infection Control, and Administration to ensure a safe workplace for all.

If a student becomes ill with flu like symptoms they will;

1. Contact employee health at 404-616-2500.

2. The student will speak to the Doctor or Nurse, who will decide how long the student will be out of clinical and exam testing on site.
3. Employee Health will also determine if the student needs to be tested for COVID 19. If you are tested for COVID you will need to list Jessi Clark as the supervisor/manager.
4. The student cannot return to clinical rotations nor exam testing on site without a return to work from Grady's employee health.
5. All clinical time missed must be made up.
6. All exams missed must be made up as soon as the student is feeling well enough. If the student has not received clearance from employee health to return to clinical the student will be allowed to take their exam at home on-line.

UNIVERSAL MASK REQUIREMENTS – Protocol Subject to change

Masks are required at all times inside any Grady facility and must cover the mouth AND nose. This is for not only your safety but for the safety of those around you. This requirement includes all Grady employees, medical staff, students, vendors, and construction workers. You should have a mask of some kind on at all times while inside a Grady facility unless you are alone in your private office or you are eating or drinking and properly distanced from others.

• If you are working on a COVID unit, caring for a COVID positive patient, or caring for a PUI, you MUST wear a N95 mask (along with appropriate eye protection, gown, and gloves). You should cover your N95 with either a surgical ear loop mask or a cloth mask. Students will not be allowed to go in with COVID or PUI patients.

• A surgical ear loop mask (as well as any necessary PPE as indicated) is to be worn at all times when caring for non-COVID patients or if the employee is in a patient care area. This includes while in elevators, pharmacies, waiting rooms, entry points, registration, PFS, and parking decks.

• You may cover the surgical ear loop mask with a cloth mask. Treat the surgical ear loop mask as you would the N95 and ask for a replacement when soiled.

• A cloth mask is NOT SUFFICIENT FOR USE ALONE in patient care areas or when caring for any of our patients.

• When you are eating/drinking, be sure you are at LEAST 6 FEET from other people and put your mask back on as soon as you have finished eating/drinking.

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.

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 terminated. As a condition of enrollment, all prospective students are required to submit to and successfully pass a drug screen.

RADIATION SAFETY POLICY

The 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 assigned to radiation areas 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 mSv 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 mSv)	375 mrem (3.75 mSv)

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 Training 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 offenses will be 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 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 (100mSv) 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 Director/Program Manager, *in writing*, as soon as possible. This is a recommendation only and is completely voluntary. 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.

Radiology, Radiation Therapy, and CT Students are educated about the hazards of radiation and the importance of proper radiation protection methods prior to clinical rotations. This education helps to minimize the radiation exposure of students and to comply with the ALARA (As Low As Reasonably Achievable) policy.

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 Director/Program Manager within one week so that a fetal radiation monitor can be issued to a Radiography, Radiation Therapy, or CT 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 Director/Program Manager 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.

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 given the choice as to which areas 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. The student may not miss more than the allowed hours designated by each specific program.

GENERAL INFORMATION and STUDENT SERVICES

PARKING FACILITIES

On Campus: 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 Capitol Avenue (Orange Lot – 525 Capital Ave SE, Atlanta, GA 30315) 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 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 – 7:55 PM.

Grady parking fees are: Capital Avenue Parking Lot- No parking fee

Note: Parking fees are subject to change.

Clinical/Off-Site: Parking expenses at off-campus clinical affiliate sites are the responsibility of the student. This is subject to discretion of the clinical affiliate administrative policies. 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**. Parking is not allowed surrounding Piedmont Hall. Those cars parked illegally **will be towed**.

The Department of Public Safety 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 for the student.

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 from the Program Manager of your program.

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**.

N-95 RESPIRATOR TRAINING AND FIT TESTING

In accordance with the annual training requirements of OSHA's Standards for Respiratory Protection 29CFR1910.139 and 29CFR1910.134, employee health will conduct N-95 Respirator Training and Fit Testing. The training shall provide general awareness training on N-95 respirators to include: proper fit, limitations of use, protection factors, proper storage and disposal. Thereafter, all students are required to undergo testing in Employee Health Services (EHS) **every 12 months** for ID badge renewal.

Every student is issued an N-95 Respirator mask based on the size determined during the mask fit test. Students are also issued goggles. It is the responsibility of the student to keep up with their N-95 mask and goggles per Grady policy.

NOTE: If you have asthma or other respiratory conditions we recommend that you not be trained at this time. **Students with facial hair cannot be fitted with a tight-fitted respirator.**

IMMUNIZATION REQUIREMENTS

Students are required to have up to date immunizations **before** entering the program;

MMR (measles, mumps, rubella) vaccine (2 doses) or Titer
Tdap (tetanus, diphtheria and pertussis) Must have booster within the last 10 years
Hepatitis B Vaccine AND Titer (series of 3 and a titer after the 3rd dose). The first 2 doses must be started before the program, the 3rd dose can occur during the program.
Varicella vaccine (2 doses) or a positive titer

Influenza vaccination (see below)
TB screening (see below)
COVID vaccine

Students must meet all credentialing requirements for all clinical sites in order to be in the program. If a student fails to comply with credentialing requirements, they will be dismissed from the program.

Immunization requirements are subject to change by Grady Health System and/or Clinical affiliates at any point in the program

TB CONTROL

Upon enrollment, a TB blood test is required. The TB blood test is QuantiFERON-TB Gold. Thereafter, all students are required to have a QuantiFERON-TB Gold test **every 12 months**. 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** TB blood test result, 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. The student is responsible for any associated fees.

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.*

Documentation of the incident must be completed within 24 hours of the incident.

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 5 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 (877) 695-2789, 24-hour service. The website is www.bensingerdupont.com/MLA Password is MLASSIST

IDENTIFICATION BADGES

A student will receive an ID badge during orientation. It is required that all students update their annual health screen and TB blood test yearly.
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. Failure to comply with this provision may result in disciplinary action up to and including discharge. Students are required to surrender their ID badge upon clearance for withdrawal, termination, or graduation from the School.

If you lose your ID badge, or if the badge is damaged, you will be required to pay a fee for replacing the lost or damaged badge. Please visit the Business Office inside the main hospital to **prepay** $5.00 for the replacement of your ID badge. The Business office will issue a receipt, which should be presented to the ID badge office in the Human Resources department as proof of payment. The ID badge office *does not accept cash* for services.

