2017-2018

Student Handbook
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## General Policies

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**Forms:**
- Honor Pledge
- Minimum Physical standards

*Rev. 12/2017*
Bon Secours St. Mary's Hospital School of Medical Imaging

Program Information

Bon Secours St. Mary's Hospital School of Medical Imaging

The School of Radiologic Technology was founded in 1971. The name was changed to St. Mary's School of Radiologic Sciences in 1982. The program's current name was adopted in July 2002. The school once offered programs in both Radiologic Technology and Nuclear Medicine Technology. Currently, the School offers an 18 month certificate program in Radiologic Technology and continuing education courses for ARRT registered technologists in Mammography, Magnetic Resonance Imaging, Vascular Interventional, Computed Tomography and Bone Densitometry.

General Program Information

Bon Secours St. Mary's Hospital School of Medical Imaging offers an accredited 18-month residential radiography program designed to prepare individuals to enter the workforce as Diagnostic Radiologic Technologists. The Radiography program meets requirements established by the American Society of Radiologic Technologists.

The 18-month program curriculum was adopted in 2008. The program hours of operation are Monday - Friday, 8 a.m.– 4:30 p.m. Clinical rotations during the 4th and 5th semesters require students to attend from 1:00 p.m.– 9:30 p.m. for duration of three weeks. The School is a full-time program and does not offer part-time or evening classes.

Students are eligible for national credentialing with the American Registry of Radiologic Technologists (ARRT) upon completion (Individual criteria for the ARRT, ASRT & School guidelines must be met by each graduate).


Accreditation

Bon Secours St. Mary's Hospital School of Medical Imaging meets the requirements established by the Joint Review Committee on Education in Radiologic Technology, as recognized by the U.S. Department of Education. The program’s latest Self-Study documents and Accreditation Certificate are available for review. Information on the JRCERT can be viewed at www.JRCERT.org.

Certification

Bon Secours St. Mary's Hospital School of Medical Imaging is licensed to operate in the state of Virginia by the State Council of Higher Education for Virginia (SCHEV). Information on SCHEV can be viewed at www.schev.edu.
Radiography Program Policy

The Radiology Department shall sponsor an accredited educational program in Radiography in the School of Medical Imaging.

Procedure:

1. The educational program in Radiography shall operate within the Standards as established by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the State Council of Higher Education for Virginia (SCHEV).

2. The program shall involve communities of interest for programmatic assessment in the form of an Advisory Committee.

3. Program Policies shall be maintained by the School of Medical Imaging and provided to students through the Student handbook and available to the public through web site and upon request.

4. Program Policies shall be established by program administration, faculty and Bon Secours St. Mary’s Hospital Administration as needed.

5. St. Mary’s Hospital shall serve as a clinical education site for radiography students as deemed appropriate by program faculty.

revised 1-2017
Bon Secours St. Mary’s Hospital School of Medical Imaging

Program Goals/Student Learning outcomes:

1: Students will competently perform routine radiographic examinations.

Student Learning Outcomes:
Students will position patients correctly.
Students will practice radiation protection to patient, self and others.

2: Students will develop effective critical thinking skills.

Student Learning Outcomes:
Students will perform non-routine radiographic examinations.
Students will select appropriate technical factors for examinations.

3: Students will communicate professionally.

Student Learning Outcomes:
Students will effectively communicate verbally.
Students will communicate effectively through written format.

4: Students will exhibit professionalism.

Student Learning Outcomes:
Students will be respectful of patients.
Students will attend clinical assignments on time and are ready to perform in the clinical environment.

5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.

Student Learning Outcomes:
Employers will report that the graduate possess the entry-level skills to prepare them for a career in the Imaging profession.
Graduates will be satisfied with their educational experience.
Graduates shall obtain employment in the Imaging profession.
Students will complete the program within a 27 month time frame.
Students will pass the ARRT national certification on the 1st attempt.
Employers will be satisfied with the performance of the graduates.

Rev. 2/2017
Bon Secours St. Mary's Hospital
School of Medical Imaging

Radiography Program Mission

The Bon Secours St. Mary’s Hospital School of Medical Imaging is dedicated to providing students with a comprehensive education in Radiologic Technology, which facilitates successful entry into the field of Diagnostic Medical Imaging. The School encourages students to embrace the values of Bon Secours and to further their professional and personal growth. Our program seeks to promote commitment to the integrity of the profession, to develop strong communication skills, and to foster the ability to work within a team environment.

Rev. 11-17
Bon Secours St. Mary’s Hospital
School of Medical Imaging

List of student services

- REACH (Student Assistance Program)
- Employee Health
- School Library (Learning Commons) and Librarian services
- Federal Financial Aid (FFA)
- Student Loan Payback Benefit Program
- Faculty Advisors
- Employment Opportunities
- Advance Practice Programs
- Affiliation with St. Joseph’s college for advance degree opportunities
- Good Health Clinic
- Bon Secours Family Centers
- Technology Support (Blackbelt)

* Student services are reviewed annually by the Advisory Committee.

Bon Secours St. Mary’s Hospital School of Medical Imaging

BON SECOURS’ VALUES

**RESPECT** - Respect is our commitment to treat all people well. It is based on our belief that each person has equal dignity because each individual “is made in the image and likeness of God.” We promote self-respect and mutual respect and trust among all the members of the Bon Secours team.

**JUSTICE** - Justice is the value that supports and protects the rights of all people. It characterizes what we desire in our relationship to those we serve and our co-workers. It promotes the right to have needs met and in a manner consistent with dignity; and it supports and protects the rights of the individual to participate in decision making regarding their care.

**INTEGRITY** - Integrity implies a highly-developed sense of ethical behavior, consistent with that expected of an individual or organization with great moral character.

Integrity is having our actions in harmony with our thoughts, feelings, and values. This integration of behavior with thoughts, feelings, and values applies to each of us as individuals as well as collectively as an organization.

**STEWARDSHIP** - Stewardship is the responsible use of all our resources for that for which they are intended to support, promote, expand, and preserve our mission and ministry. It is the balanced and relationship of quality and value with cost and financial return.

**INNOVATION** - Innovation is the process of creating or managing new ideas, methods, and technologies to vitalize existing services and to develop new ones. Innovation is stimulated by a strong awareness of the needs of those we serve and thrives in an organization that promotes the new approaches to health care delivery. The innovative organization commits resources necessary for research and development and for change, while recognizing that not all new efforts will succeed.

**COMPASSION** - Compassion means experiencing the empathy with another's life situation. Compassion is being with another as well as doing for them. This "being with" is done in such a way that the person experiences acceptance, concern, hopefulness and sensitivity.

**QUALITY** - Quality is the excellence we strive to reach in the delivery of our health services. It is done in a fashion to meet or exceed clearly established internal and external standards.

We will design or modify the ways we do our work seeking to constantly improve what we do so that the right things are done the right way.

**GROWTH** - Growth is developing and improving our services and promoting self renewal and progressive development programs for those with whom we work, our organization and our community. It implies expansion, embracing change and seeking new opportunities as an organizational way of life.
Bon Secours St. Mary's Hospital  
School of Medical Imaging  

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## Bon Secours St. Mary’s Hospital School of Medical Imaging

### Student Learning Outcomes

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<td>1. Students will position patients correctly.</td>
<td>Lecture, Lab activities, Online activities, Blackboard, Clinical Instruction, Use of phantoms, Clinical experience, working with Clinical Instructors, preceptors and Technologists</td>
<td>CRS 1101, CRS 1102, CRS 2103, CRS 2104, CRS 2105, PRO 1101, PRO 1101L, PRO 1102, PRO 1102L, PRO 2102, PRO 2103, PRO 2104, PRO 2104L, CRS 1102L, CRS 2104L</td>
<td>Master competency evaluations, Final competency evaluations, Clinical Instructor evaluations, Lab Practical Examinations, Written tests, Practical Evaluations</td>
<td>Minimum course grade of 80%. Successfully pass all competencies with an 88% or better.</td>
<td><strong>Goal 1</strong>: Students will competently perform routine radiographic examinations.</td>
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</table>
2. Students will practice radiation protection to patient, self and others.

| Lecture | Lab activities | Online activities | Blackboard | Clinical Instruction | Clinical Experience, working with Clinical Instructors, preceptors and Technologists | CRS 1101 | CRS 1102 | CRS 2103 | CRS 2104 | CRS 2104 | CRS 2105 | PRO 1101 | PRO 1101L | PRO 1102 | PRO 1102L | PRO 2103 | PRO 2104 | PRO 2104L | RAD 1102 | RSC 1101 | CRS 1102L | CRS 2104L |
|---------|----------------|------------------|------------|---------------------|--------------------------------------------------------------------------------|---------|---------|---------|---------|---------|---------|---------|------------|---------|---------|---------|----------|---------|---------|---------|----------|---------|---------|---------|----------|
|         |                |                  |            |                     | Master competency evaluations                                                  |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Final competency evaluations                                                 |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Clinical Instructor evaluations                                              |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Written Tests                                                                 |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Practical Evaluations                                                        |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Oral Presentations                                                            |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |
|         |                |                  |            |                     | Quarterly dosimetry reports                                                    |         |         |         |         |         |         |         |             |         |         |         |          |         |         |         |          |         |

Minimum course grade of 80%.
Successfully pass all competencies with an 88% or better.

**Goal 1:** Students will competently perform routine radiographic examinations.

3. Students will perform non-routine radiographic

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<th>Minimum course grade of</th>
<th>Goal 2: Students will develop effective critical</th>
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<td>80%</td>
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<td>Evaluations</td>
<td>Goal 2: Students will develop effective critical thinking skills.</td>
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<td>4. Students will select appropriate technical factors for examinations.</td>
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<td>Successfully pass all</td>
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<td>competencies with an 88% or better.</td>
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<td>Responding employers will indicate graduates demonstrate the ability to</td>
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<td>critically think on Question #1 of Employer Survey at 12 months post-graduation with</td>
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<td>an average of 90% or above.</td>
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| 5. Students will effectively communicate verbally. | Lecture | CRS 1101 | CRS 1102 | CRS 2103 | 
| Lab activities | | 
| Online activities | | 

<p>| Goal 3: Students will communicate professionally. |</p>
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<th>PRO 1102L</th>
<th>PRO 2103</th>
<th>PRO 2104</th>
<th>PRO 2104L</th>
<th>RAD 1101</th>
<th>CRS 1101L</th>
<th>CRS 1102L</th>
<th>CRS 2103L</th>
<th>CRS 2104L</th>
<th>CRS 2105L</th>
<th>RAD 1102</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Instructor evaluations</td>
<td>Lab Practical Examinations</td>
<td>Employer surveys</td>
<td>Lab Simulations</td>
<td>better. Responding employers will report that students communicate effectively in the workplace on Question #2 of Employer Survey at 12 months post-graduation with an average of 90% or above.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Goal</th>
<th>Course Code</th>
<th>Course Name</th>
<th>Competency Evaluations</th>
<th>Goal 4: Students will exhibit professionalism.</th>
<th>Revised 2/2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.</td>
<td>Students will be respectful of patients.</td>
<td>Clinical Experience, working with Clinical Instructors, preceptors and Technologists</td>
<td>CRS 1101, CRS 1102, CRS 2103, CRS 2104, CRS 2105, RAD 1101</td>
<td>Master competency evaluations, Final competency evaluations, Clinical Instructor evaluations</td>
<td>Minimum course grade of 80%. Successfully pass all competencies with an 88% or better.</td>
<td>Goal 4: Students will exhibit professionalism.</td>
</tr>
<tr>
<td>8.</td>
<td>Students will attend clinical assignments on time and are ready to perform in the clinical environment.</td>
<td>Clinical Experience, working with Clinical Instructors, preceptors, and Technologists.</td>
<td>CRS 1101, CRS 1102, CRS 2103, CRS 2104, CRS 2105</td>
<td>Clinical Instructor evaluations</td>
<td>Minimum course grade of 80%</td>
<td>Goal 4: Students will exhibit professionalism. Revised 2/2017</td>
</tr>
<tr>
<td>9.</td>
<td>Employers will report that the graduate possesses the entry level skills to prepare them for a career in the Imaging profession.</td>
<td>N/A</td>
<td>N/A</td>
<td>Employer Survey</td>
<td>Responding employers will indicate graduates possessed entry level skills for a career in the Imaging profession on Question # 4 of Employer Survey at 12 months post-graduation with an average of 90% or above.</td>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
</tr>
<tr>
<td>10. Graduates will be satisfied with their educational experience.</td>
<td>N/A</td>
<td>N/A</td>
<td>Graduate Surveys</td>
<td>Responding graduates will indicate they were satisfied with their educational experience on Question # 7 of Graduate Survey at 12 months post-graduation with an average of 90% or above.</td>
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<tr>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
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</tr>
<tr>
<td>11. Graduates will obtain employment in the Imaging profession.</td>
<td>N/A</td>
<td>N/A</td>
<td>Graduate Surveys</td>
<td>Responding graduates report they obtained employment within 12 months post-graduation on Question # 2 of Graduate Survey at 12 months post-graduation with a five year average of 75% or above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
<td></td>
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</tr>
<tr>
<td>12. Students will complete the program within a 27 month time frame.</td>
<td>Lecture Lab activities Online activities Moodle Clinical Instruction Use of phantoms Clinical experience, working with Clinical Instructors, Entire program curriculum</td>
<td>Completion Rate Minimum course grade of 80%</td>
<td>Annual completion rate should not be less than 75%.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
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</tr>
<tr>
<td>13. Students will pass the ARRT national certification on the 1st attempt.</td>
<td>Lecture Lab activities Online activities Blackboard Clinical Instruction Use of phantoms Clinical experience, working with Clinical Instructors, preceptors and Technologists</td>
<td>Entire program curriculum ARRT 1st time pass rate Program first time pass rate five year average will be a minimum of 75%.</td>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
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</tr>
<tr>
<td>雇主将会对毕业生的性能满意。</td>
<td>N/A</td>
<td>N/A</td>
<td>Goal 5: The program will graduate entry-level technologists that possess the necessary skills to meet the needs of the profession.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Employers will be satisfied with the performance of the graduates.</td>
<td>N/A</td>
<td>Employer Surveys</td>
<td>Responding employers will indicate they were satisfied with the graduate’s performance on Question # 5 of Employer Survey at 12 months post-graduation with an average of 90% or above.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
POLICY STATEMENT:

POLICY PURPOSE:

The policies and procedures of the Bon Secours St. Mary’s Hospital School of Medical Imaging (SOMI) are the means by which the School establishes its standard business practices. SOMI will follow all policies of its sponsoring institution, Bon Secours St. Mary’s Hospital. The SOMI policies further clarify those business practices that are unique to the School. The purpose of this policy is to establish a uniform method for creating or changing policies and procedures unique to SOMI.

Definitions:
- Policies: policies are statement of management philosophy and directions established to provide direction and assistance to the campus community in the conduct of the affairs of SOMI.
- Procedures: procedures are statements that prescribe specific actions to be taken to conform to established polices, allowing for the orderly implementation of those policies.

Procedure:
1. The policy owner, as identified below, will initiate all revisions.

<table>
<thead>
<tr>
<th>Area</th>
<th>Owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Dean/Director</td>
</tr>
<tr>
<td>Academic</td>
<td>Didactic Coordinator &amp; Radiation Safety Officer</td>
</tr>
<tr>
<td>Clinical</td>
<td>Clinical Coordinator &amp; Radiation Safety Officer</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>Financial Aid Director</td>
</tr>
<tr>
<td>Safety</td>
<td>Office/Safety Coordinator</td>
</tr>
</tbody>
</table>

2. Once the policy owner makes necessary policy revisions, policies are sent to Dean/Director for approval.
3. Once approval is obtained from Dean/Director, faculty meeting is called to review policy revisions.
4. Student policy handbook and website updated as necessary.
5. Entire process completed annually, with deadline of August 1st.
RESPONSIBLE PERSONS: Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD) Director/Dean May 15, 2017

Signature ___________________________ Title ___________________________ Date ___________________________

Approval History:
Committees and Dates:
Faculty and administrative review in: 5/2015, 5/2016, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Background Screening

Background screening has become common practice in healthcare settings and is required by clinical education sites utilized by the School.

Initial Admission Screening

All conditionally accepted applicants for Bon Secours St. Mary’s Hospital School of Medical Imaging Radiography Program will be required to undergo screening, which includes: Criminal Background Check, Child Protective Services and Nationwide Sex Offender Public Registry Search. The rationale for this requirement includes fostering patient safety and increasing public trust in the healthcare profession.

Applicants with convictions are required to complete the American Registry of Radiologic Technologists Pre-approval process prior to applying to the School. This process is conducted by the ARRT and is fee based. A copy of the ARRT approval must be submitted at the time of application. Information about pre-approval can be obtained by visiting the ARRT website at www.arrt.org

Students that do not obtain and/or provide documentation of approval through the ARRT ethics committee will result in halt of admissions.

All Screenings

- Information obtained through a criminal background check will be treated by the School as confidential.

- Students are required to report conviction(s) that occurred while enrolled in the school to a school official and to the ARRT ethics committee for approval to continue in the program.
RESPONSIBLE PERSONS: Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)                     Director/Dean                     May 15, 2017

Signature                                      Title                                      Date

Approval History:
Committees and Dates:

DOCUMENTATION: None

REFERENCES: None
POLICY STATEMENT:

The School of Medical Imaging Radiography program is 18 months in length. The Curriculum is based on Monday-Friday hours of 8:00 am – 4:30 pm, with the exception of a 3 week clinical rotation of 1:00pm - 9:30pm in the 4th or 5th semester. Total program hours will not exceed 40 hours per week.

The School of Medical Imaging Radiography program is 18 months in length. Semesters 1-4 are 16 weeks long and semester 5 is 8 weeks long. Didactic and clinical courses are measured in credits.

Formula for Credit & Contact Hours:

- Didactic/Lecture courses: 16 contact hours = 1 credit
- Clinical courses: 64 contact hours = 1 credit
- Lab/Practical courses: 2 contact hours = 1 credit

<table>
<thead>
<tr>
<th>CURRICULUM</th>
<th>DIDACTIC CREDITS</th>
<th>CLINICAL CREDITS</th>
<th>LAB/PRACTICAL CREDITS</th>
<th>DIDACTIC CONTACT HOURS</th>
<th>CLINICAL CONTACT HOURS</th>
<th>LAB/PRACTICAL CONTACT HOURS</th>
<th>TOTAL CREDITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEMESTER I (16 weeks)</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>144</td>
<td>256</td>
<td>64</td>
<td>15</td>
</tr>
<tr>
<td>SEMESTER II (16 weeks)</td>
<td>9</td>
<td>4</td>
<td>2</td>
<td>144</td>
<td>256</td>
<td>64</td>
<td>15</td>
</tr>
<tr>
<td>SEMESTER III (16 weeks)</td>
<td>9</td>
<td>6</td>
<td>1</td>
<td>144</td>
<td>384</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>SEMESTER IV (16 weeks)</td>
<td>7</td>
<td>6</td>
<td>2</td>
<td>112</td>
<td>384</td>
<td>64</td>
<td>15</td>
</tr>
<tr>
<td>SEMESTER V (8 weeks)</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>80</td>
<td>192</td>
<td>32</td>
<td>9</td>
</tr>
<tr>
<td>totals</td>
<td>39</td>
<td>23</td>
<td>8</td>
<td>624</td>
<td>1472</td>
<td>256</td>
<td>70</td>
</tr>
</tbody>
</table>

A new class of students is accepted at least once per year.

The program does not allow early release of students. However, students can transfer in coursework. Please refer to the Transfer Credits Policy (G11).

Students are required to complete the entire program or transfer in equivalent coursework to be eligible for a certificate.

Maximum time allotted for students to complete the Radiography program is 27 months.
**RESPONSIBLE PERSONS:** Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>March 8, 2017</td>
</tr>
</tbody>
</table>

Signature: 

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None
**REFERENCES:** None
POLICY STATEMENT:

In certain circumstances, former students are eligible to re-apply for admission to the School.

The filing of such an application does not guarantee or assure admission.

**Previous Dismissal for Academic Reasons**

Students who have been dismissed from the School for failure to successfully complete one didactic course with a grade of C (80) or better during the entire 18 month program are eligible to re-apply for admission. Program Administration will review student application on a case by case basis to determine courses to be accepted as transfers. Program Administration also reserves the right to require a previous student to re-take a course.

Refer to Academic Extension Policy A2 for failure to successfully complete a clinical course within the 2nd-5th semesters.

In this circumstance, reapplication requires:

1. Compliance with all current application requirements for the entering class;
2. Submission of a complete application packet, including the application fee and letter of intention, explaining the reasons the student believes he or she deserves to be re-admitted;
3. Submission of all transcripts for courses taken since leaving the School; and
4. Furnishing satisfactory evidence of improved academic skills prior to re-admission.

The Admissions Committee will evaluate each candidate’s application. Acceptance is contingent, among other things, upon the former student demonstrating improved academic skills and meeting the same criteria as do all other applicants for that particular school year.
**Prior Withdrawal**

Students who have voluntarily withdrawn from the School and who were then in good standing are eligible to re-apply for admission. The following will be required in this circumstance:

1. Compliance with all current application requirements for the entering class;
2. Submission of a complete application packet, including the application fee and letter of intention, explaining the reasons the student believes he or she deserves to be readmitted;
3. Submission of all transcripts for courses taken since leaving the School; and
4. Furnishing satisfactory evidence of improved academic skills prior to readmission.

**Satisfactory Academic Progress (SAP):**

All re-admitted students must maintain Satisfactory Academic Progress (SAP) to be eligible for Federal student aid. There are three measures for SAP:

**Cumulative Grade Point Average (GPA):**

In order to meet qualitative standard for SAP, students must maintain, every semester, a minimum cumulative GPA of 1.47 on a scale of 4.0. Students who do not achieve a cumulative GPA of 1.47 will be dismissed from the program.

**Percentage of Attempted Courses Completed (PACE):**

In order to meet School policy and compete the program within maximum time frame: a student must complete 100% of all credits attempted in the 1st semester, a minimum of 75% of all credits attempted in the 2nd semester, 70% in the 3rd semester, 65% in the 4th semester, 75% in the 5th semester and 100% in any subsequent semesters. Transfer credits accepted towards completion of a student's program and all credits attempted while enrolled at the School will count toward the percentage of attempted courses completed. Students who do not achieve the required percentages within a semester will be dismissed from the program.

**Maximum Time frame for Completion:**

The quantitative standard for SAP students is completion of all academic requirements within 150% of the published length of the program. Students who do not complete all academic requirements within 150% (27 months) of the published length of the program (18 months) will be dismissed from the program. Transfer credits accepted towards completion of student's program and all credits attempted while enrolled at the School will count toward the 150% of the published length of the program.
Repeated Courses:

A 2nd, 3rd, 4th, or 5th semester student who receives less than a "C" in a clinical course must repeat the course to meet curriculum requirements. A course may be repeated only once and may be eligible for federal funding. Both the original and the repeated clinical course grade will be considered in the calculation of the GPA, attempted credits, percentage of attempted credits completed, and meeting SAP requirements. A clinical course can only be repeated once.

Note: Pre-application courses are subject to change from application cycle to application cycle.

Previous Dismissal for Disciplinary Reasons

Students who have been dismissed from the School for disciplinary reasons are not eligible to re-apply for admission. While such students have the right to appeal their dismissal in accordance with the terms and conditions of the Student Grievance Policy, they are not permitted to re-apply for admission through the application process.

Good Standing

All former students re-applying must have exited the School "in good standing" in order to submit a new application. Students must have satisfied all financial obligations, returned all school property, and met all exit requirements to be considered “in good standing”.

RESPONSIBLE PERSONS: Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>Jody D. Crane</td>
<td>May 15, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Approval History:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Committees and Dates:</td>
<td></td>
</tr>
</tbody>
</table>

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
Bon Secours Assurance Company, Ltd. provides liability coverage for each student in the course of their education while on the grounds of Bon Secours Hospitals or any other affiliate clinical site when it is a school related function. Bon Secours St. Mary's Hospital offers NO coverage when traveling in a personal automobile, a fellow student's or an instructor’s automobile when in route to an education related activity.

RESPONSIBLE PERSONS: Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>May 15, 2017</td>
</tr>
</tbody>
</table>

Signature: ____________________________ Title: ____________________________ Date: ____________________________

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Accepted students are required to have a pre-entry physical assessment. A drug screen is also included in this assessment. The Student Services division of Employee Wellness (EW) Pre-Placement Services conducts the assessment.

Specific results of the physical examination and drug screening will be reported only to the candidate. Program administration will only receive a notification of “cleared for admission” or “not cleared for admission”.

Conditions requiring further evaluation or follow-up will necessitate that the candidate contact their personal physician, as it is not the purpose of Employee Wellness to serve in that capacity. Employee Wellness will notify the school if it is determined a candidate cannot physically complete the requirements of the program.

The following services are provided to incoming (new) students:

- Titers for Varicella, Rubeola, Rubella, Mumps, and Hepatitis B
- Tuberculosis screening with TSPOT TB blood test
- A Chest x-ray for any student who has had a positive TB test in the past and those positive on the entry TSPOT TB test. A student who has a positive TB will need to be seen by their Physician for School entry clearance.
- Administer color vision testing
- Administer Respiratory Fit testing using new OSHA guidelines
- Review health history
- Administer vaccine for non-immune students for MMR, Varicella, Hep B
- Update Tetanus with a Tdap vaccine

For all other students of the program, EW provides annual Respiratory Fit testing, flu vaccines, and follows up on immunization status, including titers on any immunizations offered previously.

A permanent health record is maintained (in Employee Wellness) for each student enrolled in the school.
During the course of the school day, students requiring the services of Employee Wellness should notify the school faculty (and clinical instructor if during a clinical rotation) prior to proceeding to Employee Wellness. If the Employee Wellness department is closed, students should report to an Emergency Department.

Employee Wellness: 627-5147

Students are required to carry private health insurance throughout enrollment in the program to cover needed health services. The SOMI student health fee does not provide health insurance coverage nor does the Bon Secours Health System provide medical insurance for students. Fees for consultative services are the responsibility of the student even when EW or the Student Assistance Program (REACH) makes a referral. Documented proof of medical coverage shall be maintained in the student file during enrollment; it is the responsibility of the student to notify the school when changes to coverage occur.

Employee Wellness does not serve to replace a personal physician. Illnesses outside of school should be treated by the family physician of the student.

Students are encouraged to make routine medical and dental appointments during vacation breaks or at the beginning, lunchtime or end of the school day.

Should an injury occur while participating in a faculty directed SOMI related activity, the student must complete the proper reporting form with the assistance of an instructor or supervisor. Treatment will be provided by Employee Wellness if onsite at a Bon Secours’ hospital. A student who sustains an accident or injury while engaged in clinical education assignments at other facilities should follow reporting procedures at that site and also must report the occurrence to EW within 24 hours for follow-up. The school cannot be held responsible for your care or any subsequent results if there is a delay or failure in reporting an injury.

In the event of a Blood borne Pathogen exposure (BBP), the student must obtain a student BBP Exposure packet from the clinical instructor and notify EW. Instructions for follow-up are in the packet. The student will be responsible for all costs.

A student having a serious health condition, or any condition which affects his/her ability to perform the essential functions of an imaging student, is responsible for notifying EW and the Director/Dean of the SOMI. The student must provide documentation from their private physician indicating any limitations/restrictions or needed accommodations as well as clearance for continuing in the program. The student assumes all costs for medical care and hospitalization associated with the condition.

Students with latex sensitivity will be provided non-latex equipment. Documentation by the student’s physician is required. Students in the clinical area will follow the policy of the agency where they are having their clinical experience.

The student must notify the Director/Dean if he/she has contracted or has come in contact with a communicable disease within the clinical environment. A communicable disease is defined as “a disease that can be communicated from one person to another”.
Students who become ill and suspect that their condition is contagious should not attend didactic or clinical classes. If in doubt as to whether the condition is an infectious process, students should seek an evaluation from their personal physician prior to coming to school.

**RESPONSIBLE PERSONS:** Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>June 16, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
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<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane</td>
<td></td>
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</tr>
</tbody>
</table>

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
**Policy: G7 – Tuition And Fees**

**Rev.: 2/2016**

Bon Secours Health System, Inc.  
Richmond Region  
St. Mary’s Hospital  
Policy/Procedure

Policy Manual: School of Medical Imaging  
Section: Student – General

**Areas Affected: Students**

### POLICY STATEMENT:

Tuition must be paid in full through PayPal. No cash is accepted. Tuition and fees are due on Day 1 of classes each semester. Failure to pay tuition on time will result in the student being dropped from classes. Students with outstanding tuition and/or fees must discuss payment arrangements with the Director/Dean prior to re-entry into classes. Dismissal from the program will occur if the student fails to meet arrangements.

### 2016-17 Tuition and Fees (Subject to change)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Rate</td>
<td>$115.00 per credit hour</td>
</tr>
<tr>
<td>Learning Resource Fees</td>
<td>$25.00 per credit hour</td>
</tr>
<tr>
<td>Application fee</td>
<td>$50.00 (non-refundable)</td>
</tr>
<tr>
<td>Books</td>
<td>$800.00 (estimated)</td>
</tr>
<tr>
<td>Initial BG Screening</td>
<td>$52.00 (non-refundable)</td>
</tr>
<tr>
<td>Health Screening</td>
<td>$300.00 (non-refundable)</td>
</tr>
<tr>
<td>Uniforms, shoes</td>
<td>$250.00 (estimated)</td>
</tr>
<tr>
<td>Clinical Marker Fee</td>
<td>$40.00 (non-refundable)</td>
</tr>
</tbody>
</table>

### RESPONSIBLE PERSONS: Program Administration

**Approved by:**  
Jody D. Crane, M.A.Ed., RT(R) (BD)  
Director/Dean  
February 29, 2016

**Signature**  
________________________

**Title**  
________________________

**Date**  
________________________

### Approval History:

Committees and Dates:  

### DOCUMENTATION: None

### REFERENCES: None
POLICY STATEMENT:
The School of Medical Imaging (SOMI) will have a fair and equitable refund policy under which the School complies with all applicable state and federal regulations regarding refunds to students attending a postsecondary institution.

General Regulations for Institutional Refunds:
All fees and payments, with the exception of non-refundable fees, will be remitted to the student if he or she is not admitted, does not enroll in the school, does not begin the program, withdraws prior to the start of the program, or is dismissed prior to the start of the program.

A student has three (3) business days, excluding weekends and holidays to cancel the enrollment agreement without financial obligation other than any non-refundable fees described as part of the admissions process. (See tuition and fees)

A student may cancel enrollment, by written notice, any time prior to the first class day of the period for which the application was made.

As of the first day of class, the school will utilize the add/drop policy, in which, a student may withdraw during the add/drop period and be entitled to 100% refund for the term. However, should the student withdraw after the add/drop period, he or she will receive a tuition refund in this manner:
- Student withdraws during the first 25% of the semester is entitled to a refund of 50%.
- Student withdraws after completing 25% of the semester, but less than 50% of the semester is entitled to a refund of 25%.
- Student withdraws after completing 50% of the semester is not entitled to a refund.

The last date of attendance is defined as the last day a student had academically related activity, which may include projects, clinical experience, or examinations. Determined date of withdrawal (date of determination) is the date the student communicates to the Director/Dean that he/she is withdrawing; if there is no communication, this is seven days past the last day of attendance. This is the date the School uses as the withdrawal/resignation date.
Federal Return to Title IV Funds - Financial Aid Recipients:

Federal law requires Schools to calculate how much federal financial aid a student has earned if that student:

- Completely withdraws (Resignation from the School), or
- Stops attending before completing the semester, or
- Takes an approved leave of absence, or
- Does not complete all modules (courses which are not scheduled for the entire semester) for which he/she has registered at the time those modules began.

Schools are required by federal statute to determine how much financial aid was earned by students who resign from the School or take a leave of absence prior to completing 60% of a payment period or term. For a student who resigns from the School after the 60% point-in-time, there is no unearned aid. However, a School must still complete a return calculation in order to determine whether the student is eligible for a post-resignation disbursement. The calculation is based on the percentage of earned aid using the following Federal Return of Title IV funds formula:

Earned Aid (percentage of payment period or term completed) = the number of days completed up to the resignation date divided by the total days in the payment period or semester. (Any break of five days or more is not counted as part of the days in the semester.)

The payment period for most students is the entire semester. However, for students enrolled in modules (courses which are not scheduled for the entire semester), the payment period only includes those days for the module(s) in which the student is registered.

Funds are returned to the appropriate aid program based on the percentage of unearned aid using the following formula:

Unearned Aid (aid to be returned) = (100% of the aid that could be disbursed minus the percentage of earned aid) multiplied by the total amount of aid that could have been disbursed during the payment period or semester.

If a student earned less aid than was disbursed, SOMI would be required to return a portion of the aid and the student would be required to return a portion of the aid. The student borrower may owe a debit balance to SOMI when Title IV aid is returned.

If a student earned more aid than was disbursed, SOMI would owe the student a post-resignation disbursement which must be paid within 45 days of the student's resignation from the SOMI.

SOMI must return the amount of Title IV aid for which it is responsible no later than 45 days after determining the student's resignation date.

a. Funds are returned to the following sources in order of priority, as established by Congress:
   1. Unsubsidized Direct Stafford loans (other than PLUS loans).
   2. Subsidized Direct Stafford loans.
   3. Federal PLUS loans.
4. Direct PLUS loans.
5. Federal Pell Grants for which a return of funds is required.
6. Other federal, state, private or institutional financial assistance for which return of funds is required.

b. There are six basic steps to the formula for calculating the amount of funds that must be returned to the Title IV programs:
1. Determine date of resignation from SOMI and percentage of payment period attended by the student.
2. Calculate amount of Title IV aid earned by the student.
3. Compare amount earned and amounts disbursed to determine amount unearned.
4. Determine late disbursement if amount earned is greater than amount disbursed.
5. Determine amount of Title IV aid must be returned if amount earned is less than amount disbursed.
6. Calculate portion of funds to be returned by the SOMI and student.

