



Program Handbook AY2025-2026

Associate of Applied Science

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PROGRAM HANDBOOK AY2024-25

Radiologic Technology, Degree

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The statements set forth in this handbook are for informational purposes only and should not be construed as the basis of a contract between a student and this institution. While every effort has been made to ensure the accuracy of the material stated herein, we reserve the right to change any provision listed in the catalog, including, but not

limited to, entrance requirements and admissions procedures, academic requirements for graduation and various fees and charges without actual notice to individual students. Every effort will be made to keep students advised of such changes. Changes/addendums to the OFTC catalog/student handbook can be found in the OFTC Handbook. The web version supersedes all other forms of publications in terms of revisions.

Introduction

Welcome to the Oconee Fall Line Technical College Radiologic Technology Program. This handbook was prepared by the Radiologic Technology faculty to provide the student with a resource for information regarding the procedures of the Radiologic Technology program. This handbook does not replace the procedures for the general student population of Oconee Fall Line Technical College; therefore, students are expected to be knowledgeable regarding the contents of each.

The Radiologic Technology program is a sequence of courses that prepares students for positions in radiography departments and related businesses and industries. Learning opportunities develop academic, technical and professional knowledge and skills required for job acquisition, retention, and advancement. The program emphasizes a combination of didactic and clinical instruction to develop skills necessary for successful employment. Program graduates receive an Associates of Applied Science Radiologic Technology degree, have the skills of a radiographer and are eligible to apply for a national registry examination for radiographers administered by the American Registry of Radiologic Technologists.

The program, established in 1996, has accreditation by the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Dr., Suite 2850, Chicago, IL 60606-3182, (312)704-5304, email address: mail@jrcert.org. The curriculum is based on the Radiologic Technology Program Guide developed by the Office of Technical Education of the Technical College System of Georgia and the Radiologic Technology Curriculum published by the American Society of Radiologic Technologists. A copy of these documents may be found in the Radiologic Technology Program Director's office.

The program is four semesters in length (not including core courses) and includes technical and clinical courses. Clinical rotations are assigned each semester at different clinical education sites. The staff and administration of the clinical affiliates provide support and assistance in maintaining the quality of the educational program.

OFTC Faculty/Staff

Welcome to Radiologic Technology. Please read the materials in this packet. If you have questions or need clarification, please contact your program advisors.

Eliot Lee	Radiologic Technology Program Director
McKinsey Bray	Clinical Coordinator
Kelley Braxton	Division Chair
Tammy Bayto	Dean of Academic Affairs for Allied Health
Pam Dunn	Director, Admissions
Jennifer Thigpen	Registrar
Saketta Brown	Student Affairs Director
Lori Parnell	Director, Financial Aid

Philosophy

Radiologic Technology is a program of study that encourages each Radiologic Technology program student to benefit and contribute as a partner in the economic development and stability of Georgia. The philosophy of the Radiologic Technology program is founded on the value attributed to individual students, the radiography profession, and technical education.

The radiologic technology program of study is consistent with the philosophy and purpose of the institution. The program provides academic foundations in communications, mathematics, and human relations, as well as technical fundamentals. Program graduates are trained in the underlying fundamentals of Radiologic Technology and are well prepared for employment and subsequent upward mobility.

The radiologic technology program is a technical program that provides the knowledge and skills to qualify participants as radiographers. Upon completion of the radiologic technology program, students are eligible to apply to sit for the American Registered Radiology Technologist (ARRT) registry examination, thus enabling them to achieve professional employment in the field.

The program structure acknowledges individual differences and provides opportunities for students to seek fulfillment of their respective educational goals. As set forth in its student catalog, OFTC does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all educational programs and activities, including admissions policies, scholarship and loan programs, athletic and other Technical College System and College-administered programs, including any Workforce Investment Act of 1998 (WIA) Title I financed programs. It also encompasses the employment of personnel and contracting for goods and services.

To assist each student to attain his or her respective potential within the program, *both the instructor and the student incur an obligation in the learning process*. The instructor is a manager of instructional resources and organizes instruction in a manner that promotes learning. The student assumes responsibility for learning by actively participating in the learning process.

Radiologic Technology is a dynamic profession, requiring careful attention to current curriculum and up-to-date instructional equipment. The program promotes the concept of change as the profession evolves and nurtures the spirit of involvement in lifelong professional learning.

Purpose

The purpose of the Radiologic Technology program is to provide educational opportunities to individuals that will enable them to obtain the knowledge, skills, and attitudes necessary to succeed as radiographers.

The Radiologic Technology program provides educational opportunities regardless of race, color, national origin, religion, sex, age, handicapping condition, academic disadvantage, or economic disadvantage.

The Radiologic Technology program graduates are eligible to apply for a national registry examination for radiographers and are prepared to function as professionals in the field of radiography. Program graduates are to be competent in the general areas of communications, algebra, interpersonal relations, and anatomy and physiology. Program graduates are competent to perform imaging examinations and accompanying responsibilities assigned to a radiographer at the direction of physicians qualified to request and/or perform radiologic procedures. Upon completion of the program the graduate is competent to perform as a radiographer and to:

1. Apply knowledge of anatomy, physiology, positioning and radiographic techniques to accurately demonstrate anatomical structures on a radiograph or other receptor.
2. Determine exposure factors to achieve optimum radiographic techniques with minimum radiation exposure to the patient.
3. Evaluate radiographic images for appropriate positioning and image quality.
4. Apply the principles of radiation protection for the patient, self and others.
5. Provide patient care and comfort.
6. Recognize emergency patient conditions and initiate life-saving first aid and basic life support procedures.
7. Evaluate the performance of radiologic systems; know the safe limits of equipment operation, and report malfunctions to the proper authority.
8. Exercise independent judgment and discretion in the technical performance of medical imaging procedures.
9. Participate in radiographic quality assurance programs.

Mission, Goals and Student Learning Outcomes

The mission of the OFTC Radiologic Technology Program is to provide quality instruction for Radiologic Technology students, enabling them to become competent registered technologists (ARRT) and contribute to the economic development of the community.

The radiologic technology program prepares students for employment in radiologic technology and encourages personal and professional development. In support of this mission, the Radiologic Technology Program has the following goals:

- 1. Radiologic Technology students will be clinically competent.**
- 2. Radiologic Technology students will communicate effectively.**
- 3. Radiologic Technology students will use critical thinking and problem-solving skills.**

The following student learning outcomes are assessed annually:

Goal 1: Radiologic Technology students will be clinically competent.

SLO 1.1: Students will produce acceptable diagnostic-quality images.

SLO 1.2: Students will apply radiation safety practices while in the lab and/or the healthcare setting.

Goal 2: Radiologic Technology students will communicate effectively.

SLO 2.1: Students will demonstrate effective written communication skills.

SLO 2.2: Students will demonstrate effective oral communication skills.

Goal 3: Radiologic Technology students will use critical thinking and problem-solving skills.

SLO 3.1: Students will achieve diagnostic radiographs on non-routine exams (Trauma shoulder, hip, or spine).

SLO 3.2: Students will demonstrate an understanding of technical factor selection and radiographic image quality.

Additionally, the program assesses the following program effectiveness data and outcomes on an annual basis and shares them openly with communities of interest.

- Credentialing Examination Rate
 - The number of students who pass, on the first attempt, the Medical Dosimetrist Certification Board (MDCB) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within the next testing cycle after graduation. The five-year average benchmark established by the JRCERT is 75%.
- Job Placement Rate
 - The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.
- Program Completion Rate
 - The number of students who complete the program within the stated program length. The annual benchmark established by the program is 70%.
- Student Satisfaction Surveys
 - Overall, students will be satisfied with their education.
- Employer Satisfaction Surveys
 - Overall, employers will be satisfied with the graduates' performance.

Objectives

1. Provide current curriculum, instructional materials, and equipment (in accordance with available funding), which teach knowledge, skills, and attitudes appropriate to industry needs.
2. Provide educational facilities, which foster learning and provide safe, healthy environments available and accessible to all students who can benefit from the program.
3. Provide academic instruction which supports effective learning within the program and which enhances professional performance on the job.
4. Provide employability skills that foster work attitudes and work habits that will enable graduates of the program to perform as good employees.
5. Nurture the desire for learning so that graduates will pursue their *own* continuing education as a lifelong endeavor.
6. Provide an educational atmosphere that promotes a positive self-image and a sense of personal well-being.
7. Provide education that fosters development of good safety habits.
8. Provide admission, educational, and placement services without regard to race, color, national origin, religion, sex, age, handicapping condition, academic disadvantage, or economic disadvantage.
9. Provide information to the public regarding the program that will facilitate recruitment and enrollment of students.
10. Promote good public relations via contacts and regular communications with business, industry and the public sector.
11. Promote faculty and student rapport and communications to enhance student success in the program.
12. The programs goals will be met if JRCERT benchmarks are met and evaluated for improvement annually:
 1. 70% annual program completion rate
 2. Five-year average credentialing examination pass rate of not less than 75% at first attempt
 3. Five-year average job placement rate of not less than 75% within twelve months of graduation
 4. Graduate satisfaction
 5. Employer satisfaction

Radiologic Technology Faculty

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Curriculum

As found on TCSG semester curriculum guide:

RT23 Radiologic Technology (version 201412) - Degree (replaces RT03)

Basic Data

Program Name: Radiologic Technology Non-

Occupational Program: N Program

Development: Standard Program Version:

201412

Program Award Level: Associate of Applied Science

Program Credit Hours: 77 Credit Hours

Program Length: 4 Terms (to include core courses up to 6 terms) PAS

Program Group: 1010 Radiologic Technology

CIP Code: 510911 Sci.Radiologic Tech

Justification

Program Description: The Radiologic Technology associate degree program is a sequence of courses that prepares students for positions in radiology departments and related businesses and industries. Learning opportunities develop academic, technical, and professional knowledge and skills required for job acquisition, retention, and advancement. The program emphasizes a combination of didactic and clinical instruction necessary for successful employment. Program graduates receive an associate of applied science degree, have the qualifications of a radiographer, and are eligible to sit for a national certification examination for radiographers.

Occupational Trends: Employment is projected to grow faster than average; those with knowledge of more than one diagnostic imaging procedure will have the best employment opportunities. Formal training programs in radiography are offered in hospital or colleges and universities and lead to a certificate, an associate degree, or a bachelor's degree. Most states require licensure, and requirements vary. Radiologic Technologists held about 214,700 jobs in 2008. About 61 percent of all jobs were in hospitals. Most other jobs were in offices of physicians; medical and diagnostic laboratories, including diagnostic imaging centers; and outpatient care centers. Job opening will arise from the need to replace technologists who leave the occupation. Those with knowledge of more than one diagnostic imaging procedure - such as CT, MR, and mammography - will have the best employment opportunities as employers seek to control costs by using multi-credentialed employees. Demand for radiologic technologists can tend to be regional with some areas having large demand, while other areas are saturated. Technologists willing to relocate may have better job prospects.

Education Programs: There are multiple paths to entry into this profession offered in hospitals or colleges and universities. Formal training programs in radiography lead to a certificate, an associate degree, or a bachelor's degree. An associate degree is the most prevalent form of educational attainment among radiologic technologists. The Joint Review Committee on Education in Radiologic Technology accredits

formal training programs in radiography.

Job/Career Description: Radiologic Technologist use digital imaging and/or film production imaging of the human body for use in diagnosis of illness or other medically related problems. They prepare patients for radiologic examinations by explaining the procedure, removing jewelry and other articles through which x-rays cannot pass, and positioning patients so that the parts of the body can be appropriately radiographed. To prevent unnecessary exposure to radiation, these workers surround the exposed area with radiation protection devices, such as lead shields, or limit the size of the x-ray beam. Radiographers position radiographic equipment at the correct angle and height over the appropriate area of a patient's body. Radiologic Technologist must follow physician's orders precisely and conform to regulations concerning the use of radiation to protect themselves, their patients, and their coworkers from unnecessary exposure.

Salary Trends:

Minimum Salary: \$35,100

Median Salary: \$52,210

Maximum Salary: \$74,970

Occupational Analysis

Duty Order & Description

1. Prepare department for daily operation
 1. Warm up x-ray equipment
 2. Review schedule
 3. Stock x-ray rooms with supplies
2. Prepare for diagnostic exam
 1. Verify physician orders
 2. Generate exam order
 3. Verify patient with two forms of identification
3. Assess image quality (film/digital)
 1. Verify patient identification on film (patient demographics)
 2. Assess technical quality of image (e.g., artifacts, motion)
 3. Evaluate anatomical positioning
4. Prepare film/image for interpretation
 1. Attach patient documentation
 2. Discharge patient
 3. Respond to Radiologist request
5. Triage workflow
 1. Evaluate emergency room activities
 2. Review outpatient schedule
 3. Review OR schedule and add-ons

Program Outcomes

Order & Description

1. Provide education that acknowledges individual differences and respects the right of individuals to seek fulfillment of educational needs.
2. Provide an environment that encourages the individual to benefit and contribute as a partner in the economic process, development and stability of Georgia.
3. Provide education that develops the potential of each student to become a productive, responsible, and upwardly mobile member of society.
4. Provide quality radiologic technology education in an atmosphere that fosters interest in and enthusiasm for learning.
5. Prepare graduates to function as accountable and responsible members within their field of endeavor.
6. Prepare graduates to function as safe and competent practitioners in radiography.
7. Prepare program graduates with the highest level of competence possible given the constraints of the interest and ability levels of individuals.
8. Provide educational and related services without regard to race, color, national origin, religion, gender, age, handicapping condition, academic disadvantage, or economic disadvantage.
9. Foster employer participation, understanding, and confidence in the instructional process and the competency of radiologic technology program graduates.
10. Provide guidance to radiologic technology program students to assist them in pursuing educational opportunities that maximize their professional potential.
11. Encourage program graduates to recognize and to act upon individual needs for continuing education as a function of growth and maintenance of professional competence.

AREA I - Language Arts/Communication (successful completion of ENGL 1101 is required)

Subject & Course Number	Course Title	Credit Hours	Contact Hours
ENGL 1101	Composition and rhetoric	3	45

AREA II - Social/Behavioral Sciences

Subject & Course Number	Course Title	Credit Hours	Contact Hours
PSYC 1101	Introductory Psychology	3	45

AREA III - Natural Sciences/Mathematics Choose one of the following:

Subject & Course Number	Course Title	Credit Hours	Contact Hours
MATH 1103	Quantitative Skills and Reasoning	3	45
MATH 1111	College Algebra	3	45

AREA IV - Humanities/Fine Arts

Subject & Course Number	Course Title	Credit Hours	Contact Hours
ENGL 2130	American Literature	3	45

Program-Specific General Education Core Requirements

To meet the minimum required 15 semester credit hours in General Core Courses, students must take an additional 3 semester credit hours.

Choose one of the following:

Subject & Course Number	Course Title	Credit Hours	Contact Hours
ENGL 1102	Literature and Composition	3	45
HIST 2111	US History I	3	45
HIST 2112	US History II	3	45
MATH 1101	Mathematical Modeling	3	45
POLS 1101	American Government	3	45
SOCI 1101	Introduction to Sociology	3	45

Non-General Education Degree Courses

Subject & Course Number	Course Title	Credit Hours	Contact Hours
BIOL 2113	Anatomy and Physiology I	3	45
BIOL 2113L	Anatomy and Physiology Lab I	1	45
BIOL 2114	Anatomy and Physiology II	3	45
BIOL 2114L	Anatomy and Physiology Lab II	1	45

Occupational Courses

Subject & Course Number	Course Title	Credit Hours	Contact Hours
ALHS 1090	Medical Terminology for Allied Health Sciences	2	30
RADT 1010	Introduction to Radiology	4	75
RADT 1030	Radiographic Procedures I	3	75
RADT 1060	Radiographic Procedures II	3	75
RADT 1065	Radiologic Science	2	30
RADT 1075	Radiographic Imaging	4	75
RADT 1085	Radiologic Equipment	3	60
RADT 1200	Principles of Radiation Biology & Protection	2	30
RADT 1320	Clinical Radiography I	4	180
RADT 1330	Clinical Radiography II	7	315
RADT 2090	Radiographic Procedures III	2	60
RADT 2260	Radiologic Technology Review	3	45
RADT 2340	Clinical Radiography III	6	270
RADT 2360	Clinical Radiography V	9	405

Credit Hours: 77

Contact Hours: 2130

Academic Standards

Evaluation of the student’s achievement of the course objectives will be based on satisfactory completion of all required classroom activities. This is an *example* of how grading will be computed:

EXAMPLE:

Unit Exams.....	40%
Comprehensive final exam	30%
Lab evaluations	15%
Anatomy Quizzes.....	15%

Oconee Fall Line Technical College grading system, as stated in the OFTC Handbook, is as follows:

Grade		Grade Points
A	(90-100) Excellent	4.0
B	(80-89) Good	3.0
C	(70-79) Satisfactory	2.0
D	(60-69) Poor	1.0
F	(0-59) Failing	0

OFTC Academic Regulations and grade definitions are in the OFTC Handbook.