If you legally change your name, you must provide a copy of your marriage certificate or court document to the ID badge office in order to have a new ID badge made (at no cost). If you forget your badge, Human Resources will issue you a temporary ID badge for the day if you present a valid form of identity.

ID badges are made on the 1st Floor of Georgia Hall: Monday - Friday 8:00 a.m. to 10:00 a.m. and 11:30 a.m. to 5:00 p.m.

COMPUTERS AND TUTORIALS

There are computers for student use in Computer Resource/Library Room 121 and Room 211 of Piedmont Hall. Students must provide their own paper for printing. Software tutorials are maintained and loaned through the Program Manager's office. **Students are prohibited from downloading personal information or changing established browser settings or preferences on any Grady computer.**

LIBRARIES

School Library

The School library is located in Computer Resource/Library Room 121 on the 1st floor of Piedmont Hall. Textbooks and other materials belonging to the Schools of Radiation and Imaging Technologies are housed in this area.

Library Hours: 8:00 a.m. - 4:00 p.m. Monday through Friday

NOTE: At the end of the school year, if borrowed books and software tutorials are not returned, the certificate of graduation will be withheld.

PHOTOCOPIES and FACSIMILES

Photocopying by **students** is **not allowed** in the **School office.** Only Employees have access to copier/scanner/fax machine.

CAFETERIA

The 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, but are not eligible for the employee/student discount.

SNACK MACHINES

Snack machines are located in the 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.

SMOKING

Grady Health System maintains a **smoke-free environment** for its patients, personnel, and students; therefore, smoking is strictly prohibited in and around the hospital property, and all other buildings operated by the Grady Memorial Hospital Corporation, including Piedmont Hall.

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**.

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. Public Safety department encourages everyone to be vigilant, to be aware of his/her surroundings, to keep his/her belongings secure, and to report any suspicious persons or behaviors to the Public Safety department (404-616-4024).

Piedmont Hall is currently badge entry only. You will need to have your access card to get in the building. All students and employees are required to wear their ID badges when entering the main hospital at any time.

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.

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
Director	Jessi Clark	(404) 616-4587	jclark4@gmh.edu
Student Admissions Coordinator	Rain Twolions-Brown	(404) 616-3610	rtwolions@gmh.edu
Financial Aid Administrator	Sabrina Twolions	(404) 616-3506	stwolions@gmh.edu

SCHOOL OF RADIOLOGIC TECHNOLOGY FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Betsy Kerr	(404) 616-3352	bkerr@gmh.edu	
Training Coordinator	Sylvia Brooks-Dowl	(404) 616-3288	sdowl@gmh.edu	(678) 772-3535
Clinical Instructor	Troy Maxwell	(404) 616-3584	tmaxwell@gmh.edu	
Clinical Instructor	Jennie LaBarrie	(404) 616-6098	jmalko3@gmh.edu	

SCHOOL OF RADIOLOGIC TECHNOLOGY CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Radiology Department	5-4500, 5-4501	Emergency X-Ray	5-4001, 5-1308, 5-1309
Neuroscience	5-3808	Radiology Supervisors	5-4510
PET/CT	4-9216	CT - Cancer Center	4-9097
Imaging Center/MRI	5-6762	Angiography	5-7005
Kirkwood Clinic	404-616-9255	East Point Clinic	404-616-3514
Asa Yancey Health Ctr	(404) 616-9954	Brookhaven Clinic	(404) 616-3625
Piedmont West	(404) 425-7979	Ponce de Leon/IDP	(404) 616-9716
Kaiser Permanente Southwood	(770) 603-3531	Emory Hosp Midtown	(404) 686-2326
Kaiser Permanente Townpark	(404) 365-0966	POC College Park	(404) 425-1404
CHOA at SB	(404) 785-8330	POC Main	(404) 355-0743 Ext 1071
CHOA at HB	(404) 785-8660	POC West Paces	(404) 355-0743, Ext 1327
CHOA at HS	(404) 785-9990	POC Northside	(404) 355-0743, Ext 1710

SCHOOL OF RADIATION THERAPY FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Vuntressa Brown	(404) 616-5024	vmbrown@ghh.edu	(404) 807-4351
Training Coordinator	Ndipnu Lima	(404) 616-0543	nlima@gmh.edu	
Didactic Instructor	Christie Jarrio	(404) 616-6352	cjarrio@emory.edu	

SCHOOL OF RADIATION THERAPY CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Grady Radiation Oncology	(404) 616-6372	WellStar Kennestone Radiation Oncology	(770) 793-7500
Emory Midtown Radiation Oncology	(404) 686-7857	Northside Hospital Radiation Oncology	(404) 851-8153
Emory Radiation Oncology	(404)778-0595	Well Star Paulding Radiation Oncology	(470) 644-8157
Emory St. Joseph's Radiation Oncology	(678) 843-7017	Grandview Medical Center	(205) 971-1802
Well Star Cobb Radiation Oncology	(770) 948-6000		

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY- General and Vascular Concentration

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Donna McNeil	(404) 616-5032	djmcneil@gmh.edu	(404)295-5679
Training Coordinator	Khristine Simmons	(404) 616-3611	kgsimmons@gmh.edu	(404)919-5626

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Grady – In-patient U/S	5-4519	Emory Midtown	(404) 686-8990
Grady – Outpatient U/S	5-2087	Piedmont Hospital Atlanta	(404) 605-4772
Grady – Perinatal Ctr	5-8061	Piedmont Henry Hospital	(678)604-1060
Grady Breast Center U/S	5-3440	Northside (Rad. U/S, Vasc.)	(404) 851-6372
Emory University Hospital	(404) 712-8038	Northside (MFM)	(404) 851-6974
EUH @ The Emory Clinic	(404) 778-3522	CHOA at Hughes Spalding	(404) 785-9988
Emory MFM	(404) 251-4749	Kaiser	(770) 603-3610
Grady Vascular	(404) 558-6905	Grady Neuro	(404) 616-9803

COMPUTED TOMOGRAPHY PROGRAM FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Vuntressa Brown	(404) 616-5024	vmbrown@ghh.edu	(404) 807-4351
Training Coordinator	Ndipnu Lima	(404) 616-0543	nlima@gmh.edu	