A student may have an outstanding balance with SOMI due to the return of Title IV funds. If the outstanding balance is not paid within three months from the date of resignation from SOMI, SOMI will send the student’s account to its collection agency.

RESPONSIBLE PERSONS: Office of Financial Aid and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  November 16, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
The School of Medical Imaging, Radiography program has been developed based on requirements of the ASRT, ARRT, JRCERT, and SCHEV, current standards of education, current evaluation methods, student recommendations, and peer recommendations.

Program officials constantly evaluate and re-evaluate the processes and tools used in the education process. The program implements change as new recommendations/requirements develop or as areas of concern are identified.

The program utilizes an assessment plan and assessment schedule, a student planning committee, and an advisory committee to guide ongoing evaluation and improvement. Ongoing assessment is a critical element to maintaining JRCERT accreditation.

Student participation in program assessment takes place through: end of course evaluations, rotation evaluations, advisory committee meetings, student planning committee, affiliate clinical site survey and student survey.

RESPONSIBLE PERSONS: Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 15, 2017

Signature

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
The School of Medical Imaging operates with an academic calendar. Courses are scheduled prior to each semester and fall within the academic calendar. Individual courses have specific calendars, developed by the instructor for class meetings and assignments, and are provided at the beginning of each course.

A copy of the current academic calendar is available on the School website and on Blackboard. Specific course calendars are available by contacting each individual instructor.

The School recognizes the following holidays and students will not be scheduled for didactic class or clinical on these days:

<table>
<thead>
<tr>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>THANKSGIVING (Thursday and Friday)</td>
</tr>
<tr>
<td>CHRISTMAS (Eve and Day)</td>
</tr>
<tr>
<td>NEW YEAR’S DAY</td>
</tr>
<tr>
<td>EASTER HOLIDAY</td>
</tr>
<tr>
<td>MEMORIAL DAY</td>
</tr>
<tr>
<td>JULY 4TH</td>
</tr>
<tr>
<td>LABOR DAY</td>
</tr>
</tbody>
</table>

RESPONSIBLE PERSONS: Program Administration

Approved by: Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  September 26, 2017

Signature: Jody Crane

Approval History:
Committees and Dates:

DOCUMENTATION: None

REFERENCES: None
POLICY STATEMENT:

The School of Medical Imaging does not award transfer credits for fieldwork experience.

The acceptance of transfer credits is outlined below:

**College Transfer Credits:**

All college pre-application courses including must be completed prior to applying to the Radiography program.

All candidates must have earned an associate (or more advanced) degree from an accrediting agency recognized by the American Registry of Radiologic Technologists (ARRT).

All pre-application courses, listed below, must be from a regionally accredited agency recognized by the American Registry of Radiologic Technologists (ARRT).

<table>
<thead>
<tr>
<th>Pre-application courses</th>
<th>Number of credits</th>
<th>Possible Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written/Oral Communications/English</td>
<td>3</td>
<td>ENG 111, ENG 112</td>
</tr>
<tr>
<td>Math above level 120 *</td>
<td>3</td>
<td>MTH 121, MTH 126</td>
</tr>
<tr>
<td>Human Anatomy Part I *</td>
<td>4</td>
<td>BIO 141</td>
</tr>
<tr>
<td>Human Anatomy Part II *</td>
<td>4</td>
<td>BIO 142</td>
</tr>
<tr>
<td>Information Systems</td>
<td>3</td>
<td>ITE 115, CSC 155</td>
</tr>
<tr>
<td>Psychology OR Sociology</td>
<td>3</td>
<td>PSY 200, 201 or 202 SOC 200, SOC 210</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>1</td>
<td>HLT 141, HLT 143</td>
</tr>
</tbody>
</table>

**TOTAL**                                       | 21

* Pre-application courses indicated above must have been completed within 5 years of application cycle deadline.
Radiography Transfer Credits:

Courses from an accredited Radiography program will be accepted as transfer credits on a case by case basis. Transfer must occur within one year of leaving a Radiography program. Students must leave a Radiography program in good standing. Director/Dean will design curriculum based on verification of course completions.

Requirements listed below:

- Letter of reference from Program Director
- Letter of reference from Clinical Instructor/faculty member
- Official college and program transcripts
- Verification of clinical competencies completed
- Course descriptions
- Meet all admissions criteria

Transfer Credits:

Transfer credits are not counted towards GPA calculation.

Transfer credits accepted towards completion of the program will be considered in the calculation of percentage of attempted credits completed and maximum allowable time frame for program completion (SAP). For more information see policy A1.

Transferability of credits earned at the School:

Transferability of credits earned at the School of Medical Imaging is at the complete discretion of an institution to which the student may seek to transfer.

Tracking Prior Federal Financial Aid:

Prior federal financial aid data is collected through the National Student Loan Data System. The Office of financial aid has access to the NSLDS web site and is able to check the status of a student at any time. NSLDS is accessed at the beginning of each academic year.
International Credit:

Credit from international institutions may be awarded for applicable required courses. The applicant must send official transcripts to an approved agency to obtain a course by course evaluation. All fees for such service must be paid by the applicant. The agency’s evaluation must be sent directly to the School.

Audit: To audit a course means a student enrolls in a course but does not receive academic credit upon course completion.

RESPONSIBLE PERSONS: Program Faculty and Program Administration

Approved by:  
Jody D. Crane, M.A.Ed., RT(R) (BD)  
Director/Dean  
September 19, 2017

Signature: Jody D. Crane

Approval History:  
Committees and Dates:  

DOCUMENTATION: None  
REFERENCES: None
POLICY STATEMENT:

The School of Medical Imaging shall parallel decisions of the College of Nursing (CON) in regard to inclement weather decisions. Announcements will be made on Local Radio Station WRVA and Channel 12 TV station under the Bon Secours Memorial College of Nursing name.

* Both didactic and clinical classes shall follow the CON announcements.

Text messages may be relayed to students through Student Information System (SIS) in the event of changes to the normal schedule.

Clinical attendance waiver: (is only applicable to outlying clinical sites): Riverside Tappahannock Hospital and Patient First - Central Park. Students should follow the county schools advisement on closure and delays.

<table>
<thead>
<tr>
<th>County</th>
<th>Clinical Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>Riverside Tappahannock Hospital</td>
</tr>
<tr>
<td>Spotsylvania</td>
<td>Patient First-Central Park</td>
</tr>
</tbody>
</table>

Local school system closures such as Henrico, Hanover, City of Richmond, Chesterfield & New Kent, are not used to determine closure of the School of Medical Imaging or clinical attendance waiver.

Students are encouraged to use good judgment in determining ability to safely reach the school or clinical assignments. However, time missed by a student due to inclement weather will count as absences unless classes are canceled. Tardiness associated with inclement weather when classes are not delayed will count against attendance record.

Didactic class work that is missed due to delay or School closure will be absorbed into the remaining class periods if possible. Excessive cancellation of didactic classes may result in the necessity of holding make up classes.
### RESPONSIBLE PERSONS:

Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>May 15, 2017</td>
<td></td>
</tr>
</tbody>
</table>

**Signature**

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Approval History:**

Committees and Dates:


**DOCUMENTATION:** None

**REFERENCES:** None
Policy: G13 – Changes of Curricula, Courses, Catalog, or Semester Schedule

Bon Secours Health System, Inc.
Richmond Region
St. Mary’s Hospital
Policy/Procedure

Policy Manual: School of Medical Imaging
Section: Student – General

Areas Affected: Students

POLICY STATEMENT:
The School of Medical Imaging reserves the right to make appropriate changes without notice in any information, to include procedures, policies, calendars, requirements, programs, courses offerings and schedules, curricula, financial aid and fees, as published in the catalog, website, and in other communications.

The information provided in the catalog, website, and in other communications, is intended for information purposes only and does not constitute a legal obligation of any kind between the School and any person or entity. While every effort is made to provide accurate and timely information, the School cannot and does not guarantee or warranty that the information is correct, complete, or up-to-date.

The catalog that determines the curricular requirements for a certificate is the catalog that is in effect at the time of a student's admission to Bon Secours St. Mary’s Hospital School of Medical Imaging. This catalog may be used for the length of time it takes for the student to complete the program.

The School will make a reasonable effort to honor the statement of curricular requirements in the chosen issue of the catalog. However, because courses sometimes requires changes as a result of actions by accrediting associations and other external agencies, the School, having sole discretion, shall make the final determination whether completion requirements are met.

In order to assure quality instruction, the School reserves the right to make changes in schedules and/or faculty when necessary.

RESPONSIBLE PERSONS: Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)          Director/Dean          May 15, 2017

Signature                                      Title                                      Date

Approval History:
Committees and Dates: 7/2013, 8/2014

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Students are required to abide by:

1. The American Society of Radiologic Technologists standards of practice. (ASRT)
2. The American Registry of Radiologic Technologists standards of ethics. (ARRT)
3. Federal laws regarding Health Information.

Website addresses for the ASRT and ARRT can be found in Blackboard: https://bsmcon.blackboard.com/, under the student services section, Radiography Practice standards/regulations and ethics. Students are trained on Federal law regarding protected health information during program orientation. Failure to maintain confidentiality will result in dismissal from the program.

RESPONSIBLE PERSONS: Program Faculty and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 15, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
All Bon Secours facilities are smoke free. There are no designated smoking areas.

Students will adhere to the smoking policies of the clinical sites affiliated with the School.

Disciplinary action can occur as a result of smoking infractions.

RESPONSIBLE PERSONS: Program Administration

Approved by: Jody D. Crane, M.A.Ed., RT(R) (BD)     Director/Dean     May 15, 2017

Signature: ___________________________  Title: ___________________________  Date: ___________________________

Approval History:
Committees and Dates:

DOCUMENTATION: None

REFERENCES: None
POLICY STATEMENT:

PURPOSE:

To facilitate lawful use of copyright-protected materials in the library and classroom:

· By providing a summary of U.S. copyright law as it relates to the use of such materials (both physical and digital) in the classroom and library

· By providing guidelines and procedures for obtaining copyright permission to use these works

· By informing individuals of accepted “fair use” interpretations.

The goal of this policy is to provide School employees and students with a standard approach for addressing complex copyright issues. This policy covers classroom issues such as photocopying and online education. It also covers library uses of print and electronic reserves, ILL, and document delivery guidance.

DEFINITIONS:

Copyright:

Copyright is an area of law that provides creators and distributors of creative works with an incentive to share their works by granting them the right to be compensated when others use those works in certain ways. Specific rights are granted to the creators of the creative works in the U.S. Copyright Act (title 17, U.S. Code). If an individual is not a copyright holder for a particular work, as determined by the law, an individual must ordinarily obtain copyright permission prior to reusing or reproducing that work. However, there are some specific exceptions in the Copyright Act for certain academic uses, and permission is never required for certain other actions, such as reading or borrowing original literary works or photographs from a library collection.

PROTECTED WORK:

The rights granted by the Copyright Act are intended to benefit “authors” of “original works of authorship”, including literary, dramatic, musical, architectural, cartographic, choreographic,
pantomimic, pictorial, graphic, sculptural and audiovisual creations. This means that virtually any creative work that an individual may come across – including books, magazines, journals, newsletters, maps, charts, photographs, graphic materials, and other printed materials; unpublished materials, such as analysts’ and consultants’ reports; and non-print materials, including electronic content, computer programs and other software, sound recordings, motion pictures, video files, sculptures, and other artistic works – is almost certainly protected by copyright. Among the exclusive rights granted to those “authors” are the rights to reproduce, distribute, publicly perform and publicly display their works. These rights provide copyright holders control over the use of their creations and an ability to benefit monetarily and otherwise, from the use of their works. Copyright also protects the right to “make a derivative work”, such as a movie from a book; the right to include a work in a collective work, such as publishing an article in a book or journal; and the rights of the attribution and integrity for “authors” of certain works of visual art. Copyright law does not protect ideas, data, or facts.

In the U.S., the general rule of copyright duration for a work created on or after January 1, 1978 is the author’s life plus 70 years after the death of the author. This is often referred to as “life-plus-70”. Works created by companies or other types of organizations generally have a copyright term of 95 years.

FAIR USE:

A provision for fair use is found in the Copyright Act at section 107. Under the fair use provision, a reproduction of someone else’s copyright-protected work is likely to be considered fair if it is used for the following purposes: criticism, comment, news reporting, teaching, scholarship and research. If the reproduction is for one of these purposes, Section 107 sets out four factors to be considered in determining whether or not a particular use is fair:

The purpose and character of the use, including whether such use is of commercial nature or is for nonprofit educational purposes
The nature of the copyrighted work
The amount and substantiality of the portion used in relation to the copyrighted work as a whole
The effect of the use upon the potential market for, or value of, the copyrighted work.
Fair use is an ambiguous concept and the law does not state exactly what uses of a copyrighted work will be considered fair uses under the law and may therefore be used without obtaining permission. As such, individuals who are not lawyers may often need to be interpreters of the law in everyday circumstances, and answers as to how much reproduction may be considered fair use often remain unclear. The bottom line is that fair use requires a very circumstance-specific analysis as to whether a particular use or reuse of a work may indeed be considered fair use.

To avoid confusion and minimize the risk of copyright infringement, the school interprets the following situations as fair use:
· Quotation of short passages in a scholarly or technical work for illustration or clarification of the author's observations.

· Reproduction of material for classroom use where the reproduction is unexpected and spontaneous – for example, where an article in the morning's paper is directly relevant to that day's class topic. This would generally cover one time use in only one semester.

· Use in a parody of short portions of the work itself.
· A summary of an address or article, which may include quotations of short passages of the copyright-protected work.

If an individual’s use does not meet the above criteria and the work is protected by copyright, the individual probably needs to obtain permission to use the work from the copyright holder or its agent.

POLICY:

All Bon Secours School of Medical Imaging employees, students and guests will observe the U.S. Copyright Act (title 17, U.S. Code) based upon the guidelines offered below.

Questions about usage of copyright materials should be directed to the College of Nursing librarian. Violations of the Act are to be reported to the Dean/Director’s office.

GUIDELINES:

Classroom Handouts:

Based on fair use analysis, classroom handouts fall into two categories; one that requires permission and one that does not. If the handout is a new work for which an individual who could not reasonably be expected to obtain permission in a timely manner and the decision to use the work was spontaneous, an individual may use that work without obtaining permission. However, if the handout is planned in advance, repeated from semester to semester, or involves works that have existed long enough that one could reasonably be expected to obtain copyright permission in advance; an individual must obtain copyright permission to use the work.

Reserves:

If the school library owns a copy of a publication, the library may place that copy on reserve without obtaining copyright permission. If the library wishes to reproduce additional copies of a work and place them on reserve for students to review, in either paper or electronic format, the library must obtain copyright permission.

Photocopying In the Library:

It is permissible to photocopy copyright-protected works in the school library without obtaining permission from the copyright owner, under the following circumstances:

· Library user requests for articles and short excerpts. At the request of a library user or another library on behalf of a library user, the school library may make one reproduction of an article from a periodical or a small part of any other work. The reproduction must become the property of the library user, and the library must have no reason to believe that the reproduction will be used for purposes other than private study, scholarship and research. As recommended by Section 108 of the Copyright Act, the library must display the register's notice at the place library users make their reproduction requests to the library.
• Archival reproductions of unpublished works. Up to three reproductions of any unpublished work may be made for preservation or security or for deposit for research use in another library or archive. This may be a photocopy or digital reproduction. If it is a digital reproduction, the reproduction may not be made available to the public outside the library or archive premises. Prior to receiving any of the three reproductions permitted under this provision from another library or archive, the school library or archive must make a reasonable effort to purchase a new replacement at a fair price. The reproducing library or archive must also own the work in its collection.

• Replacement of lost, damaged or obsolete copies. The school library may make up to three reproductions, including digital reproductions, of a published work that is lost, stolen, damaged, deteriorating or stored in an obsolete format. Any digital reproductions must be kept within the confines of the library (that is, available on its computer but not placed on a public network.)

• Library user requests for entire works. One reproduction of an entire book or periodical may be made by an individual’s library at a library user's request, or by another library on behalf of a library user upon certain conditions being met. These conditions include the library determining after reasonable investigation that an authorized reproduction cannot be obtained at a reasonable price. Once made, the reproduction must become the property of the library user. The library must have no reason to believe that the reproduction will be used by the user for purposes other than private study, scholarship and research, and the library must display the register's notice at the place library users make their reproduction requests to the library.

Photocopying for Students:

The school library may make reproductions for library users (students, faculty, etc.), provided the following criteria are met:

· The library makes one reproduction of an article from a periodical or a small part of any other work.
· The reproduction becomes the property of the library user.
· The library has no reason to believe that the reproduction will be used for purposes other than private study, scholarship and research.
· The library displays the register's notice at the place library users make their reproduction requests to the library.

Photocopying by Students:

Photocopying by students is subject to a fair use analysis as well. A single photocopy of a portion of a copyright-protected work, such as a copy of an article from a scientific journal made for research, may be made without permission. Photocopying all the assignments from a book recommended for purchase by the instructor, making multiple copies of articles or book chapters for distribution to classmates, or copying material from consumable workbooks, all require permission.

A frequently used compliance issue is articulated in the following resource:

Document Delivery Services:

It is important to maintain a distinction between ILL and Document Delivery Services (DDS). Photocopying for DDS requires copyright permission.

Interlibrary Loan (ILL):

The school library may participate in interlibrary loans without obtaining permission provided that the "aggregate quantities" of articles or items received by the patron do not substitute for a periodical subscription or purchase of a work. The school follows the CONTU guidelines for defining "aggregate quantities." The CONTU guidelines state that requesting and receiving more than five articles from a single periodical within a calendar year or a total of six or more copies of articles published within five years prior to the date of request would be too many under CONTU. If the articles or items being copied have been obtained through a digital license, an individual must check the license to see under what terms and conditions, if any, interlibrary loan is permitted.

Distance Education and Course Management Systems:

In 2002, the Technology, Education and Copyright Harmonization (TEACH) Act became law and expanded the latitude educational institutions have for the performance and display of copyright-protected materials in a distance education environment, including through the use of Course Management Systems (Blackboard). The copyright requirements for TEACH and Blackboard postings are similar to those of classroom handouts, but extend the traditional rules for those handouts to the digital transmission of materials to distance education students. If the use is spontaneous and will not be repeated, copyright permission is not required; however, the content may not remain posted for extended periods of time. If the use is planned, repeated or involves works that have existed long enough that one could reasonably expect to receive a response to a request for copyright permission; an individual must obtain copyright permission.

For additional resources to help clarify copyright compliance and fair use in digital environments:

Copyright basics. Retrieved June 16th, 2010 from

http://www.copyright.com/Services/copyrightoncampus/basics/teach.html

Copyright Clearance Center. (2008). Exceptions for the use of materials in an educational setting. Retrieved June 16th, 2010 from

http://www.copyright.com/Services/copyrightoncampus/basics/fairuse_edu.html


Copyright Clearance Center. 2008. Using electronic reserves: Guidelines and
best practices for copyright compliance. Retrieved June 16th, 2010 from


OBTAINING COPYRIGHT PERMISSION:

Permission to use copyright-protected materials, when required, should be obtained prior to using those materials. It is best to obtain permission in writing (including e-mail) and to ensure that the individual has a copy of each permission form or letter. The time to obtain permission may vary and, where possible, it is recommended to start the permissions procedure at least six months prior to the time that an individual wish to use the materials.

FREQUENTLY ASKED QUESTIONS:

http://www.copyrightoncampus.com/compliance/policy_sample.asp

Once an individual has identified the materials an individual wants to use and determined that copyright permission is required, an individual must locate the copyright holder. If the copyright holder is not listed on the work, locating the appropriate person or entity to grant permission may take some investigative and creative work. The Copyright Office of the Library of Congress may be of assistance in locating a copyright owner if the work is registered. Note, however, that copyright is automatically granted to all works upon their inception and that registration with the Copyright Office is not required. There are two primary options for obtaining permission to use the work. An individual may contact the copyright holder directly or an individual may contact Copyright Clearance Center. There is an established process for obtaining copyright permission through Copyright Clearance Center. See the librarian for regarding the School’s account with Copyright Clearance Center (www.copyright.com).

Information Needed for a Permission Request:

The copyright holder or its agent will require the following information in order to provide an individual with permission:

• Title of the material

• Creator/author of the material

• Publisher of the material

• Description of material

• ISBN or ISSN, if applicable

• Date of publication, if applicable

• Purpose for which an individual wish to reproduce the item (research, commercial, educational, etc.)
• How the material is to be reproduced (e.g., photocopied, digitized)

• Where the reproduced material will be used or will appear and for how long.

1) Copying of Books and Periodicals

The Copyright Act of 1976 allowed for provision of multiple copies of an article for classroom use in a non-profit educational setting, within established parameters. The 2001, “Guidelines for Classroom Copying of Books and Periodicals" (by the University of Texas System's Office of General Counsel Website) provides a reputable and easy-to-read adaptation of these guidelines.
http://www.utsystem.edu/ogc/intellectualproperty/clasguid.htm

2) Fair Use

In 1998, the United States Patent and Trademark Office's Conference on Fair Use (CONFU) offered guidelines for the "fair use" of electronic materials in not-for-profit educational settings. Though these guidelines never become law, they are used extensively for reference. A reputable and easy-to-read adaptation of these guidelines is from Indiana University (2006), “Checklist for Fair Use”. See the PDF version at

http://www.copyright.iupui.edu/checklist.htm

3) Update on Copyright Law for Transmission (Digital Materials): TEACH ACT

In 1998, the Digital Millennium and Copyright Act (DMCA) became law. The purpose of this law was to elucidate copyright protections in the electronic arena. "Fair Use in the Electronic Age", a statement developed and endorsed in 2001 by representatives of the major academic research and professional associations, describes what these organizations feel represents fair use. The TEACH Act, made law in 2002, represents practical applications of the DMCA. North Carolina State University has created extensive and highly regarded information resources on the TEACH Act, at

http://www.provost.ncsu.edu/copyright/toolkit/

Online Resources for Clarifying Compliance:

The Office of Legal Affairs for the University System of Georgia's Website gives numerous explanatory scenarios relevant to the questions faculty might have regarding "fair use" of copyrighted works.

http://www.usg.edu/legal/copyright/#part2b1

In addition, they provide a WEB page titled "Guide to the TEACH Act"

http://www.usg.edu/legal/copyright/teach_act.phtml
Bon Secours St. Mary’s Hospital School of Medical Imaging policy, in large part, directly reflects the template offered freely by the Copyright Clearance Center, at http://www.copyrightoncampus.com/compliance/policy_sample.asp

Civil and Criminal Penalties for violation of federal Copyright Laws:

Copyright infringement is the act of exercising, without permission or legal authority, one or more of the exclusive rights granted to the copyright owner under section 106 of the Copyright Act (Title 17 of the United States Code). These rights include the right to reproduce or distribute a copyrighted work. Downloading or uploading substantial parts of a copyrighted work without authority constitutes an infringement.

Penalties for copyright infringement include civil and criminal penalties. For more information see the Web site of the U.S. Copyright Office at: http://www.copyright.gov/

**RESPONSIBLE PERSONS:** Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>September 26, 2017</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane</td>
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</tbody>
</table>

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The school collects and retains data and information about students prior, during and following their education. The school recognizes the privacy rights of current and previous students.

The school further recognizes the following rights: knowledge of the existence and location of records and the purpose for which they are retained; to provide security for such materials; permit student access; disclosure of information and to challenge the information.

The following provisions are made in accordance with the Family Educational Rights and Privacy Act of 1974:

Student (current and former) files are maintained in a secure location.
Students may review their course specific academic records with appropriate instructor(s) at any time. Additional records must be requested in written form submitted to the Office Coordinator and will be provided in a timely manner.
Students must be accompanied by a faculty member whenever in an office where student records are stored.
Students may review their file with program faculty at any time.
Student records must be kept in a confidential manner.

**Student Records on current students include:**

Reference Forms
Financial Aid (Financial Aid Director’s Office)
College Transcripts
Emergency Contact Form
Complete Application
All Acceptance Materials
Admissions Checklist
Copy of Medical Insurance Card
Copy of CPR card
Final official transcript - also located in Student Information System (SIS)
Copy of certificate of program completion
Orientation Checklist
Release of Records
Permission to Photograph/Video Tape
Honor Pledge
Program Entry Agreement
Background Checks
Proof of Required Security Clearances
Evidence of Continuous Learning -Requirements for clinical (HealthStream modules)
Tuition Payment History (Bursar)
Consultation Forms
Instructor's Notes
Final Exams
Disciplinary action letters

**Clinical Records include:**

Clinical Competency Evaluations
Communication logs
Clinical Leave Requests
Clinical Instructor Evaluations
Optional Technologist Evaluations
Daily Logs (Patient record log/repeat documentation/attendance record)

A complete student file is maintained throughout the entirety of the program. It will include: student permanent file, all course materials such as attendance, exams, projects, papers, and presentations, all clinical documentation such as attendance, competency evaluations, competency exams, and patient records.

A student's permanent file includes maintenance of: complete application, all transcripts, all acceptance materials, proof of requests for security clearances, background checks, all program entry materials, documentation of continuous learning requirements, all instructor notes/evaluations/disciplinary actions, emergency contact information, CPR and Insurance cards, and any disciplinary letters.

After a student passes the registry examination their student file is thinned. Exams, projects and clinical records are reduced. Records on final grades and documented completion of required competencies are maintained.

A student's complete clinical record and permanent student file is maintained for three (3) years post their successful completion of the program and passing of the registry examination.

A student's permanent record will include: complete application, all transcripts, certificate of completion of the program, completed clinical competencies, enrollment agreement, disciplinary action letters, and
final transcript. The permanent record will be maintained indefinitely and stored at an off-site storage facility (Iron Mountain).

Students have the right to review official files and data directly related to himself/herself in the presence of a faculty member. The right includes explanation of information contained within those records.

Student are prevented from personally copying records but arrangements may be made through the Director/Dean should copying be deemed necessary.

Private Communication

Faculty and staff need to communicate information to students on a regular basis. E-mail communication is the timeliest and effective means to communicate in many instances. Confidential information related to grades, attendance, and discipline will not be communicated by email unless the student has signed an email release form. Release forms are available in the office. It is the responsibility of the student to maintain an updated email address with the school.

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)

| RESPONSIBLE PERSONS: Program Faculty and Program Administration |
| Director/Dean |
| September 19, 2017 |

| Signature |
| Title |
| Date |

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
The student controls disclosure of information within the student’s record. Written and dated consent is required from the student prior to release of information.

Students will not be provided grade information over the phone or e-mail without written release. Transcript request forms are available on-line, from the school office, or a signed and dated letter will also serve as release.

Exception to the Signed Release Policy may occur in cases of judicial order, request from authorized state or federal authority, emergencies and financial assistance organizations.

*Employee Wellness (EW) maintains confidential health records of students. EW student records are available only to EW officials except in the event of non-compliant issues that prohibit the student from participation in clinic. Non-compliant issues would necessitate sharing the records with program officials.*

RESPONSIBLE PERSONS: Program Faculty and Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>May 15, 2017</th>
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</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
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<td></td>
</tr>
</tbody>
</table>

Signature: ____________
Title: ____________
Date: ____________

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY – It is the policy of Bon Secours Virginia/Richmond Employee Wellness (to): provide guidelines for all employees and Bon Secours Memorial College of Nursing and Radiology Students who have been exposed to blood and or body fluids that could potentially contain HIV, Hepatitis B and Hepatitis C and safely administer prophylaxis (PEP) to employees who warrant them.

PURPOSE – To manage exposures and outline a regimen for safely administering post exposure prophylaxis to employees who have been exposed to HIV, Hepatitis B and C and to comply with the guidelines provided by the CDC: MMWR: Guidelines for the management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis June 29, 2001/Vol. 50/No. RR-11 and the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and the Recommendations for Post Exposure Prophylaxis - http://www.cdc.gov/mmwr/pdf/rr/rr5011.pdf.

Exposures—For transmission of blood borne pathogens (HIV, HBV and HCV) to occur, an exposure must include both of the following:

- **Infectious body fluids:**
  Blood, semen, vaginal fluids, amniotic fluids, breast milk, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid and synovial fluid can transmit HIV, HBV and HCV.
  Note that saliva, vomitus, urine, feces, sweat, tears and respiratory secretions do not transmit HIV (unless visibly bloody).

- **A portal of entry** (percutaneous, mucous membrane, cutaneous)

**RISK OF HIV INFECTION IN HEALTH CARE WORKERS**

Human immunodeficiency virus (HIV), the cause of AIDS, can be transmitted to health care personnel exposed to blood and other materials containing the virus. The risk of infection following parenteral needlestick exposure to blood infected with HIV is approximately 0.3% overall; the risk from mucous membrane exposure and inoculation of non-intact skin is not zero, but is too low to be measured in the prospective studies of health care workers currently underway. No risk of transmission from contamination of normal skin or from other types of
exposure has been documented. Other factors in addition to the route of exposure may influence transmission risk, e.g. titer of virus in the source material, volume of infected material involved, viability of the virus, etc.

RISK OF HBV INFECTION IN HEALTH CARE WORKERS

Hepatitis B Virus is one of at least three hepatitis viruses that cause infection in the liver. Transmission may occur when infected body fluids contact mucous membranes or enter the body through breaks in the skin. The risk of transmission varies from 22%-62% depending on the source’s patients Hepatitis B profile (antigen, antibody, surface, core) results. Blood contains the highest Hepatitis B titers of all body fluids and is the most important vehicle of transmission in the health care setting.

RISK OF HCV INFECTION IN HEALTH CARE WORKERS

Hepatitis C is a liver disease caused by hepatitis C virus (HCV), which is found in the blood of persons who have this disease. HCV is not transmitted efficiently through occupational exposures to blood. The average incidence of anti-HCV seroconversion after accidental percutaneous exposure from an HCV-positive source is 1.8% (range: 0%-7%) (73--76), with one study indicating that transmission occurred only from hollow-bore needles compared with other sharps (75). Transmission rarely occurs from mucous membrane exposures to blood, and no transmission in HCP has been documented from intact or nonintact skin exposures to blood.

PROCEDURE

1. Employees sustaining exposure to patient’s blood or body fluid will immediately contact Employee Wellness at their facility. If the exposure occurs after hours the Employee Wellness nurse on call can be reached at 804-515-9753.

2. The employee wellness nurse will guide the employee thru the protocol:
   a) Exposure forms are located on the Bon Secours intranet (IRIS)/Local Systems/Bon Secours Virginia/Critical Forms. Employees will complete the EOR (Employee Occurrence Report). Students, contract employees and volunteers will complete the Quantros report.
   b) Hepatitis C antibody, Hepatitis B antigen and HIV will be drawn on the source patient. The source patient lab slip provided on the intranet has to be filled out in its entirety and is what has to accompany the source patients’ blood to the lab. At this time DO NOT order these labs in Connect Care. The HIV will be the only test that will be resulted in the same day. If the source patient is unknown the employee will be followed with lab work at specific intervals.
   c) If the source patient is 12 years or younger please follow the protocol outline on the source patient lab slip. The rapid HIV screening cannot be run on children under the age of 12. The results will be available within a week.
   d) If an employee is exposed to a newborn baby’s blood that has not been discharged after delivery the mother’s blood will be drawn as the source patient.
e) If the exposure occurs at a Bon Secours Facility outside of the hospital, the source patient's lab work must be picked up stat by a courier and brought to Health Partners Lab. The courier's number is 804-521-9353.

f) The employee can elect to have their blood drawn for Hepatitis C antibody, Hepatitis B Antibody and HIV at the time of exposure or the next business day when they report to Employee Wellness. The employee is to use the Employee Post Exposure Lab Slip.

g) The employee wellness nurse will counsel the employee on the risk of their exposure according to the Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and the Recommendations for Post Exposure. See link: http://nccc.ucsf.edu/

h) The employee then makes an informed consent or declines the PEP (Post Exposure Prophylaxis) medications, waiting until the HIV test is resulted.

i) If the source patient has a known diagnosis of HIV, the nurse will complete the Information Source Patient worksheet.

j) The employee will report to the Emergency Room if PEP drugs are to be given. The nurse on call will contact the Medical Director and inform him of the exposure so that an order can be obtained for the PEP drugs.

k) If the exposure occurs on a day when the Employee Wellness office is closed, the Medical Director will be notified to phone in a prescription to Bon Secours Reynolds Crossing Pharmacy. See attachment for instructions.

l) Prior to administration of the antiretroviral drugs the employee is required to have stat lab work including CMP, CBC, Hepatic Panel, Amylase, HIV, Hepatitis B Antibody, Hepatitis C Antibody. If female, draw Beta HCG if warranted. The lab work will be drawn in Employee Wellness or the Emergency Department.

m) During pregnancy, the evaluation of risk and need for PEP should be approached as with any other HCP who has had an HIV exposure. However, the decision to use any antiretroviral drug during pregnancy should involve discussion between the woman and her healthcare provider regarding the potential benefits and potential risks to her and her baby. Additional information can be obtained from:

National Perinatal HIV Consultation and Referral Service
1-888-448-8765
Run by UCSF/San Francisco General Hospital staff
Available 24 hours a day – 7 days a week
http://www.nccc.ucsf.edu/Hotlines/Perinatal.html

n) The employee will report to Employee Wellness the next business day for follow up.
EVALUATION OF EMPLOYEES

1. Hepatitis B

a. If an employee is exposed to the Hepatitis B virus, percutaneous or per mucosal (needle stick, laceration, bite) and they have a positive Hepatitis B antibody documented, no further follow up is needed.

b. If the employee is a known nonresponder after receiving 2 series of the Hepatitis B vaccine he will receive 2 doses of HBIG (Hepatitis B immune globulin) separated by one month.

c. The dose of HBIG is 0.06 mL/kg administered IM.

d. Exposed employees who are known not to have responded to a primary vaccine series, but have not been revaccinated with a second 3-dose series, should receive a single dose of HBIG and reinitiate the hepatitis B vaccine series with the first dose of hepatitis B vaccine as soon as possible after exposure.