Students are required to achieve a grade of “C” in all courses assigned to the Radiologic Technology curriculum. If a student does not successfully complete (final average of “C” or greater) in any RADT course, the student will be **dismissed** from the program and not allowed to progress to the next semester. The student may re-apply to the program and enter when the sequence of courses he/she needs is offered. This is usually during the same semester the following year, and students must re-compete and meet OFTC’s first term entry requirements. Testing may be required and space limitations must be considered. If re- admittance is requested for first semester, student will compete with first time applicants. Re- entry into the program is limited to one time. If re-admittance is granted, any competencies that are more than one year old must be completed again. The only exception to this would be if a student who is working as a radiographer and can provide acceptable proficiency documentation from their supervisor. This is at the discretion of the Radiologic Technology Department Faculty. Some areas of interest may still need to be assessed. (Ex. Fluoroscopic exams, C-Arm Procedures)

Successful completion of the program shall be dependent on documented achievement of objectives and competencies defined in each syllabus. Because of the structure of this curriculum, students must progress through the course as prescribed. The progressive nature of the RADT courses requires that these courses will be scheduled in the student’s curriculum; however, other courses may be taken prior to entering the full-time curriculum.

Systematic Student Evaluation

A variety of methods, including class participation, written tests, evaluation of practical demonstrations (lab exams), and observation of the student’s skill in the clinical area measure each student’s progress in the program.

Additional progress charts, individual progress reports, performance checklists, and performance evaluation standards are used to monitor the student’s progress in the program. Performance standards have been defined for each area of clinical practice, and the clinical preceptor for each student under his/her supervision will complete periodic clinical evaluation reports. The student’s class participation, cooperation and progress during the grading period will also be considered.

Grading is in accordance with current school procedure. Students should refer to each course syllabus for grading methods. Individual course grading procedures are the responsibility of the course instructor.

Work Ethics

Please refer to the OFTC Handbook.

Remember, you are being observed at all times. In general, you are expected to be punctual for class,

display correct professional attitude and conduct, do the work expected of you in a timely manner, and maintain a neat appearance.

OFTC Academic Conduct Code

Please refer to the [OFTC Handbook](#).

Critical Incidents

A critical incident is defined as any action or failure to take action that may result in or has the potential to result in harmful effects to the well-being of the client. Such incidents should be recorded and reported following the normal chain of command immediately. Each critical incident should be taken very seriously and will be evaluated on an individual basis by a committee selected as appropriate to the offense.

In order that the rights and safety of all students are protected, we ask that your activities be governed by reasonable rules of conduct. The following acts are among those that may constitute cause for disciplinary action in the form of a written critical incident and/or dismissal from the Radiologic Technology Program at OFTC.

Each component of the Code of Conduct will be assigned a Grade I or Grade II.

A Grade I incident will result in immediate dismissal from the clinical site for the remainder of the semester in which the incident occurred and dismissal from the program. A Grade II incident will result in one (1) written warning. A second-Grade II incident will result in immediate dismissal from the clinical setting for the remainder of the semester in which the incident occurred and dismissal from the program.

GRADE I

1. Stealing or willfully destroying or damaging any property of the college, facility, patients, visitors, or personnel. (See Lab Equipment Utilization under the Classroom/Lab and Office section of this handbook.)
2. Reporting while under the influence of or addiction to alcohol, drugs or narcotics or in a physical condition making it unsafe or unsatisfactory to continue clinical practice.
3. Absence of two (2) clinical days without notifying the Clinical Coordinator.
4. Patient abuse (physical, mental, verbal).
5. Altering, falsifying or making a willful misstatement of facts on any patient record or chart.
6. Speaking negatively, gossiping or making libelous statements about the facility, patients, family members or faculty.
7. Violating patient rights as legally defined (i.e. confidentiality).
8. Failure to report any activity or incident that adversely affects the patient.
9. Abandonment – Leaving the clinical site during assigned clinical hours without the clinical preceptor's knowledge/permission.
10. Performance of exams under incorrect supervision standards.
11. Falsification of clinical documentation (ex. Time sheet forgery)

GRADE II

1. Disobedience or insubordination to a clinical preceptor, clinical coordinator or program director.

2. Disorderly, unethical or indecent conduct in the classroom or the clinical setting.
3. Discussing personal problems with the patient.
4. Abandonment – Excessive tardiness (defined as 3 times tardy) or failure to inform the clinical preceptor of tardiness or absence by telephone at least one hour prior to the beginning of the shift. (Two days in any semester of failing to inform in the correct procedure will result in immediate dismissal from the clinical portion of the program.)
5. Smoking in unauthorized areas.
6. Consuming food or beverages at unauthorized times or in unauthorized places.
7. Failure to abide by the clinical uniform standard for Oconee Fall Line Technical College.
8. Failure to abide by policies/requirements of the clinical facility.
10. Failure to follow the chain of command.
11. Second and third offence for display of poor initiative during the clinical rotation (to include disengagement in routine procedure, patient transport/care, room cleanliness, stocking of supplies, etc.) Second and third offence of poor personal hygiene.
12. Cheating (or any misconduct listed in the academic misconduct policy in OFTC Handbook).
13. Falsification of clinical records (example...post-dating competencies)
14. Student having a cell phone on their person in the clinical facility.

These grade I and grade II critical incidents are examples and are not inclusive of all possible offenses or scenarios. Behaviors that warrant critical incident status are at the discretion of program faculty.

Use of Social Media:

The use of social media to defame the college and/or clinical site is strictly prohibited and will be grounds for disciplinary sanctions, including dismissal from the program/school/clinical site.

Attendance Procedures

CLINICAL

1. Attendance at all scheduled clinical activities is necessary to meet course requirements, and absences may affect the student's grade. Students are, therefore, urged to make every possible attempt to attend all clinical rotations. Students should report promptly each day to the assigned clinical site as designated by the Clinical Rotation Schedule. It is the student's responsibility to check the rotation schedule and report to the correct location. Make-up time must be completed by the end of the semester (or on student holidays) as time/space allows.
2. Absence due to illness: The student must notify a Radiology Department technologist, supervisor or the clinical preceptor and Oconee Fall Line Technical College faculty at least one hour prior to the beginning of the scheduled assignment. Messages may not be left with a department secretary. If the student knows or suspects that he/she has a communicable disease, he/she should not report to the clinical site and must follow protocol as described above. A student may re-enter clinical education after consultation and clearance from his/her family physician. The absence must still be made up.
3. Excused Absences: When the student knows in advance that he/she will have to be absent during a clinical assignment, he/she must notify the clinical preceptor as well as OFTC Radiology faculty prior to the assigned day. The time must still be made up.
4. Students must present a professional appearance and attitude at all times by arriving to work on time, beginning

work promptly, working diligently and working well with others, accepting constructive criticism well and showing initiative and the desire to learn. Timeliness is an important component of being professional. Your unwarranted absence or tardiness directly affects those who work with you and the care delivered to the patient. Reporting late at clinical sites: 15- minutes, will result in a “fault.” A student receiving three “faults” in a semester will be required to perform an additional 8- hour clinical day at the institution where the student is assigned. There will be no substituting of clinical sites. An absence of an entire day will have to be made up during the semester in which the absence occurred.

5. A student is considered to have an unsatisfactory attendance record if absent more than **10%** of the scheduled clinical hours for one semester. If a student exceeds **10%** or more of scheduled clinical hours, he/she will be dropped from the clinical course for excessive absences.

EXAMPLE: 30 clinical days X 10% = 3 days

6. All clinical assignments will be made up either at the end of each semester or at the discretion of the faculty. A student who does not complete the clinical requirement will receive an “F” and will not be allowed to proceed to the next semester.
7. Students are required to have **1170 hours** of clinical time to graduate.
8. In order to make up a clinical absence, a make-up sheet must be completed and handed in. (See make- up sheet). If a student needs to make-up clinical time, the make-up time sheet must be completed and turned into Clinical Coordinator prior to credit being given for the time. It will be the student’s responsibility to make sure all make-up time sheets are completed and given to the program instructors in a timely manner.

If a student or instructor believes that a particular student would benefit from additional clinical experience, a student will be allowed to with specific guidelines.

- The student must have prior approval from the Clinical Coordinator and on-site Clinical preceptor and the supervising technologist of the chosen clinical site.
 - The student must be at the clinical site for a full day (8½ hours); no half days will be allowed.
 - The student cannot use the voluntary time as credit toward any make-up time.
 - Depending upon the student’s actual needs, the Clinical Coordinator may or may not be present.
 - A make-up time sheet must be completed to document the time the student was present at the respective clinical site.
9. Switching clinical rotation for any reason is prohibited unless approved by the Clinical Coordinator.
 10. The student will attend clinical according to schedules. If a student remains at a clinical site longer than assigned, consideration may be given for previously missed clinical time. Such consideration is at the discretion of program faculty.
 11. The student should be in his/her assigned area five minutes before scheduled time and is to remain there until scheduled time has expired. Failure to comply will result in a critical incident.
 12. A student will be required to make-up any missed clinical time for attending a related job orientation if the student is paid for the orientation time. If the employer does not pay the student for the day of orientation, clinical time will be granted for the day. This is **ONLY** for employment in the field of radiology. Job related orientations for employment outside of radiology will require the day to be made up.

DIDACTIC CLASSES

A student that misses more than 10% of the scheduled class time will be withdrawn from the course in which they are enrolled. Please refer to your class syllabus.

Accidents/ Injuries to Students

Students should report accidents or injuries that occur to them or to others to their instructor

immediately. The student is expected to adhere to the clinical agency's policy regarding the completion of an incident report and receiving appropriate medical care and should also complete the appropriate OFTC paperwork if student accident insurance is to be utilized.

Liability of Radiologic Technology Students

Radiologic Technology students will be held responsible and accountable for their own actions while in the clinical area. The scope of practice for radiographers will be presented during RADT 1010.

Professional liability insurance is required, and the cost is paid in class fees. The student is required to pay this fee each academic year before attending clinical sites.

Client Confidentiality

Students and faculty are bound by the established professional code of ethics concerning client confidentiality and must follow the clinical facility guidelines assuring compliance with HIPAA regulations. Students may not use client names on student paperwork; you may use x-ray numbers to identify radiographs for presentation. Students may not discuss clients and/or family members except during appropriate conference times. Failure to abide by this established code will result in a Grade I Critical Incident.

Access to Client Records

Students may only have access to client records during clinical rotation or by special arrangements made by the instructor and host facility. A student cannot present to the clinical area after established hours and represent OFTC to gain access to client data.

Clinical Breaks

The students are allowed 30 minutes a day for lunch (the specific time to take a lunch break is **at the discretion of the clinical preceptor**). There should be no eating or drinking in the Radiologic Technology department (unless the department has a "break" room and eating is allowed in that area).

No Smoking Areas

All of the clinical settings utilized by OFTC are "Smoke Free" facilities. There should be no smoking in the clinical area except in those areas designated as smoking areas by the clinical facility.

Grievance Procedures

The complete OFTC student grievance procedure can be found in the [OFTC Handbook](#).

JRCERT Standards and Grievance Procedure

The radiologic technology program is accredited by JRCERT to ensure quality and integrity in education. JRCERT has 6 standards in which OFTC must comply with to maintain accreditation:

Standard One: Accountability, Fair Practices, and Public Information

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

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Standard Four: Curriculum and Academic Practices

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

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement

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

AVENUE TO PURSUE ALLEGATIONS OF NON-COMPLIANCE WITH STANDARDS:

Students have the right to submit allegations against a JRCERT-accredited program if there is reason to believe that the program has acted contrary to JRCERT accreditation standards or that conditions at the program appear to jeopardize the quality of instruction or the general welfare of its students.

Steps to pursue allegations of non-compliance with standards:

- 1. Student must first attempt to resolve the complaint directly with OFTC by following the grievance procedure in the OFTC Handbook.**
- 2. If the student is unable to resolve the complaint with OFTC officials or believes the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to JRCERT within 15 days of the OFTC President's decision.**

Classroom/Lab and Office**Lab Equipment Utilization**

Because the replacement of lab equipment is very costly to the institution, students and faculty members are expected to handle all lab equipment carefully. Lab equipment and the lab itself should be left in an orderly manner. Students may not borrow department equipment, including textbooks and video materials.

Faculty Offices

Office hours in which faculty are available to students are established each semester based on curriculum scheduling. Students may find individual office hours on instructor's office door. Students are not permitted into the Radiologic Technology offices unless there is a faculty member present. Faculty members are not available during lunch hours (usually 12:00pm – 1:00pm) unless special arrangements

have been made.

Radiation Protection Procedure

Students are required to exercise sound radiation protection at all times. At no time may a student participate in a procedure utilizing unsafe protection practices.

ENERGIZED LAB

1. Students may operate the energized lab only with an instructor present.
2. Students **may not** radiograph each other. Students may simulate an examination on another student as long as an exposure is not made. Phantoms and positioning devices are available for laboratory experiments.
3. Any individual experiment or project must be reviewed and authorized by a faculty member.
4. **The student is required to wear a radiation monitor while in the energized lab making exposures.**
5. Any questionable practice must be reported to the program director immediately.

CLINICAL AFFILIATES

Students must wear radiation monitors while attending the clinical assignment. The single monitor is to be worn at the collar, outside the lead apron.

1. Students may leave dosimeters at the clinical site (in a radiation safe area) if they are not needed for projects or experiments at the energized lab.
2. Students must always adhere to practices that reduce radiation exposure to themselves and other personnel.
3. Radiation protection of the patient is the responsibility of the student.
4. Any questionable practice must be reported to the clinical preceptor and program director.

MONITORING RECORDS

1. The dosimeters worn by the faculty and students must be changed no later than the 5th of each month. Students may bring dosimeters in to class on the date directly preceding the fifth of each month.
2. If a dosimeter is lost or damaged, the student must notify the Clinical Coordinator so a replacement may be ordered. The student is responsible for the cost of the replacement badge.
3. The dosimetry reports will be reviewed by the Clinical Coordinator and counseling will be provided as necessary. The student must check his/her dosimetry report monthly and initial the form within 30 days of receipt. Any questions concerning the report should be directed to the Clinical Coordinator.
4. Students are required to document and submit a written report to the Clinical Coordinator when a situation arises that might affect the quality of the radiation monitoring report. This will be placed in the student's file for future reference.
5. Each student is subject to the occupational exposure dose limits set by state and federal guidelines. If the dose limit is exceeded, the student will be counseled by the Clinical Coordinator and Program Director to determine the reason for the exposure.
6. If a student is employed in a Radiology Department that requires the student to wear a radiation monitor, a different monitor must be worn. The Radiology Department must provide the monitor used during normal work hours. Federal regulations require that a copy of this second dosimetry report be forwarded monthly to the Program Director.

Lab Management Procedure

I. General Administration Guidelines

A. Definitions

1. The program coordinator is the Radiologic Technology Program Director unless otherwise appointed.
2. Instructors are other persons employed by the college as Radiologic Technology or Imaging Science instructors.
3. Lab assistant(s) is/are person(s) employed by the institute as an assistant(s) to the program director/instructor(s).
4. The program is Radiologic Technology.
5. Lab and classroom refer to any physical area of the Radiologic Technology Program Area.
6. Files as used in this policy are computerized or paper documents pertaining to the operation of the program.