COMPUTED TOMOGRAPHY PROGRAM CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Grady – 3rd floor	(404) 616-6702	Piedmont West	404-605-4070
Grady – 10th floor	(404) 616-6702	Piedmont Henry	678-604-4018
Emory Midtown	(404) 686-2326	Piedmont Newnan	770-400-2109
Northside Hospital Atlanta	(404) 851-8788	Piedmont Atlanta	404-605-4070
CHOA Scottish Rite	(404) 785-4502		

MAGNETIC RESONANCE IMAGING PROGRAM FACULTY

Title	Name	Office Phone	e-mail	Cell phone
Program Director	Betsy Kerr	(404) 616-3352	bkerr@gmh.edu	
Training Coordinator	Sylvia Dowl	(404) 616-3288	sdowl@gmh.edu	(678) 772-3535
Faculty	John Malko			

MAGNETIC RESONANCE IMAGING PROGRAM CLINICAL SITE PHONE NUMBERS

Clinical Site	Phone number	Clinical Site	Phone number
Grady MRI	404-616-6791		

OTHER FREQUENTLY CALLED NUMBERS

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, and ELECTRONIC DEVICES

School office telephones are for official use only. Courtesy phones are in the reception area in 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 and electronic devices must be **silenced** during class hours. Cell phones may not be used as calculators during class. The use of cell phones and electronic devices during clinical hours is prohibited. Note taking using cell phones and electronic devices during class and/or laboratory exercises is allowed with authorization from the instructor. Cell phones are not allowed in the student testing area.

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.

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 Director, Radiation Therapy Program Manager, Radiography Program Manager, Sonography Program Manager, Radiation Therapy Training Coordinator, Radiography Training Coordinator, Sonography Training Coordinator, Computed Tomography Program Manager and MRI Program Manager and 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 Imaging Services Department.

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 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, Radiation Therapy, and Computed Tomography students), Georgia Society of Radiologic Technologists and (Radiography, Radiation Therapy, and Computed Tomography students), Society of Diagnostic Medical Sonographers(Diagnostic Medical Sonography students), and Atlanta Ultrasound Society (Diagnostic Medical Sonography 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.

LAMBDA NU – HONOR SOCIETY

Lambda Nu is a national honor society for the radiologic and imaging sciences. Its objectives are to:

- foster academic scholarship at the highest academic levels
- promote research and investigation in the radiologic and imaging sciences
- recognize exemplary scholarship.

Lambda Nu's name is derived from the lower case Greek characters in the formula λ/v, which represents the physics of the inverse relationship between wavelength (λ) and frequency (v), an essential parameter across the diversity of modalities comprising the professions.

In a similar manner, Lambda Nu uses the upper case Greek characters Λ (Lambda) and N (Nu) to represent the inverse relationship and delicate balance required between the art and the science inherent in the radiologic and imaging sciences professions.

Individuals enrolled in an accredited program, who have achieved academic honors are invited to apply for acceptance to Grady's local chapter of Lambda Nu. The criteria are a 3.0 grade point average (4 pt scale), A/B average, or equivalent academic measure after two full time semester of a professional program. Exemplary honors may be achieved upon evidence of additional professional recognition (i.e., academic paper or poster presentation, publication, etc. according to individual Chapter standards). The national one-time induction fee is $20 for students, while the optional annual alumni fee is only $3. There is a $10.00 Chapter fee for members. Maintenance of membership is outlined in the Georgia Kappa Alpha Chapter by-laws.

DEAN'S LIST

Excellence in scholastic achievement is recognized each semester by the publication of the Dean's List. This list recognizes students who complete all academic work for which they are registered with a grade point average of 3.75 or higher.

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.

GRADUATION REQUIREMENTS

To graduate from the Schools of Radiologic Technology, Radiation Therapy, Diagnostic Medical Sonography – General and Vascular Concentrations, Computed Tomography Program, and Magnetic Resonance Imaging 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 achieving the following criteria:

1. A final cumulative average of 75% for all courses studied.
2. A score of 75% or better in each Registry Review comprehensive final examination.
3. Successful completion of all required clinical hours within the program.
4. Successful completion of all clinical competencies.
5. Meet all attendance requirements for the program.

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

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:

Program Manager
Clinical Training Coordinator
Financial Aid

When the form is completed, it must be returned to the School office along with the student's

identification badge, dosimeter and **access card**. Upon receipt of the above, the form is signed by the Program Manager, making clearance complete.

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

GRADUATION and TECHNOLOGY FEES

Students enrolled in accredited programs 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, Learning Management System and computer software tutorials.

GRADUATION CEREMONY

Students enrolled in accredited programs will participate in a graduation ceremony. Graduation certificates are presented at the graduation ceremony.

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 23-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.

School of Diagnostic Medical Sonography – General Concentration

The student is eligible to apply for the national certification examinations with the American Registry of Diagnostic Medical Sonography in the specialties of Abdomen and Superficial Structures, and Obstetrics and Gynecology up to 60 days prior to graduation, and eligible to apply for the Sonography Principles and Instrumentation (SPI) after completion of the physics courses.

School of Diagnostic Medical Sonography – Vascular Concentration

The student is eligible to apply for the national certification examinations with the American Registry of Diagnostic Medical Sonography in the Vascular Technology specialty (ARDMS RVT) with the required prerequisite of a Bachelor's degree or a 2 year allied health degree and the completion of the 12 month program. Sonography Principles and Instrumentation (SPI) after completion of the physics courses. Students are also eligible upon graduation to sit for the Cardiovascular Credentialing International (CCI RVS) exam.

Computed Tomography Program

The student is eligible to take the national certification examination for the American Registry of Radiologic Technologists after satisfactorily completing the 7-month course.

Magnetic Resonance Imaging Program

The student is eligible to take the national certification examination for the American Registry of Radiologic Technologists after satisfactorily completing the two semester course.