Please see chart below for treatment options:

<table>
<thead>
<tr>
<th>Vaccination and antibody response status of exposed persons</th>
<th>Source is HBsAg positive</th>
<th>Source is HBsAg negative</th>
<th>Source is unknown or not tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unvaccinated</td>
<td>HBIG (1 dose) and begin a hepatitis B vaccine series</td>
<td>Begin a hepatitis B vaccine series</td>
<td>Begin a hepatitis B vaccine series</td>
</tr>
<tr>
<td>Known Responder</td>
<td>No Treatment</td>
<td>No Treatment</td>
<td>No Treatment</td>
</tr>
<tr>
<td>Nonresponder</td>
<td>HBIG (1 dose) and begin a revaccination series</td>
<td>Begin a revaccination series</td>
<td>HBIG (1 dose) and begin a re-vaccination series</td>
</tr>
<tr>
<td>Not revaccinated</td>
<td>Test for anti-HBs</td>
<td>Test for anti-HBs</td>
<td>Test for anti-HBs</td>
</tr>
<tr>
<td>Antibody response unknown</td>
<td>If adequate, no treatment</td>
<td>If adequate, no treatment</td>
<td></td>
</tr>
<tr>
<td>After revaccination</td>
<td>HBIG (2 doses)</td>
<td>No treatment</td>
<td>HBIG (2 doses)</td>
</tr>
<tr>
<td>Antibody response unknown</td>
<td>If inadequate, HBIG x1 and vaccine booster</td>
<td>No treatment</td>
<td>If inadequate, give vaccine booster and check anti-HBs in 1-2 months</td>
</tr>
</tbody>
</table>

Source: [http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf](http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf)
2. Hepatitis C

There are no post-exposure prophylaxis recommendations at this time for Hepatitis C.

a. If the source patient is found to be Hepatitis C Antibody positive the employee will be followed with the lab work listed below

Baseline- ALT and Hepatitis C Surface Antibody
6 weeks- ALT and HCV RNA-PCR
3 months- ALT and Hepatitis C Surface Antibody
6 months- ALT and Hepatitis C Surface Antibody
12 months-ALT and Hepatitis C Surface Antibody

3. HIV

A. Employees with occupational exposures for which PEP is considered appropriate shall be given information (see consent form) regarding the risks and benefits of prophylaxis including:

1. Knowledge about the efficacy and toxicity of drugs used for PEP is limited.

2. There is no data to address whether adding other antiretroviral drugs provides any additional benefit for PEP, but experts recommend combination drug regimens because of increased potency and concerns about drug resistant virus.

3. The HCP may decline any or all drugs for PEP.

B. Employees who have occupational exposures for which PEP is not recommended shall be informed that the potential side effects and toxicity of taking PEP outweigh the negligible risk of HIV transmission posed by the exposure.

For Additional Information and Resources:
Refer to: [http://www.nccc.ucsf.edu/docs/2013_PEP_Gls_1.pdf](http://www.nccc.ucsf.edu/docs/2013_PEP_Gls_1.pdf)
Occupational Exposure Management Resources

National Clinicians' Postexposure Prophylaxis Hotline (PEPline)
1-888-448-4911
Run by UCSF/San Francisco General Hospital staff
PEPline clinicians will respond to your call between 9 a.m. and 2 a.m. EST. For urgent occupational exposure needs, please call during these hours or see the PEPline Guidelines for Occupational Exposures. Callers are encouraged to call the PEPline with any additional or follow-up questions. Emergency calls made between 2 a.m. and 9 a.m. EST and during holiday hours are answered when live service resumes the following morning. http://www.nccc.ucsf.edu/Hotlines/PEPline.html

National Perinatal HIV Consultation and Referral Service
1-888-448-8765
Run by UCSF/San Francisco General Hospital staff
Available 24 hours a day – 7 days a week
http://www.nccc.ucsf.edu/Hotlines/Perinatal.html

National HIV Telephone Consultation Service
1-800-933-3413
Run by UCSF/San Francisco General Hospital staff
The Warmline is staffed by physicians and clinical pharmacists and is available Monday through Friday, 6:00 a.m. to 5:00 p.m. Pacific Standard Time. Voice mail is available 24 hours a day.
http://www.nccc.ucsf.edu/Hotlines/Warmline.html

National Prevention Information Network
1-800-458-5231
Available Monday-Friday 9am-6pm ET
http://www.cdcnpin.org/

Reporting to CDC
For occupationally-acquired HIV infections and failures of PEP, 800-893-0485

CDC/NIOSH Resources
For prevention, management, and treatment of bloodborne pathogen exposures.
http://www.cdc.gov/niosh/topics/bbp/

HIV Antiretroviral Pregnancy Registry
Telephone: 800-258-4263
Fax: 800-860-1052
1410 Commonwealth Drive
Suite 215
Wilmington, NC 28405
http://www.apregistry.com/

Food and Drug Administration
For reporting unusual or severe toxicity to antiretroviral agents.
800-332-1088
MEDWATCH
Office of the Commissioner
Office of Scientific and Medical Programs
5600 Fishers Lane, Room 12805
Rockville, MD 20857
http://www.fda.gov/medwatch
Consent Process and Documentation

A. Informed consent will be obtained within 72 hours of verbal consent and before additional drugs are provided. The allowance for 72 hours of treatment without written consent is necessary to allow for prompt institution of treatment.

B. If the employee is seen in the Emergency Room and given PEP, they will follow up with Employee Wellness the next day for further counseling, completion of informed consent and appropriate follow-up.

C. If this occurs on a holiday or a weekend the nurse on call will contact the employee the next day. The remainder of the prescription will be called into the pharmacy for the employee to pick up.

D. At the initial EHS visit, the risks and benefits of treatment will be explained, and the employee will be required to read and sign the informed consent document. The consent will be kept on file as part of the employee’s confidential exposure record.

E. The employee will have a baseline evaluation at EHS and will receive follow-up instructions. Follow-up evaluations with medical director will occur every two weeks for the first six weeks, and at three months and six months post-exposure.

At each visit, the following will occur:
1. Symptom review
2. CBC and CMP
3. HIV antibody tests will be requested at baseline, six weeks, three months and six months after exposure, and at other times if clinically indicated.

Informed Consent

A. Post-Exposure Prophylaxis (PEP) to HIV

I may have been exposed to human immunodeficiency virus (HIV,) the virus which causes AIDS, in my workplace. The risk of infection from my exposure is not known. I have been offered treatment with medications which might reduce my risk of infection.

There is no proof that drug treatment after HIV exposure will prevent infection, treatment with certain prescribed medications after occupational exposures is now advised by the CDC.

B. Procedures

If I agree to take this medication, the following will occur:

1. My blood will be taken from a vein and tested for CBC and CMP.

2. In addition, my blood will be tested for HIV antibodies.
3. I will be asked to avoid pregnancy during the four weeks of treatment and the four subsequent weeks (both men and women.)

4. I will receive a supply of medications and instructions for taking these medications for four weeks.

5. I will be requested to return for evaluation at two, four and six weeks, and at three and six months after my exposure. Blood tests will be repeated at each visit or more often if I develop side effects.

6. If I develop side effects or abnormal laboratory tests, the dosages of the medications may be lowered or the drugs may be discontinued by my clinician.

1. I will be offered pre- and post-test counseling about the meaning of HIV and other test results and will be given advice about medical referral if indicated.

2. If I decide to stop taking the PEP, I should notify Employee Wellness within 24 hours. My employment nor other treatment and follow-up for my exposure will be affected. Declining PEP treatment will not affect benefits to which I am otherwise entitled as a result of my exposure.

3. I understand that Bon Secours Virginia will pay for the following: PEP, Laboratory Testing and Professional evaluation and follow-up.

C. Risks and Discomforts

1. There is a risk of serious side effects associated with the medications. Known side effects of medications used include but not limited to headache, neutropenia, anemia, nausea, fatigue, malaise, insomnia and asthenia, abdominal pain and diarrhea.

2. Treatment side effects are expected to disappear after treatment is stopped, but could be life-threatening or irreversible. Since the medications are new, there is little known about their short-term or long-term side effects when used in combination. New or rare serious side effects, including cancer, birth defects or other life-threatening diseases, might develop now or in the future.

3. The risks of drawing blood include temporary discomfort from the needlestick, bruising, and rarely, infection.

4. Knowledge of my HIV infection status may cause psychosocial risks to me.
D. Consent

I have been given a signed copy of this consent to keep.

Participation in PEP is voluntary. I have the right to decline to participate and to discontinue medication at any time. If I decide to discontinue medication, I should notify my clinician within 24 hours. If I decide not to take medication, neither my employment nor other treatment and follow-up for my exposure will be affected. Declining to participate will not affect benefits to which I am otherwise entitled as a result of my exposure.

_____ I wish to participate in this treatment regimen.

_____ I decline to participate in this treatment regimen.

_________________________________________  ________________________________
Employee Name/Date                          Employee Signature/Date

_________________________________________
Signature of Person Obtaining Consent/Date    Signature of Interpreter (if used) Date
POST-EXPOSURE PROPHYLAXIS (PEP) INFORMATION

Please refer to PEPline Quick Guide for Occupational Exposures at link below for more information:

http://www.nccc.ucsf.edu

HIV, the virus that causes AIDS, can spread to others through contact with blood, semen, vaginal secretions and certain body fluids. Medication is available that may reduce the likelihood of transmission after an exposure. For more than 12 years, employees have been offered medication after needlesticks and other significant exposures. These medications have reduced the risk of acquiring HIV from such an injury by 80 percent. The risk of transmission does vary by the type of exposure and the condition of the source patient.

It is very important to follow these instructions:

1. Take the medication as prescribed by the doctor. Do not stop taking the medication without talking to the doctor.
2. Take the medication regularly. If you forget to take a dose, take it as soon as you remember. However, do not double up on your pills.
3. Take the medication on an empty stomach or with a light meal such as toast, crackers or dry cereal with milk. Drink at least eight glasses of water a day.
4. Some people develop nausea and anemia (low red blood cells) or become tired while on the medications. Contact the doctor for advice.
5. Additional tests will be done to follow your progress while you are on medication.
6. While undergoing treatment and testing, follow safe sex practices and refrain from donating blood, plasma, tissue or sperm. Do not share razors, needles, toothbrushes or other objects that may be contaminated with blood.
7. Counseling is available from the Infectious Disease specialist and at the National HIV/AIDS Clinicians’ Consultation Center.

References:
National HIV/AIDS Clinicians’ Consultation Center.
PEP Quick Guide for Occupational Exposures

Updated: April 16, 2014
These CCC post-exposure prophylaxis (PEP) recommendations will help you with urgent decision-making for occupational exposures to HIV and hepatitis B and C. Consultation can be obtained from Occupational Health or Employee Health Services, local experts, or the CCC’s PEPlne. The PEPlne (888-448-4911) is available daily from 9 am – 2 am EST (6 am – 11 pm PST).

Commonly Asked Questions

**Initial Evaluation: Assessing Exposures and Testing**
Deciding Whether to Give HIV PEP
HIV PEP: What to Give

How to choose a PEP regimen?
Three-drug PEP regimens are now the recommended regimens for all exposures. The new guidelines no longer require assessing the degree of risk for the purpose of choosing a "basic" two-drug regimen vs. an "expanded" three-drug regimen, which was confusing for many treating clinicians. There are some special circumstances, however, in which a two-drug regimen can be used, especially when recommended antiretroviral medications are unavailable or there is concern about potential adherence problems or toxicity. In addition, the Guidelines state, "PEP is not justified for exposures that pose a negligible risk to transmission." Consultation with an expert can help determine if the exposure poses a "negligible risk" to explore whether alternative approaches, including a modified regimen, are appropriate.

**PREFERRED HIV 3-DRUG PEP REGIMEN:**
Truvada™ 1 PO Once Daily
[Tenofovir DF (Viread®; TDF) 300mg + emtricitabine (Emtriva™; FTC) 200mg]
PLUS
Raltegravir (Isentress®; RAL) 400mg PO Twice Daily

**ALTERNATIVE REGIMENS**
May combine one drug or drug pair from the left column with one pair of nucleoside/nucleotide reverse transcriptase inhibitors from the right column.

| Raltegravir (Isentress®; RAL) | Tenofovir DF (Viread®; TDF) + emtricitabine (Emtriva™; FTC); available as Truvada™ |
| Darunavir (Prezista®; DRV) + ritonavir (Norvir®; RTV) | Tenofovir DF (Viread®; TDF) + lamivudine (Epivir®; 3TC) |
| Etravirine (Intercence®; ETR) | Zidovudine (Retrovir™; ZDV; AZT) + lamivudine (Epivir®; 3TC); available as Combivir® |
| Rilpivirine (Edurant™; RPV) | Zidovudine (Retrovir™; ZDV; AZT) + emtricitabine |
(Emtriva™ ; FTC)

Atazanavir (Reyataz® ; ATV) + ritonavir (Norvir® ; RTV)

Lopinavir/ritonavir (Kaletra® ; LPV/RTV)

*The alternative regimens are listed in order of preference, however, other alternatives may be reasonable based upon patient and clinician preference.

ANTIRETROVIRAL AGENTS FOR USE AS PEP ONLY WITH EXPERT CONSULTATION:
Abacavir (Ziagen® ; ABC), Efavirenz (Sustiva® ; EFV), Enfuvirtide (Fuzeon® ; T20),
Fosamprenavir (Lexiva® ; FOSAPV), Maraviroc (Selzentry® ; MVC), Saquinavir (Invirase® ; SQV), Stavudine (Zerit® ; d4T)

ANTIRETROVIRAL AGENTS GENERALLY NOT RECOMMENDED FOR USE AS PEP:
Didanosine (Videx EC® ; ddl), Nelfinavir (Viracept® ; NFV), Tipranavir (Aptivus® ; TPV)

ANTIRETROVIRAL AGENTS CONTRAINDICATED AS PEP:
Nevirapine (Viramune® ; NVP)

ARV drug dosing and toxicity monitoring

<table>
<thead>
<tr>
<th>HIV meds</th>
<th>Adult Dosing</th>
<th>Combination Form</th>
<th>Toxicity monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenofovir@</td>
<td>300 mg po daily</td>
<td>Truvada™</td>
<td>BUN, Creatinine, LFTs</td>
</tr>
<tr>
<td>Emtricitabine@</td>
<td>200 mg po daily</td>
<td></td>
<td>Rash</td>
</tr>
<tr>
<td>Raltegravir</td>
<td>400 mg po BID</td>
<td></td>
<td>Nausea, headache</td>
</tr>
<tr>
<td>Zidovudine#</td>
<td>300 mg po BID</td>
<td>Combivir®</td>
<td>CBC, LFTs</td>
</tr>
<tr>
<td>Lamivudine#</td>
<td>150 mg po BID</td>
<td></td>
<td>Rash</td>
</tr>
<tr>
<td>Lopinavir/ritonavir (200/50 mg)</td>
<td>2 tabs po BID</td>
<td>Kaletra®</td>
<td>GI toxicity, especially diarrhea. LFTs *Note: Lopinavir/ritonavir has many drug-drug interactions</td>
</tr>
</tbody>
</table>
# Zidovudine + Lamivudine: generic co-formulation available.

How long is PEP given?
PEP is given for 28 days. If source person testing is negative for HIV, PEP can be stopped before 28 days.

How to monitor and manage side effects of PEP?
Side effects can be a limiting factor in PEP adherence. Side effects are generally self-limited but sometimes can last the duration of the 28-day PEP course. Gastrointestinal side effects (nausea, vomiting, diarrhea) are most common. Headache, fatigue, insomnia and gastrointestinal upset are other side effects. Antiemetic and antidiarrheal medications can be prescribed to help with PEP adherence. If side effects are severe, consider changing to a different regimen. Toxicities are rare with the current preferred PEP regimens, are generally not life-threatening and are reversible.
The most important side effect of the preferred regimen, tenofovir + emtricitabine (Truvada™) plus raltegravir, is renal toxicity from tenofovir. This regimen should be used with caution in patients with impaired renal function.
Lab monitoring for drug toxicity: Test CBC, renal and hepatic function tests at baseline and two weeks after starting PEP.

What are common drug-drug interactions between PEP and the exposed person's medications?
- The following drugs should NOT be co-administered with lopinavir/ritonavir (Kaletra); lovastatin, pitavastatin, simvastatin, rifampin, rifapentine, cisapride, pimozide, midazolam, triazolam, dihydroergotamine, ergonovine, ergotamine, methylergonovine, St. John's wort, alfuzosin, salmeterol and sildenafil.
- Other Common medications may have interactions with PEP regimens and require dosing adjustments.

See Table 14 of the CDC Adult ARV Guidelines.
Contact a local expert or the PEPline the next day for further consultation regarding evaluation or management of drug-drug interactions.
Obtaining PEP medications and Tamiflu

We are now able to get our PEP meds and our Tamiflu from the Bon Secours outpatient pharmacies. The instructions for obtaining meds from the Reynolds Crossing location (Heart Institute) and the pharmacy located inside SMH are listed below. The employee is to use First Script when obtaining the PEP meds. We will leave a P-Card number at both pharmacies for payment of the Tamiflu.

If the employee is unable to get to those locations to obtain their meds we are able to call a courier to bring the meds to the employee. The number for the courier is 521-9353. Someone answers that number 24 hours a day. Please use your discretion before calling a courier.

SMH Pharmacy
Hours:
Monday thru Friday 8:30am-7:00pm
Saturday-9:00am-1:00pm
Sunday-closed

Hours for the Holidays:
December 24-9:00am-1:00pm
December 25-closed
December 31-8:30am-5:00pm
January 1-closed

The pharmacist at this location is not on call like at Reynolds Crossing.

Reynolds Crossing Pharmacy

The following post HIV exposure meds have been ordered and are now in stock at the Good Health Pharmacy at Reynolds Crossing:

Truvada
Ritonavir 100mg tabs
Atazanavir 300mg
Zofran 4mg and 8mg tabs

The address at Reynolds Crossing:
6900 Forest Ave, Suite 100
Richmond, 23230

Directions from St. Mary’s:
From Bremo Rd, take LEFT onto Monument Ave,
Take RIGHT onto Glenside Drive
Take RIGHT onto Forest Ave.
First left into parking lot, drive towards back left of parking lot...pharmacy located on 1st floor of 6900 building

Hours:
Monday thru Friday – 8:30am to 8:00pm
Saturday and Sunday – 11:00am to 3:00pm
On-Call after hours and holiday

Phone:
804-893-8631
This number will ring in the pharmacy if staff is present. If after hours or holidays, line will be forwarded to the pharmacist on-call

Have nurse or patient call the pharmacy when patient is on their way. It's possible that the building will be locked. With notice of the patient's arrival, pharmacy staff can monitor the door. If necessary, the patient may need to tap on the window to get someone's attention...but we will try and be attentive and hopefully that will not be necessary. Please keep in mind that if the call is forwarded to a pharmacist on-call, it may take some time for them to get to the pharmacy. Please inform the patient if this is the case so they know to wait while the pharmacist is on their way to the pharmacy.
POLICY

It is the policy of Bon Secours Health System, Inc. (BSHSI) that all employees, board members, and credentialed medical staff receive a seasonal influenza vaccination or wear a surgical mask in all patient-care facilities throughout the flu season. In addition, all students, contractors, vendors, and volunteers who provide services to or otherwise do business with BSHSI at patient-care facilities must receive a seasonal influenza vaccination and do not have the option to mask except in cases of a documented medical or religious exemption.

SCOPE

This is a system-wide policy and applies to all entities within BSHSI.

RATIONAL

Healthcare Providers (HCP) who have contact with patients/residents are the primary source of infectious disease outbreaks in healthcare facilities. BSHSI believes an annual influenza vaccine or masking requirement for HCPs and others across the continuum of care prior to influenza season is the right thing to do to protect patients, visitors, and healthcare personnel. BSHSI further recognizes that this policy is necessary to achieve its goal of a 90% or greater rate of employee vaccination per calendar year.

DEFINITION(S)

Patient-Care Facilities
Any location, including a patient’s home, at which medical care of any type is provided, not including outdoor areas, designated break rooms, and cafeterias. This includes non-patient care areas attached to patient-care facilities, such as administrative offices.
Exemptions
Medical or religious contraindication as outlined in Attachment A.

Influenza Vaccination
The seasonal vaccine product licensed for use and manufactured in accordance with ACIP (Advisory Committee on Immunization Practices) recommendations for the strains selected for a given influenza season. This product may include a nasally delivered product as well as the traditional seasonal vaccine and a high-dose influenza vaccine product. The vaccine procured will be subject to availability and manufacturing and supplier constraints may cause this policy to be altered or amended as required during unforeseen disruptions of supply.

Influenza Season
Period during which there exists a higher chance of infection by influenza, to be determined by management in collaboration with state and federal resources.

NON-COMPLIANCE

A. Employees who by November 1 fail to take the vaccination or, if declining to vaccinate, fail to comply with the masking requirement will be subject to corrective action, up to and including termination. An employee who intentionally fails or refuses to mask will be subject to immediate termination.

B. Board members, medical staff members, and other credentialed professionals who by November 1 fail to take the vaccination or, if declining to vaccinate, fail to comply with the masking requirement will be banned from patient-care facilities during the influenza season.

C. Students, volunteers, contractors, and vendors without an approved exemption who fail to take the vaccination by November 1 will be banned from patient-care facilities during the influenza season.

Attachment A – Procedure
Attachment B – CDC List of Contracted Healthcare Personnel
Bon Secours Virginia/Richmond  
Employee Wellness Services  
Policy/Procedure

<table>
<thead>
<tr>
<th>Topic: Monitoring and Management of Potentially Exposed Employee to Ebola</th>
<th>Policy No.: 1826</th>
<th>Date of Revision: January 2016</th>
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<td>Medical Director:</td>
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**POLICY** – It is the policy of Bon Secours Virginia/Richmond Employee Wellness Services that (to):
All employees with a potential exposure to Ebola will notify Employee Wellness and/or Infection Control.

**PURPOSE** – To assure proper assessment and monitoring of exposure.

**PROCEDURE**  
**Exposure at Work**

1. Employees with percutaneous or mucocutaneous exposures to blood, body fluids, secretions or excretions from a patient with suspected or confirmed case of Ebola should
   - Stop working immediately
   - Wash affected area with soap and water
   - Mucous membranes should be irrigated with copious amounts of water
   - Immediately notify Employee Wellness/supervisor/Infection Prevention for assessment and postexposure management of all appropriate pathogens (e.g., HIV, Hepatitis C, etc.)
   - Employee Wellness, Infection Prevention and with the guidance of the State Health Department will evaluate the Employee for possible furlough and Health Department quarantine. An Employee Occurrence report will be completed.
   - If the employee has been cleared to continue working, they will monitor their body temperature twice a day (morning and evening) and report the results to Employee Wellness daily for 21 days from the date of the exposure.
   - During the 21 day monitoring process if the employee develops sudden onset of fever, intense weakness or muscle pains, vomiting, diarrhea, abdominal pain or any signs of hemorrhage should stop working immediately. Notify their supervisor and report to the Emergency room. If symptoms develop outside of work the employee should report to the closest Bon Secours emergency room.
   - Managers will initiate FMLA/LOA on their employees who have been removed from work.
- Employees must comply with work exclusion until they are deemed no longer infectious to others.
- Employee must be seen by Employee Wellness before returning to work.
- Employees who may have had a potential exposure to Ebola outside of work should not report to work. Contact the Employee Wellness nurse at your facility. An evaluation of the potential exposure will be made with the guidance of Infection Prevention and the State Health Department.

2. Employees who report to Employee Wellness with a fever greater than 101.5 F and additional Ebola symptoms and have traveled to West Africa (Guinea, Liberia, Nigeria, Senegal, Sierra Leone or other countries where Ebola transmission has been reported by WHO) within 21 days of onset of symptoms will be:
   - Employee Wellness nurse will don the appropriate PPE followed by the employee.
   - See attachment “Sequence for Putting on and Removing PPE”
   - Employee Wellness nurse will alert the Emergency department of a potential Ebola infected person.
   - If reasonable, Employee Wellness nurse will escort employee to Emergency Department.

Bon Secours St. Mary's Hospital
School of Medical Imaging
Pandemic Influenza Plan

The purpose of this plan is to prepare a response in response to a pandemic flu outbreak. Given the rapidly changing nature of the H1N1 virus, the Centers for Disease Control continually update the actions that should be taken to prevent and mitigate the events of a widespread influenza outbreak. Although this plan outlines the School’s general response, this plan may be revised to meet the current recommendations of the CDC as guided by the Bon Secours Richmond Employee Wellness program.

This plan was designed to correlate with the Bon Secours Memorial School of Nursing plan, which was created by a team of individuals representing faculty, School Administration, Financial Aid, Employee Wellness, and disaster preparedness individuals. Additional guidance was provided by the CDC, the Virginia Department of Health, the Chesterfield County Health Department, and the following documents:


Pre-Pandemic Event

The School will promote prevention of the spread of infection through the education and hand washing and other infection control measures. The School discourages students and employees from coming on campus for instruction or work if showing signs of illness (see CDC guidelines at http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm). Normal polices related to student and employee attendance will be followed.

Preventative Education:
Students will be encouraged to wash hands, cover mouth, and use tissues and hand sanitizer. Tissues will be placed in key student areas and classrooms. Hand sanitizer dispensers are mounted on walls throughout school. Posters instructing prevention will be placed around the school.

Student Services will create Flu Prevention sites to include education materials, CDC recommendations and regular communications by Employee Wellness.

Student Vaccinations:
Seasonal flu vaccinations will be available to employees and students in the next few weeks. Students will be encouraged to take seasonal flu vaccinations. The usual method of delivery via Employee Wellness will be used. Employee Wellness will notify the School when H1N1 vaccinations are available. Focus will be to give to high risk groups. Exposures will be treated the same as employee exposures in clinical setting by Employee Wellness.
Triggers for Suspension of Instruction
Based upon advice from the Chesterfield H.D. and current CDC guidelines, the trigger for school closure would be the inability to function because of either the loss of critical faculty and staff to provide instruction and services and/or hospital lockdown in that clinical sites were no longer available. Suspension of instruction will be decided by the Director of the School and Employee Wellness.

Monitoring of ill students:
Students would be monitored for flu-like symptoms through self reporting and faculty observation for flu-like symptoms. Symptoms may include fever > 100 °F or cough, sore throat, malaise, headache, and body aches. The individual should be referred to their primary care physician. Pregnant women and persons with small children are strongly advised to see their personal physicians. Students will be given a procedure mask and sent home.

Students will be advised to follow current CDC guidelines and not return to school until seven days after first symptoms AND 24 hours afebrile. A spreadsheet to monitor the total of daily absences will be developed as well as a process for obtaining from faculty the number of class absences. Students are required to adhere to the School clinical and classroom attendance policies. Student’s total number of absences will be reported weekly to Employee Wellness.

Students who have been in close contact with a suspected or confirmed case of H1N1 patient in a clinical rotation and did not wear the appropriate personal protective equipment will be treated like an employee for exposures and must notify Employee Wellness or call the on-call nurse after hours (804-515-9753) for prophylaxis treatment. Pregnant students should also contact their obstetric physician prior to starting prophylaxis treatment.

Suspension of Instruction
Following the School’s decision to suspend instruction, there will be no general support or effort by the School to continue instruction through distance learning or similar means. For non-clinical courses, individual faculty members may continue instruction through alternative methods (eg. case studies, Blackboard discussion, and supervised readings). Faculty is encouraged to make such efforts. However, no student who is unable to participate because of illness or lack of access to necessary technology, or any other reason will be disadvantaged. If some students are able to complete a class through such means, course instructors are responsible to provide an equivalent opportunity for non-participating students to complete the necessary coursework following the pandemic event.

Because of the nature of the learning outcomes for clinical courses, the School believes, that for clinical courses, theory and practice are so closely tied together that there is no other alternative to deliver this education other than through clinical interaction.

Semester Calendar Information
Any suspension of classes will create numerous and significant issues, including how to handle course credits, grades, course pre-requisites, and requirements for graduation. There might be some overall School mandates or decisions regarding such matters, but such actions will
generally need to be determined at the time in light of the specific nature and timing of the pandemic event.

**Communication Plan**
The following procedure will be used to communicate with students and School employees if the School suspends instruction due to a pandemic event. Students and employees will be notified of the suspension of instruction through:

- Blackboard
- College of Nursing main desk voice message (627-5300)
- Text Message Alerts
- Local news broadcasts via Channel 12, Channel 8, and Channel 6

**Tuition**
In the event that courses need to be repeated due to a lockdown of the School or clinical facility, or lack of instructors to teach the course, tuition/financial aid will be re-evaluated for refunds/extensions.

**Human Resources**

In the event of a pandemic and suspension of instruction, the School will follow instructions from Bon Secours Richmond Health System regarding work flexibility including work from remote locations, use of paid time off and alternative work schedules and assignments. The welfare of the Bon Secours community and sustenance of its mission will depend on the willingness and flexibility of the faculty and staff to pitch in to assume new roles under unique circumstances. Employees may be assigned outside of their normal scope of responsibilities to the extent that they are qualified and can safely perform work.

The School will employ a variety of strategies to protect its members during a pandemic event, ranging from changes in operating status (eg. decision to suspend classes) to “social distancing” though altered work practices as well as the issuance of personal protective devices to employees whose assignments put them at risk to exposure to illness.

Plan created 8-29-09

Revised 9-26-17
POLICY STATEMENT:

A student can voluntarily withdraw or be administratively withdrawn from the Radiography program. In either circumstance, the student is responsible for returning all School property to a Program official, to include:

- ID badge
- Building Key card
- Radiation monitoring device (PD)
- Lead markers

Students are given an exit demographic survey to complete; the attempt is made for students to return the survey to program officials.

Student Withdrawal:

Students whom voluntarily withdraw from the Radiography Program must submit a written request to the Director/Dean. The Director/Dean will inform the student status to appropriate personnel including the Financial Aid Director. The student will be withdrawn from all courses and if appropriate a refund may be issued in accordance with School Refund Policy. The last date of attendance will be the date on the written request to withdraw.

Administrative Withdrawal/Dismissal:

Students withdrawn/dismissed from the Radiography Program for administrative, disciplinary, financial reasons, failing a course or failure to abide by School policies will be notified in writing by the Director/Dean. The Director/Dean will inform the student status to appropriate personnel including the Financial Aid Director. The last date of attendance is defined as the date documented by the instructor of an academically-related activity, such as, attendance in the course or completion and submission of a course assignment, exam, tutorial, or the last course access date. The student will be administratively withdrawn from all courses. Students are ineligible for a refund in accordance with the School Refund Policy.

Students do have the right to appeal in accordance with the School Grievance policy.
Treatment of Title IV Aid when a student withdraws:

The law specifies how the SOMI must determine the amount of Title IV program assistance that a student earns when withdrawn from school. The Title IV programs that are covered by this law are: Federal Pell Grants, Iraq and Afghanistan Service Grants, TEACH Grants, Direct Loans, Direct PLUS Loans, Federal Supplemental Educational Opportunity Grants (FSEOGs), and Federal Perkins Loans.

Though aid is posted to the student account at the start of each period, funds are earned by completion of the period. If the withdraw occurs during the payment period or period of enrollment the amount of Title IV program assistance earned up to that point is determined by a specific formula. If less assistance was received than the amount earned, those additional funds may be disbursed. If more assistance was received than earned, the excess funds must be returned by the school and/or the student.

The amount of assistance that a student has earned is determined on a pro rata basis. For example, if a student completed 30% of the payment period or period of enrollment, they earn 30% of the assistance they were originally scheduled to receive. Once a student has completed more than 60% of the payment period or period of enrollment, they earn all the assistance that they were scheduled to receive for that period.

If a student did not receive all of the funds that they earned, he/she may be due a post-withdrawal disbursement. If the post-withdrawal disbursement includes loan funds, the SOMI must obtain the student’s permission before it can disburse them. The student may choose to decline some or all of the loan funds so that he/she doesn’t incur additional debt. The SOMI may automatically use all or a portion of the post-withdrawal disbursement of grant funds for tuition, fees, and room and board charges (as contracted with the school). The SOMI requires the student’s permission to use the post-withdrawal grant disbursement for all other school charges. The SOMI requests this upon enrollment. There are some Title IV funds that cannot be disbursed to you once a student withdraws because of other eligibility requirements. For example, if you are a first-year student and you have not completed the first 30 days of your program before you withdraw, you will not receive any Direct Loan funds that you would have received had you remained enrolled past the 30th day. If the student receives (or the school or parent receives on your behalf) excess Title IV program funds that must be returned, the SOMI must return a portion of the excess equal to the lesser of:

1. Institutional charges multiplied by the unearned percentage of your funds, or

2. Entire amount of excess funds.

The SOMI must return this amount even if it didn’t keep this amount of your Title IV program funds. If the SOMI is not required to return all of the excess funds, you must return the remaining amount.