B. Files

1. The Program Director and Clinical Coordinator will maintain the files for any work performed in the Radiologic Technology labs.
Those files include, but are not limited to:
 - a. Accident, damage, or any other reports that result from work performed by students
 - b. Lab Policy
 - c. Lab exams or physics labs
2. Item a, when completed, will be stored in the Radiologic Technology files until the end of the fiscal year. Files will be closed at the end of the fiscal year and destroyed at the end of the following fiscal year. The file manager is the Program Director.

II. General Duties and Responsibilities

- A. The Program Director is responsible for ensuring the implementation of this procedure, the general supervision of the lab, assignment of instructor duties and the supervision of instructors/lab assistants in the application of this policy. In the absence of the Program Director, the Clinical Coordinator will assume the authority/responsibilities.

III. Live Work and Procedures

- A. The Radiologic Technology program at Oconee Fall Line Technical College will not perform live work in the Radiologic Technology lab. Live Work is defined as any work performed by students or instructors of Oconee Fall Line Technical College that requires the payment of fees, the purchase of material, or any work that carries any warranty as to quality, design, safety or any other guarantees written or implied.
- B. The program, college, state of Georgia, or any employee or student of those agencies will not be held responsible or liable for any damage or loss resulting from any work performed in the Radiologic Technology program.

IV. Safety Health and Student Supervision

A. Attire Worn in Lab

1. Approved Program name tag
2. Dosimeter (when making exposures in the energized lab)
3. Uniform scrubs or appropriate casual attire as per syllabus
4. All leather, closed-toed clinical or tennis shoes

B. Housekeeping

1. Students will be required to clean and maintain a sanitary work area at all times.
2. The floor will be swept and debris will be removed and placed in the proper container.
3. Once a semester there will be a general cleaning of all floors, walls, and cabinets.

C. Lab Accidents

1. **All accidents** will be reported to the Radiologic Technology Director and/or the Clinical Coordinator. An accident report must be filled out.

V. Lab Supervision

- A. All work in the lab will be done only with supervision from a Radiologic Technology Instructor. **Under No Circumstances** will a student be allowed to operate energized equipment in the Radiologic Technology Lab without the presence of an Instructor/Lab Assistant.

Procedure for Pregnant Students

PROCEDURE FOR PREGNANT STUDENTS WHO ARE EXPOSED TO IONIZING RADIATION IN THE COURSE OF THEIR EDUCATION

INTRODUCTION

This procedure has been adopted for those students who may become pregnant while enrolled in a program in which they are exposed to ionizing radiation. Oconee Fall Line Technical College is very interested in the protection of the unborn child, and will take every reasonable step to ensure the safety of the mother and the unborn child throughout the pregnancy. Current radiation protection standards and scientific evaluations have demonstrated that, with proper protection, the student may work safely throughout the term of the pregnancy. The purpose of this procedure is to provide the pregnant student with necessary protection in accordance with all standards and regulations while at the same time assuring the performance of assigned tasks throughout the pregnancy.

DECLARED PREGNANT WORKER

Federal and State regulations were modified in 1994 to introduce the term “*declared pregnant worker*.” A declared pregnant woman is defined as a woman who has **voluntarily** informed her employer, in writing, of her pregnancy and the estimated date of conception. The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This regulation has been applied to student radiographers as well. The pregnancy may be declared as soon as conception is confirmed, or at any time during the pregnancy. Once the pregnancy is declared this institution is required to ensure that the unborn child does not receive more than 500 millirem (5 mSv) during the term of the pregnancy, as determined by the radiation dosimeter, which is worn at waist level under the apron. In the event that the student has already received 450 millirem (4.5 mSv) or greater from the date of conception to the date that the pregnancy is declared, the regulations permit the unborn child to receive a maximum of 50 millirem (.5 mSv) during the remaining term of the pregnancy. It is up to each student to make her own decision regarding the declaration of pregnancy. In all cases, the school requires that radiation doses to the student as well as to the unborn child shall be maintained, “As Low As Reasonably Achievable (ALARA)”.

When a student confirms that she is pregnant, she has several choices. She may choose to NOT declare the pregnancy, in which case no changes will be made to the student’s schedule and the embryo/fetus will be subject to the same radiation dose limits that apply to other occupational workers.

If the student decides to declare the pregnancy, **she must do so in writing**. Once the student completes a “Declaration of Pregnancy” (see attached form), she needs to meet with the Radiologic Technology Program Director to discuss her options. These include the following:

1. She may choose to withdraw from the program and re-enter after delivery to complete the program.
2. She may choose to continue the program without interruption of the routine clinical rotations. However, the Program Director must assure that the radiation exposure to

- the embryo/fetus does not exceed .5 rem (5 mSv) during the entire pregnancy. This could necessitate a change in the schedule to avoid areas of clinical practice that may expose the student to higher radiation doses, i.e., mobile C-arm fluoroscopy, mobile radiographic exams and fluoroscopy. This option might result in a delay in graduation until those clinical hours could be completed.
3. She may choose to discontinue clinical rotations and remain in the academic classes until after delivery, and then complete clinical rotations. This option would delay completion of the program.

The student may revoke the Declaration of Pregnancy, **in writing**, at any time if she believes that it is in her best interest to do so, and the lower dose limit for the embryo/fetus would no longer apply.

USE OF PROTECTIVE DEVICES

Dosimeters designated for use under the lead apron at the waist level must be properly managed at all times. Under no circumstances should the waist and collar badges be reversed. Proper utilization of the dosimeter during radiation exposure is mandatory.

Lead aprons provided by the clinical site or by the school must be worn at all times that the pregnant or potentially pregnant student receives radiation exposure. Care should be taken to reduce and eliminate unnecessary exposure. Using these protective measures, the student should be able to perform normal duties throughout the pregnancy without fear of excessive radiation exposure to the unborn child.

NUCLEAR REGULATORY COMMISSION POSITION

NRC regulations and guidance are based on the conservative assumption that any amount of radiation, no matter how small, can have a harmful effect on an adult, child, or unborn child. This assumption is said to be conservative because there are no data showing ill effects from small doses; the National Academy of Sciences recently expressed “uncertainty as to whether a dose of, say, 1 rad would have any effect at all.” Although it is known that the unborn child is more sensitive to radiation than adults, particularly during certain stages of development, the NRC has not established a special dose limit for protection of the unborn child. Such a limit could result in job discrimination for women of childbearing age and perhaps in the invasion of privacy (if pregnancy tests were required) if a separate regulatory dose limit were specified for the unborn child. Therefore, the NRC has taken the position that special protection of the unborn child should be *voluntary* and should be based on decisions made by workers and employers who are well informed about the risks involved. (Taken from Appendix B, Pregnant Worker’s Guide, Nuclear Regulatory Commission.)

Regulatory Guides 8.13 *Instruction Regarding Prenatal Radiation Exposure* and 8.29 *Instruction Concerning Risks from Occupational Radiation* are available in the Radiologic Technology Classroom.)

DECLARED PREGNANCY FORM

To Whom It May Concern:

In accordance with current state regulations, I would like to declare that I am pregnant voluntarily. I believe I became pregnant in _____ (only the month and year need be provided).

In making this declaration, I wish to be afforded the protection that is specified under this regulation, specifically, that the unborn child shall not receive in excess of 500 millirems (5 mSv) during the term of the pregnancy. I understand that if records show that I have received 450 millirems (4.5 mSv) or greater at the time of this declaration, the unborn child is permitted to receive an additional dose of no more than 50 millirems (.5 mSv) during the term of the pregnancy.

I also understand that meeting the lower dose limit may require a change in my clinical rotation schedule during my pregnancy, which could result in a delay in graduation.

Date of Declaration

Student Signature

RECEIPT OF DECLARATION ACKNOWLEDGED:

Radiologic Technology Program Director

Communicable Disease Procedure

The Radiologic Technology Program enforces current OFTC Exposure Control Plan on communicable diseases. Any student suffering from a contagious infection will be asked to provide medical documentation that the contagious phase has passed prior to continuing in class. This is to insure minimum risk to others.

The following medical information is of vital importance to you. Please read the information carefully. If you have any questions, please contact your instructor.

Hepatitis B

Health care workers who come in contact with blood and body fluids are at risk for acquiring Hepatitis B. This includes physicians, nurses, lab technicians, emergency medical technicians, and others (medical students) involved in health care occupations.

1. What is Hepatitis B?

It is an inflammation of the liver caused by the Hepatitis B virus. A case of Hepatitis B can be asymptomatic, similar to a mild case of the flu, or may be more severe, requiring extended bed rest or hospitalization. The long-term consequences can include chronic active hepatitis, cirrhosis, and liver cancer.

2. What is the relative risk of health care workers contracting Hepatitis B?

Health care workers are at 20 times greater risk of contracting the virus than is the general public. Every year, in fact, approximately 18,000 health care professionals contract Hepatitis B. It is 100 times more contagious than AIDS.

3. Who, specifically, is at risk for contracting Hepatitis B?

Everyone who has contact with potentially infected blood or body fluids is at risk; physicians, nurses, technicians-as well as maintenance personnel who handle needles and infectious waste. The Hepatitis B surface antigen is found in blood, saliva, urine, semen, vaginal secretions, and possibly other body fluids. Moreover, the virus can survive for days on environmental surfaces, and every contact with the virus is capable of causing infection.

4. What are the consequences of Hepatitis B?

Short-term consequences of Hepatitis B include an average of seven weeks lost from work, and the risk of permanent liver damage. Long-term consequences include chronic active hepatitis and cirrhosis of the liver. Every year approximately 5,000 Americans, including 300 health care workers, die of Hepatitis B or its complications.

While this disease is harmful and can be deadly, it can also be prevented. For most individuals, the Hepatitis B vaccine has proven to be highly effective. Vaccination is strongly recommended for health care workers, allied health faculty and students as well as any others whose job or profession involves an inherent potential for skin or mucous membrane contact with blood, body fluids, body tissues or a potential for spills or splashes of these items. The vaccination is given in three (3) doses, 1st dose, 2nd dose one month later, and 3rd dose six months after first dose and is available at cost at local health departments.

Human Immunodeficiency Virus (HIV)

1. What is HIV?

HIV usually results in AIDS (Acquired Immune Deficiency Syndrome), a disease that is incurable and has a high mortality rate. HIV is a bloodborne infection that may be transmitted through sexual contact, transfusion of contaminated blood, the use of

contaminated needles, by exposure to infected body fluids on mucous membranes or in open lesions, from mother to child in utero at delivery or through breastfeeding.

2. What are the symptoms of HIV infection?

During the early phase of infection, the infected individual may experience flu-like symptoms. This is followed by a phase with no external symptoms which may last from 1 to 10 years. During this time, however, the immune function of the body is declining. During the later stages, the infected individual develops enlarged lymph nodes, low-grade fevers, night sweats; as the disease progresses, the individual meets the criteria for the diagnosis of AIDS. Of persons with this diagnosis, 80% to 90% die within 3 years. He/she suffers from multiple opportunistic viral, protozoal and bacterial infections as well as cancer.

3. What is the potential risk to health workers?

The incidence of AIDS among health workers contracted in the workplace is extremely low; however, it has occurred and must be considered. Most frequently, the cause has been needle stick accidents. To prevent infection, health care workers must follow universal blood and body fluid precautions.¹

4. How do Radiologic Technology students protect themselves?

Radiologic Technology students will be instructed in the use of standard and Blood and Body Fluid precautions prior to entering the clinical setting in RADT 1010 Introduction to Radiologic Technology. Protective apparel is readily available at the clinical sites. Since many health care facilities do not identify HIV patients, it is critical to use these precautions with every patient.

¹Torres, Lillian S., Basic Medical Techniques and Patient Care in Imaging Technology, 5th Ed.; Philadelphia, Lippincott, 1997, p. 50.

Infection Control

The following measures for preventing transmission of body fluid and blood-borne pathogens in health care settings are recommended by the Centers for Disease Control: (MMWR 1987 Aug.21; 36: 1-185).

1. Use of blood and body fluid precautions for all patients, since medical history and examination cannot reliably identify all patients infected with HIV and other fluid or blood-borne pathogens.
2. Use of special precautions during pre-hospital and emergency care since the risk of blood exposure to health care workers is increased and the infection status of the patient is usually unknown.
3. Use of appropriate barrier precautions to prevent exposure to skin and mucous membrane when contact with blood or other body fluids is anticipated.
4. Gloves should be worn when in contact with blood, body fluids and mucous membranes and for handling items or surfaces soiled with blood or body fluids, or for performing venipuncture and other vascular access procedures.
5. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate air-borne droplets of blood or body fluids to protect exposure of mucous membranes of the mouth, nose and eyes.
6. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
7. Use caution to prevent injuries caused by needles, scalpels and other sharp instruments. To prevent needle-sticks, needles should not be recapped, purposely bent or broken by hand. After use, sharps should be placed in puncture resistant containers for appropriate disposal.
8. Although saliva has not been implicated in HIV transmission, minimize the need for emergency mouth-to-mouth resuscitation by making resuscitation bags, mouthpieces and ventilation devices available in areas in which the need for resuscitation is predictable.
9. Health care workers with open lesions or weeping dermatitis should refrain from all direct patient care and from handling equipment until condition resolves.
10. Change gloves after caring for each patient, as glove integrity cannot be assured with washing and repeated use.
11. Wash hands prior to and immediately after patient contact.

Exposure Control Plan

Oconee Fall Line Technical College maintains an approved *Exposure Control Plan* for occupational exposure to blood borne and airborne pathogens/tuberculosis. The plan is updated annually and posted in the OFTC library and in laboratories or classrooms which are classified as Category I and II. A Category I program would include tasks/activities where there is the definite potential for contact with blood, other potentially infectious body materials or airborne pathogens. A Category II program would include tasks/activities performed without exposure to blood or other body materials, or airborne pathogens to which universal precautions/standard precautions apply, but exposure might occur as an abnormal event or an emergency.

The plan is designed to provide the faculty and students with recognition of tasks, procedures and activities which present the potential for occupational exposure to blood and air-borne pathogens and a means of eliminating or minimizing in the performance of their instructional duties or activities.

Training is provided to students by their respective faculty prior to performing student-student or student-patient/client procedures.

Faculty/Student Hepatitis B Information

Information & Consent/Declination/Confirmation

HEPATITIS is a viral disease that causes systemic infection with primary liver involvement. There is no specific treatment for this disease. The outcome of the Hepatitis B is variable but it can be lethal and 5 – 10 % of infected persons will become carriers. Vaccination is strongly recommended for healthcare workers, allied health, and nursing faculty and students as well as others whose jobs or training programs involve an inherent potential for skin or mucous membrane contact with blood, body fluids, body tissues or a potential for spills or splashes of these items.

PURPOSE: The purpose of the vaccination series is to provide prophylactic HBV protection to those faculty members and students in program areas which have the potential of exposure to blood or other potentially infectious body materials (OPIM). Hepatitis B vaccination may be required by clinical facilities/worksites for both faculty members and students prior to any patient/client contact.

PREPARATION: The vaccine is safe, immunogenic, and effective in preventing Hepatitis B.

VACCINE: The vaccine is produced in yeast cells, purified by a series of physical and chemical methods, and is *free of any human blood products*.

DOSAGE/ADMINISTRATION:

- ❖ Given IM only into the deltoid muscle.
- ❖ Three (3) doses of one (1) ml. each.
 - First dose – as desired.
 - Second dose – one month later
 - Third dose – six months after first dose

**The duration of the protective effect is unknown at the present time. **

ADVERSE REACTIONS:

- As with any vaccine, an anaphylactic reaction may occur in <1.0% of recipients.
- Redness, swelling, warmth and soreness at the injection site.
- Low-grade fever (<= 101 F) is usually confined to the 48-hour period following the injection.
- Malaise, headache, nausea, dizziness and aching, usually limited to the first few days following the injection.
- Urticaria (rash) – rare
- In a small number of persons, neurologic reaction, including the Guillian-Barre syndrome have occurred in the period following Hepatitis B vaccination. The rate of occurrence of Guillian-Barre syndrome is not thought to be significantly increased above that observed in normal adults. These reactions are not thought to be related directly to the Hepatitis B vaccine.