JOB PLACEMENT FOLLOWING GRADUATION

The Schools of Radiation and Imaging Technologies will make every effort to assist graduates to obtain suitable positions, but does not guarantee job 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

TUITION *costs subject to change

School	Radiography	Sonography – General	Radiation Therapy	CT	Sonography-Vascular	MRI
Tuition per semester	$1,800.00	$2,610.00	$3,667.00	$1,975.00	$1,975.00	$1,975.00
Graduation fee per semester	$30.00	$36.00	$60.00	NA	NA	NA
Technology fee per semester	$50.00	$50.00	$50.00	NA	NA	NA
Total fees per semester	$1,880.00	$2,696.00	$3,777.00	$1,975.00	$1975.00	$1,975.00
Total program Tuition & fees	$11,280.00	$13,480.00	$11,331.00	$3,950.00	$5,925.00	$3,950.00

***There may be other clinical fees incurred depending on individual program enrollment.**

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 (SAP)

In order to be eligible for financial aid a student must be making satisfactory progress in the program. If you receive financial aid, you must maintain Satisfactory Academic Progress (SAP) guidelines in addition to any program requirements. SAP is calculated at the end of each quarter/semester after grades are posted. The three standards of SAP are:
Completion Ratio: You must have at least a 2/3 (67%) or higher completion ratio. The ratio is calculated with the following formula: # of passed hours/ # of attempted hours.
GPA: You must maintain a 2.0 cumulative GPA or higher
Time frame: You must complete your current program within 150% of the credit hour program length. A student who makes less than a "C" average (75%) in any academic 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 a clinical education course; 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. Veterans:

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*.

Veterans Benefits

Students Utilizing Chapter 31 [Vocational Rehabilitation and Employment] and Chapter 33 [Post-9/11 GI Bill]:

1. Veterans using Chapter 31, Vocational Rehabilitation and Employment, or Chapter 33, Post-9/11 GI Bill benefits can attend Grady Health System School of Radiologic Technology for a term provided the student submits a certificate of eligibility for entitlement to educational assistance under Chapter 31 or 33 [a "certificate of eligibility" can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs' (VA) website – eBenefits, or a VAF 28-1905 form for Chapter 31 authorization purposes] and ending on the earlier of the following dates:

    a. The date on which payment from VA is made to GHS School of Radiologic Technology;
    b. 90 days after the date GHS School of Radiologic Technology certifies tuition and fees following the receipt of the certificate of eligibility.

2. GHS School of Radiologic Technology will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other instructional facilities, and will not require eligible veteran students to borrow additional funds because of the individual's inability to meet his or her financial obligations to GHS School of

Radiologic Technology due to the delayed disbursement funding from VA under Chapter 31 or 33.

3. Grady Health System School of Radiologic Technology requires the following information in order to process Veterans Benefits under Chapter 31, Vocational Rehabilitation and Employment, or Chapter 33, Post-9/11 GI Bill:

    a. Submit a certificate of eligibility for entitlement to educational assistance no later than the first day of the term for which benefits are being requested;
    b. Submit a written request to GHS School of Radiologic Technology School Certifying Official [SCO] to use such entitlement;
    c. Provide additional information necessary for proper certification of enrollment by GHS School of Radiologic School Certifying Official [SCO].

4. Students are required to pay any balance due for the amount that is the difference between the amount of the student's financial obligation and the amount of the VA education benefit disbursement by the established payment deadline for the term. Balances not paid by the stated deadline may be imposed additional fees.

WORKFORCE INNNOVATION AND OPPORTUNITY ACT (WIOA) PROGRAM

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

STUDENT RESPONSIBILITIES REGARDING FINANCIAL AID

It is your responsibility to:

1. File your FAFSA before May 2021 for maximum financial aid consideration in the 2021-22 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 are automatically registered each term they are enrolled in any School of Radiation and Imaging Technologies education program. Financial Aid advisement should be attended to prior to registration.

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. 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 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.

Larry L. Moyer Memorial Scholarship

The Larry L. Moyer Memorial Scholarship awards $1500 in scholarship money every Spring to a well-deserving student to help defray tuition costs. The scholarship recipient also receives a $500 "boost" during their fifth semester within the School of Radiologic Technology. The scholarship is awarded to a student with financial need who displays academic achievement, a commitment to serving others, strong work ethic, and achievement toward becoming a radiologic technologist.

This scholarship is dedicated to the memory of Larry L. Moyer, a former devoted Interventional Radiology Technologist in the Marcus Stroke and Neuroscience Center at Grady Memorial Hospital.

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.

Lambda Nu National Honors Society Scholarship

The Lambda Nu National Honors Society program awards $500 in scholarship money every Fall and Spring to well deserving Lambda Nu student members. Information and applications may be obtained at www.lambdanu.org.

Society of Diagnostic Medical Sonography Scholarships:

The SDMS Foundation offers scholarship(s) to sonography students attending programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Go to the website for current offerings: http://www.sdmsfoundation.org for available scholarships, application and instructions**.**

International Foundation for Sonography Education and Research:

The IFSER offers scholarship(s) to sonography students attending programs accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Go to the website for current offerings: http://ifser.squarespace.com

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 students are maintained in Training Coordinator's office in Piedmont Hall. Clinical records of current Sonography students are maintained in Training Coordinator's office in Piedmont Hall. Clinical records of current Computed Tomography students are maintained in Training Coordinator's office in Piedmont Hall. Clinical records of current Magnetic Resonance Imaging students are maintained in Training Coordinator's office in Piedmont Hall.

STUDENT EVALUATIONS

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

a. Evaluations are placed in students' records and/or kept on record that are easily accessible to the School faculty or officials.
b. Upon viewing, students must sign all evaluations. The student's signature does not necessarily 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) business days after the 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.

Trajecsys is used for clinical documents in the schools of Radiation Therapy, Diagnostic Medical Sonography – both concentrations, MRI, and CT. Students will only have access to their trajecsys accounts while they are actively enrolled in a program. If the student withdrawals, is terminated, or has graduated from the program their trajecsys account will be archived and the student will no longer have access.

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. Request a transcript on line at https://www.gradyhealth.org/static/schools-of-radiation-and-imaging-technologies/request-transcript/.* An official transcript is not issued to the individual student, but is mailed as directed to an agency or institution as confidential information. 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.

FERPA – Family Educational Right and Privacy Act (Reference/Release of information)

In compliance with the Family Educational Rights and Privacy Act of 1974, the school releases no personal, identifiable information without the written approval from the student. 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 an application for readmission to the Schools of Radiation and Imaging Technologies. A previously enrolled student that resigned in lieu of dismissal must wait one calendar year before re-applying to the program. Students that are dismissed from the program are not eligible for readmission. Students that resign for personal reasons are able to reapply at any time. Readmission will be decided at the discretion of the Admissions Committee.