Any loan funds that must be returned, the student (or parent for a Direct PLUS Loan) repays in accordance with the terms of the promissory note. That is, the student makes scheduled payments to the holder of the loan over a period of time.

Any amount of unearned grant funds that a student must return is called an overpayment. The maximum amount of a grant overpayment that must be repaid is half of the grant funds received or were scheduled to receive. The student does not have to repay a grant overpayment if the original amount of the overpayment is $50 or less. The student must make arrangements with the school or the Department of Education to return the unearned grant funds.
The requirements for Title IV program funds when you withdraw are separate from any refund policy that the SOMI may have. Therefore, you may still owe funds to the school to cover unpaid institutional charges.

If you have questions about your Title IV program funds, you can call the Federal Student Aid Information Center at 1-800-4-FEDAID (1-800-433-3243). TTY users may call 1-800-730-8913. Information is also available on Student Aid on the Web at www.studentaid.ed.gov.

RESPONSIBLE PERSONS: Program Faculty and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  December 5, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

The candidate for graduation from the Bon Secours St. Mary’s Hospital School of Medical Imaging must meet the following criteria in order to receive a certificate of completion and a School pin.

1. Completed all didactic course requirements of the curriculum with a minimum grade of C (80) or P (Pass).
2. Completed all clinical courses and competencies with a minimum grade of C (80).
3. Satisfied all financial obligations to the School.
4. Return all items belonging to the School.
5. Complete an exit demographic questionnaire.
6. Attend the graduation ceremony unless a written request to be excused is approved by the Director/Dean.

RESPONSIBLE PERSONS: Program Faculty and Administration

Approved by:
Jody D. Crane, M.A.Ed, RT(R) (BD)                Director/Dean                March 8, 2017

Committees and Dates:

Faculty and administrative review in:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

**Windsor Educational Facility Parking**

Students are required to adhere to parking regulations at the educational facility at Windsor Office Park:

1. Students park only where there are blue squares on the pavement.
2. Do not park in any of the other Windsor Business Park spaces.
3. Overflow parking is at 8555 Magellan (on the left as you come in off Parham) in the lot nearest Parham Road. There is a sign directing you as they turn off Magellan Parkway.
4. No parking on Magellan Parkway at any time. It is a Henrico County Road and towing will be enforced.

Students who fail to adhere to parking regulations are subject to disciplinary action possibly leading to dismissal and to having their car towed or restrained with a device.

**Clinical Parking Regulations**

Easy parking access for patients is a high level priority for Bon Secours facilities.

All students are required to use the designated employee parking at Bon Secours facilities.

During times of construction or renovation, these areas may be located off-site and require shuttle transportation to the facility.

Parking permits are provided to students and employees of Bon Secours for vehicular identification.

If your vehicle is illegally parked, ticketing will occur, with a copy sent to the Director/Dean for documentation and disciplinary action.

Student’s cars may be subject to towing or having a restraining device placed on the wheels. Violation of parking regulations can result in disciplinary action which may include dismissal from the program.

Students assigned to clinical sites other than Bon Secours must adhere to that location’s parking regulations or disciplinary action will occur.
RESPONSIBLE PERSONS: Program Faculty and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)          Director/Dean          May 15, 2017

Signature   Title   Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
Bon Secours St. Mary’s Hospital School of Medical Imaging (SOMI) seeks to:
• Reinforce a sense of personal responsibility, respect for others, and mature behavior,
• Foster the development of professional standards.
As a member of the student body, the student is expected to meet the School’s standards of personal and professional responsibility and accountability

I. Rights
Every student has the right to:
• Learn and pursue his or her educational goals without fear of unlawful discrimination, intimidation, prejudice, or threat.
• Free inquiry, free expression and assembly, so long as he or she does not interfere with the rights of others or the operation of the School.
• Learn in a safe environment that is free of disruption and is conducive to teaching and learning.
• Be advised of the course objectives and how grades are assigned.
• Inspect and review his or her student record within a specified time frame upon written request, and to expect confidentiality regarding this record.
• Evaluate the curriculum and make recommendations for change.

II. Responsibilities
A student’s acceptance of admission into the School of Medical Imaging signifies that the student has an interest in learning and that he or she wants to be a part of this academic community. As such, the student will be required to:
• Respect the learning environment and its members.
• Devote the amount of time and effort necessary to meet the educational objectives.
• Conduct himself or herself in a manner consistent with ethical, legal and professional standards.
• Know and comply with School policies and guidelines.
• At all times, a student must satisfy and comply with the School’s academic standards, financial requirements and guidelines, and policies.
III. Student Conduct
The student is considered a responsible adult and is expected to conduct himself or herself in an ethical and professional manner at all times both within the School, clinical and the community. The student’s behavior must, at all times reflect:

- Integrity and honesty
- The exercise of rational judgments
- Sensitivity and caring
- Self-control
- Acceptance of different beliefs, values and lifestyles
- Flexibility
- Willingness to accept guidance and direction.

IV. Authority of School
The School is authorized to enforce the standards of conduct specified herein and to impose such disciplinary measures as are deemed appropriate in response to student conduct that reasonably may be expected to discredit or injure the School or its reputation, or that otherwise may endanger the safety and welfare of others. Such disciplinary sanctions include, but are not limited to, suspension and dismissal from the School.

V. Conduct Subject to Disciplinary Action
Conduct that is subject to disciplinary action by the School includes, but is not limited to, the following:
A. Endangering the safety and welfare of patients, clients, students, faculty, or staff.
B. Substance abuse. Distribution or possession of illegal drugs or of unauthorized controlled substances, especially on school/clinical property.
C. Violation of local, state, or federal laws.
D. Misuse, destruction, or damage of School property/ Theft or willful destruction of another’s property.
E. Sexual harassment, assault, misconduct, physical and/or mental abuse or threat of such abuse of any person involved in educational or School activities or in clinical areas.
F. All forms of dishonesty.
G. Unprofessional and/or disruptive conduct.
H. Inappropriate use of social media.
I. Conviction of an offense that would render the student unemployable by Bon Secours Richmond Health System.
J. Failure to comply with guidelines/policies of the School and/or the clinical agencies.
K. Any violation of hospital or clinical site regulations (including parking).
L. Insubordination toward School officials or clinical personnel.
M. Disruption of the instructional or clinical setting.
N. Presence in a faculty office or records room, without an instructor or without prior permission (due to confidentially of records).
O. Unethical conduct based on the ARRT Code of Ethics.
P. Nothing contained herein shall preclude or otherwise affect the initiation or conduct of proceedings under the Honor Code/Pledge, which relate to allegations of dishonesty.

VI. Discipline for Misconduct
The School is authorized to impose at any time such disciplinary measures as are deemed appropriate, up to and including suspension and dismissal. Penalties are not sequential and may be imposed at the School’s discretion.
A. Warning: A written or verbal notice to a student advising that he or she is violating or has violated the School rules and may be subject to more severe disciplinary action if the behavior continues. May include a corrective plan of action that must be followed by the student.

B. Probation: A written notice to a student advising that he or she has violated the School’s rules and will be dismissed if corrective action is not taken immediately.

C. Restitution: Repayment in money or service for damage to or loss of the property of another.

D. Suspension: Exclusion from attending the School as a student for a specified period of time not to exceed one year. During a suspension, a student may not participate in any School activities.

E. Dismissal: Termination of student status for an indefinite period. The conditions of readmission, if such is to be permitted, will be stated in a letter of dismissal.

VII. Reporting Procedure; Right of Removal
In the event that a student is suspected of violating any provision of this Policy, then the appropriate faculty or staff member promptly shall provide the student with verbal notice of the suspicion and an opportunity to tell his or her account of the incident, allowing for the student to also present his/her understanding of the incident. If the faculty or staff member thereafter concludes that there has been a violation, a report shall be made to the Director/Dean. Notwithstanding such reporting obligation, the faculty or staff member shall have the immediate right, where reasonably necessary in his or her discretion to preserve an appropriate learning environment and/or to protect the health and safety of the student or of others, to remove such student from class, from a clinical setting, or from any other School-related activity or function. Refer to Student Discipline Policy G 26.

VIII. Disciplinary Process & Sanctions
Refer to Policy G 26 - Student Discipline.

IX. Appeal Procedure
Refer to Policy G27 - Grievance Policy.

X. Standard for Disciplinary Decisions
All determinations with regard to the student’s culpability for any violation of this policy shall be made based upon a preponderance of the evidence. A preponderance of the evidence is evidence that as a whole shows that the fact sought to be proved is more probable than not.

Note: The titles of any personnel identified herein shall include their designees and, in the event of reorganization, their successors.

RESPONSIBLE PERSONS: Program Faculty and Program Administration

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<th>Approved by:</th>
<th>Director/Dean</th>
<th>September 20, 2017</th>
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<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
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<td>[Signature]</td>
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Approval History:
Committees and Dates:
Faculty and administrative review in: 6/2015, 5/2017, 9/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Bon Secours St. Mary’s Hospital School of Medical Imaging complies with the Family Educational Rights and Privacy Act of 1974 (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) also known as the Buckley Amendment, governing student educational records. FERPA defines educational records (or personally identifiable information contained therein) as “those records, files, documents and other materials which:

- Contain information directly related to a student; and

- Are maintained by an educational agency or institution or by a person acting for such agency or institution.”

20U.S.C. § 1232g (a)(4)(A)(i) and (ii)

To be in compliance with FERPA, the School must:

- Notify students of their rights annually

- Protect student’s rights to inspect and review their education records

- Protect student’s rights to limit disclosure of personally identifiable information contained in education records

- Ensure that third parties do not re-disclose personally identifiable information (except under a few circumstance)

- Keep records of requests for and disclosures of student education records.

(Hicks, Baker, Hawkey, Myers, & Weese, 2006, p. vii)
When a student turns 18 years old or attends a postsecondary institution at any age, the student is then defined as an eligible student (herein referred to as student) and the rights under FERPA transfer from the parent to the student.

**Student Rights Covered by FERPA Include:**

1. **The right to inspect and review their education records.**
   A student may submit a written request to the Office Coordinator identifying as precisely as possible the record(s) the student wishes to inspect. When a record contains information concerning more than one student, the requesting student may inspect and review only the records that relate to him or her. The Office Coordinator will inform the student when and where the records may be inspected. Records will be made available for review in a timely manner, not to exceed forty-five days after the request has been received. Records may be reviewed in the presence of the Dean or the Dean’s designate. The School is not required to permit a student to inspect and review records related to financial records; financial records of parents through the student financial aid file; records not considered education records, and confidential letters and confidential statements of recommendation if the student waived in writing his/her right to inspect and review those letters and statements.

2. **The right to request the amendment of educational records.**
   If a student believes his/her record is inaccurate, misleading, or violates his/her rights and privacy, the student may submit a written request to the School official responsible for the record requesting an amendment to the record. The student must identify the part of the record he/she wants changed and why it is inaccurate, misleading or violates the student’s rights and privacy. If the request for amendment is denied, the student will be notified in writing of the decision and of the student’s right to a hearing regarding the request for amendment.

The right to limit disclosure of personally identifiable information contained in the student’s education records except to the extent that FERPA authorizes disclosure without consent. An exception which allows disclosure without consent is a disclosure to School officials with legitimate educational interests. A School official has legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. A School official is a person employed by the School in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom the School has contracted (such as an attorney, auditor or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another School official in performing his or her tasks. No “personally identifiable” information from the student’s record
will be disclosed without written consent, except where consent is not required. Consent is not
required for:

- Authorized representatives of the U.S. Department of Education, Office of Inspector
  General, or state and local education authorities.
- The Department of Homeland Security (DHS); Immigrations and Customs Enforcement
  (ICE) for the purpose of complying with Request Form ICE relative to the College’s
  participation in The Student Exchange Visitor Information System (SEVIS).
- Military Recruiters who request Student Recruiting Information (Solomon’s Amendment),
  which includes name, address, telephone listing, age (or birth year), class level, major,
  degrees received and most recent educational institution of enrollment (some conditions
  exist).
- Authorized representatives of the Department of Veterans Affairs for student receiving
  educational assistance from the agency.
- Financial aid that the student applied for or received.
- Parents, if the student is a dependent of the parent as defined by the Internal Revenue
  Service.
- Compliance with a court order or subpoena.
- Accrediting organizations to carry out their accrediting function.
- Anyone if a health or safety emergency exists and the information will assist in resolving
  the emergency.
- Directory information.
- Organizations conducting studies/audits concerning administration of student aid
  programs.
- Agents acting on behalf of the School such as Clearing Houses and degree/enrollment
  verifiers.

4. The right to file a complaint with the Department of Education concerning alleged failure to
comply with this Act.

Family Policy Compliance Office
U. S. Department of Education
400 Maryland Ave. SW
Washington, D.C. 20202-8520
Phone (202) 260-3887
Fax (202) 260-9001
E-mail: fepa@ed.gov
**Directory Information**

Bon Secours St. Mary’s Hospital School of Medical Imaging designates the following items as Directory Information: student name, address, valid email address, major field of study, past and present participation in officially recognized activities, dates of attendance (past and present), honors and awards (including Honors List), degrees conferred (including dates), most recent previous institutions attended, and enrollment status. The School may disclose any of the directory information items without prior written consent, unless notified in writing by the student during registration each academic year. Education records other than directory information shall not be released without prior written consent of the student except as is authorized by the Family Educational Rights and Privacy Act.

**Information NEVER designated as Directory Information**

Items that can never be disclosed as directory information are: a student’s social security number, gender, race, ethnicity, citizenship, country of origin, religious preference, grades, and GPA.

**Education Records**

Education records include admission, academic and general education records, financial aid records, and supporting data that would identify the student, student's parents, or other family members. Education records are maintained in the School office. Education records do not include personal notes, records, or other information related to instructional, supervisory and administrative personnel; records maintained and accessible to law enforcement personnel; medical records which are maintained, used by, and disclosed only by professional personnel providing treatment to the student.

**Parental Access and Notification**

A parent is not entitled to examine a student's education record unless the student is financially dependent upon the parent and, said parent submits the student's tax-dependent status. Parents of tax-dependent students may be notified when a student is placed on probation or suspension. Parents may also be notified if certain policies and procedures are violated. Documentation of tax dependent students is required on an annual basis. The same principles of confidentiality must be applied to all media, including but not limited to, electronic data, email, and video or audio tapes. The School shall maintain a record of each request for access to and disclosure of student information with the exception of a School official or a party seeking directory information in the student’s education record.

Student education records shall be maintained as long as it is deemed necessary under applicable state law or regulations of federal and state agencies or accrediting bodies.
The School retains all rights to the student’s education record, and will not honor requests for official transcripts of the record and School references when the student has unfulfilled financial obligations to the School.

**RESPONSIBLE PERSONS:** Program Administration

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<tr>
<th>Approved by</th>
<th>Director/Dean</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>May 15, 2017</td>
<td></td>
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</tbody>
</table>

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

A student attending the School of Medical Imaging is an apprentice health professional and, as such, is bound to act ethically and responsibly at all times. While on campus or while representing the School, students are expected to conduct themselves in a professional manner so as to reflect favorably on themselves, on their profession, and on the School. Students are required to respect the rights of other students and patients, and to respect the rights and authority of School and clinical officials. Students must refrain from engaging in prohibited conduct, which is any conduct that is incompatible with the educational mission of the School and good citizenship (whether it occurs at the School, in a clinical setting, or in a fashion which adversely affects the reputation of the School).

Prohibited conduct includes, but is not limited to, the following:

A. Endangering the safety and welfare of patients, clients, students, faculty, or staff.
B. Substance abuse. Distribution or possession of illegal drugs or of unauthorized controlled substances, especially on school/clinical property.
C. Violation of local, state, or federal laws
D. Misuse, destruction, or damage of School property/ Theft or willful destruction of another’s property.
E. Sexual harassment, assault, misconduct, physical and/or mental abuse or threat of such abuse of any person involved in educational or School activities or in clinical areas
F. All forms of dishonesty.
G. Unprofessional and/or disruptive conduct.
H. Inappropriate use of social media.
I. Conviction of an offense that would render the student unemployable by Bon Secours Richmond Health System.
J. Failure to comply with guidelines/policies of the School and/or the clinical agencies.
K. Any violation of hospital or clinical site regulations (including parking).
L. Insubordination toward School officials or clinical personnel.
M. Disruption of the instructional or clinical setting.
N. Presence in a faculty office or records room, without an instructor or without prior permission (due to confidentially of records).
O. Unethical conduct based on the ARRT Code of Ethics.
P. Nothing contained herein shall preclude or otherwise affect the initiation or conduct of proceedings under the Honor Code/Pledge, which relates to allegations of dishonesty.

Cheating

Cheating is regarded as an infringement on the rights of your fellow students, and shall not be tolerated. Lying and stealing shall be handled in the same manner as cheating. Cheating is cause for immediate dismissal from the program. If a student is aware of cheating, and fails to report the circumstances, he/she is condoning the behavior, and thus, may be considered as a contributor.

Disciplinary Process and Sanctions

Process

1. When information reaches the School indicating a student has engaged in prohibited conduct, that student will be asked to confer privately with the Director/Dean.

2. When the seriousness of the Student’s alleged misconduct warrants more formal review, the Director/Dean will (i) provide the Student with written notice of the alleged misconduct and possible sanction(s), (ii) schedule a meeting, and (iii) furnish the student with access to any non-privileged documentary information in possession of the School administration about the misconduct in advance of the scheduled meeting (or if that is impracticable, at the meeting).

a. Any meetings hereunder will be conducted in private and are administrative in nature. The rules of evidence and the procedures used in a court of law are not applicable. The School shall determine whether the meeting will be transcribed by a stenographic reporter; in no event may the meeting be recorded in any other fashion.

b. The student may not appear at the meeting or in any subsequent appeal through legal counsel. While the student may obtain assistance and advice outside a meeting from anyone whom the student chooses, the student shall personally present his or her position during any meeting with School officials.

c. Notwithstanding the student’s right to seek advice from others if he or she so chooses, the disciplinary process is intended to be confidential. Accordingly, all participants are expected to be discreet and to treat the proceedings as confidential. The student will have the opportunity to present information and to ask questions of those present.

d. Nothing contained herein shall allow the student to have access to the confidential records of other students at the School.

e. The student’s absence from a meeting shall not prevent the meeting from taking place and from a decision being issued.

f. If need be, the meeting may be continued from time to time until concluded.
g. The titles of School officials, as used in this policy, shall in all events be deemed to include their designees and any successors in the event of reorganization.

3. Following the close of the meeting, the Director/Dean will issue a decision in writing and provide a copy thereof to the student.

4. In the event the student wishes to appeal a disciplinary decision of the Director/Dean involving dismissal, the student should proceed in accordance with the student grievance policy. The student remains on dismissed status until the grievance has been finalized.

5. Any student whose presence at School and/or in a clinical setting poses an ongoing threat of disruption or a danger may be summarily removed from School and/or any clinical activities immediately and, if need be, at any point during the process. In such an event, the notice and hearing shall be given as soon as practicable thereafter.

Sanctions

Generally, disciplinary sanctions occur in the following sequence:

1. The first infraction will result in a written letter of warning that shall be provided to the student and filed in the student’s permanent record.

2. A second infraction of the same or different type will result in a two-day suspension. Any student who has been suspended shall remain on disciplinary probation for the remainder of the student’s enrollment at the School.

3. Following a suspension, any additional infractions (regardless of the infraction) warranting discipline will result in a case review as noted in the grievance policy. Following the case review the student may be dismissed from the program or further disciplinary action may be warranted. If the student is allowed to continue in the program, that student shall remain on disciplinary probation for the remainder of the program. Any further infractions will result in immediate dismissal.

Notwithstanding the above, nothing contained herein shall require the use of progressive disciplinary measures or shall establish the order in which such disciplinary measures shall be imposed. A student may be recommended for dismissal in any situation involving prohibited conduct, where such is deemed to be warranted by School officials. In particular, a student may be recommended for dismissal from the program with written notification should the student endanger patient safety, commit criminal activity, cheat, demonstrate a lack of sound professional judgment, or if the student is denied return to a clinical site.
**RESPONSIBLE PERSONS:** Program Administration

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<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>March 13, 2107</td>
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</table>

Signatures: [Signature]

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

PURPOSE:
The appeals policy described below is applicable to academic and non-academic student grievances as well as student complaints of unlawful discrimination or unfair treatment on the basis of:

• Title VII of the Civil Rights Act of 1964 as amended by the Equal Employment Opportunity Act of 1972
• Title IX of Education Amendments of 1972, as amended
• Section 504 of the Rehabilitation Act of 1973, as amended, and regulations implemented by HEW consistent therewith Americans with Disabilities Act of 1992
• Provisions of Executive Order Number 11246 as amended by 11375
• Family Educational Rights and Privacy Act of 1974 as amended
• Governor’s Executive Order Number One, Virginia Equal Employment Opportunity Plan, effective February 6, 1974.

Explanation
Due to the relationship between Bon Secours College of Nursing and Bon Secours School of Medical Imaging, coordinated efforts have been established to allow both educational programs be represented on the Student Grievance Committee.

Definitions
Academic grievance: A formal process through which a student can appeal through his/her course instructor and the college’s administrative leadership the student’s final grade in a course. A final course grade appeal must be based on at least one of the following claims:

• capricious action on the part of the faculty member that affects the student’s final grade; A capricious action is defined as one made on a whim or without justifiable reasons.
• prejudicial treatment of the student by the faculty member with respect to the application of the course syllabus, thereby affecting the student’s final grade; or a documented error in calculating the student’s final grade. Prejudicial treatment is defined as treating the student lodging the final grade appeal differently than other students in the course with respect to the instructor’s application of the course syllabus.
• erroneous judgement of the faculty with regard to the correct answer for an exam/test item(s). A claim of erroneous judgement means that the student is able to provide evidence (from
textbook’s, class notes provided directly from faculty, or other valid materials) to substantiate that a different answer other than that keyed is a correct response.

Non-academic grievance: A formal process through which a student or student group can appeal a non-academic decision made by a faculty or staff member that negatively affects a student/student group’s standing with the school. A non-academic grievance or complaint may include disputes between a student/student group and an office of the school regarding the interpretation and/or application of the policies and procedures of the school, student governance issues, student activities, and other concerns that a student might present for redress. A non-academic grievance may be based on at least one of the following claims:

- arbitrary and/or capricious actions by a staff member or administrative office;
- prejudicial treatment of a student by a staff or faculty member or administrative office; or
- an administrative error in the application of a policy by a staff or faculty member or administrative office.

Student: any person who is officially registered at the school during the specific academic semester or term in which the grievance occurs.

Student Grievance Committee: an ad-hoc committee established to hear a Level III grievance matter. Committee composition includes members from the College of Nursing: the appropriate Administrative Cabinet member, one (1) teaching faculty member, one (1) Student Affairs Committee representative, and one (1) student.

Administrative Cabinet Member: Comprised of the following position within the College of Nursing: Provost, Dean of Nursing, Dean of Student Services, and Dean of Finance and Administration.

Policy:
It is the policy of the school that appropriate processes and procedures be followed in all matters pertaining to the rights of students.

Initiation of a grievance:
Grievances may be submitted electronically by e-mail.

- An academic grievance must be initiated at the end of the semester no later than 48 hours (maximum of 2 business days) after the day final grades are due as published on the academic calendar.

- A non-academic grievance must be initiated no later than 48 hours (maximum of 2 business days) from the time the student identifies as becoming aware of the issue. In the event that a student is at a distance and is unable to travel to campus to meet, meetings may be facilitated by teleconference.

Students are encouraged to contact the Dean/Director for assistance in understanding this policy. In addition, the Dean/Director will assist students in determining the appropriate person with whom a student must file an appeal, and providing that person’s contact information.
Procedures:

Level I
1. The student with a grievance must provide in writing a formal letter/email to the instructor or non-instructional party outlining the grade or decision in which he or she is grieving, provide supporting information for the grievance and request to meet with his or her instructor or person whose actions he or she is grieving.

<table>
<thead>
<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
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<tbody>
<tr>
<td>Instructor</td>
<td>Dean/Director</td>
<td>Chair of Hearing Committee (Administrative Cabinet Member)</td>
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In the instance of an academic grievance, the student must submit a copy of the letter/email to the administrative unit supervisor of the person he or she is grieving. A typical non-academic grievance would occur in the following order:

<table>
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<tr>
<th>Level I</th>
<th>Level II</th>
<th>Level III</th>
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<tbody>
<tr>
<td>School personnel/Instructor/office whose actions are being grieved (copied to administrative supervisor)</td>
<td>Administrative supervisor (Copied to Dean/Director or VP/Provost)</td>
<td>Chair of Hearing Committee (Administrative Cabinet Member)</td>
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2. The instructor or non-instructional party has ten (10) business days from the date the grievance is received to schedule a meeting with the student. Within five (5) business days after the meeting, the instructor or non-instructional party must provide the student a letter outlining the decision of the meeting. A copy of the letter should be forwarded to the Dean/Director. The academic or administrative unit should follow up in order to ensure the meeting is held. In the event the instructional or non-instructional party is unavailable, the Dean/Director or administrative unit supervisor has the discretion to move to Level II or postpone the hearing until the instructional or non-instructional party is available. The Dean/Director must document his or her effort to contact the instructor or non-instructional party. The Dean/Director or supervisor will communicate his or her decision to move the Level I meeting to a Level II hearing.

3. At the meeting, the student must clearly present his or her case regarding the grieved issue and the resolution that he or she would like to occur. Every reasonable effort should be made by both parties to resolve the matter at this level. No attorneys or other advisors/counselors are allowed to be present to represent either party. No audio taping or other recording will be permitted during the conference, but both parties are encouraged to make notes as they feel appropriate. Prior to the meeting, the faculty member or student may request to have a silent observer in the meeting. However, both the student and faculty member must agree to the silent observer. If an agreement regarding the appeal is made, a copy of the agreement and other appropriate documentation, including the original grievance letter, must be forwarded to the Dean/Director.

4. If the student is not satisfied with the disposition of his/her grievance at Level I, he/she may continue to Level II.
Level II

1. The student may file a written appeal of the Level I grievance decision with the faculty or staff member’s Dean/Director or appropriate administrative unit supervisor within five (5) business days after receiving the written decision from the Level I meeting. The written statement provided for Level I describing the issues grieved must be part of the student’s written request for the Level II hearing. Within ten (10) business days of receipt of the written grievance, the Dean/Director or administrative unit supervisor will schedule a conference with the parties in an effort to resolve the grievance (the actual conference may occur after the 10 days, but its date should be established within this time frame).

2. If a meeting is called, the role of the Administrative supervisor is to chair the meeting, facilitate the discussion, seek to mediate a resolution between the parties, ensure that school policies have not been violated, and render a decision concerning the matter. Faculty/staff members may have a silent observer in attendance at the meeting. Prior to the meeting, the student may request to have a silent observer in the meeting. Both the student and faculty/staff member must agree to the student’s silent observer. No attorneys or other advisors/counselors are allowed to be present to represent either party. No audio taping or other recording will be permitted during the conference, but both parties are encouraged to make notes as they feel appropriate. The administrative supervisor within ten (10) business days after receipt of the grievance or completion of the conference, if called, shall prepare a report of the disposition of the matter providing copies to the student and the instructor or non-instructional party. In addition, a copy of the report and the official grievance letters (Level I and Level II) must be forwarded to the Dean/Director.

Level III

1. If the student is not satisfied with the disposition at Level II, within five (5) business days from the communication of the disposition from the Dean/Director or administrative supervisor, the student may file a written appeal to the appropriate Administrative Cabinet member; students are encouraged to contact the Dean/Director for assistance in determining the name and contact information of the appropriate Administrative Cabinet member. Within ten (10) business days of receipt of this appeal, the Administrative Cabinet member will set a date for a meeting for all parties involved.

2. The actual hearing should occur no later than thirty (30) business days after receipt of the appeal letter by the Administrative Cabinet member, unless reasonable circumstances prevent this meeting from occurring. However, any meeting date scheduled or rescheduled beyond the thirty-day time frame must be mutually agreed upon by the student and the Administrative Cabinet member.

3. The appropriate Administrative Cabinet member will serve as the convener and facilitator of the committee for the Level III hearing. The Administrative Cabinet member will chair the hearing but will not be able to vote. In the event the designated Administrative Cabinet member is unable to participate in the hearing due to a challenge or conflict of interest, another Administrative Cabinet member will be selected to convene and facilitate the hearing.

4. The Student Grievance Committee (see definition in Section II) will be formed in order to objectively hear the facts of the grievance and to render a decision. The committee will be chosen from a pool of committee members that are available to participate in the hearing. The available pool will consist of: one faculty member from each academic school/program, two Student Affairs representatives, and two student representatives. Non–student members on this
committee pool will be appointed for two-year terms. Student members on this committee pool will be appointed for one-year terms. In addition, one alternate for each of the above members will be appointed. The committee selected to participate in the hearing must be comprised of a minimum of three (3) members.

5. At the Level III meeting, the student and instructor/non-instructional party may bring one attorney or advisor/counselor. If an attorney or advisor/counselor is to be present, the party retaining him/her must notify the meeting chair at least five (5) business days prior to the Level III hearing or the attorney or advisor/counselor will not be allowed to be present. Information regarding the name and business address of the attorney/counselor must be provided. The attorney or advisor/counselor’s role is as an observer; and he/she may not speak to the committee members, the instructor or non-instructional party, or the student while the meeting is in session. The attorney or advisor/counselor can only speak to the party he or she is representing. If consultation with the attorney is needed, a request for a recess may be asked. The meeting chair can deny requests if it is deemed that they are disrupting the continuity of the meeting. Both parties may bring persons to provide testimony that support their position. Additionally, both parties may have no more than one other person to attend as observers. Observers shall not testify nor present any evidence.

6. The meeting chair is responsible for collecting all pertinent documents, calling the meeting, distributing documentation, determining the issue(s) of the case to be heard, and conducting the meeting in an orderly, efficient, and equitable manner. At the beginning of the meeting, the chair will review the issues of the case to the group and establish the procedure by which testimony will be presented. He/she may decide on the length of time needed to explore an issue, set time limits for speakers, and ask for testimony by any person deemed important to the investigation of the facts. The chair may request a security officer to be present. Disruptive persons may be asked to leave the room by the chair.

7. The Student Grievance Committee shall determine the outcome of the meeting by a majority vote; the Administrative Cabinet member may not vote. Within ten (10) business days after the meeting, the Administrative Cabinet member will prepare a report of the disposition of the matter including the determined outcome. Copies of the letter will be provided to the student, the instructor or non-instructional party, and all other parties as appropriate. In addition, a copy of the report and the official grievance letters (Level I, Level II, and Level III) must be forwarded to the Director/Dean.

8. The finding of the Level III grievance committee is final.

Non-retaliation: Students will not be subjected to adverse actions by any school officials as a result of initiating a complaint.

Final Disposition of Records

All materials and decisions related to the appeal will remain confidential and will be retained by the Dean/Director for three years from the date of final decision, and not before the aggrieved student graduates, at which time all materials will be destroyed, unless the Dean/Director directs otherwise.

In the event of a formal grievance/complaint alleging the program is not in compliance with one or more of the Joint Review Committee on Education in Radiologic Technology (JRCERT) Standards for an Accredited Program in Radiology, the complainant may file an allegation of non-compliance with the JRCERT. The allegation procedure is available at www.jrcert.org
In the event of a written complaint to one of these agencies or a “Standards” non-compliance issue, and subsequent notification to the school, immediate priority will be given to resolution of the deficiency in order to maintain accreditation. The Dean/Director is expected to respond to the agency in the time frame provided outlining the resolution/plan for resolution of the issue addressed.

The individual must first attempt to resolve the grievance/complaint directly with the institution/program officials by following the grievance procedures provided by the institution/program. The student may also contact the State Council of Higher Education in Virginia (SCHEV) regarding the grievance/complaint as a last resort.

Contact Information for these agencies are listed below:

**Joint Review Committee on Education in Radiologic Technology (JRCERT)**
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
Phone: (312) 704-5300
Fax: (312) 704-5304
E-mail: mail@jrcert.org

**State Council of Higher Education for Virginia (SCHEV)**
James Monroe Building
101 North Fourteenth Street
Richmond, Virginia 23219
Phone: (804) 225-2600
Fax: (804) 225-2604
Web: www.schev.edu
E-mail: communications@schev.edu

**RESPONSIBLE PERSONS:** Program Faculty and Program Administration

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<td>March 13, 2017</td>
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</table>

**Approval History:** Committees and Dates: JRCERT Approval: Thomas A. Brown, M.A.Ed., R.T. (R)
Accreditation Specialist - 2012
Faculty and administrative review in

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The program shall parallel the employee pregnancy policy of St. Mary’s Hospital in regard to a student pregnancy. A copy of the document is provided within the student handbook.

Students have the right to choose to declare or not declare pregnancy. If you choose to declare pregnancy, the declaration must be made in writing. The form for declaration may be obtained in the program office and a copy is found in the student handbook.

A student who becomes pregnant during the program will have the following options:

A. Voluntarily declare pregnancy to the program Radiation Safety Officer (Gary Carlton) who will offer counseling on protection and monitoring methods for both the student and the fetus during the remainder of the pregnancy. Written notice is required.

B. Request a leave of absence. Refer to program Leave of Absence Policy.

C. Voluntarily leave the program and apply for re-admission at a later date. Refer to re-admission policy.

D. Choose not to declare.

E. Continue in program without modification.

F. A student who has chosen to declare pregnancy can choose to un-declare pregnancy at any time. Written notice is required.