CONTRAINDICATIONS: If any of the following are present, the vaccine should not be taken.

- Hypersensitivity to yeast
- Hypersensitivity to any component of the vaccine.

PRECAUTIONS: If any of the following are present, the faculty member/student should consult their private physician before starting the vaccination series.

- Serious, active infection of illness
- Severely compromised cardiopulmonary function
- Pregnancy or lactation

WARNING!: Faculty members or students who are immunocompromised or receiving immunosuppressive therapy should consult their private physician for guidance and dosages prior to starting the vaccination series.

OFTC STUDENT HEPATITIS B VACCINE

I have read the attached Hepatitis B vaccine series information and, by my signature on one (1) of the statements below, am indicating my decision concerning the Hepatitis B Vaccination.

DECLINATION STATEMENT:

I understand that due to my occupational training exposure to blood or other potentially infectious body materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at cost. However, I ***DECLINE HEPATITIS B VACCINATION AT THIS TIME***. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, as serious disease. If in the future, I continue to have occupation training exposure to blood or other potentially infectious body materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at cost.

Student Signature	Date	Witness Signature	Date
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CONSENT STATEMENT:

I, by my signature below, ***CONSENT TO HEPATITIS B VACCINATION***. I have read the information contained in this document and have had the opportunity to ask questions which were answered to my satisfaction. I understand that completion of the Hepatitis B vaccination series is necessary to insure the greatest degree of protection. I understand the importance of completing the three-dose series as scheduled (defined as seven calendar days before or after the due date of the injection series) unless medically contraindicated. I understand that, as with any medical treatment, there is no guarantee that I will become immune, that the Hepatitis B vaccine will prevent me from developing Hepatitis B, or that I will not experience an adverse side effect or side effects from the vaccine.

Student Signature	Date	Witness Signature	Date
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Dose	Lot #	Date	Site	Administered by	Manufacturer
1 ST Dose	_____	_____	_____	_____	_____
2 ND Dose	_____	_____	_____	_____	_____
3 RD Dose	_____	_____	_____	_____	_____

Booster if necessary: _____ (Date)

CONFIRMATION STATEMENT:

I, by my signature below, am providing ***CONFIRMATION OF HEPATITIS B VACCINATION***. I have previously received the three-injection series of vaccinations for Hepatitis B, and do not require any further immunizations or testing. If I later determine that I am not effectively immunized against Hepatitis B, I may request that my status be reviewed and that I be considered for the series of injections to protect me from Hepatitis B.

Student Signature

Date

Witness Signature

Date

Work Procedure

The state of Georgia does not require a license to work in radiography. Student technologists are allowed to work in the field, but it shouldn't interfere with the Radiologic Technology Program. Students may not count examinations performed during employment towards school requirements.

A separate exposure monitor must be worn when working in a Radiology Department, and a copy of the student's exposure report must be sent to the Radiologic Technology program director on a monthly basis. (1994 Federal Regulations)

All student and faculty activities associated with the curriculum, especially while the students are completing clinical rotations, will be educational in nature. The time spent in the clinical area is, by design, an instructional exercise to provide the students with learning experiences that will expand their knowledge base. Therefore, during the period of clinical instruction, the student or faculty will not be used as a substitute for any staff member regardless of the urgency of the work conditions. Students, who are paid employees of hospitals or any clinical site entity, will not be considered "staff" during their clinical rotations. Students will not receive any type of payment for any services rendered while in the clinical area receiving clinical instruction. Additionally, any faculty serving in the capacity of clinical preceptor, clinical coordinator or any other clinically specified position, will not receive any type of payment outside that routinely received from the college, from any source for services rendered during the course of the instructional day.

Any breach of this procedure will result in disciplinary action, up to and including termination from employment and/or from the student's program of study.

ARRT Registry Procedure

Graduates of the OFTC Radiologic Technology program will be eligible to apply for the national registry administered by the American Registry of Radiologic Technologists (ARRT). An applicant for the registry will submit written evidence, verified by oath, that the applicant is in good physical and mental health, is a high school graduate or the equivalent thereof and has successfully completed the course of training for Radiographers approved by the ARRT.

Pearson VUE, the electronic testing business of Pearson Education, is providing ARRT computer based testing services. At Pearson VUE test centers, you will be required to show *two (2) forms of ID* for admission to the test center. Both IDs must show your signature, and one ID must be a currently valid, official government-issued photo ID. Examples of acceptable forms of ID include driver's licenses, passports or state-issued photo IDs. An example of a second acceptable ID would be; an employee ID, ATM card, school ID or credit card. Rescheduling requires first canceling the existing appointment at least one business day prior to the scheduled appointment. The appointment may then be rescheduled. Candidates failing to appear for an appointment **forfeit** their application fee.

Eligibility for the examination depends upon the following:

1. Completion of all requirements for graduation from OFTC.
2. Completion of the application and mailing it by the date required along with the application fee. Applications will be made available through the Radiologic Technology program, but it is the student's responsibility to complete the application and mail it by the required date.

Note:

A student who has been convicted of a felony or misdemeanor may be prohibited from taking the certification examination. A pre-application form to determine eligibility by ARRT is available from the Radiologic Technology Program Director or on the American Registry of Radiologic Technologists website.

Several professional organizations have been established for individuals practicing in the field of Radiologic Technology. Membership in these organizations is strictly voluntary; however, students are encouraged to join and become actively involved in the Central Georgia Society of Radiologic Technologists, the Georgia Society of Radiologic Technologists and the American Society of Radiologic Technologists.

Basic MRI Safety Training & Screening

Applied Radiology Continuing Education

Applied Radiology website

Student Name _____

Date _____

Introduction to MRI Safety

Program Objectives: After completing this course, you will be able to (initial each line when complete):

- **Appreciate the importance of MRI** _____
- **Identify the hazards associated with MRI** _____
 - The MRI is ALWAYS on! (24/7/365)
 - .2 – 3 “Tesla” Strength (3 is highest in clinical setting)
 - MRI Environment- Area in and around where the MRI system is located.
 - MRI System room is the “Security Room”
 - “Fringe Field” around, above and below the magnet
 - Missile Effect
 - Fringe field attracts ferromagnetic object, draws it rapidly (with considerable force) and the object becomes a projectile or “missile”.
 - MRI System Control Room
- **Understand the screening process** _____
 - MRI Screening (Patients and Individuals other than patients)
 - Critical part of MRI safety program
 - Accidents often due to improper or no screening procedure
 - Performed by MRI safety-trained healthcare worker
 - Written form and verbal interview
 - Static Magnetic Field can move or dislodge implants and devices
 - May damage certain items (Ex. Cell phones, watches, hearing aids)
 - Gradient Magnetic Fields (Induced Currents)
 - Are present when MRI system is operating
 - For the patient, may induce currents in tissues and/or objects (Ex. Implants)

- Time-Varying Magnetic Fields: Acoustic Noise
 - For the patient and those in the scanner room, noise may be excessive
 - Wear earplugs or other ear protection
- Radiofrequency (RF) Fields induced by RF Coils
 - Present when MRI system is operating
 - For the patient, may cause tissue heating
 - For the patient, possible implant heating
- Screening Individuals (Non-patients)
 - Identify potential hazards prior to entry into the MRI environment (Prior surgery? Implant? Metallic foreign body? Pregnant? Cardiac Pacemakers? Electronically or magnetically-activated devices? Hearing Aids? ICDs? Insulin pump? Artificial or prosthetic limbs?)
- **Describe steps to prevent accidents and injuries** _____
 - Prevention of Missile Accidents
 - Undergo MRI safety training, repeat regularly
 - Review MRI safety policies and procedures
 - Understand powerful magnetic field is always “ON”
 - No objects containing magnetic parts permitted
 - Transport patients using approved equipment
 - No magnetic or dangerous objects concealed on transport equipment
 - Undergo screening before entering MRI environment
 - Projectile Accident and Quench
 - Ramp-down magnet using “quench”
 - Quench= sudden loss of magnetic field
 - Liquid helium converts to helium gas (venting cryogens)
 - Vapor cloud, loud noises
 - Potentially dangerous gas if venting system fails
 - Evacuate the room
 - Each MRI facility has specific policies
 - Quench must be initiated by specially-trained personnel, only
 - Control of the MRI Environment: Techniques to Control Access
 - MRI safety trained individual monitors area
 - Use special door locking mechanisms
 - Post “Danger” signs
 - Use metal detectors that identify magnetic objects (ferromagnetic detection mechanisms)
 - “Zones” described by the American College of Radiology
 - Zone 1- (MRI) Freely accessible by the general public
 - Zone 2- (Notice) Receptionist, other front office staff
 - Zone 3- (Caution) Control room area, supervised/screened individuals
 - Zone 4- (Danger) Scanner location, hazards and dangers present
 - With regards to items taken into the MRI System Room
 - Only specially-designed items allowed

- Labeled “Nonmagnetic”, “MRI Safe” or “MRI Conditional”
- Never take “unknown” items or equipment into the scanner room
- Consult MRI safety-trained staff
- Watch for MRI Labeling Icons
- Empty pockets prior to entering room
- Emergencies
 - Follow all sit-specific policies and procedures
 - Be prepared for emergencies
 - No unsafe equipment allowed in scanner room
 - Acceptable gurney/stretchers readily available
 - Remove patient from the scanner, secure room
 - Follow instructions from MRI staff

Clinical Education

The major purpose of a program in Radiologic Technology is to enable the student to develop skills that will allow him/her to successfully perform the duties of a radiographer. The preliminary step in this process is the acquisition of knowledge through classroom and laboratory learning experiences. A student must then practice and perform these skills until they are mastered.

Clinical education is a vital part of your education in the field of radiography. The majority of time spent in this program is in this area. For the student radiographer to obtain the greatest benefit in this program, it is important that he/she participate to the fullest.

The student begins with a brief orientation rotation through each area in the department to which he/she is assigned. After completing the orientation rotation, the student begins regular assignments in each area. The student may be assigned to a variety of shifts, including evenings and weekends.

At least two times each semester, the Clinical Coordinator and/or Program Director will meet with each student to discuss the student's progress in clinical practice. The conference will include a discussion of evaluations and competencies completed during the interval.

Meetings may be held at any time during the semester if the need arises.

Clinical and Class Dress Code

1. CLASS

- **Casual attire is allowed during class. Make comfortable and appropriate clothing choices. Students simulate on each other during lab practice and lab exams.**
 - NO tank tops, revealing tops, halter tops, spaghetti straps, etc.
 - NO tight jeans, pants or leggings
 - NO shorts above mid-thigh
 - NO skirts above the knee
- **Short fingernails—No acrylic nails**
- **No wet hair**
- **Clothes should be wrinkle free**
- **Closed-toe shoes in the lab**
- **Good personal hygiene is essential; bathe daily and use a good deodorant.**
- **Failure to follow guidelines for attire:**
 - **1st offense: Consultation with program director regarding appropriate dress. Anecdotal form will be signed and put in student's permanent file.**
 - **2nd offense: Grade II violation**
 - **3rd offense: 2nd Grade II violation which will result in program dismissal.**

2. CLINICAL During uniform days at OFTC and all clinical time, the students will wear complete uniform as defined below.

SHOES: WHITE (minimal color) or ALL BLACK

LOWER: Royal Blue scrub pant (no bell-bottom)

UPPER: Royal Blue Scrub top
PATCH: OFTC patch *sewn* on Left sleeve
NAME: OFTC name badge must be visible at all times

$\frac{3}{4}$ WHITE LAB COAT: Optional with OFTC patch sewn on left sleeve.

2. White shoes (minimum color) or all black are to be worn with the uniform. If white shoes are chosen, they must be clean and of professional appearance. White duty shoes or plain white low-top **leather** athletic shoes are acceptable. **Clogs, Keds tennis shoes, or athletic shoes with bold stripes, colors, labels, logos, etc. are not acceptable. Canvas shoes are not acceptable.** Shoes will be clean and polished; shoelaces should be clean. White socks (or hosiery) must be worn with pant uniforms.
3. No jewelry, except a watch and class/wedding rings is to be worn. No long necklaces or dangling earrings may be worn - only small stud earrings are allowed. Only one earring per ear. No visible body piercing is allowed, i.e., tongue, navel, eyebrow, or nose.
4. Hair must be clean and dry. Long hair must be pulled back from the face. It may be tied with a neutral colored ribbon or barrette (no scarves). Shoulder length or shorter hair is not required to be pulled back; however, if a student's short hair falls in the face while working, it must also be pulled or pinned back.
5. Additional items that must be brought to clinical practice include:
 - a. Pen
 - b. Pocket Guide to Radiography
 - c. L and R lead markers
 - d. OFTC nametag
 - e. Radiation monitoring badge (dosimeter)
6. Surgical scrubs are not to be worn outside or taken outside the hospital. Lab coats may be worn over scrubs when necessary to leave the unit or surgery suite temporarily if allowed by hospital policy.
7. Good personal hygiene is essential; bathe daily and use a good deodorant.
8. Fingernails should be neat, clean and short – no more than slightly visible when looking from the palm of the hand. Polish should be colorless or natural and not chipped. In order to adhere to the rules of our clinical facilities, OFTC Radiologic Technology students **may not wear acrylic nails.**
9. Strong perfume is not permitted. Many times strong scents will cause patients to become nauseated.
10. **NO** visible tattoos are allowed while the students are at the respective clinical sites, whether the student is present for clinical duty or attending mandatory classes as a OFTC student (orientation).
11. Students must abide by the dress code policies of the clinical facility in which they are

obtaining experience.

12. Professional attire is expected when the student is in the clinical areas not requiring the uniform. (For example, attending a class at the clinical site.) Clothing such as blue jeans, sundresses, tee shirts, leotards or any other casual attire is not acceptable, unless otherwise directed.
13. The purpose of a uniform is to identify members of a particular group. This is why all OFTC Radiologic Technology students are to wear the appropriate uniform. Students need to remember that they are not only representing the radiography profession but also OFTC.

Failure to follow guidelines for attire:

- **1st offense: Consultation with program director regarding appropriate dress. Anecdotal form will be signed and put in student's permanent file.**
- **2nd offense: Grade II violation**
- **3rd offense: 2nd Grade II violation which will result in program dismissal.**

DRESS CODE

I have read my copy of the personal dress code for Oconee Fall Line Technical College Radiologic Technology students. It describes the personal appearance policy that I am expected to follow while in the clinical affiliates and at OFTC. I agree to abide by it.

Student Signature

Date

Safety Rules for Clinical Practice

As a member of the medical team, you are responsible for the safety of the patients and personnel with whom you come in contact. Therefore, it is important that you follow certain basic rules regarding the overall safety of patients and personnel.

1. Do not leave any patient unattended in the radiology department.
2. Make sure you have the right patient. Ask the patient his/her name and check the identification band. You can be charged with battery for performing a radiographic examination on the wrong patient or performing the wrong examination on a patient.
3. Secure all locks for wheelchairs, stretchers, or beds before allowing a patient to enter or exit said vehicle.
4. Secure all seat belts, rails or other safe transport devices for wheelchairs, stretchers and beds before transporting patients.
5. Do not allow the patient to extend arms or legs from the transporting vehicle.
6. Loosen all transport safety devices or seat belts before instructing a patient to move from wheelchair, stretcher or bed.
7. When returning a patient to a room, secure all bed rails or other restraining devices before leaving patients in the room.
8. Report to the charge nurse prior to removing a patient from the room and upon returning the patient to his/her room.
9. Obey all “No Smoking” signs for the safety of your patient as well as yourself. These laws are posted in an effort to adhere to state law.
10. Observe all connecting tubing, such as catheters, intravenous tubing, drainage tubes and suction tubes. Do not allow them to become twisted or tautly pulled during the transfer of a patient from one area to another.
11. Observe body fluid and standard precautions at all times.
12. Be prepared to react according to the facility’s disaster, fire or CPR plan. Students are responsible for reacting and participating in any/all drills conducted by the respective clinical sites. Student status does not exempt any student from the responsibility of learning emergency codes of the respective clinical site.
13. Do not receive or give a patient any type of food, drink or medication unless requested by a qualified physician, technologist, or nurse.
14. Respect the patient’s right to privacy. Make sure he/she is covered as much as possible during the exam and at any other time while in your care.
15. Do not accept gifts/presents from any patient.