TRANSFERS AND CREDIT FOR PREVIOUS EDUCATION AND TRAINING

The Schools of Radiation and Imaging Technologies does not grant advanced placement or accept transfer credits from other imaging programs.

Veterans Affairs Students-"Policy for granting credit for previous education and training: Veteran education benefits recipients are required to provide the school with official transcripts of previous training for evaluation. Training time and tuition will be reduced in proportion to the amount of satisfactory credit from previous training and will be granted at the discretion of the school director."

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 student 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 only take pictures or videos in the clinical setting for educational purposes and with the approval of their instructor. Patients or patient information is strictly prohibited in any pictures or videos. Students **may not take any pictures or videos** while in the clinical setting for personal purposes; 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 to 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 (2021)

Goal #1: Identify patients correctly.
- Use at least 2 patient identifiers – name and date of birth.
- Make sure the correct patient gets the correct medicine and treatment.

Goal #2 Improve staff communication.
- Get important test results to the right staff person on time.

Goal #3: Use medications safely.
- Before a procedure, label all medications that are not labeled.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medications.

Goal #6: Use alarms safely.
- Ensure that alarms on medical equipment are heard and responded to on time.

Goal #7: Prevent infection.
- Follow hand hygiene guidelines.
- Follow guidelines to prevent infections that are difficult to treat.

- Follow guidelines to prevent infection of the blood from central lines.
- Follow guidelines to prevent infection after surgery.
- Follow guidelines to prevent infections of the urinary tract that are caused by catheters.

Goal #15: Identify patient safety risks.

- Find out which patients are most likely to commit suicide.

Universal Protocol #1: Prevent mistakes in surgery.

- 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 Medical Records department. Patient results should never be given by telephone.

Identification of images is of great importance. Identification includes: patient's name, hospital number, date, right and left lead 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, Director/Program Manager, 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, Instagram, Twitter, Tik Tok 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.
6. Students are not to send friend requests to faculty or staff until after they have graduated.
7. Students can only post about the Imaging School programs and faculty with permission.

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. Employees and students report adverse events, near misses and good catches using RL risk management software located on the GradyNet homepage.

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 Manager, Clinical Coordinator, and student) to discuss possible reasons for overexposure.

L. The department adheres to the ALARA program.

8. MRI Safety -

All Radiography and Radiation Therapy students undergo an MRI screening as part of the interview process to ensure their own safety in the MRI environment. A signed hospital approved screening form is kept on file. For their own protection and the protection of other staff, all students must **immediately report** any incident in which a ferromagnetic metallic object/device may have been introduced within or on them. During program orientation students will complete MRI orientation and safety. Training Video: MRI Safety Level 1 – YouTube
https://www.google.com/search?q=training+video+for+MRI+level+1&rlz=1C1GCEU_enUS840US840&oq=training+video+for+MRI+level+1&aqs=chrome..69i57.12110j0j7&sourceid=chrome&ie=UTF-8

9. 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.

10. 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.

11. 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 "AA" extinguishers are water filled and should only be used on class "AA" 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 that 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:

Medical Emergency	Code Blue
Fire	Code Red
Infant Abduction	Code Pink
Bomb Threat	Code Grey 1
Hostage Situation	Code Grey 58
Hazardous Materials Release	Code Orange
Emergency Plan Activation	Code Triage: This code wording applies to an internal or external emergency; including a partial or full

	hospital evacuation.
Tornado Watch	Watch: “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
Individual with Deadly Weapon	Code Silver
Missing Altered mental status patient (Elopement)	Code Green

SCHOOLS INCLEMENT WEATHER POLICY

The students will be notified in a timely manner by the Director and/or Program Manager if the schools are closed due to inclement weather.

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 Manager and other designated faculty. If academic and clinical grades are not satisfactory, if the student is in noncompliance with rules of the School and/or, if the best interests of the School and the student are not being served, the student will be subject to Probation. Students can be placed on academic or clinical probation. Each probation will count as a separate occurrence. For example if the student is placed on academic and clinical probation during the same semester it will count as two probation occurrences. **Probation, for any reason, shall not exceed two occurrences. On the third probation occurrence the student will be dismissed from the program.**

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 to attain a "B" average (80%) in clinical education courses; 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.

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.

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**. A student's decision to withdraw from the program in lieu of termination cannot be appealed. A previously enrolled student that resigned in lieu of dismissal must wait one calendar year before re-applying to the program. **Failure to achieve satisfactory standards will result in termination from the program. Refer to the academic and clinical handbook for the termination policy.**

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 Manager, for consultation with the student.
b. If disciplinary action is required, resulting in the form of warnings, probation, suspension or dismissals. 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 it is an appealable offense and 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) business days** of the occurrence.
2. If the problem or complaint is not satisfactorily resolved by the immediate supervisor or instructor within **three (3) business 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) business days** after the matter is presented to him/her, the student may obtain an appointment with the Program Manager, who will look into the matter and resolve it in a fair and equitable manner within **three (3) business days**.
4. If the dispute continues, the decision will be given to the Executive Faculty Committee for disposition according to the Due Process and Appeals mechanism.
5. If a dispute continues, the decision will be submitted to the Executive Vice President, for final disposition within **three (3) business days**. The decision of this individual will be **final**.

DUE PROCESS AND APPEAL MECHANISM

When an appeal of the decision of the Executive Faculty Committee is requested, the student must contact the Executive Director of Imaging Services who will meet with the student within **three (3) business days** to consider their comments, etc. If necessary, the Executive Director may call on the Executive Faculty Committee for comments, clarification, etc. After receiving requested information and hearing comments, the Executive Director will make a decision within **three (3) business days** to either let the Executive Faculty Committee's decision stand or make recommendations toward further action.

School of Radiologic Technology Executive Faculty Committee:

1. Director Schools of Radiation and Imaging Technologies (Chairman)
2. Medical Director/Advisor, School of Radiologic Technology

School of Radiation Therapy Executive Faculty Committee:

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

School of Diagnostic Medical Sonography Executive Faculty Committee: both General and Vascular Concentrations

1. Director Schools of Radiation and Imaging Technologies (Chairman)
2. Medical Director/Advisor, School of Diagnostic Medical Sonography

If a dispute continues, the decision will be submitted to the Executive Vice President, for final disposition within **three (3) business 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. **General Sonography students** have the right to seek counsel with the Commission on Accreditation of Allied Health Education Programs, 25400 U.S. Highway 19 North, Suite 158, Clearwater, FL, 33763, (727) 210-2350, www.caahep.org through review by the Joint Review Committee on Education in Diagnostic Medical Sonography, 6021 University Boulevard, Suite 500, Ellicott City, MD 21043, (443) 973-3251, www.jrcdms.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.