Students will be required to adhere to standard radiation protection practices and monitoring methods. Refer to St. Mary’s Hospital Policy: “Pregnant Workers, Radiation Protection For”, Policy Number 17:00.

Should an accepted applicant become pregnant before the start of school; the applicant shall have the option of delaying entry or follow one of the above listed options.
RESPONSIBLE PERSONS: Radiation Safety Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)                      Director/Dean                      July 15, 2015

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
Bon Secours St. Mary's Hospital
EMPLOYEE DECLARATION OF PREGNANCY

Name (print): ____________________________________________

Participant number: ______________________________________

Date of Declaration: ______________________________________

Date of Conception or Weeks of pregnancy: __________________

Department: Radiology/School of Medical imaging

Position: Radiology Student

By providing this information to my immediate supervisor, in writing, I am declaring myself to be pregnant as of the date shown above. I understand the provision of 10 CFR Part 20.1208, total exposure to my unborn child from occupational exposure to radiation will not be allowed to exceed 5 mSv (500 mrem) during the entire pregnancy (The dose to my unborn child shall be taken as the sum of my deep dose equivalent and the dose resulting from the intake of any radionuclides). I also understand that this limit includes any exposures I have received since conception, and that if the dose to my unborn child has already exceeded 500 mrem, the dose for the remainder of my pregnancy must be limited to 0.5 mSv (50mrem). I further understand that if I should find out that I am not pregnant, or if for any reason my pregnancy is terminated, I will inform my supervisor as soon as practical. I may obtain information regarding my past personnel radiation monitoring record, and guidance concerning radiation protection measures from the Radiation Safety Officer, or his/her designee.

Signature: ____________________________________________

Date: ____________________________________________

Supervisor's Receipt of Declaration of Pregnancy

By signing this statement, I acknowledge receipt of the declaration of the above individual; have provided her with an outline of potential risks from exposure to the unborn child which uses the information provided in Regulatory Guide 8.13; and have evaluated her prior exposure (internal and external) to establish appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program. I understand it is my responsibility to forward this form to the Radiation Safety Officer.

Name (print): ____________________________________________

Signature: ____________________________________________

Date: ____________________________________________

Radiation Safety Officer's Receipt of Declaration of Pregnancy

By signing this statement, I acknowledge receipt of the declaration of the above individual; have evaluated her prior exposure (internal and external) to ensure appropriate limits to control the dose to her unborn child in accordance with the above stated limitations and the ALARA program have been established and that appropriate monitoring is being provided.

Name(print): Douglas E. Cook M.D.

Signature: ____________________________________________

Date: ____________________________________________
Specific Controls Being Applied to the Unborn Child

To be completed by supervisor with consultation from the RSO if necessary. A written evaluation must be entered and initialed by the employee in order to document assessment of exposure and understanding of specific controls even if no specific controls are recommended.

Based on prev exposures no controls at this time. Will monitor.

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A. INTRODUCTION

The Code of Federal Regulations in 10 CFR Part 19, "Notices, Instructions and Reports to Workers: Inspection and Investigations," in Section 19.12, "Instructions to Workers," requires instruction in "the health protection problems associated with exposure to radiation and/or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed." The instructions must be "commensurate with potential radiological health protection problems present in the work place."

The Nuclear Regulatory Commission's (NRC's) regulations on radiation protection are specified in 10 CFR Part 20, "Standards for Protection Against Radiation"; and Section 20.1208, "Dose to an Embryo/Fetus," requires licensees to "ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem (5 mSv)." Section 20.1208 also requires licensees to "make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman."

A declared pregnant woman is defined in 10 CFR 20.1003 as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

This regulatory guide is intended to provide information to pregnant women, and other personnel, to help them make decisions regarding radiation exposure during pregnancy. This Regulatory Guide 8.13 supplements Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure" (Ref. 1), which contains a broad discussion of the risks from exposure to ionizing radiation.

Other sections of the NRC's regulations also specify requirements for monitoring external and internal occupational dose to a declared pregnant woman. In 10 CFR 20.1502, "Conditions Requiring Individual Monitoring of External and Internal Occupational Dose," licensees are required to monitor the occupational dose to a declared pregnant woman, using an individual monitoring device, if it is likely that the declared pregnant woman will receive, from external sources, a deep dose equivalent in excess of 0.1 rem (1 mSv). According to Paragraph (e) of 10 CFR 20.2106, "Records of Individual Monitoring Results," the licensee must maintain records of dose to an embryo/fetus if monitoring was required, and the records of dose to the embryo/fetus must be kept with the records of dose to the declared pregnant woman. The declaration of pregnancy must be kept on file, but may be maintained separately from the
dose records. The licensee must retain the required form or record until the Commission terminates each pertinent license requiring the record.

The information collections in this regulatory guide are covered by the requirements of 10 CFR Parts 19 or 20, which were approved by the Office of Management and Budget, approval numbers 3150-0044 and 3150-0014, respectively. The NRC may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

B. DISCUSSION

As discussed in Regulatory Guide 8.29 (Ref. 1), exposure to any level of radiation is assumed to carry with it a certain amount of risk. In the absence of scientific certainty regarding the relationship between low dose exposure and health effects, and as a conservative assumption for radiation protection purposes, the scientific community generally assumes that any exposure to ionizing radiation may cause undesirable biological effects and that the likelihood of these effects increases as the dose increases. At the occupational dose limit for the whole body of 5 rem (5 mSv) per year, the risk is believed to be very low.

The magnitude of risk of childhood cancer following in utero exposure is uncertain in that both negative and positive studies have been reported. The data from these studies "are consistent with a lifetime cancer risk resulting from exposure during gestation which is two to three times that for the adult" (NCRP Report No. 116, Ref. 2). The NRC has reviewed the available scientific literature and has concluded that the 0.5 rem (5 mSv) limit specified in 10 CFR 20.1208 provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers associated with radiation exposure during pregnancy.

In order for a pregnant worker to take advantage of the lower exposure limit and dose monitoring provisions specified in 10 CFR Part 20, the woman must declare her pregnancy in writing to the licensee. A form letter for declaring pregnancy is provided in this guide or the licensee may use its own form letter for declaring pregnancy. A separate written declaration should be submitted for each pregnancy.

C. REGULATORY POSITION

1. Who Should Receive Instruction

   Female workers who require training under 10 CFR 19.12 should be provided with the information contained in this guide. In addition to the information contained in Regulatory Guide 8.29 (Ref. 1), this information may be included as part of the training required under 10 CFR 19.12.

2. Providing Instruction

   The occupational worker may be given a copy of this guide with its Appendix, an explanation of the contents of the guide, and an opportunity to ask questions and request additional information. The information in this guide and Appendix should also be provided to any worker or supervisor who may be affected by a declaration of pregnancy or who may have to take some action in response to such a declaration.
Classroom instruction may supplement the written information. If the licensee provides classroom instruction, the instructor should have some knowledge of the biological effects of radiation to be able to answer questions that may go beyond the information provided in this guide. Videotaped presentations may be used for classroom instruction. Regardless of whether the licensee provides classroom training, the licensee should give workers the opportunity to ask questions about information contained in this Regulatory Guide 8.13. The licensee may take credit for instruction that the worker has received within the past year at other licensed facilities or in other courses or training.

3. Licensee's Policy on Declared Pregnant Women
The instruction provided should describe the licensee's specific policy on declared pregnant women, including how those policies may affect a woman's work situation. In particular, the instruction should include a description of the licensee's policies, if any, that may affect the declared pregnant woman's work situation after she has filed a written declaration of pregnancy consistent with 10 CFR 20.1208.

The instruction should also identify who to contact for additional information as well as identify who should receive the written declaration of pregnancy. The recipient of the woman's declaration may be identified by name (e.g., John Smith), position (e.g., immediate supervisor, the radiation safety officer), or department (e.g., the personnel department).

4. Duration of Lower Dose Limits for the Embryo/Fetus
The lower dose limit for the embryo/fetus should remain in effect until the woman withdraws the declaration in writing or the woman is no longer pregnant. If a declaration of pregnancy is withdrawn, the dose limit for the embryo/fetus would apply only to the time from the estimated date of conception until the time the declaration is withdrawn. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

5. Substantial Variations Above a Uniform Monthly Dose Rate
According to 10 CFR 20.1208(b), "The licensee shall make efforts to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in paragraph (a) of this section," that is, 0.5 rem (5 mSv) to the embryo/fetus. The National Council on Radiation Protection and Measurements (NCRP) recommends a monthly equivalent dose limit of 0.05 rem (0.5 mSv) to the embryo/fetus once the pregnancy is known (Ref. 2). In view of the NCRP recommendation, any monthly dose of less than 0.1 rem (1 mSv) may be considered as not a substantial variation above a uniform monthly dose rate and as such will not require licensee justification. However, a monthly dose greater than 0.1 rem (1 mSv) should be justified by the licensee.

D. IMPLEMENTATION

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

Unless a licensee or an applicant proposes an acceptable alternative method for complying with the specified portions of the NRC's regulations, the methods described in this guide will be used by the NRC staff in the evaluation of instructions to workers on the radiation exposure of pregnant women.

REFERENCES


2. National Council on Radiation Protection and Measurements, Limitation of Exposure to
APPENDIX: QUESTIONS AND ANSWERS CONCERNING PREGNATAL RADIATION EXPOSURE

1. Why am I receiving this information?
The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women.
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 instruction provides information to help women make an informed decision whether to declare a pregnancy.

2. If I become pregnant, am I required to declare my pregnancy?
No. The choice whether to declare your pregnancy is completely voluntary. If you choose to declare your pregnancy, you must do so in writing and a lower radiation dose limit will apply to your embryo/fetus. If you choose not to declare your pregnancy, you and your embryo/fetus will continue to be subject to the same radiation dose limits that apply to other occupational workers.

3. If I declare my pregnancy in writing, what happens?
If you choose to declare your pregnancy in writing, the licensee must take measures to limit the dose to your embryo/fetus to 0.5 rem (5 millisievert) during the entire pregnancy. This is one-tenth of the dose that an occupational worker may receive in a year. If you have already received a dose exceeding 0.5 rem (5 mSv) in the period between conception and the declaration of your pregnancy, an additional dose of 0.05 rem (0.5 mSv) is allowed during the remainder of the pregnancy. In addition, 10 CFR 20.1208, "Dose to an Embryo/Fetus," requires licensees to make efforts to avoid substantial variation above a uniform monthly dose rate so that all the 0.5 rem (5 mSv) allowed dose does not occur in a short period during the pregnancy.
This may mean that, if you declare your pregnancy, the licensee may not permit you to do some of your normal job functions if those functions would have allowed you to receive more than 0.5 rem, and you may not be able to have some emergency response responsibilities.

4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?
A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?
The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure" (Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

6. Are there any risks of genetic defects?
Although radiation injury has been induced experimentally in rodents and insects, and in the experiments was transmitted and became manifest as hereditary disorders in their offspring, radiation has not been identified as a cause of such effect in humans. Therefore,
the risk of genetic effects attributable to radiation exposure is speculative. For example, no genetic effects have been documented in any of the Japanese atomic bomb survivors, their children, or their grandchildren.

7. What if I decide that I do not want any radiation exposure at all during my pregnancy?
   You may ask your employer for a job that does not involve any exposure at all to occupational radiation dose, but your employer is not obligated to provide you with a job involving no radiation exposure. Even if you receive no occupational exposure at all, your embryo/fetus will receive some radiation dose (on average 75 mrem (0.75 mSv)) during your pregnancy from natural background radiation.
   The NRC has reviewed the available scientific literature and concluded that the 0.5 rem (5 mSv) limit provides an adequate margin of protection for the embryo/fetus. This dose limit reflects the desire to limit the total lifetime risk of leukemia and other cancers. If this dose limit is exceeded, the total lifetime risk of cancer to the embryo/fetus may increase incrementally. However, the decision on what level of risk to accept is yours. More detailed information on potential risk to the embryo/fetus from radiation exposure can be found in References 2-10.

8. What effect will formally declaring my pregnancy have on my job status?
   Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company’s policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.
   In many cases you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job.
   If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

9. What information must I provide in my written declaration of pregnancy?
   You should provide, in writing, your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need be given), and the date that you give the letter to the licensee. A form letter that you can use is included at the end of these questions and answers. You may use that letter, use a form letter the licensee has provided to you, or write your own letter.

10. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?
    NRC regulations do not require that you provide medical proof of your pregnancy. However, NRC regulations do not preclude the licensee from requesting medical documentation of your pregnancy, especially if a change in your duties is necessary in order to comply with the 0.5 rem (5 mSv) dose limit.

11. Can I tell the licensee orally rather than in writing that I am pregnant?
    No. The regulations require that the declaration must be in writing.

12. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?
    No. The lower dose limits for pregnant women apply only if you have declared your pregnancy in writing. The United States Supreme Court has ruled (in United Automobile Workers International Union v. Johnson Controls, Inc., 1991) that "Decisions about the welfare of future children must be left to the parents who conceive, bear, support, and raise them rather than to the employers who hire those parents" (Reference 7). The
Supreme Court also ruled that your employer may not restrict you from a specific job because of concerns about the next generation. Thus, the lower limits apply only if you choose to declare your pregnancy in writing.

13. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?
No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

14. What if I have a miscarriage or find out that I am not pregnant?
If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you need not inform the licensee of your nonpregnant status.

15. How long is the lower dose limit in effect?
The dose to the embryo/fetus must be limited until you withdraw your declaration in writing or you inform the licensee in writing that you are no longer pregnant. If the declaration is not withdrawn, the written declaration may be considered expired one year after submission.

16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?
Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

17. What if I work under contract at a licensed facility?
The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

18. Where can I get additional information?
The references to this Appendix contain helpful information, especially Reference 3, NRC's Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Radiation Exposure," for general information on radiation risks. The licensee should be able to give this document to you.

For information on legal aspects, see Reference 7, "The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children--What Can the Employer Do?" which is an article in the journal Radiation Protection Management.

You may telephone the NRC Headquarters at (301) 415-7000. Legal questions should be directed to the Office of the General Counsel, and technical questions should be directed to the Division of Industrial and Medical Nuclear Safety.

You may also telephone the NRC Regional Offices at the following numbers: Region I, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the Division of Nuclear Materials Safety.

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REFERENCES FOR APPENDIX


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**REGULATORY ANALYSIS**

A separate regulatory analysis was not prepared for this regulatory guide. A regulatory analysis prepared for 10 CFR Part 20, "Standards for Protection Against Radiation" (56 FR 23360), provides the regulatory basis for this guide and examines the costs and benefits of the rule as implemented by the guide. A copy of the "Regulatory Analysis for the Revision of 10 CFR Part 20" (PNL-6712, November 1988) is available for inspection and copying for a fee at the NRC Public Document Room, 2120 L Street NW, Washington, DC, as an enclosure to Part 20 (56 FR 23360).

1. Single copies of regulatory guides, both active and draft, and draft NUREG documents may be obtained free of charge by writing the Reproduction and Distribution Services Section, OCIO, USNRC, Washington, DC 20555-0001, or by fax to (301)415-2289, or by email to (DISTRIBUTION@NRC.GOV). Active guides may also be purchased from the National Technical Information Service on a standing order basis. Details on this service may be obtained by writing NTIS, 5285 Port Royal Road, Springfield, VA 22161. Copies of active and draft guides are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.

2. Copies are available at current rates from the U.S. Government Printing Office, P.O. Box 37082, Washington, DC 20402-9328 (telephone (202)512-1800); or from the National Technical Information Service by writing NTIS at 5285 Port Royal Road, Springfield, VA 22161. Copies are available for inspection or copying for a fee from the NRC Public Document Room at 2120 L Street NW., Washington, DC; the PDR's mailing address is Mail Stop LL-6, Washington, DC 20555; telephone (202)634-3273; fax (202)634-3343.
POSSIBLE HEALTH EFFECTS TO CHILDREN OF WOMEN WHO ARE EXPOSED TO RADIATION DURING PREGNANCY

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

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

**Average Annual Dose**

Terrestrial - radiation from soil and rocks 28 mrem

Cosmic - radiation from outer space 28 mrem

Radon - inhaled from air 200 mrem

Radioactivity normally found within the human body 40 mrem

300 mrem

Variability (geographic and other factors) 100 to 5,000 mrem

The first two of these sources expose the body from the outside, and the last two sources expose the body from the inside. The average person is thus exposed to a total dose of about 300 mrem per year from natural background radiation.

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

**Average X-Ray Procedure Dose**

Normal chest examination 10 mrem

Normal dental examination 10 mrem
Rib cage examination 140 mrem

Gall bladder examination 170 mrem

Barium enema examination 500 mrem

Pelvic examination 600 mrem

**REGULATORY POSITION**

Federal and State 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, 1,000 mrem would have any effect at all." Since it is known that the unborn child is more sensitive to radiation than adults, particularly during certain stages of development, the regulatory agencies have established a special dose limit for protection of the unborn child if the mother declares her pregnancy. Since this limit could result in job discrimination for women of child-bearing age and perhaps in the invasion of privacy (if pregnancy tests were required) it only applies to the unborn child of woman who declare their pregnancy. The regulatory agencies have taken the position that special protection of the unborn child should be voluntary and should be based on decisions made by workers and employers who are well informed about the risks involved.

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

The present limit on radiation dose that can be received on the job is 5,000 millirem per year. Working minors (those under 18) are limited to a dose equal to one-tenth that of adults, 500 millirem per year.

Because of the sensitivity of the unborn child, the National Council on Radiation Protection and Measurements (NCRP) has recommended that the dose equivalent to the unborn child from occupational exposure of the expectant mother be limited to 500 millirem for the entire pregnancy (Ref.2). The 1987 Presidential guidance (Ref.1) specifies an effective dose equivalent limit of 500 millirems to the unborn child if the pregnancy has been declared by the mother; the guidance also recommends that substantial variations in the rate of exposure be avoided. The NRC (in § 20.208 of its revision to Part 20, effective 1/1/94) requires the employer to ensure that the dose to an
embryo/fetus during the entire pregnancy, due to occupational exposure of a "declared pregnant woman", does not exceed 0.5 rem (5 mSv).

ADVICE FOR EMPLOYEE AND EMPLOYER

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

It is important that the employee inform the employer of her condition as soon as she realizes she is pregnant if the dose to the unborn child is to be minimized. By definitions (§ 20.1003), a "declared pregnant woman" means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

INTERNAL HAZARDS

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

1. Do not smoke, eat, drink, or apply cosmetics around radioactive material.

2. Do not pipette solutions by mouth

3. Use disposable gloves while handling radioactive material.

4. Wash hands after working around radioactive material.

5. Wear lab coats or other protective clothing whenever there is a possibility of spills.

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

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

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

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

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

1. RADIATION RISKS

1.1 Childhood Cancer

Numerous studies of radiation-induced childhood cancer have been performed, but a number of them are controversial. The National Academy of Science (NAS) BEIR report reevaluated the data from these studies and even reanalyzed the results. Some of the strongest support for a causal relationship is provided by twin data from the Oxford survey (Ref.4). For maternal radiation doses of 1,000 millirems, the excess number of deaths (above those occurring from natural causes) was found to be 0.2 to 0.25 death per thousand children (Ref. 20).

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

Studies of Japanese children who were exposed while in the womb to the atomic bomb radiation at Hiroshima and Nagasaki have shown evidence of both small head size and mental retardation. Most of the children were exposed to radiation doses in the range of 1 to 50 rads. The importance of the most recent study lies in the fact that investigators were able to show that the gestational age (age of the embryo/fetus after conception) at the time the children were exposed was a critical factor (Ref.7). The approximate risk of small head size as a function of gestational age is shown in Table 1. For a radiation dose of 1,000 millirems at 4 to 7 weeks after conception, the excess cases of small head size was 5 per thousand; at 8 to 11 weeks, it was 9 per thousand (Ref. 7).
In another study, the highest risk of mental retardation occurred during the 8 to 15 week period after conception (Ref. 8). A recent EPA study (Ref. 16) has calculated that excess cases of mental retardation per live birth lie between 0.5 and 4 per thousand per rad.

1.3 Genetic Effects

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

2. NON RADIATION RISKS

2.1 Occupation

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

2.2 Alcohol

It has been recognized since ancient times that alcohol consumption has an effect on the unborn child. Carthaginian law forbade the consumption of wine on the wedding night so that a defective child might not be conceived. Recent studies have indicated that small amounts of alcohol consumption have only the minor effect of reducing the birth weight slightly, but when consumption increases to 2 to 4 drinks per day, a pattern of abnormalities called the fetal alcohol syndrome (FAS) begins to appear (Ref. 11). This syndrome consists of reduced growth in the unborn child, faulty brain function, and abnormal facial features. There is a syndrome that has the same symptoms as full-blown FAS that occurs in children born to mothers who have not consumed alcohol. This naturally occurring syndrome occurs in about 1 to 2 cases per thousand (Ref. 10).

For mothers who consume 2 to 4 per day, the excess occurrences number about 100 per thousand; and for those who consume more than 4 drinks per day, excess occurrences number 200 per thousand. The most sensitive period for this effect of alcohol appears to be the first few weeks after conception, before the mother-to-be realizes she is pregnant (Refs. 10 and 11). Also, 17% or 170 per thousand of the embryo/fetuses of chronic alcoholics develop FAS and die before birth (Ref 15). FAS was first identified in 1973 in the United States where less than full-blown effects of the syndrome are now referred to as fetal alcohol effects (FAE) (Ref. 12).
2.3 Smoking

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

2.4 Miscellaneous

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

POLICY:
The purpose of this policy is to outline the published admissions requirements for the Bon Secours St. Mary’s Hospital School of Medical Imaging Radiography program. Candidates must meet the following minimum academic requirements for consideration.

1. All pre-application courses, listed below, must be from a regionally accredited agency recognized by the American Registry of Radiologic Technologists, with a minimum grade of "C" and a minimum cumulative GPA of 2.5.
2. Candidate must have earned an associate (or more advanced) degree from an accrediting agency recognized by the American Registry of Radiologic Technologists (ARRT) with a minimum grade of "C" and a minimum cumulative GPA of 2.5.

For a list of accreditation agencies approved by the ARRT visit website: www.arrt.org

* Pre-application courses indicated below must have been completed within 5 years of application cycle deadline.

<table>
<thead>
<tr>
<th>Pre-application courses</th>
<th>Number of credits</th>
<th>Possible Courses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written/Oral Communications/English</td>
<td>3</td>
<td>ENG 111, ENG 112</td>
</tr>
<tr>
<td>Math above level 120*</td>
<td>3</td>
<td>MTH 121, MTH 126</td>
</tr>
<tr>
<td>Human Anatomy Part I*</td>
<td>4</td>
<td>BIO 141</td>
</tr>
<tr>
<td>Human Anatomy Part II*</td>
<td>4</td>
<td>BIO 142</td>
</tr>
<tr>
<td>Information Systems</td>
<td>3</td>
<td>ITE 115, CSC 155</td>
</tr>
<tr>
<td>Psychology OR Sociology</td>
<td>3</td>
<td>PSY 201, PSY 202</td>
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<tr>
<td></td>
<td></td>
<td>SOC 200, SOC 210</td>
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<tr>
<td>Medical Terminology</td>
<td>1</td>
<td>HLT 141, HLT 143</td>
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<tr>
<td>Total Credits</td>
<td>21</td>
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</table>

Bon Secours St. Mary’s Hospital School of Medical Imaging makes selection of applicants without regard to race, religion, color, gender, age, marital status, national origin, sexual orientation, gender identity, genetic information, veteran status, disability or any other characteristic protected by law.

Acceptance into the Radiography program does not guarantee employment upon program completion.

Basic Application Requirements
1. Submit completed application (with $50 fee) no later than the posted deadline for desired application cycle (See application period above) Applications received after the posted deadline will not be accepted.

2. Complete ALL pre-application courses prior to application deadline and submit official transcripts.

3. Associate degree or advanced level degree must be completed prior to application deadline from a regionally accredited college accepted by the ARRT. Submit official transcript.

4. Candidates with previous medical experience must submit proof, i.e. letter of reference or letter from Human Resource representative.

5. Candidate must meet minimum physical technical standards (essential functions) to be considered for acceptance. (See below)

6. Minimum cumulative GPA of 2.5 or higher calculated for degree. *A degree granted over 15 years ago with a cumulative GPA of less than 2.5 will be reviewed by the Dean/Director for consideration if all other requirements have been met.

7. Minimum grade of "C" is required for all pre-application courses and cumulative GPA of pre-application courses must be a 2.5 or higher.

8. Submit 2 Letters of Reference.

9. All misdemeanor or felony offenses require ARRT pre-approval regardless of how long ago they were committed. Contact ARRT (www.arrt.org). This process may take up to 8 weeks and a fee is included.

10. A copy of ARRT approval letter must be submitted with application packet, if applicable

11. Include a copy of your BLS (Basic Life Support) card for Healthcare Providers from the American Heart Association (AHA). Contact Health Educators for CPR certification: 804-553-0460.

12. Attend an information session offered through the School.

13. Observation/shadowing must be scheduled through the School for a minimum of 3 hours at a Bon Secours facility only. Click here to schedule shadowing session.

14. Candidates meeting the criteria above will be scheduled to take an admission test on a scheduled exam day (Applicants will be notified of appointment by phone or email). The admission exam assesses: medical terminology, human anatomy and basic math.

15. Candidates that obtain a 70% or better on the admissions test will be invited to the school for a personal interview with the admissions committee. Interviews will occur on selected dates prescribed by the committee.

16. Candidates that score below a 70% on the admissions test will receive a letter of regret.

17. Once interview process is complete – candidates will receive a letter of acceptance or regret into the program. (Acceptance is contingent upon successful completion of requirements established
by Bon Secours Richmond Health System including proper immunization, drug screening, background screening and further required documentation.)

18. Accepted applicants must be 18 years of age on the first day of class.

19. Accepted applicants must provide and maintain proof of health insurance

**Minimum Physical Standards (Essential Functions)**

The following physical requirements must be met by students entering the program.

1. **Hearing**: Adequate to receive verbal communication from patients needing assistance and from members of the health care team.

2. **Communication Skills**: (speech, reading, writing) Must be able to communicate clearly to patients, fellow students, faculty and all members of the health care team.

3. **Vision**: Visual acuity is essential to operate radiographic equipment and read information from printed sources and computer screens. Visual acuity is also required for the observation necessary for patient assessment, care and management.

4. **Gross and fine motor coordination**: requires manual and finger dexterity and eye-hand coordination for operation of radiographic equipment.

5. **Other**: Requires frequent lifting and carrying items weighing 50 pounds unassisted. Requires frequent bending, reaching, repetitive hand movements, standing, walking, squatting and sitting, with some heavy lifting, pushing and pulling exerted regularly throughout a regular clinical day.

**RESPONSIBLE PERSONS**: Program Administration

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<th>Approved by:</th>
<th>Director/Dean</th>
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**Approval History**:

Committees and Dates:

**DOCUMENTATION**: None

**REFERENCES**: [www.bonsecours.com/somi](http://www.bonsecours.com/somi)
POLICY STATEMENT:

In accordance with faculty workload policy:

To promote the availability of faculty to work with individual students, all full-time (FT) faculty members are required to post on or near their office doors (or online for distance education faculty). Full time faculty is required to post a minimum of 4 hours per week as office hours that are accessible and available to work with students on their individual academic concerns/inquiries. Part time faculty (0.6 FTE or less) is required to post a minimum of 2 hours per week. Posted office hours are required only if the faculty member has didactic course(s) responsibilities during the semester or if essential job functions require office hours. These hours should not conflict with routine committee meetings. If the office hour schedule requires a change due to an unavoidable conflict or illness, the students of the advisor will be notified of the change and an alternative date or time of availability will be provided.
POLICY STATEMENT:

The School will provide reasonable accommodations to disabled students qualified to fulfill the requirements of the program. Students, faculty, and staff are required to utilize this policy and its procedures in order to request, authorize, and/or implement reasonable accommodations. A student’s failure to comply with the policy and procedures outlined may result in the denial of services. Although students are encouraged to identify their needs as early as possible, students have the right to request accommodations at any time during their enrollment.

Because students with similar disabilities may not equally benefit from the same auxiliary aid or service, the School will analyze each request on a case-by-case basis within the specific context of the activity in which the student plans to participate. The School has the right to select among equally effective methods of accommodating a student with a disability. The School also has a right to refuse an accommodation based on undue hardship to the School.

The School is committed to providing students with disabilities access to higher education through the delivery of reasonable accommodations as outlined under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990, as amended. The School’s policies and procedures regarding students with disabilities are designed to ensure equal access to educational programs, services, and activities.

Definitions:

Qualified individual – An individual who, with or without reasonable accommodation, can perform the minimum physical standards (essential functions) of the academic program (refer to policy G29).

Disability – A physical or mental impairment that substantially limits an individual from performing one or more major life activities, as defined by law.

Reasonable accommodations – An adaption to a program or service that allows a student with a disability to have equal opportunity to participate in and benefit from the program or service and to perform the essential functions, but that does not place undue hardship on the institution.
**Interactive process** – A formal or informal discussion between the student seeking an accommodation and the Bon Secours St. Mary’s Hospital School of Medical Imaging, to clarify what the individual needs and identify the appropriate reasonable accommodation.

**Undue hardship** – The accommodation would be too difficult or too expensive to provide in light of the institution’s size, financial resources, or represents a fundamental alteration to the curriculum.

**Procedure:**

In order to initiate the accommodation process, the following must be followed.

1. Once admitted into the program, students are required to complete an initial “Student Information” form and update it every semester. Once an accommodation is noted on the Student Information form:
   - The student must contact the Office Coordinator to set up an intake meeting between the student, the Didactic Coordinator, and Director/Dean. In this meeting, the student must provide documentation of the disability from a qualified medical provider. Documentation should be typed on letterhead and should provide the following based on American Registry of Radiologic Technologists (ARRT) ADA accommodations:
     - A current, clearly stated diagnosis of the disability, including the onset, longevity, severity of symptoms, and specific description symptoms.
     - The student’s functional limitation in an academic environment and how their symptoms interfere with their educational achievement. Assessment of current functionality is necessary.
     - A statement that the disability is a substantial limitation to a basic life process.
     - Signature, printed name, title, and professional credentials of the medical provider, as well as the specialization. The provider should have experience and training with adult populations.
     - Documentation must be recent, relevant and comprehensive, and contain test scores and interpretations where appropriate. In compliance with the ARRT, relevant documentation is defined as documentation that has been completed within 5 years.
     - If the documentation is incomplete or inadequate in determining the extent of the disability, the School has discretion to require additional documentation from the provider or an independent medical examination.

2. Once the need is identified, the student and the School will engage in an interactive process to consider appropriate options for reasonable accommodations that would not create undue hardship to the School. This process will involve reviewing the documentation provided by the student and his/her provider, and consulting with the student and appropriate departments.

The Director/Dean and Didactic Coordinator, in consultation with the VP/Provost, and other departments, as appropriate, will put reasonable accommodations into place in a timely manner. The Didactic Coordinator will work with faculty and staff in order to facilitate implementation of accommodations. Once accommodations are granted, the student is responsible to meet with the Didactic Coordinator to ensure his/her eligibility to continue receiving accommodations and provide any updated documentation when applicable.
Dispute of accommodation decisions or process:

Students who wish to challenge any part of the accommodations process may do so under the Grievance process, policy G27.

Disclosure and confidentiality:

Student disclosure of a disability is voluntary. The School does not utilize disability disclosures or special accommodations as a discriminatory factor in the consideration process of admissions, acceptance, or any other grading procedures and standards that are established within the School.

Information pertaining to an applicant’s or student’s disability will be shared only among those in Administration who have a need to know in order to evaluate and facilitate the request for reasonable accommodation and the applicant’s or student’s qualifications.

The School considers disability-related information as confidential material and will protect it in accordance with the Family Educational Rights to Privacy Act (FERPA). Information will not be released unless:
1. The student provides written authorization.
2. The information is required by law.
3. The information is needed in order to assist the student with an educationally-related issue.

RESPONSIBLE PERSONS: Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  March 21, 2017

Signature __________________________ Title __________________________ Date __________________________

Approval History:
Committees and Dates:
Faculty and administrative review in: 3/2017

DOCUMENTATION: None

REFERENCES: None
<table>
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<th>POLICY STATEMENT:</th>
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It is the policy of Bon Secours St. Mary’s Hospital School of Medical Imaging that all students enrolled in the Radiography program follow approved procedures for the creation of web presence and use of social media.

**Scope**

This policy applies to all students of the School of Medical Imaging (SOMI). Students that are also BSHSI employees must follow the BSHSI Social Media Use policy.

**Rationale**

The purpose of this policy is to provide all students of SOMI with expectations and requirements for participation in any Social Media.

The health care industry, like many other industries, embraces the use of Social Media to facilitate and enhance communication, education, collaboration, research, and remote work, etc. However, the use of Social Media carries with it significant risks, including, but not limited to privacy risks. These risks are lessened through establishing and complying with certain safeguards, policies, and guidelines; providing education and training with certain corrective action when necessary. The intent of this policy is not to restrict the flow of useful and appropriate information or to interfere with students’ legally protected rights, but to minimize risk to SOMI, students, and those we serve.

SOMI recognizes the value of online Social Media, when used properly, as resources to positively promote the organization’s mission and values, strategic goals, marketing, referral, and recruitment activities, as well as a forum for exchange of information by students who share with their communities how the School of Medical Imaging is living the promise of providing Good Help every day. For example, a well-written post from a member of the community or student about a SOMI related community event, new program or service, or the extraordinary care that students have provided to patients, residents, and families, without disclosing protected health information, can have far greater effects than a paid TV commercial.
Definitions

PHI – protected health information. PHI is individually identifiable information (including, but not limited to, names, dates, medical diagnosis, phone numbers, fax numbers, medical record numbers, and social security numbers) about a patient/resident’s physical or mental health status, the provision of healthcare to a patient/resident, or payment for that care.