Radiation Safety in Clinic

1. Do **not** hold patients for radiography/fluoroscopy exams.
2. Do **not** hold image receptors during any radiographic procedure.
3. Stand back from the table and spot film device when fluoroscopy is “on”. Do **not** put your hands under or near the fluoro tower when it is “on”.
4. Always wear a lead apron when you are in the room during fluoroscopy. Do **not** turn your back on the table when fluoro is “on”.
5. Never put any part of your body in the primary beam.
6. Always use gonadal shielding on patients of childbearing age, especially children, when shielding will not interfere with the radiographic examination.
7. Allow only those persons in the radiographic room who are necessary for the completion of the exam. If parents or others, including personnel, are in the room during an exposure, make sure they are wearing appropriate protective apparel.

◆ **Dose Limit Protocol**

The radiation monitor reports are reviewed each month by the Program Director and Clinical Coordinator. If the student's level exceeds 40 mrem (as documented on the radiation monitoring report) in a single month, the Clinical Coordinator and/or Program Director will review the clinical rotation and discuss radiation safety with the student. If a student's dose level is equal to or greater than 100 mrem/semester, the Program Director will review and discuss the results with the student and clinical site. Carelessness in radiation protection will not be tolerated and offenses may result in dismissal from the program.

I have been made aware of the dose limit protocol.

Signature

Date

Radiographic Positioning Laboratory Rationale

This section deals with the energized laboratory sessions. The rationale, objectives, demonstration form and final examination forms are here for your guidance. There is also an example of the laboratory note forms you will receive to facilitate note taking during the laboratory lecture sessions.

Purpose: To provide the opportunity for the student to demonstrate to the clinical laboratory instructor the mastery of the theory and practice of essential clinical skills under simulated conditions prior to assuming actual clinical responsibilities.

Procedure: Laboratory exercises in radiographic positioning skills augment the lecture portion of the following courses: RADT 1030, RADT 1060, RADT 2090. In addition to the terminology, anatomy, and positioning courses, the students will review anatomy and physiology. The examinations presented in lecture for each course are as follows:

Semester 1 - RAD 1030: Anatomy and Routine Projections of the body trunk, upper extremity and shoulder girdle, bony thorax and lower extremities.

Semester 2 - RAD 1060: Anatomy and routine projections of the pelvic girdle, spine, contrast media and venipuncture.

Semester 3 - RAD 2090: Anatomy and routine projections of the cranium, facial bones, sinuses. Anatomy and routine projections of various GI procedures, GU procedures, biliary system procedures are covered, as well as minor radiographic procedures. Sectional anatomy of the head, neck, thorax, and abdomen is also covered briefly.

COMPETENCY: The student will be able to demonstrate knowledge of the anatomy of the part and competently perform diagnostic radiographic positioning of the part.

OBJECTIVES: Upon completion of the laboratory exercises the student will be able to:

1. Recognize the anatomy, location, number and functions of the bones involved inclusive of the articulations as indicated.
2. Recognize and be able to demonstrate the position and describe the parts demonstrated by each radiographic projection.
3. Recognize the central ray projection for the indicated radiographic projection of the part as described.
4. Describe and use the restraint, IR, IR holder, and protective devices applicable to each radiographic projection of the part.
5. Describe and demonstrate the correct projections required, instructions to the patient, patient preparation, patient assistance, equipment manipulation, patient positioning and techniques.
6. Given a hypothetical situation in the laboratory, written test or oral discussion, role-play as the patient and the technologist to enhance understanding of the patient's situation and condition to develop a courteous, confident empathetic attitude toward

the patient.

NOTE: Students participate in laboratory evaluations during the first three semesters of the program. After sufficient practice time given, the radiologic technology instructor or lab assistant will evaluate each student's proficiency in routine projections.

80% or greater is the benchmark for successful completion of each exam. If a student fails an attempt on a lab exam, a second attempt will be allowed for that lab exam, after successful remediation. If the student is not successful on the second attempt, a third and final remediation attempt will be provided. If the student is unsuccessful on the third attempt, the student will be withdrawn from the program.

Methods of Evaluation

- Laboratory Exams
- Lecture, exams, quizzes and final examinations in the following classes, RADT 1030, RADT 1060, RADT 2090.

PROCEDURES/ANATOMY TERMINAL EXAMINATION

Clinical Education Procedures

The purpose of clinical education in Radiologic Technology is to allow the student to apply theoretical principles of radiography, patient care and departmental procedures to practical experience. The student's role in the clinical setting is one of a learner and not a staff radiologic technologist.

NOTE: Students assigned to certain facility affiliates will be required to undergo that facilities screening (separate from OFTC's screening) and will be charged accordingly.)

Oconee Fall Line Technical College will arrange clinical education in conjunction with the affiliating clinical facilities. While the student is in the clinical department he/she must observe the regulations imposed by the affiliating clinical facility regarding patient safety and welfare. Also, the assigned schedule of experience must be followed closely. **In case of illness or other emergency, the student must notify the site Clinical preceptor and Oconee Fall Line Technical College Clinical Coordinator at least 1-hour prior to the scheduled clinical period.**

While performing various clinical duties the student is directly responsible to the staff member of the affiliating clinical facility in charge of the room to which the student is assigned. If any operational or personal problems arise, the clinical preceptor should be contacted.

The clinical education experience is divided into four (4) clinical education courses. Progression from one clinical education course to another is based on completion of course requirements. Specific clinical assignments are related to clinical experiences from previous semesters and to academic courses required in specific semesters. Each semester, students will be required to maintain records and complete assignments. These requirements are considered an integral part of the learning process. These records and assignments represent the student's part in determining and maintaining quality in the program and include, but are not limited to:

1. **SEMESTER OBJECTIVES** - Semester objectives are found in the course syllabus each semester. These must be completed and submitted to the instructor by the last day of the semester.
2. **SEMESTER COMPETENCIES** - the minimum number of competencies listed must be obtained each semester. A record of competencies must be maintained on the *RECORD OF COMPETENCIES FORM* found in this handbook.
3. **RADIATION RECORDS** - Radiation records are maintained in the Clinical Coordinator's office and updated monthly. These must be reviewed and initialed by the student monthly.
4. **TIME/ATTENDANCE RECORDS** To keep record of clinical attendance, students are to use Trajecsys to record all time.
5. **COMPLETED PROCEDURE LIST** - The student must maintain records of procedures performed each day on the *DAILY RECORD OF PROCEDURES FORM*. Procedures performed must be documented daily and submitted monthly. Records of repeated films are kept on this form also.

Clinical Notebook

Students are required to maintain a clinical notebook throughout the five semesters of clinical experience. Included in the notebook should be:

1. **COMPETENCY LIST** - A list of the competencies and the RADT class in which they are taught. Students must complete the lab simulation and pass before attempting a competency.
2. **COMPETENCY EVALUATION PROGRESS CHART** - A record of student's progress on exams must be recorded on **COMPETENCY EVALUATION PROGRESS CHART** and **must** be documented on **RECORD OF COMPETENCIES**.

3. DAILY RECORD OF PROCEDURES - Students are required to record all procedures performed on patients.
4. REPEAT EXAM LOG
5. Pocket Guide.

CLINICAL NOTEBOOK

I have read my copy of the Clinical Notebook procedure for Oconee Fall Line Technical College Radiologic Technology students. It describes the documentation policy that I am expected to follow while in the clinical affiliates and at OFTC. I agree to abide by it.

Student Signature

Date

Clinical Assignments

The student enrolled in the Radiologic Technology curriculum will be assigned to a clinical schedule on a semester basis. These individual schedules are based on the clinical rotation master plan. The student will spend from sixteen (16) to thirty-five (35) hours per week (depending on the specific semester in which he or she is enrolled) at the designated clinical affiliate.

Clinical rotational assignments occur during the first shift hours, Monday through Friday. Second shift hours and weekend hours may be required. The student is given a clinical rotation schedule at the beginning of each semester that extends throughout the fifteen (15) week period. (Ten-week period for summer semester)

Not only do these clinical rotation schedules include specific days and hours, but also specific clinical areas. It is the responsibility of the student to utilize the hospital facilities to the fullest extent for his/her learning experience. The student is expected to remain in his assigned room at all times. However, if there are no patients being examined in this area, the student may involve himself or herself in another area, as directed by the clinical preceptor.

The student is required to adhere to his or her assigned clinical schedule. No personal adjustments will be made to the assigned schedule.

The starting times for clinical education will be on the schedule as distributed by the Clinical Coordinator. If the starting time is 8:00 a.m., that means that the student is to be in his or her assigned work area at 7:55 a.m. and not in the parking lot. Tardiness from 7:55 to 8:00 a.m. will be reflected in the work ethics grade. Tardiness after 8:00 a.m. will be dealt with according to the attendance procedure in this handbook.

Students may be required to complete evening shift rotations as needed to meet the needs of the facility and/or program. Students will be provided advanced notice prior to clinical schedules being posted.

CLINICAL AFFILIATES' RIGHTS IN STUDENT EVALUATION

In compliance with the written agreement between Oconee Fall Line Technical College and affiliated hospitals (or other health care facilities), be advised that the clinical affiliate reserves the privilege of recommending withdrawal of any student from the clinical site for reasons of unsatisfactory performance, violation of policies or other misconduct. Any recommendations shall be presented in writing to the Radiologic Technology program director at Oconee Fall Line Technical College. A student who is dismissed from a clinical education center for any of the reasons cited above will not be allowed to return to that clinical site and is subject to disciplinary or other action as appropriate. If another clinical site is unavailable or unwilling to accept a student dismissed from another affiliate, the student will be dismissed from the program.

Clinical Affiliates

<i>Clinical Site</i>	Clinical preceptor(s)	Phone number
<i>Atrium Health – Navicent Baldwin</i>	Tammy Everett	478-776-4802
<i>Carl Vinson VA Medical Center</i>	Lisa Morris	478-277-2761 EXT 73035
<i>Dodge County Hospital</i>	Jamie Moore Ken Piper	478-448-4047
<i>Fairview Imaging Center</i>	Jackie Robinson	478-274-3852
<i>Fairview Park Hospital</i>	Dannell Barwick Kristen Wren (lead tech)	478-274-3881
<i>Hughston Clinic</i>	Sarah Singletary (Mandy)	478-221-7491
<i>The Medical Center</i>	Jennifer Toney	478-272-7411
<i>Piedmont Macon</i>	Rebecca Dixon	478-765-7000
<i>Washington County Regional Medical Center</i>	Christina Powell	478-240-2000

Supervision, Repeat Examinations, Portables

The on-site clinical preceptors are the primary supervisors of the students. In the absence of the clinical preceptor, the supervisor of the appropriate radiology department is the student supervisor. The primary clinical preceptor and phone number for each facility are as follows:

Until a student achieves the program's required competency in a given procedure, clinical assignments must be performed under the **direct supervision** of a qualified radiographer. The following are parameters of direct supervision:

- ✓ A qualified radiographer reviews the request for examination in relation to the student's achievement.
- ✓ A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge
- ✓ A qualified radiographer is present during the conduct of the exam.
- ✓ A radiographer reviews and approves radiographs.

Once the student has achieved the program's required competency, he or she may perform the given procedure with **indirect supervision**. Indirect supervision is defined as that supervision provided by the radiographer immediately available to assist the student regardless of the level of the student's achievement.

“Immediately available” is interpreted as the presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

The parameters of indirect supervision are:

- ✓ A qualified radiographer reviews the request for examination in relation to the student's achievement.
- ✓ A qualified radiographer evaluates the condition of the patient in relation to the student's knowledge.
- ✓ A qualified radiographer is immediately available to assist the student regardless of the level of student

- ✓ A qualified radiographer reviews and approves the radiographs.
In the event that a radiograph produced by a student technologist needs **repeating** the following procedure will be followed:
- ✓ The qualified radiographer ***will review the radiograph and determine the need for repetition*** of the radiograph.

If a radiograph produced by a student technologist needs **repeating**, the following procedure will be followed:

- ✓ The qualified radiographer ***will be present and will directly supervise the repetition of the radiograph.***
- ✓ The qualified radiographer ***will review and approve or disapprove the repeated radiograph.***
- ✓ The student ***must document the repeat, the reason for the repeat, and the technologist present*** on the *DAILY RECORD OF PROCEDURES*.

Whenever a student is performing a portable exam prior to competency demonstration, a technologist must always be present with the student in the room.

Once the student has achieved competency, a technologist will be immediately available to the student. All portable exams are to be documented on the *DAILY RECORD OF PROCEDURES*.

Radiation Monitoring Devices

Oconee Fall Line Technical College manages the reports from the radiation monitoring devices for the student. It is the responsibility of each student to handle and care for his or her dosimeter. Lost or damaged dosimeters are the student's responsibility. Radiation monitoring devices are required to be worn at all times in the clinical area and during energized lab projections at OFTC. The monitor should be brought to OFTC during the first five days of the month to be exchanged. The student is not permitted to wear his or her school dosimeter while on outside employment.

Film Identification Markers

The student will be required to purchase personal initialed markers and carry them daily. These markers are to be used in the clinical and lab settings whenever the student performs an exam. **All images must have the student's "initialed" marker on them to be counted as a film critique or a competency.** Markers must not be loaned to other students or technologists.

Student Name Badges

Student name badges are a required part of the student uniform and must be worn daily. If it is lost it will be the student's responsibility to replace it.

Parking

The student is required to park his or her vehicle only in areas assigned by the clinical preceptor.

Lunch/Breaks

The student is “permitted” a 30-minute lunch break.
The on-site clinical preceptor must assign the lunch time.

Clinical Site Policies/Procedures

Students are required to know, understand, and adhere to all applicable policies at each clinical education site. The on-site clinical preceptor normally covers this information during the student’s orientation to new clinical sites.

Student Conduct

If at any time a student's conduct becomes unprofessional, the Clinical Coordinator, Program Director and/or clinical preceptor may send the student home. A counseling session will be scheduled and appropriate disciplinary action will be taken. The student may return only after approval from the program director and clinical site officials.

Phone Calls

Phone calls are to be kept at a minimum. No personal calls will be permitted at the clinical affiliate except during breaks. Only in case of emergency should the student receive phone calls. **Absolutely NO cell phones allowed on student’s person at clinical sites.**

Restricted Clinical Assignments

Students assigned to surgery, portables, and emergency room must have **direct** supervision, unless competency has been obtained, then indirect supervision is permissible.

Student Supervision

Two students may not be assigned to any area without direct technical supervision. Students may not supervise other students.