IMPLEMATATION OF DISCIPLINE

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, probation 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 Director/Program Manager 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 <u>immediate termination and are NOT APPEALABLE</u>**. 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. Falsifying patient medical records, Grady Health System records;
    c. Falsifying student attendance records, clinical affiliate records, student application and admission records, or making fraudulent statements.
    d. Giving false explanation of absence or submitting false documentation;
    e. Reporting to duty in an intoxicated or drugged condition; possession of alcohol or controlled substances; violation of the substance abuse policy; selling drugs or alcohol on hospital property;
    f. Threatening or fighting or attempting to inflict bodily injury on any person while on Grady premises;
    g. 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; it also includes manipulating websites to cheat on an electronic quiz or test.
    h. Failure of academic or clinical courses during any part of training;
    j. Arrest or conviction of a criminal offense involving matters prejudicial to the effective performance as a student in the School;
    k. Action that causes a patient or the Health System severe harm or loss;

2. **Behavior which may result in <u>immediate suspension</u>**. These and other similar acts may result in automatic suspension **up to five (5) days**, depending on the circumstances any of these can be escalated to termination at the discretion of

the program.

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
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. Operating equipment in a careless or dangerous manner while on the job;
p. Failing to report any disease you may have that may endanger any other person;
q. Engaging in any form of sexual harassment or other forms of harassment;
r. Violation of the "intimate care" policy; or other ethics/compliance policies;
s. Other conduct or similar offenses which in the sole judgment of management are sufficient for termination;
t. Smoking or use of smokeless tobacco products in prohibited areas.
u. Failure to maintain licenses or certifications/credentials.
v. 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;
w. 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.

3. **Acts which may receive <u>disciplinary action</u> other than termination.**
The clinical and academic portions of the handbook contains 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 violations as outlined in the academic or clinical handbook.

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 Grady Health System or School to discipline or discharge an employee or student for any conduct, depending on the circumstances.

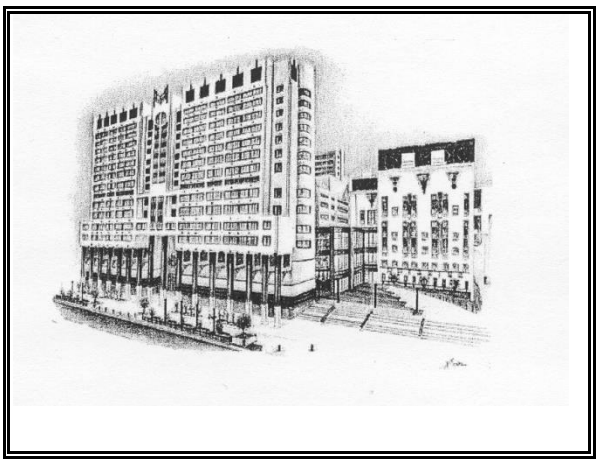
The Health System may add to or change its Standards of Behavior and Performance without notice. Nothing in this policy is intended to limit the type of conduct that may result in disciplinary action.

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.

Revised 8-9-2021

Grady

Atlanta, GA



ACADEMIC HANDBOOK
SCHOOL OF
RADIOLOGIC TECHNOLOGY

2021 - 2023

Revised July 2021

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. 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 **off during class**. **During exams cell phones and electronic devices (including watches) must be removed from the testing table area**. **Students must wear uniforms during class.**

CONTINGENCY PLANS

The School of Radiologic Technology has a contingency plan for inclement weather, natural disasters, pandemic events and other events that jeopardize the safety of students and staff.

INCLEMENT WEATHER AND NATURAL DISASTER POLICY

It is urgent that the Grady Health System maintain operations during inclement weather or natural disaster conditions. The Schools of Radiation and Imaging Technologies are full-time programs. In case of inclement weather, every effort should be made to attend training hours as soon as conditions permit. The Director will make a decision concerning closure or late opening of the program. Students will be emailed with the notification. If possible (internet viability), classes will be conducted via Zoom. Clinical hours missed will not be made up if the Director has closed the school. Class and lab schedules will be revised so that all material is covered.

COVID 19 OR OTHER PANDEMIC POLICY

The following actions may be taken

1. If all clinical sites will not allow student rotations, the faculty will contact the students by email or Zoom. As soon as clinical sites are available for student rotation, students will return to clinical. Clinical schedules may be modified depending on how many clinical placements are available.
2. The number of required competencies per semester may be reduced depending on the number of hours the students are able to complete clinical rotations. However, all competencies must be completed in order to graduate from the program. The number of competencies required will be increased for the semesters following the reduction in clinical hours.
3. Classes will be conducted via Zoom. Testing will be on site on School computers, as long as the State guidelines for the number of persons/room size is maintained.
4. If the school is mandated to temporarily close clinical sites, the graduation date may have

to be shifted in order for students to complete all competencies. Classes will continue online.

If a student becomes ill with flu like symptoms they will;

7. Contact employee health at 404-616-4000.
8. The student will speak to the Doctor or Nurse, who will decide how long the student will be out of clinical and exam testing on site.
9. They will determine if the student needs to be tested for COVID 19. If you are tested for COVID you will need to list Jessi Clark as the supervisor/manager.
10. The student cannot return to clinical rotations nor exam testing on site without a return to work from Grady's employee health.
11. All clinical time missed must be made up.
12. All exams missed must be made up as soon as the student is feeling well enough. If the student has not received clearance from employee health to return to clinical the student will be allowed to take their exam at home on-line.

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. 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%

P-Pass I-Incomplete W-Withdrawal

Students receive an academic and clinical grade report at the end of each semester on the electronic system. Academic and Clinical grades are listed separately, are weighted by credit

hours, and are averaged as a part of the overall GPA. The student is individually counseled concerning their academic and clinical training as needed.

ACADEMIC and CLINICAL 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, and will result in termination from the program:

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, books or websites) 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 will utilize the Student Disciplinary form to document the dishonesty

- The student will be dismissed from the program.