Blog – Short for “Web log”, a site that allows an individual or group of individuals to share a running log of events and personal insights with online audiences.

Podcast – A collection of digital media files distributed over the Internet, often using syndication feeds, for playback on portable media players and personal computers.

RSS feeds or Syndication feeds – A family of different formats used to publish updated content such as blog entries, news headlines or podcasts and “feed” this information to subscribers via e-mail or by an RSS reader. This enables to keep up with their favorite web sites in an automated manner that’s easier than checking them manually (RSS known as “really simple syndication”).

Social Media – Includes, but not limited to, blogs, podcasts, discussion forums, on-line collaborative information, developing technologies, and publishing systems that are accessible to internal and external audiences (e.g., wikis, RSS feeds, video sharing, and any social media networks).

Wikis – Allows users to create, edit, and link Web pages easily; often used to create collaborative Web sites (called “Wikis”) and to power community Web sites.

Expectations

Use of Social Media

Prior to engaging in discussions on Social Media sites, students should consider the following:

- Does the discussion conflict with SOMI’s mission, culture, code of conduct (Students Rights and Responsibilities), and/or values?

- Does the discussion reveal confidential information, including any information that could directly (e.g., name, Social Security number, address, etc.) or indirectly (e.g., provider name, date of birth, diagnosis, images, etc.) identify a patient, an employee, a student, or the organization?

- Is the content an appropriate and professional reflection of a SOMI student?

Privacy and Security Compliance: All uses and disclosures of patient Protected Health Information via Social Media sites are prohibited.

Respecting Copyright Laws: Students may not post content or conduct any activity that fails to conform to all applicable state and federal copyright and trademark laws. It is critical that students ensure that they have documented permission to use or reproduce any copyrighted text, photos, graphics, video, music, or other material owned by others. This applies as well to the use of SOMI trademarks, names, and logos.
In conjunction with the provisions of this policy, students must follow the “Common Sense Guidelines”.

**Common Sense Guidelines:**

- **Don’t assume Social Media posts are private:** Even though there are privacy controls on sites such as Facebook and other Social Media sites, students should assume that anything posted on a web site is seen by the general public, as well as by SOMI. It is important to keep in mind that:
  - “Friends” can copy your posts and make them available in public: Your friends may include patients/residents. It is easy for your privacy setting to be set to something other than what you had planned.
  - Don’t jeopardize your reputation and/or future employment opportunities: Students must consider that everything they post online is part of a lifetime record of him or herself. Increasingly, employers search the online history.
  - Keep in mind potential implications from posting: Recognize that student use of Social Media can result in members of the public forming opinions about SOMI and its services, employees, or students.
  - Comply with applicable law: Students may not engage in any activity that violates federal, state or local laws.
  - Use this policy as a helpful resource: Consult the policy, as necessary, prior to posting or engaging in activity that could amount to a violation.

**Monitoring and Oversight:**

Corrective and/or disciplinary action for violations:

The inappropriate use of Social Media by School of Medical Imaging students is subject to corrective and/or disciplinary action, up to and including dismissal consistent with SOMI policies and procedures. Refer to policy G26 – Student Discipline.

Though not intended for a comprehensive list of prohibited activities, SOMI notes the following activities with respect to the use of Social Media that may be inappropriate and therefore prohibited for students:

- Using Social Media in a way (e.g., posting information) that conflicts with or violates SOMI’s mission, values, code of conduct, or policies and procedures.
- Posting any copyrighted or trademarked material or property where appropriate permission has not been granted and recorded, including trademarks, names, and logos of Bon Secours Health System, Inc. (BSHSI) and/or SOMI.
- Compromising the privacy and security of confidential patient health or property business information about BSHSI, its affiliates, patients, vendors, or suppliers, employees, business or
financial information. (Note: inappropriate use or disclosure of patient health information may also be subject to fines, legal proceedings and/or criminal charges in addition to any corrective and/or disciplinary actions taken by SOMI.

✓ Engaging in any form of harassment, including derogatory or inflammatory remarks about an individual’s race, religion, color, gender, age, marital status, national origin, sexual orientation, veteran status, disability, or any other characteristics protected by law.

✓ Posting material that is obscene, defamatory, profane, libelous, threatening, harassing, or abusive to another person or entity (including SOMI) that is not otherwise protected by law.

**RESPONSIBLE PERSONS:** Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>11-30-2017</td>
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Approval History:
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** BSHSI Social Media Use Policy: SYS.COM.001, and Bon Secours Memorial College of Nursing: ADM 3.04.
POLICY STATEMENT:

Students enrolled in the Bon Secours St. Mary’s Hospital School of Medical Imaging must obtain a grade of C (80) or better in all courses for successful completion.

Grading Scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Meaning</th>
<th>Point Value</th>
<th>Quality Points per Credit Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
<td>95-100</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>Above Average</td>
<td>89-94</td>
<td>3</td>
</tr>
<tr>
<td>C*</td>
<td>Average</td>
<td>80-88</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>Unsatisfactory</td>
<td>77-79</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>Failure</td>
<td>0-76</td>
<td>0</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td></td>
<td>Not calculated in GPA</td>
</tr>
<tr>
<td>P</td>
<td>Pass, Credit awarded, not calculated in GPA</td>
<td></td>
<td>Not calculated in GPA</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal</td>
<td></td>
<td>Not calculated in GPA</td>
</tr>
<tr>
<td>WA</td>
<td>Administrative Withdrawal</td>
<td></td>
<td>Not calculated in GPA</td>
</tr>
<tr>
<td>AU</td>
<td>Audit (No credit)</td>
<td></td>
<td>Not calculated in GPA</td>
</tr>
</tbody>
</table>

*Any final grade below a C (80) will have been peer reviewed by another School faculty member and documented prior to notifying the student.

*Registry Review: 75% is passing in accordance to the ARRT.

Grades are calculated as follows:

Grades obtained throughout the semester (tests, quizzes, assignments, etc.) will be carried out to the 2\textsuperscript{nd} decimal place and not be rounded.
Final course grades **will** be rounded based on the first digit after the decimal (.5 and above is rounded up, and .4 and below is rounded down). Examples: 94.51 = 95 (A) and 94.49 = 94 (B): only letter grades are entered into the Student Information System.

**Recipients of federal student aid** retain eligibility by maintaining satisfactory academic progress (SAP). SAP is measured qualitatively by GPA. In order to meet the qualitative standard for SAP, students must maintain, every semester, a minimum cumulative GPA of 1.47 on a scale of 4.0. Students who do not achieve a cumulative GPA of 1.47 will be dismissed from the program.

Questions regarding the SAP information should be directed to the Financial Aid Director.

**RESPONSIBLE PERSONS:** Didactic Coordinator and Program Administration

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<th>Approved by:</th>
<th>Director/Dean</th>
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<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>April 12, 2016</td>
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<tr>
<td>Jody D. Crane</td>
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**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Each student is expected to maintain a record of solid academic achievement during his or her course of studies. In order to be in good academic standing, a student must earn a grade of C (80), P (Pass) or better in each course.

During the 1st semester, students must complete all courses (didactic and clinical) with a grade of C (80), or better to remain in the program.

Academic extension provides students the opportunity to remain in the program. Academic extension is only available for clinical courses and to students enrolled in the 2nd – 5th semesters.

Students that do not successfully complete one clinical course during the 2nd – 5th semesters may be eligible for academic extension. Only one clinical course can be repeated throughout the program; failure of a second clinical course will result in dismissal from the program.

ACADEMIC EXTENSION:
The courses listed below are eligible for academic extension.
CRS 1102
CRS 2103
CRS 2104
CRS 2105

* Students that do not obtain a grade of C (80), P (Pass) or better the second time taking a clinical course (listed above), will be dismissed from the program and are not eligible to re-apply.

* Students must graduate within 27 months of his or her original enrollment date (150% of the published length of the program).
**RESPONSIBLE PERSONS:** Didactic Coordinator and Program Administration

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<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>May 15, 2017</td>
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Signature: [Signature]

**Approval History:**
Committees and Dates: 5/2015, 4/2016, 5/2017

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

TESTING METHODS/ EVALUATION TOOLS

Didactic testing/evaluation methods:
- Oral and written presentations
- Classroom participation
- Didactic assignments
- Written exam at mid-semester for some courses, and at final completion for most courses
- Lab performance examinations/competencies
- Image identification testing
- Research

Clinical testing/evaluation methods:
- Clinical Instructor Evaluations done according to progress level
- Clinical Competencies
- Clinical Assignments

Evaluation of the student in reference to the affective domain and critical thinking is incorporated into didactic courses and the clinical component of the program.

Academically, the following courses contain affective objectives:
- Patient Care, Ethics, Law and Diversity
- Radiobiology
- Radiographic Procedures I and II
- Advanced Radiographic Procedures I and II
- Radiographic Procedures Lab I and II
- Advanced Radiographic Procedures II Lab

Written testing is the primary means of evaluation for the previously mentioned classes, although in the lab (radiographic procedures), psychomotor evaluations also include an affective evaluation element.

Clinical Education areas assessed include:
- Attitude
- Empathy
- Socialization
- Communication skills
- Professional Development
- Patient/Tech relationship
- Assumption of Responsibility
- Interpersonal skills
- Self-esteem
- Patient Care
- Ethical decision making
- Critical thinking skills

Clinical evaluation tools survey professional development in the affective areas of:
- Patient care
- Communication
- Efficiency
- Initiative
- Judgment
- Individual growth
- Professional appearance

**RESPONSIBLE PERSONS:** Didactic Coordinator and Program Administration

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<th>Approved by:</th>
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<th>May 15, 2017</th>
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**Approval History:**

Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Students are expected to be respectful of classmates and instructors by following policy as stated below.

Electronic devices such as pagers and cell phones must be on silent mode in classrooms and/or the facility as ring tones and loud conversations are disturbing to classes in progress. Devices should be stored during class. Use of electronic communication devices not related to education, in any mode (i.e. texting) during classes is prohibited and will result in disciplinary action and possible dismissal.

Students will not be excused from class for non-emergent phone calls. If a student chooses to leave class for a non-emergent call, he/she will be recorded as absent for the class period.

Each instructor has the right to use a “Locked Door Policy”. This policy allows the instructor to restrict entrance to students who are not in class on time. This drastically reduces interruptions that create a poor learning environment.

Laptop use in the classroom is limited to “educational use”. Note taking is permitted. Internet usage is only at the discretion of the instructor.

Chewing gum, eating or drinking during class is allowed at the discretion of the instructor.

Students who are inattentive (sleeping), talking, creating distractions, or who are disrespectful, will be asked to leave the class. The student will be responsible for all materials covered in class during the absence. Instructors have the option to award a grade of zero on tests missed for this reason. This type of issue may initiate the disciplinary process if the instructor or Director/Dean deems it necessary.

Students are required to have the course textbook on the first day of class. Instructors have the right to restrict students from entry into the course until they have the proper materials.

Testing:
When taking a test, the students will be seated at their table and the table top will be clear except for a pen or pencil.
The faculty will strive to see that all students are tested at the same time. If the student chooses to leave the classroom once they have completed the test, the student may not re-enter the classroom until all students have completed the test.

Noise is expected to be limited during testing as it can be disrupting and prevent concentration. Failure to adhere to this policy will result in a "0" grade for the test.

Individual instructors may institute other rules for the classroom and/or testing; the student is expected to comply with directives given by the presiding instructor.

Test grades will not be returned to students until all students have completed the test. Make up testing can take additional time for students who are absent, which may result in the delayed return of test results. Instructors are allowed 7 working days turn around for tests under normal circumstances. Make-up test situations as mentioned above would be an exception to this time frame.

Student requests for reasonable accommodation for testing will be granted as long as documentation is provided, for example, a note from a Physician.

Students will need to refer to the ARRT website at https://www.arrt.org/ for instructions for testing accommodations for these are very specific. (Examinations/ADA)

Instructor Availability:
Instructors are available to students for questions, concerns, advising, etc. during posted office hours. Instructor(s) office hours are posted outside office doors and included on course syllabi. If necessary, students are to contact instructors to schedule an appointment during posted office hours.

RESPONSIBLE PERSONS: Didactic Coordinator and Program Administration

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<tr>
<th>Approved By:</th>
<th>Director/Dean</th>
<th>Date</th>
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<tr>
<td>Signature</td>
<td>Title</td>
<td>Date</td>
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</table>

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Radiography students present in the School located at Windsor Business Park for any reason must be in professional scrub pants and approved tops.

- Scrub pants can be of any color or design.
- Scrub tops can be of any color or design.
- Solid T-shirts without graphics or writing or School approved T-shirts are permitted.
- School approved sweatshirts are permitted.

Failure to abide by the dress code while on school premises will result in the student being sent home and an absence will be recorded for the classes missed.

RESPONSIBLE PERSONS: Didactic Coordinator and Program Administration

Approved by:

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<th>Signature</th>
<th>Title</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>Director/Dean</td>
<td>April 25, 2017</td>
</tr>
</tbody>
</table>

Approval History:

Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
A student is held responsible for all material covered in class even when absent from the class.

*Attendance is mandatory to the Radiography program orientation.

A student who wishes to observe a religious holiday that conflicts with class or clinical responsibilities will follow policy as stated below.

TEST/EXAM

A student has opportunity for 4 make up tests (total for all enrolled courses) per semester. The 5th and all subsequent test(s) missed will result in a zero (0) for the test(s).

A student who is absent for a course when a test is scheduled must take the makeup test on the day they return to school (didactic class day) during the time posted on the schedule as “Makeup Time”.

It is the responsibility of the student to schedule a test make-up time with the instructor of the course. A grade of zero may be given if the test is not taken within timeframe indicated above. Make up testing will occur ONLY during the hours posted on the course schedule dedicated to “Testing Makeup/Lab Repeats”.

Once a student reaches the maximum number of allowable make up tests (4) for a semester, the student will be notified in writing by the Director/Dean.

Issues of extenuating circumstances ONLY will be considered by the Director/Dean on an individual basis.
Assignments

Missed assignments are due within 48 hours (or two (2) school days, not didactic days) of the student's return to school. A grade of zero may be given if class work and assignments are not made up within 48 hours or 2 school days.

*A student missing over 20% of classes for a didactic course can be withdrawn from the course by the instructor unless prior arrangements have been made. Students should refer to each individual course syllabus to determine the number of classes that will meet during the semester.

Student faced with extended absences will be withdrawn from didactic courses. The School does not have a leave of absence policy for didactic courses.

Tardiness in classes will not be tolerated. Classes will begin at the posted start time and students will be counted absent if not present at that time. Students that arrive late can still attend class.

Students are expected to attend the entire class period and may be counted absent if leaving a class early. A student that misses a class or portion of a class can make an appointment with the course instructor during posted office hours (see course syllabi) in order to obtain missed information.

See course syllabi as some courses may have more specific class attendance requirements.

*A student that is called upon for jury duty must provide documentation to the Director/Dean in order for the absence(s) not to count against them.

RESPONSIBLE PERSONS: Didactic Coordinator and Program Administration

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<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
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</table>

Signature: [Signature]

Title: [Title]

Date: [Date]

Approval History:
Committees and Dates:

DOCUMENTATION: None

REFERENCES: None
POLICY STATEMENT:

The faculty of the Bon Secours St. Mary’s Hospital School of Medical Imaging provides academic and career advising to the students enrolled in the Radiography program. *This is not considered to be psychological advising or counseling.*

**Advising:**

Faculty advisors will be assigned to students and will meet with their group of students at least once per semester. Additional meetings will be at the discretion of the faculty member or as needed when prompted by a student request. Documentation of the meeting will be on an advising form that will be placed in the student’s file.

The faculty advisor will have access to the student records for academic and career advising and will document record access on the advising form. The faculty advisor will review the student records to monitor the student’s progress toward completion of the graduation requirements. Course registration will be determined during meetings prior to the beginning of next semester and course registration will be completed by Office Coordinator.

Students having issues related to the curriculum (didactic classes; clinical education) should contact their faculty advisor for assistance in problem solving.

**Counseling:**

Program faculty are available to talk with students experiencing personal and professional problems however faculty members are not qualified to provide formal counseling services. Bon Secours Richmond offers confidential counseling services to students and staff who require professional guidance. The Student Assistance Program (REACH) provides confidential counseling services and is offered at no fee to the student; however, the student is responsible for any fees associated with outside referrals for additional services.

More information about the Student Assistance Program (REACH) can be obtained in the program office or by calling 1-855-691-4941: 24 hours a day/7 days a week/365 days a year.

Website: [http://reachworklife.powerflexweb.com](http://reachworklife.powerflexweb.com)
RESPONSIBLE PERSONS: Didactic Coordinator and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  April 3, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
Satisfactory academic progress (SAP) of students is monitored as mandated in federal regulations.

POLICY:
Satisfactory academic progress must be maintained by all students whether they receive financial aid or not. There are three measures for SAP:

Cumulative Grade Point Average (GPA):
In order to meet the qualitative standard for SAP, students must maintain, every semester, a minimum cumulative GPA of 1.47 on a scale of 4.0. Students who do not achieve a cumulative GPA of 1.47 will be dismissed from the program.

Percentage of Attempted Courses Completed (PACE):
In order to meet School policy and to complete the program within the maximum timeframe: a student must complete 100% of all credits attempted in the 1st semester, a minimum of 75% of all credits attempted in the 2nd semester, 70% in the 3rd semester, 65% in the fourth semester, 75% in the 5th semester and a 100% in any subsequent semesters. Transfer credits accepted towards completion of a student's program and all credits attempted while enrolled at the School will count toward the percentage of attempted courses completed. Students who do not achieve the required percentages within a semester will be dismissed from the program.

Maximum Timeframe for Completion:
The quantitative standard for SAP students is completion of all academic requirements within 150% of the published length of the program. Students who do not complete all academic requirements within 150% (27 months) of the published length of the program (18 months) will be dismissed from the program. Transfer credits accepted towards completion of student’s program and all credits attempted while enrolled at the SOMI will count toward the 150% of the published length of the program.
Title IV Financial Aid Eligibility:

To be eligible for federal, state, and institutional aid programs, a student must meet SAP policy standards, regardless of whether the student has received financial aid previously. Violation of any one of the three measures of SAP (cumulative GPA, PACE, maximum timeframe for completion) will result in loss of financial aid eligibility. These standards represent minimum performance requirements based on federal statutes and regulations and do not necessarily coincide with academic program requirements. SAP standards apply to all students including those who wish to establish or maintain financial aid eligibility. These standards apply to a student’s entire academic record at the SOMI, whether or not financial aid was received for prior terms of enrollment. Failure to maintain SAP will result in cancellation of eligibility to receive funds from federal (Title IV) programs.

SAP Notification:

SAP is verified at the end of every semester. Students are notified in writing by the Director/Dean when they do not meet SAP. Recipients of Title IV financial aid are notified in writing by the Office of Financial Aid when they do not meet SAP and lose their financial aid eligibility.

Academic Appeal:

See G27 Grievance Policy.

Default on Payment:

All financial obligations must be met prior to the start of registration of courses for the next semester. A student who defaults on payment is not eligible to register for the next semester.

Other Non-punitive and Failing Grades:

All courses receiving grades of Failing (F), Incomplete (I), Withdrawn (W), Administrative Withdrawal (WA), Withdrawal – Satisfactory Progress (WS), Withdrawal Unsatisfactory Progress (WU), and Audit (AU) are considered NOT earned course credits. These credits are considered in the calculation of attempted credits, percentage of attempted courses completed, the maximum allowable credits for program completion and meeting SAP requirements. These credits, with the exception of an F grade, are not used in the calculation of GPA.

Readmitted Students:

All prior SOMI credit hours attempted and GPA will be used in determining a readmitted student’s SAP. (See G4 Re-apply/Admission Policy).
Repeated Courses:

A second, third, fourth or fifth semester student who receives less than a “C” in a clinical course must repeat the course to meet curriculum requirements. A course may be repeated only once and is eligible for federal funding. Both the original and the repeated course grade will be considered in the calculation of GPA, attempted credits, percentage of attempted credits completed, and meeting SAP requirements.

Transfer Credits:

Transfer credits completed prior to enrollment will not count toward a student’s GPA. Only courses taken while enrolled at the School will count toward a student’s GPA. Transfer credits accepted towards completion of the program will be considered in the calculation of percentage of attempted credits completed, and maximum allowable timeframe for program completion.

RESPONSIBLE PERSONS:  Office of Financial Aid and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  June 9, 2017

Signature  Title  Date

Approval History:
Committees and Dates:
Faculty and administrative review in: 12/2013, 8/2014, 8/2015, 6/2017

DOCUMENTATION:  None

REFERENCES:  34 C.F.R. § 668.34 (Revised as of July 1, 2010).
POLICY STATEMENT:

Add/drop period: Is identified as the time period between the first day of classes (school begins) and the 1st Saturday after the first day of classes. The number of days during this add/drop period varies each semester, see academic calendar.

The add/drop period is the time frame in which the student can withdraw from the program and receive 100% refund for that term.

RESPONSIBLE PERSONS: Didactic Coordinator and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  February 5, 2016

Approval History:
Committees and Dates: Faculty and administrative review in:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Students will be assigned to various rotations throughout the programs’ JRCERT recognized clinical sites. A list of the clinical sites will be provided on Blackboard. There are variations in clinical hours at some clinical sites (refer to the clinical rotation schedules). The rationale is that students will receive equability when rotating through the JRCERT recognized clinical sites. Students shall use clinical time to develop skills initially taught in didactic courses. Combining these two components the student should, at the end of the program be competent to perform as an entry-level radiographer.

**Clinical Education Time**

<table>
<thead>
<tr>
<th>Semester/Term</th>
<th>Days</th>
<th>Hours (Specific to clinical sites)</th>
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<tbody>
<tr>
<td>First &amp; Second</td>
<td>Tuesday &amp; Thursday (2 days a week)</td>
<td>Variable: 8:00-4:30</td>
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<tr>
<td>Third</td>
<td>Monday, Wednesday, &amp; Friday (3 days a week)</td>
<td>Variable: 8:00-4:30</td>
</tr>
<tr>
<td>Fourth &amp; Fifth</td>
<td>Monday, Wednesday, &amp; Friday (3 days a week)</td>
<td>Variable: 8:00-4:30 &amp; 1:00pm–9:30pm</td>
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* Days of the week are subject to change, based on the 18-month cycle.

**Rotations**

Students will be assigned to rotations in a specific location for duration of 2, 4 or 8 weeks. Some rotations will be in facilities, which the student will rotate to various areas, (e.g. fluoro, ER, routines, OR).
The student will also rotate through advanced practice areas in Radiography as well as other modalities within Medical Imaging (US, CT, MR, Oncology, Nuclear Medicine, Interventional Radiography, and Cardiac Cath) following didactic instruction of the topic.

Students are provided with clinical objectives for clinical rotations. Written assignments may also be required in support of student learning. The student shall evaluate the clinical rotation at the end of the rotation period. Clinical Rotation assignments are scheduled at the beginning of each semester. Schedules are subject to change with notice. STUDENT REQUESTS FOR CHANGE IN CLINICAL ASSIGNMENTS WILL NOT BE RECOGNIZED UNLESS EXTREME AND EXTENUATING CIRCUMSTANCES EXISTS.

**Online Learning Modules:**

Students must comply with requirements of clinical sites by completing assigned learning modules (HealthStream) by due date.

Students that do not complete mandatory learning modules by due date will be prohibited to attend clinical assignment until learning modules have been completed. Clinical time missed will be deducted from allotted clinical absences. Refer to attendance policy C15.

**Clinical Progression**

Correlation between didactic and clinical courses occurs through assigned laboratory competencies that are a component of didactic courses, assigned clinical competencies, and projects/activities each semester/term. Students must complete the didactic component and laboratory competency before that specific graded clinical competency can be performed. Competency flow chart is provided to all students during clinical seminar lab class.

**Student Clinical Instructor Evaluations**

The Clinical Instructor or Clinical Coordinator shall complete a written evaluation of each student at the conclusion of each rotation. Also, at any point within the semester the Clinical Instructor may require a student consultation. Documentation of the consultation will be kept in the student record. Students may also schedule time to review clinical records with their Clinical Coordinator at any point during the semester.

**Technologist Evaluations**

Technologists can complete optional evaluations of students following a clinical rotation. This evaluation is submitted directly to the school office by the technologist or instructor. The Clinical Coordinator or Clinical Instructor will review the evaluation with the students.
Clinical Seminar Lab

Students are required to attend Clinical Seminar Lab (Refer to course syllabi). During this time clinical issues are discussed and students submit all required documents. Students must maintain their clinical documents in an orderly manner. Refer to the Clinical Seminar syllabus for additional information. Grade point deductions will result from failure to complete necessary paperwork and failure to maintain documents in an acceptable manner. No forms with identifiable patient information are ever permitted to leave the clinical site with a student.

Student Issued Lead markers

Students are issued a set of numerical Mitchell lead markers (R, L). Students are required to have markers in the clinical setting at all times. Students that do not have markers in the clinical setting will be sent home and time will be deducted from their allotted time off. A fee will be charged to the student's account for each lost marker.

RESPONSIBLE PERSONS:  Program Administration and Clinical Coordinator

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<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>May 15, 2017</th>
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<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
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<td>Title:</td>
<td>Date:</td>
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Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

PROFESSIONAL CONDUCT IS TO BE MAINTAINED AT ALL TIMES.

Students are reminded that the Department of Radiology in any facility is a service department serving patients, medical staff, and the community. As a student, you have all the responsibilities of a health care professional. Students are not assigned to a clinical rotation merely to practice and perfect positioning and technical skills. Although that practice is a large part of the task, students are also there to provide total patient care. Therefore, clinical education does not confine itself to knowledge and technique; it also encompasses attitude, conduct, interpersonal skills, and professional responsibility.

Students are discouraged from using the staff lounges and should stay in their assigned areas, even when not busy (See room objectives) (Except during lunch breaks). Use of the lounge is at the discretion of the supervisor and clinical instructors.

Gathering in the work area should be kept to a minimum as large groups may cause inappropriate and loud conversations, which can be interpreted as unprofessional conduct. Personal conversations should be kept to a minimum and any conversation related to any patients should not be carried on in the vicinity of patients. This is a very serious confidentiality breach and could potentially lead to dismissal from the program.

Students are not allowed to chew gum. Eating and drinking will not be permitted in patient areas.

The phone use should be limited to school and department related calls only. Personal calls should be limited to lunch period. In case of an emergency, the student may be reached by calling their clinical site or the School of Medical Imaging Facility on classroom days.

Cell phones and pagers are not permitted in the clinical areas; if you feel you need to have access to a cell phone or pager, please keep them in a locker, purse or backpack on mute or vibrate. Use break and lunch time to check messages and return calls.
The Clinical Instructor and staff technologist of your area should be notified by the student as to their whereabouts at all times. If you are moved from one area to another by the supervising technologist, please make sure you notify the C.I. immediately. If, for any reason, a student needs to leave the assigned clinical site other than during lunch break, the C.I. is to be notified. A deviation from this policy will be considered a serious infraction.

Students are not permitted to leave clinical areas earlier than the end of the assigned shift - even if excused by the supervising technologist. Only school personnel or clinical instructors have the authority to excuse students from clinical assignments.

**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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<th>Approved by:</th>
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<th>Date</th>
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<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>Director/Dean</td>
<td>May 15, 2017</td>
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</tbody>
</table>

**Approval History:**

Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
Policy statement: The Radiography program is competency based:

**Competency Progression**

Students must progress through a specific series of non-graded and graded competency testing in order to be designated “Competent” as defined by the ARRT. Each student must meet the established competency guidelines as established by the ARRT in order to be Registry eligible.

The order for confirming competence on radiographic exams is as follows:

1. Student attends lecture and/or lab on procedure
2. Student eligible to perform required Pre Competencies
3. Student successfully completes Lab Competency (practical testing)
4. Student passes Master Competency (graded) on procedures* (ARRT requirements)
5. 4th-5th semester student passes Final Competencies
6. Student must complete all required competencies (ARRT) in this listed sequence in order to be eligible for the ARRT examination
7. Master and Final competencies require a passing grade of 88%.

*ARRT requirements updated January 2016.

Students may not perform any competencies without their own markers.
Demonstration of competence includes:

1. Patient identity verification
2. Examination order verification
3. Patient assessment
4. Room preparation
5. Patient management
6. Equipment operation
7. Technique selection
8. Patient positioning
9. Radiation safety
10. Imaging processing
11. Image evaluation
12. Following examination through from greeting the patient to the dismissal of the patient.

Initiating a competency:

When a student indicates they are ready to perform a competency:

1. Evaluate the requisition.
2. Inform the Technologist/Preceptor/Clinical Instructor of your intentions to proceed with competence.
3. Assess the patient:
   a. If you feel the patient is above your skill level; inform the Technologist that you do not want to perform a competency, but will assist with the procedure.
   b. If you feel the patient is within your skill level; proceed with competence.
4. Once the student intentions are identified as proceeding with competence; only the Technologist can terminate the competency. (Refer to Policy C6).

The student is allotted a maximum of 3 attempts on a single graded (procedure/body part) competency and all repeats must be completed with a Clinical Instructor. If the student is unsuccessful in completing all 3 attempts with an average grade of an 88% or higher the student receives an “F” in clinical and is required to repeat the clinical semester.
**Instructional Laboratory**

The School of Medical Imaging has a designated radiology lab equipped with a non-energized radiographic unit on which the students have designated practice time. Energized radiographic units within the Radiology Departments are utilized for simulations and lab assignments. Students may be assigned projects in didactic courses to be completed in the clinic.

**Pre Competency**

Must be performed by the student at a level 3-student primarily did the exam with some/minimal assistance.

Radiographic procedure that allows minor assistance by CI, Preceptor, or Registered Technologist, performed in the clinical setting. This competency may be performed after lecture and lab of that specific topic.

All exams are performed with direct supervision until the student has successfully completed the Master Competency evaluation; then the student may perform the examination under Indirect Supervision. See specific definition in Student Supervision Policy.

**Laboratory Competency (Lab Practical Testing, grade of 80%)**

The student must successfully complete each required radiologic examination with an 80% or better to be able to perform master competencies in the clinical environment.

**Master Competency (Grade of 88% required)**

Must be performed by the student independently.

A radiographic procedure completed by the student independently, observed and graded by a CI or Preceptor. These exams* must be completed with an 88% minimum passing grade. The Master Comp will assess retention and comprehension of critical knowledge and refinement of clinical skill. Students who receive unsatisfactory grades must repeat the Master Comp with the new grade averaged with the original grade. Students who fail to receive a passing grade on the Master Comp when averaged will receive remedial clinical training.

The student is allotted a maximum of 3 attempts on a single graded (procedure/body part) competency and all repeats must be completed with a Clinical Instructor. If the student is unsuccessful in completing all 3 attempts with an average grade of an 88% or higher the student receives an “F” in clinical and is required to repeat the clinical semester.

Students are limited to a total of 3 repeated attempts on different body parts/procedures during the entire length of the program.

(See Re-admission Policy G4 for more information)
Final Competency (Grade of 88% required)

Must be performed by student independently.

4th-5th semester students shall be required to complete a specific number of Final Competency examinations, which will be graded by Faculty Clinical Instructors and Clinical instructor / designee only. The Final Comp will assess overall comprehension of critical knowledge and refinement of clinical skill. These exams must be completed with an 88% minimum passing grade. Students who receive unsatisfactory grades must repeat the Final Comp with the new grade being averaged with the original grade. A maximum of 2 attempts is permitted to successfully pass the final competency. Students who fail to receive a passing grade on the Final Comp when averaged will receive an “F” in clinical and is required to repeat the clinical semester.

The Final competency assesses affective, psychomotor and cognitive domains. The Clinical Instructor will select the patient and exam.

Definitions of following terms as they apply to competencies:

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

Pediatric exams must be performed on a child 6 years old or younger.

Facility protocol will determine the positions/projections used for each procedure unless otherwise noted on the student’s competency form or mandated by a doctor’s note (provided the altered procedure includes a minimum of 2 projections).

Simulations:

It is the philosophy of the School of Medical Imaging that every opportunity possible be taken to acquire competencies within the clinical setting upon a patient. Simulations will only take place at the end of the 5th semester after regularly scheduled clinical instruction is complete. Listed below is the breakdown of approved simulated competencies.

Required Mandatory competencies:

Pre Mandatory Competencies

All must be completed to meet graduation requirements, only skull or sinuses may be simulated.

Master Mandatory Competencies

37 mandatory pre and master competencies must be completed to meet graduation requirements; only skull or sinuses may be simulated.
Required Elective Competencies

Pre Elective Competencies

A minimum of 15 must be completed to meet graduation requirements; zero (0) may be simulated.

Master Elective Competencies

A minimum of 15 must be completed to meet graduation requirements; zero (0) may be simulated.

* All pediatric examinations (Chest, abdomen, portable, upper and lower extremity) must be completed to meet graduation requirements: Zero (0) can be simulated.

Required Final Competencies

Final Level Competencies

6 must be completed to meet graduation requirements; zero (0) may be simulated. A minimum of 2 final competencies must be completed by faculty clinical instructors.

RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  September 26, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Procedure for recording clinical time as follows:

It is school policy that the student shall not sign/clock in any earlier than 10 minutes prior to the start of the clinical rotation or sign/clock out any later than 30 minutes after the end of the clinical rotation. Failure to follow this policy will result in a deduction of the student’s time bank hours.