Clinical Course Progression

Because of the progressive nature of the clinical course, each student must:

1. Be able to demonstrate previously completed competencies whenever requested by the clinical faculty.
2. Successfully complete required competencies per semester as listed in preceding sections of this handbook.
3. Have successfully completed all courses in the previous semester.
4. Have demonstrated the radiologic technology professional values.
5. Have a current grade average of "C" in all subjects before progressing to the next scheduled clinical course.
6. If the minimum number of competency exams is not completed by the end of the semester, a grade of “zero” will be given for competency evaluations unless proof of special circumstances can be documented. (A “Failure to meet minimum clinical requirement affidavit” must be submitted.) *If a student fails to submit the required number of competencies two (2) semesters, the student will be given a final grade of “F-0” for the clinical course and dismissed from the radiologic technology program.*

Patient Handling Tasks

Throughout all segments of clinical practice the student radiographer will develop the necessary skills in patient care and will have an understanding of radiologic patient services as provided in the clinical

setting which will enable him/her to perform in an efficient and courteous manner. An acceptable level of competence has been attained when the student is able to:

- 1) Drape or gown patients for examination.
- 2) Transfer patients safely to and from stretchers and chairs.
- 3) Check patient's chart for contraindications to procedure, e.g., pregnancy.
- 4) Ascertain if the patient is prepared for the procedure.
- 5) Use immobilizing devices to prevent patient motion during exposure.
- 6) Explain or answer questions about the doctor's instructions.
- 7) Explain the x-ray procedure to the patient.
- 8) Reassure apprehensive parents during pediatric examinations of their children.
- 9) Reassure and calm children.
- 10) Review printed instructions concerning procedures with patient or patient's family.
- 11) Ascertain patient's clinical history.
- 12) Check for clarification of conflicting doctors' orders.
- 13) Receive patients on arrival, i.e., introduce self, obtain patient's name, record in daily log.
- 14) Give precise and adequate direction to patient concerning procedure.
- 15) Use proper procedure for identifying patients.
- 16) Observe care to maintain the I.V. flow and integrity of the unit.
- 17) Change dressings.
- 18) Make notations of significant patient physical or emotional response to procedures.
- 19) Label specimens.
- 20) Provide radiation protection for personnel and patient.
- 21) Inspect for electrical and mechanical hazards and observe rules of safety.
- 22) Respect rights and expectations of patients.
- 23) Comply with legal requirements pertaining to safe handling of patients.

Special Imaging Modalities

A student will be allowed to rotate through a specialty area of the student's choice in his/her final semester with the following guidelines.

- The student **must have completed all** of the mandatory diagnostic, surgical and mobile competencies prior to the specialty rotation and has all of the elective competencies (up to 2 remaining) completed.
- The student must have the prior approval of the Program Director or the Clinical Coordinator and the Department Supervisor.
- The student will comply with all policies/procedures associated with those of the diagnostic area.
- The student will complete handouts associated with the respective imaging modality.
- The technologist working in the area of the respective imaging modality will evaluate the student.

Clinical Grade Determination

The clinical evaluation tools to be used to determine the clinical grade are on the next several pages. Please refer to the rationale, objectives, and evaluator notes for the forms included.

OBJECTIVES

Evaluation is an ongoing process, the purpose of which is to:

1. Identify the strengths and weaknesses of the student and the clinical program.
2. Increase the student's competency by providing feedback that may lead to self-improvement.
3. Provide a vehicle for focusing on important qualities of clinical skills to assess competencies achieved.
4. Provide information that will be helpful in recommending the student for a specific position.

METHOD

Criteria for determining clinical grades are stated on the course syllabus for the specific clinical course in which you are enrolled.

COMPETENCY EVALUATIONS

The number of competencies required for each semester is listed in the course syllabus. If the minimum number of competency exams is not completed by the end of the semester, a grade of “zero” will be given for competency evaluations unless proof of special circumstances can be documented. (A “Failure to meet minimum clinical requirement affidavit” must be submitted.)

If a student fails to submit the required number of competencies two (2) semesters, the student will be given a final grade of “F-0” for the clinical course and may be dismissed from the radiologic technology program.

A student can complete more than the minimum number of competencies each semester during regular clinical hours and during make-up time. Additional days of clinical may be mandated for clinical competency completions each semester.

COMPETENCIES REQUIRED PER SEMESTER

RADT 1320	Recommended Total Competencies 8 – 10 (minimum)
RADT 2340	Recommended Total Competencies 10 – 14 (minimum)
RADT 1330	Recommended Total Competencies 12 – 18 (minimum)
RADT 2360	Recommended Total Competencies 12 + (minimum)

Students are allowed to have more than the recommended number of competencies, and may elect to roll over any extra competencies earned to the following semester. However, students must earn the minimum number of competencies suggested. Students who do not earn the minimum number of suggested competencies will earn a **zero (0)** for each missing competency (up to the lowest suggested total). As with any course, students who do not achieve a passing course average may be unable to progress in the program. All competencies must be completed before allowing a specialty modality rotation in RADT 2360.

PROGRAM COMPLETION/GRADUATION

A Minimum of 51 competencies is required for program completion /graduation (36 mandatory competencies and at least 15 elective competencies).

- One of the 15 elective imaging procedures must be selected from the head section;
- Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

Ten mandatory general patient care procedures must also be completed in the lab and/or clinical education setting.

1st Semester Clinical Evaluation

1ST SEMESTER STUDENT CLINICAL EVALUATION

STUDENT'S NAME: _____

Score ____/39= ____%

EVALUATOR'S NAME: _____

CLINICAL FACILITY _____

DATE EVALUATION COMPLETED: _____

COURSE: _____

CRITERIA	EXCEEDS CRITERIA	MEETS CRITERIA	NEEDS MINOR IMPROVEMENT	NEEDS MAJOR IMPROVEMENT/ UNACCEPTABLE	COMMENTS
	4	3	2	1	
APPROPRIATE ATTIRE: Arrives with a clean, neat & unwrinkled uniform; clean white shoes; is wearing student ID and film dosimeter; hair is appropriate; & has good personal hygiene **		3			
RELIABILITY: Follows through with instructions and/or assignments; remains in assigned area; informs technologist if the student needs to leave the assigned area for any reason.		3			
INTEREST: displays a positive attitude; displays an eagerness to learn, displays an interest to improve.		3			
INITIATIVE: is self-motivated- does not need any or very little prompting from the technologist(s); participates as a team member					
RESPECT: treats those in authority with due respect; graciously accepts constructive criticism; treats co-workers, patients and staff in a courteous manner at all times		3			
KNOWLEDGE: displays appropriate skill and knowledge level concurrent with the amount of time the student has been in the program; displays a level of self-confidence also concurrent with knowledge and skill level		3			
ATTENDANCE: This score may be assigned in conjunction with the input of the Program Director and the program Clinical Coordinator to maintain accuracy.		3			
ADHERES TO RULES, REGULATIONS, POLICIES & PROCEDURES: Adheres to hospital policy & procedure, safety rules, body mechanics, etc.		3			
PROFESSIONALISM: Displays appropriate behavior in the clinical setting; displays honesty & integrity		3			
TECHNICAL ABILITY: Tube manipulation; overall ability to perform in communication. Department procedure. Can they apply knowledge? Circle Yes or No. If "NO" please explain	YES-4	NO-0			

** A student is required to have a counseling session with the Clinical Coordinator if any category is described as needing "Major Improvement/Unacceptable".

** Proper attire is regarded with a "zero tolerance"; if a student fails to comply with the dress code, the student must correct the infraction immediately. The student may be dismissed from clinic to correct the problem if necessary.

**If a student receives a mark in the "Exceeds Criteria" column or the "Needs Major Improvement", the "Comments" section must be completed to support the grade.

Student Signature _____ Program Director Signature _____

Senior clinical evaluation

Oconee Fall Line Technical College Senior Clinical Evaluation (2nd thru 4th Semesters)

Student's Name _____ Date _____

Evaluation Period: Beginning _____ Ending _____ Clinical Facility _____

Total Score _____ Possible _____ Grade _____ % Course RADT _____ Semester/Year _____

	Technologists		Clinical preceptor	
Use & Care of Equipment	Poor use and care of equipment 1	Fair use and care of equipment 2	Excellent use and care of equipment 4	Good use and care of equipment. 3
Progress	Progress at this stage in clinical education is excellent 4	Progress at this stage in clinical education is good. 3	Progress at this stage in clinical education is slow. 1	Progress at this stage in clinical education is fair. 2
Quality of work	Radiographs of excellent quality & consistency produced. Rarely a retake. 4	Radiographic quality fair; needs improvement. 2	Radiographic quality is good; only a few repeats. 3	Radiographic quality needs a lot of improvement. Numerous retakes. 1
Ability to follow directions	When given directions seems constantly to make errors & needs to be told again. 1	When given directions usually follows them. Some errors are made. 2	When given directions always follows them consistently & accurately without error. 4	When given directions follows through; only occasional errors. 3
Technique	Difficulty & inconsistency in setting & adjusting technical factors; numerous errors. 1	Is able to set and adjust technical factors with only a few errors. 3	Is usually able to set & adjust technique, but errors are noted and improvement is needed. 2	Consistently accurate in setting and adjusting radiographic technique. 4
Positioning	Excellent & consistently accurate. 4	A lot of difficulty in positioning. 1	Good; only a few mistakes & able to correct them. 3	Fair ability; unable to correct all mistakes. 2
Industry & energy	Makes no apparent attempt to utilize time, space & equipment to enhance clinical skills. 1	Usually makes effective use of time, space & equipment to enhance clinical skills. 3	Is unable to organize time, space & equipment to enhance clinical skills. 1	Consistently makes effective use of time, space & equipment to enhance clinical skills. 4
Punctuality	Occasionally late 2	Always punctual 4	Very seldom late 3	Often late or absent 1
Appearance	At times careless about appearance 2	Unclean and untidy 1	Neat; good appearance 3	
Attitude and cooperation	Has good attitude and is cooperative while in clinical. 3	Demonstrates excellent attitude & disposition & is very helpful in clinical. 4	Demonstrates fair attitude & cooperation in clinical. 2	Uncooperative & demonstrates a negative outlook. 1
Reaction to criticism	Accepts criticism but does not attempt to utilize suggestions offered. 2	Does not accept criticism well. 1	Accepts criticism & consistently attempts to utilize suggestions offered. 4	Accepts criticism & sometimes attempts to utilize suggestions offered. 3
Self-Image	Has fair confidence but at times is hesitant in performing some exams. 2	Demonstrates a high confidence level & this is evidenced by communication with others. 4	Lacks confidence in self & is hesitant in many clinical situations. 1	Has confidence in self & projects it in communications with others. 3
Interest in clinical education	Student seems indifferent to clinical education. 1	Student is very enthusiastic concerning clinical education. 4	Student demonstrates interest in clinical education. 3	Student demonstrates interest in clinical education, but this attitude is not consistent. 2
Tact & Courtesy	Good discretion & courtesy to patients & staff. 3	Needs to be more discreet & polite to patients & staff; at times inconsistent. 1	Excellent discretion & courtesy to all persons in the clinical environment. 4	Tact & courtesy are fair; at times seems to be somewhat indifferent. 2
When dealing with patients the student:	Does not seem to communicate well with patients; demonstrates limited concern. 1	Demonstrates empathy & utilizes excellent communication skills effectively. 4	Communicates basic required information. 2	Communicates well basic required information & shows concern for patients. 3
Ability to perform? (Can student apply knowledge acceptably at this point of his/her education?)	Yes 4	No 0		

Please put comments on back. Also, shaded Criteria are used in assessment planning for Student Learning Outcomes.

Student Signature _____ Program Director Signature _____

Clinical Competency Guidelines

1. The student is responsible for maintaining a record of specific procedure evaluations and competency tests that he or she has mastered. This should be logged in the *RECORD OF COMPETENCIES* form and the *DAILY RECORD OF PROCEDURES* log.
2. Each student is responsible for completing all designated competency tests prior to graduation. Special arrangements may be made for procedures not frequently observed. Competencies for skull and facial work may be simulated in the laboratory setting with Oconee Fall Line Technical College faculty only during the fifth semester. Please see the guidelines for simulation examinations.
3. Falsification of competency evaluations will result in a Grade I critical incident and will result in program dismissal.
4. Examinations presented for competency evaluation will not be accepted if:
 - a. **the technologist assisted the student.**
 - b. **the student fails to adhere to patient safety procedures.**
 - c. **the student fails to use his or her own markers.**
 - d. **any projection(s) requires repeats.**
 - e. **any procedure was evaluated by an unauthorized technologist.**
 - f. **any procedure was returned to the department head and/or quality assurance office.**
 - g. **any of the items listed on the front or back of the competency evaluation form receive a grade of less than "2".**
5. The student who procrastinates may not have all required competencies completed as required. Failure to complete these competencies will result in an incomplete and the student will not continue to the next semester. The student is encouraged to plan his or her semester activities. An average of **one** competency should be completed each week.
6. The criteria for competencies used by Oconee Fall Line Technical College are based on the ASRT guidelines for clinical education. References for completing a student's evaluation will be his or her required textbooks. The department standards are accepted for specific areas such as:
 - a. Size of IR
 - b. Brightness, Grayscale (Contrast)
 - c. Modification of projections as requested by the radiologist
 - d. Modification of projections as directed by the on-site clinical preceptor
7. Only examinations listed and approved in this handbook may count for full competencies. Incomplete and/or partial exams will not be counted unless approved by OFTC faculty.
 - A student must complete a Cervical spine series with a diagnostic projection of the odontoid (dens) for the exam to be considered a competency.
 - The standard projections for extremity exams must be complete: AP, LATERAL (and OBLIQUE if applicable)

The faculty of OFTC will periodically review the documentation, including but not limited to facility, names, dates and exams listed on any form submitted to and in the student's file. This is an ongoing quality assurance tool to ensure validity of the information.

8. Competencies on skull work will be accepted per projection. These exams include skull, nasal bones, mandible, facial bones and sinuses. Before a complete competency is given, all views listed on the required

competency sheet must be completed. For example, to receive a competency on Facial Bones the student is required to do a Caldwell, Lateral, and Waters.

Completion of a Competency Form

This evaluation, completed by an authorized registered technologist, is designed to evaluate the student's performance of a specific radiographic examination completed for a patient in the clinical setting. The procedure for obtaining a competency is as follows:

1. The student must inform the registered technologist that he or she wants to obtain the competency on the particular exam.
2. The competency sheet must be given to the registered technologist before the exam begins.
3. The student is required to complete the examination **unassisted** while the technologist observes his or her skills.
4. The student and technologist must evaluate the image.
5. In the event that the technologist must intervene or repeats are necessary the student should not receive the competency. The student may attempt another competency for this exam for a different patient.
6. The competency form will be filled out as soon as possible after the exam has been completed.
 - The evaluating technologist must sign and date the form.
 - The competency evaluation form must be completed in its entirety before credit will be given for the competency.
 - **A photocopied of the completed competency evaluation will not be accepted, i.e., a competency evaluation with a photocopied signature of the evaluator and/or student. Original "blue" Competency Evaluation forms must be used. The correct form must be used for each exam. Ex. An UGI must be on a Fluoroscopic Competency Form. Any form turned in with "scratched out" or "whited-out" information or criteria will not be accepted.**
7. The competency may be checked by a faculty member of Oconee Fall Line Technical College upon visiting the clinical site. The competency is not fully accepted until after the review of the images and review of pertinent anatomy from the anatomy sheets by the faculty member. All competency sheets must be filled out completely, (observe, assist, and competency) this should include facility, date, and patient #. No competency will be checked by faculty unless competency sheet is completed correctly. The lab, observe, assist, and competency must follow in a sequence. Students may observe and assist prior to lab exams. **However, the student cannot perform a clinical competency until the procedure has been successfully completed in the lab.** These must be documented in order. You cannot use an exam for a competency without having assisted first. The student will be asked to pull observe and assisted exams to be reviewed by OFTC faculty. Any discrepancy is considered a serious offense and will be reviewed by the Program Director and the student could be dismissed from the program. If the faculty member denies or rejects the competency, the following sequence is to be followed.
 - A. The student must return the failed competency form to Oconee Fall Line Technical College faculty.
 - B. The student must repeat the cycle of observe and assist for the exam; he/she may then attempt another competency on this exam.
 - C. If the student fails a second or subsequent competency attempt, a review for the exam's procedural steps must be given by Oconee Fall Line Technical College faculty before the cycle may begin again.

Successful completion of this evaluation means that the student is competent to perform the examination with indirect supervision.

CRITERIA FOR COMPETENCY EVALUATION

Upon satisfactory completion of didactic course work, laboratory practice and clinical education, the student is eligible to perform a competency evaluation. The following criteria will be utilized by the clinical faculty to assess the student's competency using the clinical competency evaluation form.