TESTS AND SCHOOL ASSIGNMENTS

Testing and test grades will be accessible via an electronic system. Students may log on to the electronic system to review grades. Class syllabi, assignments, handouts and class discussions are also accessed on this same site. Students have secure individual access to their accounts. 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 printers.

SCHOOL OF RADIOLOGIC TECHNOLOGY
COURSE DESCRIPTIONS

First Year - Fall Semester	Credit Hours
RAD 1100 Introduction to Radiology and Patient Care	**3**
Provides the student with an overview of radiography and patient care. Introduces a grouping of fundamental principles, practices, critical thinking skills, and issues common to many clinical applications in the healthcare profession. Topics include: basic principles of radiation safety and protection, direct and indirect supervision of students, basic principles of exposure; equipment introduction; recognition of and empathy for basic patient needs; communication skills and problem-solving techniques among health team personnel; ethics; medical and legal considerations; Right to Know Law; professionalism; medical emergencies; contrast media; OR and mobile procedures patient preparation; death and dying; cultural diversity, patient care terminology, and body mechanics/transportation.	
RAD 1101 Radiographic Procedures I	**3**
Introduces the knowledge required to perform radiographic procedures applicable to the human anatomy. Emphasis will be placed on the production of quality radiographs. Topics include medical terminology; an introduction to radiographic procedures; positioning terminology; positioning considerations; skeletal anatomy; topographical anatomy related to body cavities and planes; body systems anatomy for respiratory, gastrointestinal, cardiovascular, urinary, biliary, and nervous systems; routine procedures and projections of the chest, fingers/thumb, hand, wrist, forearm, elbow, humerus, shoulder, toes, foot, ankle, tibia/fibula, knee, femur, and pelvis. Image analysis including recognition and differentiation between diagnostic and poor quality radiographs.	
RAD 1102 Principles of Radiographic Imaging and Exposure I	**3**
Introduces knowledge of principles that control and influence the production of quality radiographic images. Topics include: exposure, differential absorption, contrast resolution, receptor exposure, spatial resolution, distortion, devices to control scatter radiation, and an introduction to digital imaging.	
RAD 1103 Clinical Education I	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of theoretical principles and concepts. Involves instruction and competency testing in the hospital and clinic setting. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, and fluoroscopy).	

First Year – Spring Semester	Credit Hours
RAD 2100 Patient Care II	**3**
Provides the student with the basic patient care principles and concepts they are likely to encounter in various clinical situations in the healthcare setting. Topics include: method of disease spread; medical/surgical asepsis; sterile techniques; vital signs; acute situations; CPR; vital signs; support equipment; medical and trauma emergencies; care of the patient in trauma.	
RAD 2101 Radiographic Procedures II	**3**
Provides the student with the knowledge required to perform radiographic procedures applicable to the human anatomy. Topics include: routine procedures and projections of the vertebrae, specialized chest, abdomen, patient preparations for routine contrast study procedures, gastrointestinal, and biliary system, and urinary system. Image analysis including recognition and differentiation between diagnostic and poor quality radiographs.	
RAD 2102 Principles of Radiographic Imaging and Exposure II	**3**
Introduces knowledge of principles that control and influence the production of quality radiographic images. Topics include: methods of scatter removal, grids, automatic exposure control, digital image acquisition, digital image processing, electronic post-processing, and image analysis.	
RAD 2103 Clinical Education II	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of theoretical principles and concepts. Involves instruction and competency testing in the hospital setting. Actual images that the student has performed during the semester are critiqued. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, and fluoroscopy).	

First Year – Summer Semester	Credit Hours
RAD 3100 Patient Care III	**3**
Topics include: care of patients during gastrointestinal and genitourinary exams, pharmacology, medication administration, contrast media, and venipuncture.	
RAD 3101 Radiographic Procedures III	**3**
Provides the student with the knowledge required to perform radiographic procedures applicable to the corresponding human anatomy. Topics include: routine procedures and projections for bony thorax, and specialty exams (geriatric, obese, pediatric, and trauma radiography). Image analysis includes recognition and differentiation between diagnostic and poor quality radiographs.	
RAD 3102 Equipment and Maintenance I	**3**
Introduces and builds upon the concepts of basic physics and emphasizes the fundamentals of x-ray generating equipment. Topics include concepts of radiologic science, atomic structure, structure of matter, radiation quantities and units, fundaments of physics and electromagnetic radiation, electricity, magnetism and electromagnetism, x-ray imaging circuits and generators.	
RAD 3103 Clinical Education III	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of	

theoretical principles and concepts. Involves instruction and competency testing in the hospital setting. Actual images that the student has performed during the semester are critiqued. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, fluoroscopy, and specialized areas).

Second Year - Fall Semester	Credit Hours
RAD 4100 Radiation Protection I	**3**
Provides instruction on professional responsibilities of the radiographer to limit both occupational and patient radiation exposure. Topics include: x-ray production, x-ray emission, properties of radiation, and x-ray interactions with matter, radiation units, and radiation monitoring.	
RAD 4101 Radiographic Procedures IV	**3**
Provides the student with the knowledge required to perform radiographic procedures applicable to the corresponding human anatomy. Topics include: specialized extremity procedures, anatomy of the skull, facial bones, sinuses, orbits, and organs of hearing; procedures and projections of the skull, facial bones, orbits, sinuses, and mastoids. Image analysis including recognition and differentiation between diagnostic and poor quality radiographs.	
RAD 4102 Equipment and Maintenance II	**3**
Topics include x-ray tube, introduction to computers and their use in radiology, mobile imaging equipment, fluoroscopy, computed radiography, direct digital imaging, electronic image production, digital image quality, PACS, QA/QC, X-ray tube rating charts.	
RAD 4104 Radiographic Pathology	**1**
Provides the student with an introduction to the concepts of disease, pathological disorders of associated systems, classification of disease, and additive and destructive conditions. Includes pathology and disease as they relate to various radiographic procedures.	
RAD 4103 Clinical Education IV	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of theoretical principles and concepts. Involves instruction and competency testing in the hospital setting. Actual images that the student has performed during the semester are critiqued. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, fluoroscopy, and specialized areas).	