Students are required to have a reasonable meal time period. The clinical site will provide a lunch break of no less than 45 minutes.

No additional break time is allotted by the clinical site or the school. Therefore, any student wishing to take break time other than for the meal period must receive permission from the area clinical instructor.

It is school policy that the student must take lunch time off during the course of the clinical day. The student may not take his/her mealtime off at the end of or beginning of the clinical day, nor should he/she attempt to save the time to be used at a later date. Meal times are to be determined by the supervising technologist or clinical instructor when in the clinic area. Meal times that exceed 45 minutes on clinic days will result in a time penalty of a tardy (see attendance policy).

Clinical attendance time:

Procedure for non Bon Secours facilities:

Students must keep track of their clinical time on the back of the clinical record log and follow the guidelines listed below by documenting this information. Inaccuracy or falsifications of any record are subject to disciplinary action. Clinical records are due weekly in clinical seminar. Lost time sheets will result in a grade of “0” and a deduction from allotted time for that rotation. Forgetting to sign out at the end of the day or sign in at the beginning of the day may result in clinic time being deducted from allotted time.

Students must sign - in promptly at:

- Arrival time - When the student arrives
- Lunch out - When the student is dismissed for lunch or leaves the site
- Lunch in - When the student returns from lunch or when the student returns to area
- Departure time - When the student is dismissed from clinic

For a total of (4) separate times.

- Each item listed above must be filled in at the time that you are arriving/leaving and not filled in at the end of the day. It is your responsibility to have a registered technologist sign you in and out for each item listed individually, if not, time may be deducted from your leave bank of time.

*Signatures that are absent may result in time deduction from the bank of time.*

*Point deductions may occur for incomplete paper work.*

Procedure for Bon Secours facilities:

Students are issued an ID badge used to swipe a time clock to track clinical time in the Kronos system.

Only (4) initial swipes/punches are accepted per clinical day. If a student is unsure of the number of swipes/punches that were received and/or recorded, the student may review past swipes/punches on the Kronos Timekeeping system in which they used.

Student’s swipes/punches will be recorded based on the time displayed on the Kronos Timekeeping system:

- Arrival time – Swipe when the student arrives
- Lunch out- Swipe when the student is dismissed for lunch or leaves the site
- Lunch in –Swipe when the student returns from lunch or when the student returns to area
- Departure time - Swipe when the student is dismissed from clinic

Time is deducted (rounded in increments of 15 minutes) from allotted time off bank for each swipe missed or if the departure swipe is premature to the scheduled end time of the clinical day.

See attendance policy for sanctions for time missed.

*Point deductions may occur for incomplete paper work.*
RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD) Director/Dean June 22, 2016

Signature ______________ Title ______________ Date ______________

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

All students are to be in a school uniform when in clinical. Students are not to wear/use clothing with the school name, name tag, PMD, or student issued Mitchell lead markers for outside employment.

**SHOES**

White or black uniform shoes, white or black leather tennis shoes with minimal color trim are acceptable; high tops are not permitted. White hose, white socks or black socks are to be worn. The shoes must be kept neat and clean at all times (including laces). Clogs are not permitted. The shoe must offer full protection to the entire foot.

**IDENTIFICATION**

Students are required to wear a Bon Secours ID badge at all times when at a clinical facility. The badge must be worn on the left side collar at all times. Students are not allowed to decorate or alter badges in any way.

**SCRUB UNIFORMS**

Students will wear approved uniform (scrub slacks and tops). The uniform must cover the body comfortably at all times. Solid white or solid black t-shirts (long or short sleeved) are permitted under scrub tops. Name tag will be worn on left side of top at the collar at all times. Female students may also wear a skirt or dress if approved by faculty (hose required).

When a student is on a clinical rotation, which necessitates the changing of clothing, (e.g. scrubs for OR rotation) the student must arrive in either their school uniform or street clothes, and then change into the attire for the clinical rotation. Scrubs and other uniform items belonging to the hospital must not leave that facility. Students will leave the clinic site (during the day or at the end of the day) in either their school uniform or street clothes.
"Hospital surgical scrubs" are not to be worn or taken outside of the hospital. These products are contaminated and can pose a health risk to you and your family.

The following regulations shall be adhered to when in uniform:

- Fingernails must be short. From the tip of the finger the nail must be no longer than ½ cm. This is to prevent injury to the patient and to promote infection control.
- No artificial nails
- Nails must be clean at all times.
- Nail polish is not allowed in clinical. Clear Polish is not allowed, due to health risks.
- Nail decorations are not permitted.
- No perfume or cologne may be worn. (Please remember that to sick individuals; the lightest fragrance may be offensive.)
- Light make-up is permitted.
- PMD’s are to be worn on the shirt collar at all times and outside the apron during fluoroscopic examinations.
- Hospital photo ID's are to be worn and visible at all times when on hospital premises. Student’s not wearing an ID will be sent home. This is a Joint Commission (TJC) violation.
- Undergarments should be of a color and size so as not to be visible through uniforms. Prints or patterns are not acceptable.
- All keys, wallets, etc. must be maintained inside the uniform pockets, i.e. not attached to belt loops.
- Lab coats may be worn over the uniform, the wearing of the lab coat is optional. No other cover-up is permitted, (i.e., sweaters)

"Proper Operating Room (OR) attire must be worn in the operating room at all times, which include: surgical cap, mask, OR issued scrubs, and shoe covers.

Solid white shirts under scrub tops are optional; if worn, the shirt must be clean and in good condition. No printed undershirts are allowed.
HAIRSTYLE

Hair/beards/mustaches must be clean and neatly groomed/trimmed at all times.

Hair that reaches the collar must be worn pulled back away from the face. Hair must be arranged in a fashion so that is does not fall over the collar when leaning over the patient.

Bangs cannot obstruct the eyes.

Hair clips or accessories must be of a dark color, preferably matching hair. Tortoise shell or non-shiny preferred. Brightly colored, pearl and gold accessories are not allowed.

JEWELRY

A watch and no more than three (3) rings total can be worn.

No bracelets are permitted.

Rings should not have high settings.

Necklaces must not be visible.

To prevent possible injury, only earrings of the post type may be worn. The earring is not to extend beyond the ear lobe.

Piercing is permitted ONLY in the ear and the number is restricted to two (2) per ear.

TATTOOS:

Students are permitted to have visible tattoos on their arms while on duty as long as the tattoos are not profane or otherwise offensive as determined by management. Offensive or profane visible tattoos on their arms must be covered in a manner consistent with clinical standards.

PERFUME/DEODORANT/AFTERSHAVE:

Due to close contact with others, students should wear a subtle deodorant or an antiperspirant. Light cologne or after-shave is permitted if subtle. Some clinical areas may prohibit all scents if they pose a hazard to patients or coworkers.

The student is required to be neat and clean at all times. This shall include a clean, pressed school uniform in good repair and without discoloration, and shoes that are cleaned and polished. Students failing to meet the proper professional appearance (approved attire) and smell (i.e. cigarette smoke, cologne, body order) as considered by the school faculty or supervisory personnel of the department will be asked to leave until they can return in an acceptable condition. Time will be deducted for the absence.
*Students must also adhere to affiliate clinical sites dress code policy.*

Any student not abiding by this policy is subject to disciplinary action.

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<th>RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration</th>
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| **Approved by:**  
Jody D. Crane, M.A.Ed., RT(R) (BD) | Director/Dean | August 2, 2017 |
| Signature | Title | Date |

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| Committees and Dates:  

| DOCUMENTATION: None |
| REFERENCES: None |
POLICY STATEMENT:

A Preceptor, Clinical Instructor, or Registered Radiologic Technologist can terminate a competency examination at any time. Based on the criteria below, a student will either receive a failing grade or no grade.

1. Students will receive a **failing grade** of 75% based on the following criteria.

The student shall receive a failing grade if the competency is terminated for one of the reasons listed below:

- The patient is endangered
- The student fails to shield the patient
- Failure to ask about possible pregnancy (Patient, caregiver, parent)
- Unsound professional judgment
- Radiation exposure, i.e. excessive repeats

A competency can be stopped at any point during the exam. Any time in which the competency is stopped prior to completion for one of the reasons listed above, the student will receive a failing grade for the exam. The student must then receive “On-the-Spot Correction” with a faculty member. Following “The Correction”, there are three options:

- The student passes the **ON-THE-SPOT-CORRECTION** and is ready to perform the competency on a patient in the clinical environment. The Faculty member will document the correction and competency attempt in Blackboard.

- The student does not successfully complete/understand the **ON-THE-SPOT-CORRECTION**; the Faculty CI will document the Competency and Correction effort and notify the Clinical Coordinator to initiate the development of a Faculty Support Training Plan.

- The student does not successfully pass/complete the Faculty Support Training Plan; the student will receive an “F” in clinical and is required to repeat the clinical semester.
2. The student shall receive no grade for the competency (no repercussion) and the competency will be repeated on a different patient if the following issues arise:

- The patient condition changes and the complexity of the exam(s) go beyond the level of student ability.
- An urgent department issue occurs.
- The patient is belligerent or the student/technologist is at risk of harm.
- The patient asks not to be X-rayed by a student.

The Preceptor, Clinical Instructor, or Staff Technologist shall have the right to refuse performing a competency if the patient condition or exam complexity is beyond student ability. However, Preceptors and CT's are encouraged to work with the student on the exam in order to strengthen the student’s knowledge.

**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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<th>Director/Dean</th>
<th>September 26, 2017</th>
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**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
Policy Statement:

All students are required to follow procedures listed below to ensure correct patient identification prior to radiation exposure.

Neither emergency room patients nor in-patients are to be x-rayed without proper identification through checking the wrist name band. If there is any concern of incorrect identification or lack of a name band the emergency room personnel, or the unit from which the patient was sent, must be contacted to correct the situation before the exam may begin.

Outpatients should verify their identity. If, for any reason, you feel their ability to properly identify themselves is in question you must verify the patient’s identity with the person who accompanied them.

- All students are required to properly obtain (2) forms of identification from the patient by verifying at least two items from the list below:
  - Full Name, Date of birth, age, last 4 digits of SSN.

- Students must also ask about pregnancy

- Students are required to inquire and documents about the area of injury

- Ask outpatients for doctor's orders

- Check inpatients chart for orders

- Students are required to use student issued markers when performing procedures and for performing competencies.

- Students are required to provide their full name to the technologist to be documented in the computer whenever you have had close contact with the patient.

- Students that do not follow proper procedures will be subject to disciplinary action
In some situations a family member or companion is allowed to accompany the patient into the exam room of the radiology department. These individuals can be very helpful in certain situations. The presence of a family member or companion can comfort a patient or aid with better communication. Their presence can sometimes soothe an upset patient. The technologist assigned to the room will make this determination.

Parents may wish to accompany children. Sometimes this is helpful, other times this can impede progress of the examination. The technologist assigned to your area will be helpful in determining the best plan.

**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Student exposure to ionizing radiation for diagnostic purposes must be done only at the direction of a physician. Students found performing x-rays on themselves or classmates shall face disciplinary action; this may include dismissal from the program.

**Shielding & Radiation protection**

- Students must shield ALL patients from unnecessary ionizing radiation to protect reproductive organs and/or bone marrow.
- Students are not to hold patients during an x-ray exposure.
- Students are not to hold an image receptor during an x-ray exposure.
- Lead aprons and thyroid shields are to be used during all departmental and portable fluoroscopy examinations.
- Students are to wear a lead apron regardless of the distance from primary beam.
- For all portable examinations, 2 lead aprons must be provided, one apron for the student and one apron for the patient. All students must wear a full lead apron and maintain a six (6) foot distance from the primary beam when making the exposure.
- When wearing a lead apron, the Personnel Dosimeter (PD) is to be worn on the collar, outside the apron.
- All females (patients, caregivers and/or parents) of child bearing age, are to be asked,
  - “Is there any chance you could be pregnant, trying to get pregnant or potentially pregnant?” prior to radiation producing examination.
A positive answer must be reported to the radiologist before proceeding with the examination.

A negative response must be followed with. “When was the date of your last menstrual period?”

Failure to ask about pregnancy and last LMP can result in disciplinary action.

- Failure to shield, unless shielding would endanger the patient or obscure pertinent anatomy, will result in disciplinary action.

- Students that perform a competency without shielding during the exam or fail to provide protection for themselves through use of lead aprons, short exposure time, distance & PMD’s, will receive a failing grade.

**Personnel monitoring device (PD) & Due date**

All students shall be monitored for radiation exposure via the use of PD’s according to the procedures outlined in the Radiology Departmental Procedures Manual.

**PERSONAL MONITORING DEVICES ARE TO BE WORN AT THE COLLAR LEVEL AND CANNOT BE WORN FOR EMPLOYMENT.**

- Students that lose or misplace their PD must report the loss to the Clinical Coordinator and the School Radiation Safety Officer as soon as possible.

- Students are not allowed in clinic without their PD.

- The PD is due by the due date (located on the device) in Clinical seminar.

- Failure to turn in PD’s on time will result in the student taking responsibility for returning it to the School Radiation Safety Officer as soon as possible and potential clinical grade reduction.

- Students that are absent from clinical seminar must turn in their PD the first day back to school to the School Radiation Safety Officer.

**Radiation Protection/ Exposure**

Radiation exposure reports are available quarterly and monitored by the School Radiation Safety Officer. Any unusual readings will be evaluated and the student notified. Radiation exposure reports are permanently maintained by the Radiology Department.
To promote the highest levels in quality patient care and radiation protection, unsatisfactory radiographs **SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED PRACTITIONER,** regardless of the student’s level. Repeats must be recorded on the clinical daily record log with technologist’s signature.

**Student pregnancy** - refer to Policy G28

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**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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<th>Approved by:</th>
<th>Director/Dean</th>
<th>December 4, 2017</th>
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<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
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**Approval History:**

Committees and Dates:


**DOCUMENTATION:** None

**REFERENCES:** None
Bon Secours St. Mary’s Hospital School of Medical Imaging

Procedure for Implementation of Radiation Safety Program

Objective: To administer the radiation safety program in accordance with St. Mary’s Hospital radiation safety policies as well as State and Federal Guidelines in order to assure that ALARA principles are being observed.

Scope: The radiation safety program affects students and faculty during their time associated with the program.

General Concept: Dosimeter badges are utilized by students and faculty of the imaging program to monitor their exposure to occupational ionizing radiation. The badges are exchanged quarterly. The exposure report is received from St. Mary’s Hospital and reviewed by the Radiation Safety Officer for the School of Medical Imaging. Once the reports are received, they are shared with the students and faculty within 30 days. While in the presence of the students, the Radiation Safety Officer for the School of Medical Imaging reviews the ALARA concept for which the reports support and counsels any student whose dosimeter readings fall outside predetermined acceptable range. A Radiation Safety Guidance form documents the counseling session. The Radiation Safety Officer for the School of Medical Imaging maintains a copy of the guidance form as well as the dosimeter reports in a secure location.

Policies referenced:

- St. Mary’s Hospital Radiation Safety Program
- Student handbook policies:
  - G 28 Pregnancy
  - C 8 Radiation Exposure & Repeats
- National Council on Radiation Protection and Measurement (NCRP) recommended dose limits for education and training

I. Radiation Safety Program Structure and Organization

1. The Bon Secours St. Mary’s Hospital School of Medical Imaging is sponsored by St. Mary’s Hospital and receives administrative support for the initiation and record keeping for the dosimeter badges.
2. As the sponsoring agency, the St. Mary’s Hospital Radiation Safety Officer reviews the dosimeter exposure readings according to their radiation safety program and implements actions if necessary based on the findings.

3. The School of Medical Imaging receives quarterly dosimeter reports from St. Mary's Hospital and maintains these records as part of its own radiation safety program.

4. The dosimeter reports are reviewed by the program radiation safety officer and disseminated to the students within 30 days

II. Entrance into the Imaging program

1. Students and Faculty entering the clinical portion of a Medical Imaging Program (to include modality students) will submit a request for Dosimeter Badge forms as needed.

2. All new students must complete the Request for Dosimeter Badge form and one of the following:
   - “No Prior Exposure” form for students who have never been monitored for ionizing radiation.
   - “Previous Record of Exposure” form for students who have been monitored for ionizing radiation.

3. The program radiation safety officer forwards the information to the St. Mary's Hospital radiation safety officer for ordering of the Personal Dosimeters (PD).

4. The program radiation safety officer will receive the new PDs from the St. Mary's Hospital radiation safety officer and distribute the PDs to the new students during orientation.

III. Exchange of Dosimeters

1. PDs are exchanged quarterly in accordance with established policies. (P 59 I)

2. The program radiation safety officer (PRSO) insures collection of PDs and delivers to the St. Mary’s Hospital Radiation Safety Officer (RSO).

3. The PRSO insures delivery of the new PDs to the school for distribution to the students usually in the Clinical Seminar Lab course.

IV. Records and ALARA

Records:

1. The RSO notifies the PRSO that the dosimeter reports are ready.

2. The PRSO will disseminate dosimeter readings to the students within 30 days of their delivery to the School of Medical Imaging.
3. Students will initial their readings signifying that they are aware of their exposure for the recorded period.

4. The Dosimeter reports are stored by the Imaging Program Radiation Safety Officer in a secure location.

**ALARA:**

1. In accordance with ALARA policy, the dosimeter readings are reviewed by the St. Mary’s Hospital Radiation Safety Officer (RSO) for ALARA investigational level 1 or level 2 alerts.

2. Participants of the Medical Imaging Program radiation dose should be maintained below the NCRP occupation recommended level. Participants of the Medical Imaging Program follow the dose limits recommended by the NCRP Annual Education and Training exposures of 100 mrem (1 mSv) per year. This equates to a monthly dose limit for students of 8 mrem/month (0.08 mSv).

3. The SOMI radiation safety officer reviews the dosimeter reports for additional information:

4. A reading over 24 mrem (.024 mSv) using the Deep Dose Equivalent (DDE) measurement in any quarter will require an administrative check on radiation practices of that student. Occasionally the student does not fully appreciate the dangers of radiation at the start of their career and every effort should be made to impress upon them the need for diligence. This extra measure allows for discussion and an opportunity to review safe practices around radiation sources. A radiation safety guidance form is used for this purpose.

5. The total dose for a participant enrolled in the 18 month Medical Imaging Program should not exceed 144 mrem (1.44 mSv). If a participant is required to repeat a clinical semester an additional quarterly dose of 24 mrem (.024 mSv) is permitted.

**V. Pregnancy**

1. Students wishing to declare pregnancy will complete the Pregnancy Declaration Forms as delineated in Policy G 28 (Pregnancy Policy). The program radiation safety officer will forward the Pregnancy Declaration Forms to the St. Mary’s Hospital radiation Safety Officer for action.

2. The Program Radiation Safety officer will verify that the fetal badge is received and exchanged on a monthly basis,

3. The Program Radiation Safety officer will insure that interim dosimeter reports are forwarded by SMH to SOMI.

4. Students with fetal badges will review and initial badge reports signifying their awareness of the radiation exposure received by the fetus in comparison to published standards of allowable fetal exposure.
VI. Guidelines for when students or faculty discontinue with SOMI.

1. Guideline

   a. The student or faculty member will turn in their PD to the PRSO
   b. The PRSO will notify the St. Mary’s Hospital Radiation Safety Officer of the change in status.
   c. The student or faculty member will be removed from the active dosimeter badge roster and will be no longer monitored for exposure by the SOMI
   d. If a student or faculty member receiving fetal monitoring discontinues with SOMI during the pregnancy, both the individual monitoring and fetal monitoring will end.

2. Requests for dosimeter records

   a. Any current or former student or faculty member may request their dosimeter reading records.
   b. Requests received for dosimeter reading records will be forwarded to the St. Mary’s Hospital Radiation Safety Officer for action.

POLICY STATEMENT:

Until a student achieves and documents Competency in any given procedure, all clinical assignments shall be carried out under the direct supervision of Registered Radiographers (i.e. qualified practitioner).

After demonstrating Master Competency, students may perform procedures with indirect supervision. “Indirect supervision” is defined as; supervision provided by a qualified practitioner IMMEDIATELY AVAILABLE to assist students regardless of the level of student achievement.

Definitions: According to the Joint Review Committee on Education in Radiologic Technology:

1. Direct Supervision - Student supervision under the following parameters:

A qualified practitioner reviews the procedure in relation to the student’s achievement; A qualified practitioner evaluates the condition of the patient in relation to the student’s knowledge; A qualified practitioner is present during the conduct of the procedure; A qualified radiographer reviews and approves the procedure; A qualified practitioner is present during student performance of any repeat of any unsatisfactory radiograph.

2. Indirect Supervision - For radiography, that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the presence of a qualified practitioner 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.
Pediatric Policy

POLICY ON STUDENTS PERFORMING RADIOGRAPHIC EXAMINATIONS ON PEDIATRIC PATIENTS

1. First and second semester students may **NOT** perform any radiographic examination on patients under the age of eighteen (18) years without **DIRECT** supervision by a technologist or physician.

2. Third through fifth semester students may perform radiographic examinations on pediatric patients seven (7) years of age or older with **INDIRECT** supervision providing they have successfully completed the equivalent clinical competency. (e.g., in order to do a foot series on a ten year old with indirect supervision, the student must first pass their clinical competencies in pediatric extremity and an adult foot series.) The student **must** discuss the examination with a technologist or radiologist before bringing the patient into the exam room. The technologist or radiologist will decide whether or not to allow the student to perform the exam with indirect supervision.

3. Third through fifth semester students may only perform radiographic examinations on patients six (6) years of age or younger with **DIRECT** supervision, regardless of whether or not they have passed the same clinical competency.

**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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<th>Approved by:</th>
<th>Director/Dean</th>
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<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>Director/Dean</td>
<td>August 29, 2016</td>
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<tr>
<td>Signature: Jody D. Crane</td>
<td>Title</td>
<td>Date</td>
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**Approval History:**

Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

It is the belief of the School that students who are deemed inappropriate by one clinical site do not meet our standards for program enrollment.

All clinical site complaints will be handled in the manner listed below:

Clinical Site Dismissal:

Any student that is denied return to a clinical site or specific clinical rotation, based on site-specific policies or issues, shall initiate an investigation that may lead to dismissal from the program. A written request or verbal complaint from the clinical site shall initiate the investigation.

Clinical Site Issues:

In the event a clinical site indicates there is an issue with a student, (verbal or in writing) a faculty Clinical Instructor/Coordinator will visit the clinical site and make an appropriate assessment of the student/situation.

Once the assessment by the Clinical Instructor/Coordinator is complete, the Director/Dean and Clinical Instructor/Coordinator will devise an action plan for the student. If warranted the student may be placed on probation for the duration of the semester.

In the event the student does not successfully complete the prescribed action plan by end of the semester the issue was identified, the student will be withdrawn from the clinical course and receive a grade of “WA” (Administrative withdrawn) for clinical and will be required to repeat the clinical course in order to successfully complete the program.
Refer to the School policies:

- Academic Extension (A2)
- Re-Admission (G4)
- Grievance (G27)

**RESPONSIBLE PERSONS:** Clinical Coordinator and Program Administration

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**Approval History:**

Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Students enrolled in the Radiography Program have an opportunity for a limited rotation through advanced imaging modalities during their 4th & 5th semesters in the program. Students are required to spend a minimum of four hours in THREE of the following areas (dependent on clinical site availability):

- MRI*
- CT
- Interventional Radiography (IR)
- Cardiac Cath
- Ultrasound
- Nuclear Medicine
- Radiation Therapy
- Mammography (An initial 4 hour rotation only)

Once the student has completed the initial 4 hour rotation in three of the clinical areas listed above, they will have the opportunity for an additional rotation through one of those three chosen areas for a maximum of two weeks (6 clinical days) during the final semester. Students are able to explore the area of interest provided they have completed all required mandatory and elective radiologic competency examinations set forth by the ARRT and completed all required clinical assignments by the end of week 8 of the 4th semester. Students are also required to meet with Clinical Coordinator to confirm all requirements were met.

*Prior to an MRI rotation students will be required to have an MRI screening and be cleared.
1. Students are required to complete a MRI history and screening sheet twice while enrolled in the Radiography program.

   - Initially during the MRI Safety class scheduled during School orientation.
   - Again in the 3rd semester of Seminar Lab class. (CRS 2103L)
   - Students are responsible for informing School faculty of any changes in their medical history.

2. Students that indicate a reason they are not able to attend an MRI rotation will be screened by a Radiologist and may be required to have x-rays performed.

3. The Radiologist will determine the student status.

RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration

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<td>May 15, 2017</td>
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Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
Procedure for MRI Screening

All students must complete the MRI Center History and Screening Sheet in preparation for a clinical rotation in MRI.

Students who indicate on page two of the screening sheet, a possibility of metal in their eye(s), will need to have radiographic images of the orbits performed to be eligible to participate in clinic.

Those students must complete the following steps of the clearance process:

1. Meet with the Director of the School of Medical Imaging to obtain instructions.
2. Register as a patient with Patient Registration at a Bon Secours facility for 2V radiographs of the orbits.
3. Dr. Szucs is the ordering physician.
4. A Radiologist at the facility will read images and dictate a report (fees to be waived).
5. Student is cleared or not cleared for MRI clinical rotation based on radiographic findings.

By signing below I agree to follow procedure outlined above and I also agree for the School to obtain the results of the 2V radiographs of the orbits.

Student Signature: ____________________________ Date: __________

Rev. 8/2015
MRI HISTORY AND SCREENING SHEET (cont.)

Reason for today's test: (Please indicate any symptoms you have and the exact location of any pain/numbness)

______________________________________________________________

PREVIOUS STUDIES YOU HAVE HAD RELATED TO TODAY'S PROBLEM:

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MR-Gadolinium Contrast Media Information

Gadolinium is the key component of the contrast material most often given for Magnetic Resonance Exams. The intravenous use of Gadolinium improves image quality of the MRI and makes certain diseases easier to diagnose. Gadolinium is less likely to cause an allergic reaction, than the iodine based contrast given for computed tomography exams. Very rarely, patients are allergic to the Gadolinium based contrast materials and may experience hives, itchy eyes or skin, or nausea. These types of reactions are usually mild and are easily controlled with medications. It is extremely rare to have a severe reaction to Gadolinium.

Patients with kidney disease could experience a condition called Nephrogenic Systemic Fibrosis (NSF), which is a thickening of the skin and other organs. Although this is a rare complication, NSF can be life threatening. Gadolinium, typically is not given to those patients with severe kidney disease, although there may be rare exceptions at the discretion of the patient’s physician. After your procedure has been completed, we recommend that you increase your fluid intake to help flush the contrast from your body.

The potential risks and benefits of Gadolinium have been explained to me. I understand that I may ask to speak with a physician before signing this form. My questions have been answered to my satisfaction.

I, ___________________________, (printed name) agree to receive Gadolinium for my procedure if deemed necessary by my physician or the radiologist. I also attest that all of the information on this form is correct to the best of my knowledge. I have read and understand the contents of this form and had the opportunity to ask questions regarding the information on this form and regarding the MRI procedure that I am about to undergo. I understand that possible injury could result if I withhold vital information.

Print Name: ___________________________ Signature: __________ Date: __________ Time: __________

This form will be scanned into your medical records

TO BE COMPLETED IN MRI
All information was reviewed by: □ MRI Tech □ MRI Nurse □ Radiologist □ Other

Print Name: ___________________________ Signature: __________ Date: __________ Time: __________

Scanning Technologist:
Signature: __________ Date: __________ Time: __________

Personal belongings removed □ Returned

Print Name: ___________________________ Signature: __________ Date: __________ Time: __________
## MRI HISTORY AND SCREENING SHEET

The following items can interfere with the images and some may be hazardous to your safety. Please indicate if you have any of the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain surgery (of any kind)</td>
<td></td>
</tr>
<tr>
<td>Intracranial Pressure bolt</td>
<td></td>
</tr>
<tr>
<td>Aneurysm surgery</td>
<td></td>
</tr>
<tr>
<td>Have you ever, in your lifetime, worked around metal or performed metal grinding or welding (including auto body work)?</td>
<td></td>
</tr>
<tr>
<td>Any eye injuries involving metal</td>
<td></td>
</tr>
<tr>
<td>Ear or eye surgery</td>
<td></td>
</tr>
<tr>
<td>Body piercing</td>
<td></td>
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<tr>
<td>Hearing aids</td>
<td></td>
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<tr>
<td>Any removable dental work</td>
<td></td>
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<tr>
<td>Permanent eye liner or tattoos</td>
<td></td>
</tr>
<tr>
<td>Seizures or epilepsy</td>
<td></td>
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<tr>
<td>Spinal or ventricular shunt</td>
<td></td>
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<tr>
<td>Neurostimulators (TENS unit), Spinal cord stimulator</td>
<td></td>
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<tr>
<td>Vascular access port</td>
<td></td>
</tr>
<tr>
<td>Greenfield filter, inferior vena cava filter</td>
<td></td>
</tr>
<tr>
<td>Intravascular coil, filter, stent</td>
<td></td>
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<tr>
<td>Implanted cardiac defibrillator</td>
<td></td>
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<tr>
<td>Internal electrodes including pacing/stimulator wires</td>
<td></td>
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<tr>
<td>Cardiac pacemaker</td>
<td></td>
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<tr>
<td>Heart valve replacement</td>
<td></td>
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<tr>
<td>Heart bypass surgery</td>
<td></td>
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<tr>
<td>Renal (kidney) or liver disease</td>
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</tbody>
</table>

Please list any surgeries that you have had:

Please list any allergies or reactions you have to any medications, latex, or adhesives:

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**INPATIENTS ONLY: SEND MAR WITH PATIENTS**

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Endotracheal tube</td>
<td></td>
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<tr>
<td>Swan-Ganz Catheter</td>
<td></td>
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<tr>
<td>Extraventricular device</td>
<td></td>
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<tr>
<td>Arterial line transducer</td>
<td></td>
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<tr>
<td>Foley catheter with temperature sensor and/or metal clamp</td>
<td></td>
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<tr>
<td>Rectal probe</td>
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<tr>
<td>Esophageal probe</td>
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<tr>
<td>Tracheotomy tube</td>
<td></td>
</tr>
<tr>
<td>Guidewires</td>
<td></td>
</tr>
<tr>
<td>I.V. continuous drips</td>
<td></td>
</tr>
<tr>
<td>MAR on Chart</td>
<td></td>
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</tbody>
</table>

Screening sheet faxed to MRI.
POLICY STATEMENT:

A leave of absence allows the student to miss a portion of the clinical program due to special circumstances, and return into the program to continue their education. A leave of absence may be granted by the Director/Dean or designee and is not subject to the grievance policy. A leave of absence may be requested for health or personal reasons. The maximum timeframe a clinical leave of absence will be granted is 4 weeks.

A student that requests a clinical leave of absence must complete a leave of absence request form and submit to Director/Dean for approval. A student granted a clinical leave of absence must stay within all attendance guidelines assigned to the didactic courses. The School does not have a leave of absence for the didactic portion of the program. The attendance policy for didactic courses is outlined in each course syllabi.

Scheduled leave of absence:

A scheduled clinical leave of absence is used for known issues that will interfere with the normal progression of clinical education where the student will miss time from school longer than 2 consecutive clinical days. Advanced notification in the form of a written request for this leave is submitted for consideration. A request for leave may be denied. Any student granted a clinical leave of absence must be willing to meet a rigorous contractual schedule to complete the program requirements for graduation.

Unscheduled leave of absence:

An unscheduled leave of absence is used for emergency situations that cause the student to miss clinical educational time, longer than 2 consecutive clinical days, where the student is unable to notify the Director/Dean in advance. Once the request is granted, after notification, the student agrees in writing to meet all requirements established by the Director/Dean before re-entering any courses.

The agreed upon time frame for a leave of absence may be extended by the Director/Dean for extenuating circumstances and with notification of the student.

The clinical leave of absence may also result in a withdrawal from the program by the Director/Dean, should the time frame exceed 4 weeks.
Student Requirements for a Leave of Absence:

A student granted a clinical leave of absence is required to make up all clinical time missed in excess of allotted clinical time off as outlined in the attendance policy. The allotted time off is defined as the absences (missed time or hours) allowed before penalties occur (a drop in a letter grade). Make up time will occur during School breaks only, (i.e. Spring Break, Fall Break). Make-up days are scheduled during the break periods by the School Clinical Coordinator and make up days will not occur on days that Bon Secours Health System recognizes as Holidays. All clinical hours must be made up prior to graduation, preferably during the semester the leave of absence occurred.

Clinical Hours Missed:

Students granted a clinical leave of absence will have the clinical hours (time) missed, while on leave of absence, deducted from the allotted clinical hours missed for a semester (see attendance policy).

Any student granted a clinical leave of absence will be ineligible for Perfect Clinical Attendance (see attendance policy).

RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>May 15, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature: ____________________________
Title: ____________________________
Date: ____________________________

Approval History:
Committees and Dates:

DOCUMENTATION: None

REFERENCES: None
Leave of Absence Form

Request for Leave of Absence

I, ________________________, have asked for a clinical leave of absence. I understand that I must submit a written letter explaining my reasons for a leave and I must also provide documentation for the reason for the leave. I agree to meet all requirements set forth by the School prior to re-entry into the Radiography program.

Requirements:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Leave of absence start date: __________________________________________________

Estimated date of return to clinical: _____________________________________________

Student Signature _________________________________ Date ___________________

Director/Dean Signature ________________________________ Date _____________

Didactic Coordinator initials and notification date: ________________

Clinical Coordinator initials and notification date: ________________

rev. 8/2015
POLICY STATEMENT:

The basic premise of clinical education is gaining experience thus attendance at clinical assignments is essential. Students are expected to attend all clinical assignments as scheduled; time should be missed only as a result of illness and/or emergency. All time missed from clinical, regardless of the reason, will be deducted from the 24 hour allotted time bank in increments of 15 minutes (rounded).