PERFORMANCE EVALUATION

A. Evaluation of Requisition

Student will:

1. Identify procedure(s) to be performed.
2. Identify the patient's name and age.
3. Identify patient location and mode of transportation.
4. Acknowledge any pathological conditions.
5. Acquire appropriate clinical patient history.

B. Physical Facilities Readiness

Student will:

1. Verify that equipment is operational.
2. Provide a clean and orderly work area.
3. Obtain appropriate supplies for *examination*.

C. Patient Care

Student will:

1. Select the correct patient.
2. Introduce himself/herself to patient and briefly explain the procedure.
3. Request last menstrual period (LMP) date of female patients between the ages of 12 -60.
4. Transport patient to appropriate imaging area.
5. Verify if patient is properly prepared for the examination.
6. Identify, when appropriate, that there are no contraindications for performing procedure.
7. Provide safe storage for patient's belongings.
8. Provide appropriate assistance to radiographic table based on patient's condition.
9. Maintain patient dignity and modesty through proper gowning and covering for the patient.
10. Talk to patient in a concerned, professional manner.
11. Apply universal precautions as established by the Centers for Disease Control.
12. Provide proper instructions for moving and breathing.
13. Check patient's condition at regular intervals.
14. Provide for patient security if the patient is left alone in the radiographic room.

D. Equipment Operation

Student will:

1. Maneuver the x-ray tube and Bucky utilizing appropriate controls and locks.
2. Select the proper IR, IR holder, grid, etc.
3. Select appropriate SID (FFD).
4. Manipulate image receptor as appropriate for accurate imaging.
5. Measure the patient if needed.
6. Use immobilization devices, as needed.
7. Refer to technique chart. (if available)

8. Select exposure factors.
9. Use equipment so as not to exceed recommended safety guidelines.

E. Positioning Skills

Student will:

1. Position the patient.
2. Align center of part to be demonstrated to the center of the IR.
3. Set the correct tube angle.
4. Set the correct SID (FFD).

F. Provide Evidence of Radiation Protection

Student will:

1. Collimate to part.
2. Use gonadal shields, if appropriate.
3. Demonstrate use of lead apron, gloves and lead blockers, if appropriate.
4. Select proper exposure factors.
5. Adjust exposure factors for motion, pathology or patient size when appropriate.

IMAGE EVALUATION

G. Anatomical Part(s)

Radiograph(s) demonstrates:

1. Part shown in proper position.
2. Adequate detail (no motion visible).

Student will:

1. Identify anatomical structures.

H. Proper Alignment

Radiograph(s) demonstrates:

1. IR centered.
2. Part centered.
3. Tube centered.
4. Patient aligned correctly.

1. Radiographic Techniques

Radiograph(s) demonstrates:

1. Technique chart was used correctly (proper brightness/contrast) if applicable.
2. Compensation of exposure factors for pathology.
3. Correct exposure factors used to produce diagnostic image.
4. Correct IR, grid, SID (FFD) and OID.

J. Image Identification and/or Other Identifications

Radiograph(s) demonstrates:

1. Right and left markers properly displayed (free of pertinent anatomy).
2. Accessory markers visible, if required (minute, hour and directional).
3. Patient information and date displayed.

K. Radiation Protection

Radiograph(s) demonstrates:

1. Evidence of collimation.
2. Gonadal shields in place, if required.

Student will: Verify no repeats.

Routine Clinical Competency Form

Oconee Fall Line Technical College
RADIOLOGIC TECHNOLOGY PROGRAM
CLINICAL COMPETENCY EVALUATION

Student's Name: _____

Date: _____

Examination: _____

RADT _____

Objective: On a patient, the student shall perform a radiographic examination of a given procedure/s. The student will be evaluated and graded by the Instructor. Each category is worth 3.5 points. Junior students are not responsible for technique factor selections.

Student will demonstrate the following procedures:	Yes	No
1. Accurately prepare the room and equipment		
2. Identify patient, check ID & x-ray request		
3. Obtain an adequate patient history		
4. Question female patients on possibility of pregnancy.		
5. Assist and communicate with the patient		
6. Select the proper IR Size		
7. Correctly placed image receptor		
8. Correctly position the patient, each position 4-above average 3-average 2-below average 1-poor		
9. Properly direct and place the central ray		
10. Proper alignment of part, tube, bucky		
11. Use of proper and adequate collimation 4-above average 3-average 2-below average 1-poor		
12. Utilize correct focal film distance (SID)		
13. Place left or right markers accurately on image		
14. Set exposure factors accurately N/A - JUNIORS 4-above average 3-average 2-below average 1-poor		
15. Provide proper respiration instructions, if required		
16. Provide satisfactory radiation protection to patient (shielding) 4-above average 3-average 2-below average 1-poor		
17. Demonstrates good patient care skills 4-above average 3-average 2-below average 1-poor		
18. Performed examination in a timely manner 4-above average 3-average 2-below average 1-poor		
Start Time:		
Completed:		

RADIOGRAPHIC IMAGE QUALITY

The student is able to critique his/her radiographic images as to whether they demonstrate:

- | | | |
|--|-----|----|
| 1. Proper technique/image receptor exposure | YES | NO |
| 2. Enhanced spatial resolution/no motion/no artifacts | YES | NO |
| 3. Proper positioning (all anatomy included/centering) | YES | NO |
| 4. Marker visible | YES | NO |
| 5. Evidence of proper collimation/radiation protection | YES | NO |

ANATOMY IDENTIFICATION (Please ask sRT To Identify Related Anatomy)	
1.	_____

2.	_____

3.	_____

4.	_____

RADIATION DOSE	
Projection	EI#, S#, DI

PATIENT INFORMATION

Medical Record # _____ Ability to cooperate _____

Condition/Pathology _____

Technique Factors Used _____

Comments on image evaluation:

Student successfully completed this competency evaluation with at least 85%:

YES _____ NO _____ SCORE _____%

Evaluator/Instructor/Technologist _____

Fluoroscopic Competency Form

Oconee Fall Line Technical College
RADIOLOGIC TECHNOLOGY PROGRAM
FLUOROSCOPIC CLINICAL COMPETENCY EXAM

Student's Name: _____

Date: _____

Examination: _____

RADT: _____

Objective: On a patient, the student shall perform a fluoroscopic examination of a given procedure/s. The student will be evaluated and graded by the Instructor. Each category is worth 3 points. Junior students are not responsible for technique factor selections.

Student will demonstrate the following procedures:	YES	NO	N/A
1. Accurately prepare the room and equipment 4-above average 3-average 2-below average 1-poor			
2. Identify patient, check ID & x-ray request 4-above average 3-average 2-below average 1-poor			
3. Obtain an adequate patient history			
4. Question female patients on possibility of pregnancy.			
5. Assist and communicate with the patient 4-above average 3-average 2-below average 1-poor			
6. Prepares the contrast material without difficulty 4-above average 3-average 2-below average 1-poor			
7. Is able to manipulate all radiographic equipment with ease			
8. Thoroughly explains the procedure to the patient 4-above average 3-average 2-below average 1-poor			
9. Performs a scout radiograph correctly when indicated			
10. Relays patient history to radiologist 4-above average 3-average 2-below average 1-poor			
11. Assists the radiologist throughout the exam 4-above average 3-average 2-below average 1-poor			
12. Monitors and communicates with patient throughout exam 4-above average 3-average 2-below average 1-poor			
13. Utilizes correct IR size for all post contrast images			
14. Place left or right markers accurately on radiographs			
15. Set exposure factors accurately 4-above average 3-average 2-below average 1-poor			
16. Provide proper respiration instructions, if required			
17. Provide satisfactory radiation protection to patient(collimation)			
18. Demonstrates good patient care skills and confidence 4-above average 3-average 2-below average 1-poor			
19. Performed examination in a timely manner 4-above average 3-average 2-below average 1-poor			
20. Gives post exam instructions and leaves room neat and clean 4-above average 3-average 2-below average 1-poor			
Start Time:	Completed:		

RADIOGRAPHIC IMAGE QUALITY

The student is able to critique his/her radiographs as to whether they demonstrate:

- | | | |
|--|-----|----|
| 1. Proper technique/optimal brightness and contrast | YES | NO |
| 2. Enhanced detail/no motion/no artifacts | YES | NO |
| 3. Proper positioning (all anatomy included/centering) | YES | NO |
| 4. Marker visible | YES | NO |
| 5. Evidence of proper collimation/radiation protection | YES | NO |

ANATOMY:

The student is able to identify: (please ask related anatomy)

1. _____
2. _____
3. _____
4. _____
5. _____

PATIENT INFORMATION

- Medical Record # _____
- Ability to cooperate _____
- Condition/Pathology _____
- Technique Factors Used _____

Student successfully completed this competency: YES___NO___

TECHNOLOGIST: _____

SCORE _____%

COMMENTS _____

C-Arm Competency Form

**Oconee Fall Line Technical College
Radiologic Technology Program
C-ARM PROCEDURE COMPETENCY**

Each area is worth 5 points

Name: _____

Did the student:

COMPETENCY	YES	NO
1. Identify the correct patient and exam according to the request?	YES	NO
2. Examine the room and adjust any obstacles?	YES	NO
3. Locate and drive the portable unit in room using breaks when needed?	YES	NO
4. Switch unit on and off?	YES	NO
5. Connect the monitor to the C-Arm?	YES	NO
6. Connect the monitor to the outlet?	YES	NO
7. Utilize collimators?	YES	NO
8. Manipulate the images:	YES	NO
a. Reverse		
b. Rotated		
c. With contrast adjustment on either monitor		
9. Use program functions?	YES	NO
10. Print/save the images?	YES	NO
11. Manipulate the C-Arm by operating all locks?	YES	NO
12. Observe and does not interfere with the sterile field?	YES	NO
13. Provides each radiograph with the proper patient identification by using the computer?		
14. Process each image without difficulty?	YES	NO
15. Properly completes the exam by filling out all paperwork?	YES	NO
16. Exhibits the ability to adapt to new and difficult situations?	YES	NO
17. Accepts constructive criticism and used it to his advantage?	YES	NO
18. Completes the exam in a reasonable time frame?	YES	NO
19. Returns the portable unit to proper location?	YES	NO
20. Cleans and recharges portable unit as necessary?	YES	NO

Medical Record # _____

Ability to Cooperate _____

Condition/Pathology _____

Technical Factors Used _____

COMMENTS _____

Competency Evaluator Signature: _____ Date: _____

Record of Competencies

RECORD OF CLINICAL COMPETENCIES

STUDENT _____

Candidates must demonstrate competence in all 36 procedures identified as mandatory (M).
Candidates must demonstrate competence in 15 of the 34 elective (E) procedures. See special notes on certain sections.

EXAM	Mandatory or Elective	Date Observed	Date Assisted	Date Completed	Verified By:
<i>Chest and Thorax</i>					
Chest, routine	M				
Chest AP (Wheelchair or Stretcher)	M				
Ribs	M				
Chest Lateral Decubitus	E				
Sternum	E				
Upper Airway (Soft-Tissue Neck)	E				
<i>Upper Extremity</i>					
Thumb or Finger	M				
Hand	M				
Wrist	M				
Forearm	M				
Elbow	M				
Humerus	M				
Shoulder	M				
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)*	M				
Clavicle	M				
Scapula	E				
AC Joints	E				
Trauma: Upper Extremity (Non- shoulder)*	M				
<i>Lower Extremity</i>					
Toes	E				
Foot	M				
Ankle	M				
Knee	M				
Tibia-fibula	M				
Femur	M				
Trauma: Lower Extremity*	M				
Patella	E				
Calcaneus	E				

EXAM	Mandatory or Elective	Date Observed	Date Assisted	Date Completed	Verified By:
<i>Head – Candidates must select at least one elective procedure from this section.</i>					
Skull	E				
Paranasal sinuses	E				
Facial bones	E				
Orbits	E				
Zygomatic Arches	E				
Nasal bones	E				
Mandible	E				
Temporomandibular Joints	E				
<i>Spine and Pelvis</i>					
Cervical Spine	M				
Thoracic Spine	M				
Lumbar Spine	M				
Cross-Table (Horizontal Beam) Lateral Spine	M				
Pelvis	M				
Hip	M				
Cross -Table (Horizontal Beam) Lateral Hip	M				
Sacrum and/or Coccyx	E				
Scoliosis series	E				
Sacroiliac joints	E				
<i>Abdomen</i>					
Abdomen Supine (KUB)	M				
Abdomen upright	M				
Abdomen decubitus	E				
Intravenous Urography	E				
<i>Fluoroscopy Studies – Candidates must select either Upper GI or contrast enema plus one other elective procedure from this section.</i>					
Upper GI Series, Single or Double Contrast	E				
Contrast Enema, Single or Double Contrast	E				
Small Bowel Series	E				
Esophagus	E				
Cystography/cystourethrography	E				
ERCP	E				
Myelography	E				
Arthrography	E				
Hysterosalpingography	E				

EXAM	Mandatory or Elective	Date Observed	Date Assisted	Date Completed	Verified By:
<i>Mobile C-Arm Studies</i>					
C-arm procedure (Requiring Manipulation to Obtain More Than One Projection)	M				
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	M				
<i>Mobile Radiographic Studies</i>					
Chest	M				
Abdomen	M				
Orthopedic	M				
<i>Pediatric Patient (Age 6 or Younger)</i>					
Chest routine	M				
Upper extremity	E				
Lower extremity	E				
Abdomen	E				
Mobile Study	E				
<i>Geriatric Patient (Physically or Cognitively Impaired as a Result of Aging)</i>					
Chest Routine	M				
Upper Extremity	M				
Lower Extremity	M				

***Trauma is considered a serious injury or shock to the body and requires modifications in positioning and monitoring of the patient's condition.**

General Patient Care Competencies

Procedures	Date Completed	Competence Verified By
CPR Certified		
Vital Signs – Blood Pressure		
Vital Signs – Temperature		
Vital Signs – Pulse		
Vital Signs – Respiration		
Vital Signs – Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture		
Transfer of Patient		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

Non-Discrimination Statement

NON-DISCRIMINATION STATEMENT: The Technical College System of Georgia and Oconee Fall Line Technical College do not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all educational programs and activities, including admissions policies, scholarship and loan programs, athletic and other Technical College System and College-administered programs, including any Workforce Investment Act of 1998 (WIA) Title I financed programs. It also encompasses the employment of personnel and contracting for goods and services.

The Technical College System and Technical Colleges shall promote the realization of equal opportunity through a positive continuing program of specific practices designed to ensure the full realization of equal opportunity. The following person has been designated to handle inquiries regarding the nondiscrimination policies:

TITLE IX Coordinator

Janet Smith

Office: South Campus WRS 112A 478-274-7836
jrsmith@oftc.edu

ADA/504 Coordinator Saketta Brown

Office: South Campus WRS 112B 478-274-7643
sdbrown@oftc.edu

EEOC Officer

Rosemary Selby Office: North Campus 205
478-553-2055
rselby@oftc.edu

Oconee Fall Line Technical College is a unit of the Technical College System of Georgia. Medical Report/ Physical

OCONEE FALL LINE TECHNICAL COLLEGE
Radiologic Technology Program
MEDICAL REPORT

Please have all forms completed and sent to the Program Director/Instructor. Medical forms must be completed and signed by a physician, physician's assistant, or a nurse practitioner and on file ***before*** registering for any course requiring clinical experience.

PLEASE PRINT OR TYPE

STUDENT'S NAME: _____ DOB: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP CODE

HOME PHONE NUMBER: (____) _____ OFTC 900#: _____
AREA CODE

IMMUNIZATION HISTORY *(Please attach documentation)*

1. Tetanus Only (Not to be given within 2 years of TDP)
 - a. Date appropriate immunization received mo/yr _____
2. a. TDP (adult dose) Date immunization received mo/yr _____
3. MMR (measles, mumps, rubella)
 - a. Date series of immunizations completed mo/yr _____
 - b. Booster received mo/yr _____
4. Measles
 - a. Had disease as confirmed by physician mo/yr _____
 - b. Date appropriate immunization received mo/yr _____
5. Mumps
 - a. Had disease as confirmed by physician mo/yr _____
 - b. Date appropriate immunization received mo/yr _____
6. Rubella
 - a. Had disease as confirmed by physician mo/yr _____
 - b. Date appropriate immunization received mo/yr _____
7. Chicken pox (Herpes Varicella Zoster Virus)
 - a. Had disease as confirmed by physician mo/yr _____
 - b. Date appropriate immunization received mo/yr _____
8. Hepatitis B immunity
 - a. Immunization series begun or completed mo/yr _____
 - b. Immunity confirmed by titer mo/yr _____
 - c. Declination of immunization waiver signed mo/yr _____

HEALTH HISTORY TO BE COMPLETED BY STUDENT

PAST/PRESENT ILLNESSES: Listed below are medical conditions. Indicate if you have a past history, present history, or no history of the conditions listed. Please indicate on-going treatment for past or present illness.