Second Year – Spring Semester	Credit Hours
RAD 5100 Radiation Protection II	**3**
Provides instruction on professional responsibilities of the radiographer to limit both occupational and patient radiation exposure. Topics include fundamental principles of radiobiology, molecular and cellular radiobiology, early effects of radiation, late effects of radiation, dose limits for exposure to ionizing radiation, Equipment design for radiation protection, management of patient radiation dose, and management of imaging personnel radiation dose.	
RAD 5101 Radiographic Procedures V	**3**
Provides the student with the knowledge required to perform radiographic procedures applicable to the human anatomy. Emphasis is placed on anatomy and pathology as they relate to CT and MRI. Topics include: cross sectional anatomy, and specialized procedures such as angiography, cardiac catheterization, myelography, arthrography, breast imaging, hysterosalpingography, tomosynthesis, bone densitometry, overview of interventional imaging procedures.	
RAD 5102 Professional Development and Independent Study	**1**
Designed to promote continuing professional education and lifelong learning. Students will be choose a case study topic and will present a power point class presentation. Resume writing and job interview techniques will be presented. Students will develop a professional portfolio.	
RAD 5103 Clinical Education V	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of theoretical principles and concepts. Involves instruction and competency testing in the hospital setting. Actual images that the student has performed during the semester are critiqued. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, fluoroscopy, and specialized areas).	

Second Year – Summer Semester	Credit Hours
RAD 6100 Radiologic Technology Review	**8**
Provides a review of basic knowledge from previous courses and helps the student to prepare for the American Registry of Radiologic Technology certification examination. Topics include: patient care, radiographic procedures, radiation protection, equipment and maintenance, principles of radiographic imaging and exposure, radiographic pathology, and medical terminology.	
RAD 6101 Clinical Education VI	**3**
A clinical course focusing on the application and evaluation of general radiography in the hospital setting. Under supervision, the student develops clinical skills through observation and participation in imaging studies. Laboratory experience will demonstrate the application of theoretical principles and concepts. Involves instruction and competency testing in the hospital setting. Actual images that the student has performed during the semester are critiqued. Provides the student with opportunities to participate with equipment in various imaging service departments (orthopedic, pediatric, surgical, mobile, and trauma radiography, CR/DR diagnostic imaging, fluoroscopy, and specialized areas).	

Calendar, Schedule, and Semester Credit – August 2021 – July 2023

Fall Semester 2021: August 23 – December 10, 2021 –

CREDIT HOURS	COURSE	DAY
0	Orientation	Tuesdays, Thursdays, & some Fridays
3	RAD 1102 - Principles of Radiographic Imaging and Exposure I	Monday, Wednesday
3	RAD 1101 - Radiographic Procedures I including anatomy and Medical terminology	Monday, Wednesday & some Fridays
3	RAD 1100 - Introduction to Radiography & Patient Care I	Monday, Wednesday & some Fridays
3	RAD 1103 - Clinical Education I	Tuesdays & Thursdays (8am-4pm) labs – Monday, Wednesday & some Fridays
12 total		

Holidays: Labor Day – September 6, 2021
Thanksgiving – November 25-26, 2021

Semester Break: December 11, 2021 – January 2, 2022

Spring Semester 2022: January 3 – April 22, 2022

CREDIT HOURS	COURSE	DAY
3	RAD 2102 - Principles of Radiographic Imaging and Exposure II	Monday & Wednesday
3	RAD 2101 - Radiographic Procedures II	Monday & Wednesday
3	RAD 2100 - Patient Care II	Monday & Wednesday
3	RAD 2103 - Clinical Education II	Tuesday, Thursday (8am-4pm) and Friday (12-4pm) labs – Monday, Wednesday & some Fridays
12 total		

Holidays: MLK – January 17, 2022

Semester Break: April 23 - May 8, 2022

Summer Semester 2022: May 9 – July 22, 2022

CREDIT HOURS	COURSE	DAY
3	RAD 3101 - Radiographic Procedures III	Monday, Wednesday
3	RAD 3102 - Equipment and Maintenance I	Monday, Wednesday
3	RAD 3100 - Patient Care III	Monday, Wednesday
3	RAD 3103 - Clinical Education III	Tuesday, Thursday (8am-4pm) and Friday (8am-12:00)
12 total		

Holidays: Memorial Day – May 30, 2022
Independence Day - July 4, 2022

Semester Break: July 23 – August 21, 2022

Fall Semester 2021: August 22 – December 9, 2022

CREDIT HOURS	COURSE	DAY
3	RAD 4101 - Procedures IV	Tuesday, Thursday
1	RAD 4104 - Radiographic Pathology	Tuesday, Thursday
3	RAD 4102 - Equipment and Maintenance II	Tuesday, Thursday
3	RAD 4100 - Radiation Protection I	Tuesday, Thursday
3	RAD 4103 - Clinical Education IV	Monday, Wednesday (8am-4pm) and Friday (8am-12:00)
13 total		

Holidays: Labor Day – September 5, 2022
Thanksgiving – November 24-25, 2022

Semester Break: December 10, 2022 – January 1, 2023

Spring Semester 2022: January 2 – April 21, 2023

CREDIT HOURS	COURSE	DAY
1	RAD 5102 - Professional Development and Independent Study	Tuesday, Thursday
3	RAD 5100 - Radiation Protection II	Tuesday, Thursday
3	RAD 5101 - Procedures V	Tuesday, Thursday
3	RAD 5103 - Clinical Education V	Monday, Wednesday (8am-4pm) and Friday (8am-12:00)
10 total		

Holidays: New Years Day January 2, 2023
MLK – January 16, 2023

Semester Break: April 22 - May 7, 2023

Summer Semester 2021: May 8 – July 21, 2023

CREDIT HOURS	COURSE	DAY
8	RAD 6100 - Radiologic Technology Review	Tuesday, Thursday, & Friday
3	RAD 6101 - Clinical Education VI	Monday, Wednesday (8am-4pm) and Friday (12:00-4pm)
11 total		

Holidays: Memorial Day – May 29, 2023
Independence Day - July 4, 2023

Program completion July 21, 2023

Total Academic Semester credit hours	52
Total Clinical Semester credit hours	18
Total Semester credit hours	70

Note: Clinical education is scheduled a minimum of 20 of the 40 contact hours per week.

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 – 6.66 contact hours of occupation-based instruction per week for the average of the semester equals one semester credit hour.

Revised 7/19/2021bk