Medical Condition	Past	Present	No History	Comments / Treatment
Heart Disease				
Hypertension				
Diabetes				
Epilepsy				
Musculoskeletal Disorder				
Neurological Disorder				
Respiratory Disorder				
Tuberculosis				
Kidney Disorder				
Liver Disorder				
Skin Disorder				
Hearing Impairment				
Sight Impairment				
Speech Impairment				

PHYSICAL EXAMINATION

HT: _____ WT: _____ Age: _____ Temp: _____

HR: _____ RR: _____ BP: _____

MEDICAL EVALUATION	PAST ILLNESS	PRESENT ILLNESS	NORMAL FINDINGS	COMMENTS / RECOMMENDATIONS
VISION OD				
VISION OS				
HEARING RT EAR				
HEARING LT EAR				
NOSE				
SINUSES				
THROAT				
RESPIRATORY CHEST				
RESPIRATORY LUNGS				
HEART				
VASCULAR				
NEUROLOGICAL				
GASTROINTESTINAL				
GENITOURINARY				
MUSCULAR				
SKELETAL				
INTEGUMENTARY				
SENSORY FUNCTIONS				

PPD - DATE ADMINISTERED:

RESULTS @48°———(POSITIVE) _____(NEGATIVE)

RESULTS @72°———(POSITIVE) _____(NEGATIVE)

SEASONAL FLU VACCINE ADMINISTERED:_____N/A _____

I certify that this individual is in suitable physical and emotional condition to complete an Allied Health Program, and participate in clinical rotations dealing with patients.

EXAMINER'S SIGNATURE

LICENSE NUMBER

DATE

ADDRESS: _____

Please return this report to:

Oconee Fall Line Technical College
560 Pinehill Road
Dublin, GA 31021
Fax: 1(888)467-2165

OFTC Drug Testing and Criminal Background Check Procedure

Overview

Admission into Oconee Fall Line Technical College's programs does not guarantee acceptance or placement into practicum/lab courses or into any clinical, internship, externship or practicum setting (aka site), which is required for graduation.

Affiliate sites supporting allied health programs require that students have satisfactory criminal background investigation and negative drug testing results prior to acceptance or placement in clinical rotations. Random and discretionary background investigations and drug screens may also be conducted at the request of the site. Sites supporting the Early Childhood Care and Education program require a satisfactory finger-print based criminal background investigation.

In accordance with these requirements, the following procedure has been established.

Participation as a Requirement

No student will be placed into practicum/lab courses or into any clinical, internship, externship, or practicum site in a program or continue in the program without having the required satisfactory criminal background investigation and a negative drug test.

Fees

Fees paid for allied health drug screens and allied health criminal background investigations are nonrefundable. Students are assessed these charges through matriculation fees, and those fees must be paid prior to the official college purge date. Additional charges may be incurred for criminal background investigations processed out of the state of Georgia. Extra charges may also be incurred for any additional testing required by the drug testing vendor. Failure to pay fees by the required date will cause the student to be withdrawn from all registered course(s).

Readmission

Students who withdraw from or are dismissed from a program that requires drug screens and criminal background checks must reapply and follow the competitive selection process. In addition, re-entry students must have a new drug screen and new criminal background check (at the student's expense). This requirement also applies to students who transfer to a program with these requirements.

Continuous Enrollment

Drug testing and criminal background checks are good for one year if a student is continuously enrolled following the term(s) in which he/she was tested unless the affiliate site requests a repeat.

Questions

Should you have questions about this procedure, please contact:

Instructional Coordinator, South Campus
Oconee Fall Line Technical College
560 Pinehill Road
Dublin, GA 31021
478-274-7840

Drug Testing

Pre-Clinical Testing

All students enrolled in Allied Health programs that require students to be placed in any clinical or practicum setting will undergo testing for the presence of drugs as a condition of placement.

Students will be required to submit voluntarily to a urinalysis test at a laboratory chosen by OFTC, and by signing the consent agreement will release OFTC from liability related to drug testing. Drug tests are valid for one year from the test date if the student maintains continuous enrollment at OFTC unless a request to retest is made due

to reasonable suspicion or clinical site requests. Student must show an OFTC student photo ID at the time of drug testing.

Testing Procedures

The Instructional Coordinator will schedule tests and will notify the instructor of the testing date, time, and location. All drug and alcohol tests scheduled by the college will be performed by a college-approved testing company. The controlled substance test will be a 9-panel rapid. If the student is under the prescriptive care of a physician and tests positive, the student will be contacted by the Medical Review Officer (MRO) from the testing company and documentation must be presented within a specified deadline. Failure to submit requested documentation by the specified deadline will result in a positive ruling by the MRO.

Notification

The privacy of individuals taking these tests will be maintained consistent with the procedures of Oconee Fall Line Technical College. Testing results will be faxed to the attention of the Instructional Coordinator who will maintain records. Those students who pass will be included on the roster for the clinical course. Those students who fail the test will be dismissed from all program classes. A positive result is the sole determination of the MRO. There is no OFTC appeal process for a result deemed positive by the MRO. Any student wishing to view a copy of his/her drug testing results must present a valid OFTC ID or driver's license.

Consequences of Positive Test Results

Students with unsatisfactory results will not be accepted at the affiliate clinical site and will not be able to continue/complete the course or program at OFTC. Failure to follow the procedures contained herein will result in dismissal from the affiliate clinical site and dismissal from the program for one semester. Any student who violates any of the provisions in this procedure will be administratively withdrawn from current occupational courses with a grade of W or F based on when in the semester the violation occurs. However, the student may continue to be enrolled in a general education or core allied health course during the term that he/she is tested provided that the courses are not pre-requisite or co-requisite classes during the term in which they are tested. Core allied health course include all courses with an ALHS or COLL prefix.

Reasonable Suspicion

"Reasonable suspicion" is based on the judgment of the clinical site. "Reasonable suspicion" is a belief that a student is using or has used drugs or alcohol in violation of this procedure drawn from specific objective and articulable facts and reasonable inferences drawn from those facts in light of experience. The clinical site will notify the Instructional Coordinator if a student has to be tested due to reasonable suspicion testing. A refusal to test once the site makes request will be deemed the same as a positive result.

Random Testing

Students are subject to random drug testing during the clinical/practicum rotation schedule as required by the clinical site. The affiliate clinical/practicum institution and Oconee Fall Line Technical College shall have the right to terminate a student from the site and from the program if the student fails a random drug test. The clinical site will notify the Instructional Coordinator if a student has to be tested due to random testing.

Return-to-Duty/Follow-Up Testing

Students who violate or fail to follow any of the provisions of this procedure will be removed from their program for one full semester before being allowed to reapply through the competitive selection process. However, readmission of a previously-released student to a clinical/practicum site is at the sole discretion of that site. Readmission into the program is contingent upon availability of clinical sites and availability of class seats.

A student who has tested positive for drugs must attend drug/alcohol rehabilitation prior to reapplying to the program. Documentation (signed by a licensed substance abuse professional) of this rehabilitation training must be submitted at the time of reapplication to the Director of Student Affairs. A second violation of this procedure will result in permanent dismissal from all allied health programs.

Prohibited Behavior

It is a violation of this procedure for any student to: (1) report to OFTC or to any practicum/lab courses or any off-site instructional activity under the influence of or while possessing on or in his or her body, blood, or urine, illegal drugs in any detectable amount, (2) report to OFTC or to any practicum/lab courses or any off-site instructional activity while under the influence of or impaired by alcohol, (3) use prescribed drugs illegally (i.e., to use prescription drugs that have not been legally obtained or in a manner other than for the purpose prescribed). However, nothing in this procedure precludes the appropriate use of legally prescribed medications.

Testing Requirement Compliance

Any student who refuses to comply with a request for drug testing shall be dismissed from the program for one semester. Refusal can include an inability to provide a sufficient urine specimen, saliva sample, or a breath sample without a valid medical explanation, as well as a verbal declaration, obstructive behavior, or physical absence resulting in the inability to conduct the test. Failure to submit to a required substance abuse test within the required timeframe or submitting a verified adulterated or substitute drug test constitutes a refusal and will be viewed as a positive result. A second violation of this procedure will result in permanent dismissal from all allied health programs.

Consumer Information

Community resources are available to assist students who are experiencing problems with alcohol and/or other drugs. Information concerning the effects of alcohol and controlled substance use on an individual's health, work, and personal life; and signs and symptoms of an alcohol or controlled substances problem is available from the division of Student Affairs at Oconee Fall Line Technical College.

Criminal Background Investigations**ALLIED HEALTH PROGRAMS:****Pre-Enrollment**

The clinical, internship, practicum, and externship sites associated with the college's allied health programs require background investigations on incoming students to ensure the safety of the patients treated by students in the program. Therefore, all students enrolled in programs that require students to be placed in practicum, clinical, internship, externship, or practicum setting will be required to have a criminal background investigation conducted by a firm chosen by OFTC that specializes in background investigations for healthcare workers. Students should not submit their background check request until they are instructed to do so by the program director or instructor. Any students submitting a premature or duplicate request will be charged an additional regular fee for each request processed.

By signing the consent agreement, the student releases Oconee Fall Line Technical College from liability related to the criminal background check.



Verification of Receipt of Procedure and Consent Form--STUDENT

I have received a copy of the Oconee Fall Line Technical College Procedure for Drug Testing and Criminal Background Investigation. I consent to the required drug testing and to the criminal background investigation and understand that OFTC assumes no liability for the drug screen or criminal background investigation results. I understand that the clinical/internship/practicum site makes the sole decision whether students are accepted. I understand that I must comply with the requirements for criminal background investigation and drug testing to continue in and complete my program of study. I also understand that I may be subject to random or reasonable suspicion drug testing during the clinical/internship/practicum rotation schedule.

I authorize the college to release drug testing results and criminal background investigation information to affiliate sites as needed for clinical placement. I, furthermore, consent for the drug screen results and criminal background investigation to be disbursed and shared as follows:

Drug Screen:

Drug screen results will be sent from the drug testing company to the OFTC Instructional Coordinator who will maintain the records. I understand that the information obtained will be used as a basis for extension or denial of clinical privileges as mandated by the clinical/internship/practicum institution.

Criminal Background Investigation:

I consent for the OFTC-appointed vendor to obtain an investigative report that will include personal information regarding me, including but not limited to Patriot Act, social security, residency history, criminal records, sex offender, and healthcare fraud and abuse scam. I authorize, without reservation, any party or agency contacted by the vendor to furnish the information. I, my heirs, assigns and legal representatives, hereby release and fully discharge Oconee Fall Line Technical College and the vendor., its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against Oconee Fall Line Technical College and the vendor, its parent, affiliates or subcontractors, arising out of the making or use of an investigative report, including any errors or omissions contained or omitted from such reports or investigations. I understand that the information obtained will be used as a basis for extension or denial of clinical privileges as mandated by the clinical/internship/practicum institution. I also understand that if I submit duplicate requests for criminal background checks, I will be charged for each request submitted.

Please print the following information:

Program of Study _____ Date of Birth: _____

Student Address: _____

Student's phone number(s): _____ Email address: _____

First scheduled day of clinical: _____

Verification of Receipt of Procedure and Consent Form—STUDENT (Page 2)

STUDENT'S PRINTED NAME STUDENT OFTC ID

STUDENT'S SIGNATURE DATE

PROGRAM INSTRUCTOR'S SIGNATURE DATE

Note: A parent signature is required only if student is under 18.

PARENT'S SIGNATURE DATE

Form must be completed, signed, and returned to the program instructor prior to drug testing. Program instructors will return forms to the Instructional Coordinator.

Background check through “PreCheck” (This process is changing and will be reflected in next year’s handbook).

Student Check

Do Not Complete Until Instructed by Clinical Coordinator.

Background checks are required on incoming students to insure the safety of the patients treated by students in the clinical education program. You will be required to order your background check in sufficient time for it to be reviewed by the program coordinator or associated hospital prior to starting your clinical rotation. A background check typically takes 3-5 normal business days to complete. The background checks are conducted by PreCheck, Inc., a firm specializing in background checks for healthcare workers. Your order must be placed online through StudentCheck.

Go to **MyStudentCheck** and select your School and Program from the drop-down menus for School and Program. It is important that you select your school worded as Oconee Fall Line Technical College—enter the name of your program and campus as indicated above.

Complete all required fields as prompted and hit Continue to submit your background check request. For your records, you will be provided a receipt and confirmation page of the background check performed by PreCheck, Inc.

PreCheck will not use your information for any other purposes other than the services ordered. Your credit will not be investigated, and your name will not be given out to any businesses.

FREQUENTLY ASKED QUESTIONS:

- Does PreCheck need every street address where I have lived over the past 7 years? No. Just the city and state.
- I selected the wrong school, program, or need to correct some other information entered, what do I do? Please email **StudentCheck@PreCheck.com**, with the details.
- How long does the background check take to complete? Most reports are completed within 3-5 business weekdays.
- Do I get a copy of the background report? Yes. Log into My Student Check and click on “Check Status”, and enter your SSN and DOB. If your report is complete, you may click on the application number to download and print a copy. This feature is good for 90 days after submittal. After 90 days, you will be charged \$14.95 for a copy of your report, and will need to contact PreCheck directly to request this.
- I have been advised that I am being denied entry into the program because of information on my report and that I should contact PreCheck. Where should I call? Call PreCheck’s Adverse Action hotline at 800-203-1654. Adverse Action is the procedure established by the Fair Credit Reporting Act that allows you to see the report and to dispute anything reported.

If you need further assistance, please contact PreCheck at
StudentCheck@PreCheck.com.



HIPAA Acknowledgement OCONEE FALL LINE TECHNICAL COLLEGE

I understand that I am required to abide by the Health Insurance Portability and Accountability Act (HIPAA) in the performance of my clinical, practicum, internship, etc. Employee/patient/ child information is confidential and if violated by a student would be grounds for immediate dismissal from the program. Additionally, I understand that HIPAA requires that the site must perform a thorough investigation of any alleged HIPAA violations. I hereby consent to the release of my educational information to the clinical, practicum, internship, etc. site for the purpose of conducting any HIPAA violation.

I understand this authorization is valid for the duration of my program of study and that this signed consent form will become a part of my permanent record at Oconee Fall Line Technical College.

Student's Name (Please print)

Student's Program of Study

Student's Signature

Date

Student's 900#

Note: A Parent Signature is required for students under 18 years of age.

Parent's Signature

Date

7/14/11

Oconee Fall Line Technical College Campuses:

North Campus

1189 Deepstep Road
Sandersville, GA 31082
Phone: 478.553.2050
Toll Free: 1 (877) 399.8324

South Campus

560 Pinehill Road
Dublin, GA 31021
Phone: 478.275.6589
Toll Free: 1 (800) 200.4484

Other Campuses:

Jefferson County Center

1257 Warrior Trail
Louisville, GA 30434
Phone: 478.625.1901

Little Ocmulgee Instructional Center

140 N. Third Avenue
McRae-Helena, GA 31037
Phone: 229.868.7834

Transportation Center

1678 Kaolin Road
Sandersville, GA 31082
Phone: 478.553.2408

A UNIT OF THE TECHNICAL COLLEGE SYSTEM OF GEORGIA.
EQUAL OPPORTUNITY INSTITUTION.

www.OFTC.edu