Examples:

A swipe in that occurs between 8:01am-8:14am: 15 minutes is deducted from the student’s time bank and incurs a tardy for that semester.

A swipe out that occurs early, without prior approval, between 4:15pm-4:29pm: 15 minutes is deducted from the student’s time bank and incurs an unexcused absence for the entire length of the program.

Clinical Hours:

Students are expected to begin the clinical experience when they swipe/clock in. Students should refrain from swiping/clocking in more than 10 minutes prior to the start of the clinical assignment.

Hours: 8:00 am to 4:30 pm

Variations:

Patient First – 8:00 am to 3:00 pm

Riverside Tappahannock Hospital – 8:00 am to 3:30 pm

Grove Imaging – 8:30 am to 4:30 pm

1:00 pm - 9:30 pm in 4th and 5th semesters
Because illness or emergency situations occasionally make it impossible to attend clinical assignments, time missed up to 24 hours does not incur a penalty.

Time missed beyond 24 hours will impact the semester clinical grade as follows:

1. There is no penalty for time missed up to and including 24 hours.

2. 24 hours and 1 minute through 31 hours and 59 minutes for time missed, student incurs a drop of one letter grade (highest numeric value of letter grade) and a written letter of warning is placed in the student file.

3. 32 hours through 39 hours and 59 minutes for time missed, student incurs another drop of one letter grade (highest numeric value of letter grade) and a written letter stating probation for the remainder of the semester.

4. 40 hours or greater, the student will automatically earn a final grade of "F" for clinic.

* Clinical notebooks are updated bi-weekly; therefore student notification may be delayed, but does not nullify the incurred penalty.

Please note that the attendance policy applies regardless of the reason for any short-term absences (2 consecutive clinical days or less).

Unusual or extraordinary circumstances which result in a long-term absence defined as more than 2 consecutive clinical days will be considered by the Director/Dean on a case-by-case basis. Students in this situation should contact the Director/Dean for guidance as soon as they know they will have such an absence. A leave of absence for clinic may not exceed 4 weeks. Refer to clinical leave of absence policy C13.

Planned absences:

If you know in advance that you will be unable to attend a clinical assignment (i.e. unable to reschedule an appointment), a Leave Request Form should be completed and approved by Clinical Coordinator at least one full clinical day prior to requesting off. These forms are available on the clinical notebook cart during seminar and on Blackboard.

Unplanned absences:

If you are going to absent from a clinical assignment and have not completed a Leave Request Form and received approval, (i.e. woke up sick) you must notify the following areas prior to start of clinical assignment:
1. **School via e-mail**: bsr-somicclinicalsite@bhsi.org

Identify:

· Your full Name

· That you will be absent

· Your clinical assignment

2. **Affiliate clinical site**:

A phone call must be made to the clinical site and the student must speak with a clinical instructor/preceptor or the department supervisor. Leaving a message with someone other than an individual specified above, or on a machine is not acceptable.

**Leaving early**:

The only reason for leaving early from a clinical assignment is an illness or emergency. If you need to leave in this situation, you must call the School office (627-5408) for notification of the absence. Any other cause for early departure from the clinical assignment requires pre-approval from the School (see above for planned absence).

Failure to follow proper procedure for notifying the School or clinical site will result in an unexcused absence.

**Sanctions for unexcused absence(s)**:

Unexcused absences are accumulated for the entire length of program.

An unexcused absence has occurred when the student fails to notify the School and/or clinical site of an absence by the prescribed call-in policy. Occurrences remain a part of the student’s permanent record.

1. First occurrence; a letter of warning will be given to the student

2. Second occurrence; 5 point deduction from the final clinical grade and a written letter stating probation for the remainder of the semester in which the second violation occurred.

3. Third occurrence; student incurs a 2 day clinical suspension (time deducted), and a written letter.

4. Fourth occurrence; student automatically earns a final grade of "F" for the clinical course in the semester in which the violation occurred.

*Clinical notebooks are updated bi-weekly; therefore student notification may be delayed, but does not nullify the incurred penalty.*
Tardiness:

If a student arrives after the start time of their clinical assignment or late arrival from meal break the time missed will be deducted from the 24 hour bank of time in increments of 15 minutes. Late arrival will also result in a documented tardy. Tardiness will be handled in this manner: **three tardy** occurrences in one semester will result in a written letter of warning. **Four tardy** occurrences in one semester will result in one letter grade drop for the final clinical grade. **Five tardy** occurrences in one semester will result in automatically earning a final grade of "F" for the clinical course.

A student whom is to be late for a clinical assignment due to an unforeseen circumstance must:

1. Notify the affiliate clinical site by phone.

2. If circumstances occur and the student determines they will not be able to attend clinical, the student must follow the procedure for an unplanned absence.

Perfect clinical attendance:

Students that successfully complete 4 semesters without missing **any** clinical days may take a maximum of 9 clinical days off during the fifth semester only if the following criteria has been met: the student has missed less than one hour (60 minutes) of clinical time for all 4 semesters combined, completed all mandatory and elective clinical competencies, completed all required clinical assignments, in "good standing" with the school (not on probation, nor received remedial training), has maintained a clinical grade of "A" through the first 4 semesters and currently holds a clinical grade of "A".

*A student that is called upon for jury duty must provide documentation to the Director/Dean in order for the absence(s) not to count against them.

RESPONSIBLE PERSONS: Clinical Coordinator and Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>December 12, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>Director/Dean</td>
<td>December 12, 2017</td>
</tr>
</tbody>
</table>

**Approval History:**
Committees and Dates: Faculty Meeting: 7/30/2015

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

**Federal Loan Programs:** Federal Pell Grants–Federal Direct Loans–Federal PLUS Loans

**Federal Pell Grants**

Federal Pell Grants are a form of gift aid (they do not need to be repaid) awarded to eligible undergraduate students with exceptional financial need. Individual grants are based on the students expected family contribution, cost of attendance, and enrollment status.

**Federal Direct Loans**

Federal Direct Loans are made to students enrolled in school and carry a fixed interest rate. Direct Loans can be either subsidized, or unsubsidized. Subsidized loans are awarded based on financial need and the federal government pays the interest during school, the six-month grace period after graduation, and authorized deferment periods. Unsubsidized loans are not based on financial need and students are responsible for interest charges (you can pay the interest during school or let it accrue and be capitalized at graduation). Direct Loan borrowers must sign a Master Promissory Note and complete entrance counseling (first time borrowers only) before receiving the loan proceeds.

**Federal PLUS Loans for parents**

Federal PLUS Loans for parents of dependent undergraduate students. The borrowing parent must have good credit (or complete additional requirements) and the loan amount cannot exceed the total cost of attendance per year minus other financial aid. PLUS Loans are disbursed directly to the school to be credited to the student’s account. Repayment begins 60 days after disbursement.

Financial Aid Resource

http://www.fafsa.ed.gov/

Nonfederal Financial Aid Opportunities
Students may receive other forms of nonfederal financial aid—including scholarships, grants, or loans—from, the state of legal residence, or from other sources. The specific terms of these nonfederal aid programs will be disclosed to the student by the aid provider. Check with the financial aid office for more information on nonfederal aid programs.

The Radiography program is eligible for the Virginia College Savings Plan and Veterans Administration benefits, including the GI Bill.

**RESPONSIBLE PERSONS:** Office of Financial Aid and Program Administration

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
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</thead>
</table>

**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The Book Advance Program allows students to use a portion of their estimated Federal Financial Aid (FFA) award to purchase textbooks and supplies from any business.

Policy:

The Book Advance Program provides cash advances of Pell Grant awards to eligible students. Students are able to purchase books and supplies with their advances at any bookstore. The book advance is determined based upon the student’s cost of attendance book allowance and the student’s financial aid eligibility.

This advance is for educational expenses only. Students are not permitted to purchase books for other students. Misuse of the book advance credit is in violation of federal regulations. There are no exceptions to this tenet.

Book advances are issued prior to the start of the semester but no more than 10 calendar days before the start of the student’s semester. This timeframe is the earliest an advance can be issued and this is procedure is in compliance with federal regulations. There will be no exceptions to this rule.

Book advances are issued by direct deposit (to account student has authorized). For a student to update his/her direct deposit account information a student must contact the Bursar at bsr-bursar@bshsi.org.

Book Advance Eligibility Requirements:

- Student must have an estimated Pell Grant award
- Student must have sufficient aid to cover the outstanding tuition balance plus funds to cover the book advance
- Student must be registered in classes for the upcoming semester
- Student must meet the Standards of Satisfactory Academic Progress
Student Responsibilities:

- Spend the money wisely; use the funds to purchase the required books and supplies needed for classes.

- If a student received a book advance and it is later determined they were not eligible for the advance, then the student is responsible for returning the funds to the School.

- If a student received a book advance and then does not attend the School, the student is responsible for repaying the advance.

- Students cannot receive book advances above the amount they are eligible to receive.

RESPONSIBLE PERSONS: Office of Financial Aid and Program Administration

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</thead>
<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td></td>
<td>June 9, 2017</td>
</tr>
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</table>

Signature: __________________________
Title: __________________________
Date: __________________________

Approval History:
Committees and Dates:
Faculty and administrative review in: 11/2012, 7/2013, 8/2014, 7/2015, 6/2016, 6/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:
To address students’ rights and responsibilities in accepting financial aid.

POLICY:
By accepting financial aid awards, students acknowledge certain rights and responsibilities including:

A student has a right to:
· Apply for additional assistance when increased financial need can be demonstrated and funds are available.
· Appeal a decision to the Financial Aid Coordinator.
· Expect and receive complete confidentiality of financial aid award information by the Office of Financial Aid.
· Know what financial aid programs are available at the SOMI.
· Know the deadlines for submitting applications for each of the available financial aid programs.
· Know how financial aid is awarded, how decisions on awarding are made and the basis for these decisions.
· Know how financial eligibility is determined including how costs for tuition and fees, room and board, transportation, books and supplies, personal/miscellaneous expenses, etc. are estimated in the budget.
· Know what resources (such as family contribution and other financial aid, assets) are considered in the determination of financial aid eligibility.
· Know how much financial need has been met.
· Information about the various components of the financial aid package.
· Know the SOMI Refund Policy.
· Know what portion of financial aid must be repaid and what portion is grant aid, (if the financial aid package includes loans, a student has the right to know the full amount of the loan, the interest rate, when repayment is to begin, the yearly and total amounts of debt, repayment procedures, deferment and consolidation availability, length of repayment, consequences of default, and the ability to prepay the loan without penalty at any time.

· Know how the SOMI determines whether a student is making satisfactory academic progress and the consequences if the student is not making satisfactory academic progress.

**A student is responsible for:**

· Completing all application forms accurately and submitting them timely to the Office of Financial Aid (or the Central Processor for the FAFSA or Renewal Form).

· Providing accurate information (misrepresentation of information on a financial aid application is a violation of federal law).

· Supplying all additional documentation and/or information as requested by either the Office of Financial Aid or the agency to which an application is submitted.

· Reporting any change in the financial situation from that reported on the Free Application for Federal Student Aid.

· Notifying the Office of Student Financial Aid when additional financial aid is received from outside sources.

· Attending class on a regular basis and to make normal progress toward graduation. Repeated course withdrawals may jeopardize eligibility for financial assistance.

· Repaying all educational loans according to the repayment provisions agreed on at the time loans were accepted and promissory notes were signed.

· Reading carefully all forms that require a signature and keeping copies of them.

· Accepting responsibility for all agreements signed.

· Signing promissory notes for student loans, following the repayment schedule, notifying school, loan servicer agency of changes in name, address, social security number, or attendance, completing an entrance counseling before receipt of first loan disbursement and exit counseling before resigning from the SOMI or graduating.

· Knowing SOMI Refund Policy.

· Knowing the SOMI Financial Aid Guidelines.

· Providing any requested forms to defer repayment of student loans.
- Providing a personal thank you letter to scholarship Donor.

**RESPONSIBLE PERSONS:** Office of Financial Aid and Program Administration

<table>
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<td>June 9, 2017</td>
<td></td>
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</tbody>
</table>

**Signature**

**Approval History:**
Committees and Dates:
Faculty and Administrative review in:
12/2013, 8/2014, 7/2015, 6/2017

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The following policies and procedures regarding the verification of information provided by applicants for Federal student financial aid under the Title IV Programs.

1. Only those students who are selected for verification by the U. S. Department of Education (ED) or who have conflicting information in their records will be required to submit supporting documentation. The type of supporting documentation is dependent upon the verification items that are selected. Conflicting information in the student's file must be resolved before any financial aid may be disbursed, regardless of the student's verification status.

2. The student's ISIR will be compared to the documents provided to the institution to determine that the information provided on the ISIR is accurate.

3. No need based Federal Student Assistance [Federal Pell Grant, Campus Based, or Subsidized Direct Loan (DL)] funds will be disbursed prior to the completion of verification. A Direct Loan may be originated by the institution prior to the completion of verification but will not be disbursed until verification is completed.

4. Students eligible to receive Pell, Campus Based or Subsidized Direct Loan will have until 120 days after their last day of attendance or until September 26, 2017, whichever is earlier, to complete verification. However, in the interim, the student must have made arrangements with the school for payment of all tuition and fees due or risk termination from school. After the passage of the aforementioned period, all financial aid that might have been due is forfeited.

5. All students will be notified on a timely basis if they have been selected for verification and what supporting documentation is required. When the student is notified that he/she has been selected, the student will be informed of the time parameters and the consequences of not completing the verification cycle. The institution will assist the student in correcting any information that is inaccurate and will notify any student via a revised award letter if the student's awards change. The institution will use as its reference the most recent Verification Guide included in the U. S. Department of Education's Federal Student Aid handbook.

6. After reviewing an applicant’s application, if the institution has any credible information indicating that an applicant for Title IV HEA program assistance may have engaged in fraud or other criminal misconduct in connection with his/her application, the applicant will be referred to the Office of Inspector General of the Department of Education for investigation.

7. The financial aid file must be documented with the date that verification is completed. No Title IV disbursements will be approved for release prior to the date that all Verification procedures have been completed including, if needed, a revised and valid ISIR.
8. The financial aid file must be documented with a copy of the FAA Access to CPS Online submission page for students in groups V4 and V5.

**Verification Groups**

Students who are selected for verification will be placed in one of the four following groups. The group determines which FAFSA information must be verified for the student.

**V1 - Standard Verification Group**, commonly referred to as Verification Group V1.

Students in this group must verify the following if they are tax filers:
- number of household members
- number in college
- adjusted gross income
- U.S. income tax paid
- untaxed portions of IRA distributions
- untaxed portions of pensions
- IRA deductions and payments
- tax-exempt interest income
- education tax credits
- SNAP benefits
- child support paid by the student (and/or spouse), the student's parents, or both

*Students who are not tax filers must verify the following:*

1. A signed statement certifying that the individual has not filed and is not required to file a 2015 income tax return and listing the sources and amounts of income earned from work;
2. A copy of IRS Form W–2 for each source of employment income received (or an equivalent document such as the Wage and Income Transcript); **and**
3. IRS Verification of Nonfiling Letter dated on or after October 1st of the award year.

**V4 - Custom Verification Group**, commonly referred to as Verification Group V4.

Students must verify high school completion status and complete the Identity / Statement of Educational Purpose, in addition to receipt of SNAP benefits and payment of child support by the student (and/or spouse), the student's parents, or both.

**V5 - Aggregate Verification Group**, commonly referred to as Verification Group V5.

Students must verify high school completion status and complete the Identity / Statement of Educational Purpose, in addition to the items, listed above, in the Standard Verification Group (V1).


Students must verify the items, listed above, in the Standard Verification Group (V1) as well as certain other

- untaxed income on the 2016-2017 FAFSA:
- payments to tax-deferred pension and savings (Questions 45a and 94a)
- child support received (Questions 45c and 94c)
- housing, food, and other living allowances paid to members of the military, clergy, and others (Questions 45g and 94g)
- veterans’ noneducation benefits (Questions 45h and 94h)
- other untaxed income (Questions 45i and 94i)
- money received or paid on the applicant’s behalf (Question 45j)

The Office of Student Financial Aid has developed both Dependent and Independent Verification Worksheets for each of categories V1, V4, V5 and V6, which you must use in completing the Verification process.
RESPONSIBLE PERSONS: Office of Financial Aid and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  April 12, 2017

Signature  Title  Date

Approval History:
Committees and Dates:
Faculty and administrative review in: 12/2013, 8/2014, 7/2015, 6/2016, 4/2017

DOCUMENTATION: None
REFERENCES: 34 C.F.R. § 668.51-61, Subpart E
POLICY STATEMENT:

Fire safety and evacuation.

Fire Drills & Fire Emergencies

Fire drills are regularly conducted at unannounced times and in accordance with county regulations and laws. All students, employees and visitors are required to participate in these drills, regardless of the time or meeting in progress. Never assume that a fire alarm is a drill or a false alarm. Prompt compliance to drills is essential to safety.

When the fire alarm is activated, follow evacuation guidelines below:

Evacuation

If an evacuation is necessary, the facility is equipped with emergency lighting and lighted exit signs. The Building Coordinator regularly inspects hallways to assure they are clear and unobstructed at all times.

- Exit routes are posted in hallways.
- When a fire alarm sounds or you are notified to leave the building, respond immediately.
- Stay calm; do not rush or panic. Do not make unnecessary noise such as loud talking or laughing.
- Gather personal belongings (coat, keys, purse, medications,) if it is safe to do so since it may be hours before you are allowed back in the building.
- If hallways are filled with smoke, crawl with head covered to the nearest unobstructed exit.
- As you exit the building, make sure rooms are evacuated; unlock and close doors and turn off all electric appliances and lights.
Assemble on lawns across from the parking lots outside of suite 700 (See map below) and assist in accounting for employees and students.

- Do not re-enter the building. Remain in the assembly areas and wait for instructions or an “all clear” notification from emergency responders.

**Fire Emergencies**

Call 9-911 and alert occupants by announcing "Code Red" or "Fire" using the public address system (dial 26).

Activate fire alarms, located at the ends and middle of each hallway and exit the building. Building occupants are then to follow the evacuation guidelines (see above). A Bon Secours Memorial College of Nursing administrator or the Building Coordinator will contact the Windsor Business Park Manager with the exact location and type of fire. **IMPORTANT! A fire extinguisher can be used only for small fires. Call 9-911 before attempting to put out a fire. Even if you manage to put out a small fire, the fire department needs to assess the situation.**
RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)          Director/Dean          May 16, 2017

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: Bon Secours Memorial College
of Nursing and Bon Secours St. Mary's Hospital
School of Medical Imaging Fire Exit Map
POLICY STATEMENT:

I. Campus Safety:

A. The School of Medical Imaging strives to maintain a safe, secure environment for students, faculty, staff, and visitors. As with any agency, the School cannot guarantee nor assure a crime free working environment.

B. It is the responsibility of all members of the School community to be aware of their surroundings, to avoid potentially unsafe situations, and behave in a manner that will avoid placing themselves and others at risk.

C. All crimes, hazards, dangerous or unsafe situations and suspicious persons or activities should be reported immediately to the front desk or security and the Director/Dean.

D. Personal items are not to be left unattended in the classrooms or other areas of the School.

E. Students are advised to:

a. Walk with others and not alone at night.

b. Walk in well lighted, well-traveled parts of campus.

c. Keep valuables out of sight.

d. Carry purses and valuables close to the body and carry only credit card, check or money needed for the day.

e. Lock car doors at all times and park in lighted areas.

f. Stay alert to surroundings and people around you.
F. Crime prevention and self-protection programs, education, and tips are provided for students and employees on an annual and ongoing basis. Preventive methods education are made available at all times through the School's online learning system.

II. Environmental Safety:

A. The School abides by the Occupational Safety and Health Act (OSHA) and other environmental safety requirements established by Bon Secours St. Mary’s Hospital to ensure a safe, healthy environment.
B. Explosives, firecrackers, firearms and weapons are strictly prohibited on School property.
C. Pets of any kind are not permitted except for service dogs.
D. Excessive noises and/or horseplay throughout the building will not be tolerated.
E. In lounges:
   a. Toaster, microwave, refrigerator and countertops are to be clean, free of spills, and clear of debris inside and out.
   b. Food is to be in sealed containers, labeled with name, dated, and stored properly.
   c. Cookware, dishes and utensils are to be washed and removed from table/countertops when finished eating or preparing food.
F. In offices, labs, conference rooms and classrooms:
   a. Floors are to be free of tripping hazards.
   b. Windows are to be free of objects.
   c. Furniture and other objects are not to block access to doors and windows.
   d. Food debris is to be removed.

III. Campus Crime Report – posted on Blackboard: www.https://bsmcon.blackboard.com/, school's website: www.mysomi.org, distributed to all students, faculty, and staff via email. The report will be given to all new employees upon interview/confirmation of employment. The report will be made available in person upon request.

IV: Contact:

Windsor Business Park, Property Manager: 264-8005 (AM) or Security (PM): 330-0093; Non-emergency Police: 501-5000; Emergencies: 911
**RESPONSIBLE PERSONS:** School Safety and Security Officer and Program Administration

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**Approval History:**
Committees and Dates:

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Bon Secours facilities are “Drug-Free Workplaces”. Substance abuse is cause for disciplinary action that may include dismissal from the program.

Students shall sign a release for substance abuse testing upon acceptance into the program. Refusal to sign such release will result in withdrawal of student’s acceptance and that student will not be allowed to enter the program.

Accepted students must successfully complete drug screening to fulfill admission requirements. Results reported to the School that indicate the student is "not cleared" for admission due to a positive drug screen will result in immediate decline of the student’s contingent acceptance. Applicants who are declined for this reason may not reapply until at least 6 months later.

Students who are suspected of substance/ alcohol use while enrolled in the program will be required to report immediately for drug/alcohol testing. The student will be required to pay for testing. Refusal to undergo testing will result in immediate dismissal from the program and prevent re-admission.

Positive drug or alcohol test results will result in disciplinary action that may include dismissal.

Students are expected to be prepared to function appropriately in the classroom and clinical environments. Students who do not appear to be prepared for such responsibility shall be asked to leave and report for drug/substance testing.

STUDENTS WHO ARE CONVICTED OF A CRIMINAL DRUG STATUTE VIOLATION OR INVOLVED IN RELATED ACTIVITIES ARE SUBJECT TO DENIAL OF GOVERNMENTAL FINANCIAL ASSISTANCE, GRANTS, AND LOANS.

Students enrolled in the School of Medical Imaging's Radiography program are required to comply with the Rules of Ethics contained in the American Registry of Radiologic Technologists (ARRT) Standards
of Ethics (www.arrt.org). All drug and/or alcohol related violations must be reported to the ARRT to determine eligibility to take the national certification examination.

Candidates applying to the School of Medical Imaging Radiography program must report all felony, gross misdemeanor or misdemeanor offenses to the American Registry of Radiologic Technologists (ARRT) (www.arrt.org) to determine eligibility to take the national certification examination. Candidates that have successfully gone through the ARRT's Ethics Committee Review Process must submit a copy of the official letter from the ARRT clearing them with their initial application. Any candidate whose background check returns results of any such offense that the School does not have an official letter from the ARRT on file for can have their contingent acceptance revoked immediately.

Students enrolled in the School of Medical Imaging Radiography program must report all felony, gross misdemeanor or misdemeanor offenses to the American Registry of Radiologic Technologists (ARRT) (www.arrt.org) to determine eligibility to take the national certification examination.

An informed campus community can significantly reduce the occurrence of crime on campus. Security procedures, crime prevention, substance abuse, fire safety, hate crimes, and sexual assault are topics covered during new student orientation and in at least one program each semester. Education and resources are available to students and faculty through the School's online learning system all year. Several groups and organizations, such as the SGO, the Henrico Police Department, the Virginia State Police, REACH, Safe Harbor, and the Virginians Against Domestic Violence provide speakers, literature and other programs throughout the academic year.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

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Signature on file:

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

Community members, students, employees, and guests are encouraged to report all crimes and public safety related incidents to the Safety Coordinator or a School official in a timely manner. The School does not contract with a security service or local police to be present on campus. However, the Bon Secours Memorial College of Nursing (CON) does have a contract with local Henrico County off-duty police to be present on campus. The School has a contract with the CON, and both CON and SOMI occupy the building. In an emergency, dial 9-911 on house telephones for help. Members of the campus community are urged to report any criminal activity related to campus operations to state or local police.

The Office/Safety Coordinator is responsible for maintaining a record of all crimes reported on campus and reporting that information in the Annual Security Report.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 16, 2017

Signature  Title  Date

Approval History:
Committees and Dates:

DOCUMENTATION: None
REFERENCES: ADM 4.30 Rev.: 5/19/2008 MRMC
POLICY STATEMENT:

Under the Clery Act, the School is required to immediately notify the campus community upon confirmation of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees occurring on the campus. An “immediate” threat with the broadcast of an immediate message encompasses an imminent or impending threat. See below for examples:

Examples of significant emergencies or dangerous situations include, but are not limited to:

- Outbreak of meningitis, norovirus, or other serious illness
- Approaching tornado, hurricane, or other extreme weather conditions
- Earthquake
- Gas leak
- Terrorist incident
- Bomb threat
- Civil unrest or rioting
- Explosion
- Nearby chemical or hazardous waste spill

Examples of situations that would not necessitate an emergency response under the Clery Act include:

- Power outage
- Snow closure
- String of larcenies
Because the College of Nursing (CON) and School of Medical Imaging (SOMI) share a campus community and a contract exists; CON administration is responsible for the notification service.

The College provides emergency notification services to the college/school community via cell phone text messages and email. The Emergency Text Messaging System is available to students, faculty, and staff. The Emergency Text Messaging System is periodically checked to ensure timely delivery of accurate information.

Messages may be used for situations that pose immediate danger or the closing of the entire campus. Messages about Campus Crime Alerts generally will not be sent, unless it is decided there is an imminent threat of danger. This notification service is prepared by the Dean of Finance (CON) and Administration or designee. The Dean of Finance and Administration, in consultation with the Administrative Cabinet of the College, determines the need to issue emergency notifications and which segment(s) of the campus community receive notification.

Campus Emergency Notification format may typically include the following information:

- A succinct statement of the incident.
- Any connection to previous incidents.
- Physical description and/or composite drawing of the suspect(s), if appropriate.
- Date and time the Alert was released
- Other relevant and important information.
- Appropriate safety tips.

**RESPONSIBLE PERSONS:** School Safety and Security Officer and Program Administration

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**Approval History:**
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The School seeks to foster a safe environment conducive to learning and the free exchange of ideas. In accordance with all the policies residing under the Judicial Code of Conduct Standards and Regulations, Honor Code Conduct Standards and Regulations, and student rights and responsibilities any offense motivated by bias will not be tolerated.

An offense motivated by bias is any offense wherein the accused intentionally selects political affiliation, sexual orientation, gender, age, marital status, or inclusion in any group protected by law.

Bias-related incidents are behaviors which constitute an expression of hostility, against the person or property of another person, because of the targeted person's race, religion, sexual orientation, ethnicity, national origin, gender, age, or disability. The incidents as depicted below will be cause for judicial action:

1. Intentionally selects the person against whom the offense is committed or intended to be committed in whole or in substantial part because of a belief or perception regarding the race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation of a person, regardless of whether the belief or perception is correct, or

2. Intentionally commits the act or acts constituting the offense in whole or in substantial part because of a belief or perception regarding the race, color, national origin, ancestry, gender, religion, religious practice, age, disability or sexual orientation of a person, regardless of whether the belief or perception is correct.

Examples of hate crimes may include, but are not limited to: threatening phone calls, hate mail (including electronic mail), physical assaults, vandalism, destruction of property, and fire bombmings. SOMI is required to report statistical incidence of bias crimes on or around campus annually as part of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act (the Clery Act).
Penalties for bias-related crimes are very serious and range from fines to imprisonment for lengthy periods, depending on the nature of the underlying criminal offense, the use of violence or previous conviction(s) of the offender. Students, staff or faculty who commit bias crimes are also subject to disciplinary procedures where a range of sanctions is available both up to and including suspension, expulsion or termination of employment.

In order to effectively handle and investigate incidents of bias related crimes and prevent future occurrences of such crimes, victims or witnesses of a hate crime are encouraged to immediately report incidents to the Office/Title IX Coordinator.

An informed campus community can significantly reduce the occurrence of crime on campus. Security procedures, crime prevention, substance abuse, fire safety, hate crimes, and sexual assault are topics covered during new student orientation and in at least one program each semester. Additionally, preventive methods education is made available year round through the School's online learning system. Several groups and organizations, such as the SGO, the Henrico Police Department, the Virginia State Police, REACH, Safe Harbor, and the Virginians Against Domestic Violence provide speakers, literature and other programs throughout the academic year.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 16, 2017

Signature  Title  Date

Approval History:
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:


It requires institutions of higher learning to prepare, publish, and distribute a report concerning campus crime statistics and security policies on an annual basis through appropriate publications, mailings, or computer network to all current students, and employees, and to all prospective students and prospective employees.

In order to comply with provisions of this Federal Law, reports from the School are compiled by the Safety Coordinator and published annually. The report contains crime statistics about certain specified crimes/incidents that have been reported to school administration over the past three years and which occurred either on-campus, in off-campus buildings or property owned or controlled by the School, or on public property adjacent to the campus. The report also contains policies and practices pertaining to campus security, crime reporting, alcohol and drugs, victims’ assistance programs, student discipline, campus resources, community safety alerts, crime prevention, access to campus facilities, as well as personal safety tips. The report encourages the reporting of all crime occurrences. The report tells how and to whom to report crimes, especially sexual assault crimes.

Copies of this report may be obtained in person from the Office/Safety Coordinator located on-campus, or on-line at the School’s web site/Consumer Information tab/Clery Campus Security and the School's online learning server. The report is distributed annually via email to all students, staff, and faculty. It is also made available to all new hires upon confirmation of their interview and/or employment.
RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 16, 2017

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Approval History:
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

The purpose of this policy is to provide timely and appropriate notification in compliance with state and federal legislation, regarding sex offenders on campus. Specific details of any notification will be determined on a case-by-case basis.

The Campus Sex Crimes Prevention Act (section 1601) U.S. C., 1407 l j and 20 U.S.C. 1092 (f) (1) (1) is a federal law enacted on October 29, 2000. This law provides for the tracking of convicted sex offenders enrolled at or employed by the institutions of higher education.

The federal Campus Sex Crimes Prevention Act (CSCPA) requires institutions of higher education to issue a statement advising the campus community where law enforcement agency information is provided by a State, concerning registered sex offenders, may be obtained. It also mandates that sex offenders, already required to register in a state, provide notice, as required under State law, to each institution of higher education in that state at which the person is employed, carries on a vocation, volunteers services, or is a student. States are under an obligation to advise registrants of these requirements and establish procedures to do so. States are also obligated to notify institutions if a registered sex offender is employed, carries on a vocation, volunteers services, or is a student.

The Commonwealth of Virginia’s State Police maintains a system for making certain Registry information on possessors of child pornography, sex offenders, violent sex offenders, and persons convicted of murdering a minor child is publicly available by means of the Internet. The information made available includes the offender’s name; all aliases that he/she has used or under which he may have been known; the date and locality of the conviction, and a brief description of the offense; his/her date of birth, current address and photograph; and such other information as the State Police may from time to time determine is necessary to preserve public safety. This updated information is routinely checked via the campus student, staff and vendor databases. The web site address for obtaining related information in the Commonwealth of Virginia is: http://sex-offender.vp.virginia.gov/sor/. All persons may access the Commonwealth of Virginia's link directly from from the School's website. The National
Sex Offender Registry Web site, maintained by the U.S. Department of Justice, is found at http://www.nsopr.gov/.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)   Director/Dean   May 16, 2017

Approval History:
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

The cooperation and involvement of everyone in the campus safety program is absolutely necessary for the program to succeed. Students, faculty, and staff must assume responsibility for their own personal safety and the security of their belongings by taking simple, common sense precautions. Students, faculty, and staff should always report any suspicious looking individuals to Administration.

The School encourages all students, faculty, staff and visitors to take an active role in their own safety and security while on campus. By following these guidelines, you can help maintain a safe environment for everyone at the school:

- Walk in well-lighted and well-traveled areas after dark, and if possible walk with a friend.
- Immediately report all suspicious persons, vehicles, or activities to 9-911 on house telephone.
- Keep yourself informed. Check campus email for alert notices which pertain to specific security conditions on campus.
- Take advantage of informational and crime prevention programs sponsored on campus.
- Lock car and secure valuables when using campus parking facilities.
- Become familiar with emergency exits and the locations of fire alarms and fire extinguishers.
- Lock offices when not present.

An informed campus community can significantly reduce the occurrence of crime on campus. Security procedures, crime prevention, substance abuse, fire safety, hate crimes, and sexual assault are topics covered during new student orientation and in at least one program each semester. Additionally, preventive methods education is made available all year on the School's online learning system. Several groups and organizations, such as the SGO, the Henrico Police Department, the Virginia State Police,
REACH, Safe Harbor, and the Virginians Against Domestic Violence provide speakers, literature and other programs throughout the academic year.

**RESPONSIBLE PERSONS:** School Safety and Security Officer and Program Administration

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**Approval History:**
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

The Campus Crime Alert (“Alert”) is provided to give students, faculty, and staff timely notification of crimes that may represent a serious or on-going threat to the campus community and to heighten safety awareness. The Alert also seeks to provide information that may lead to arrest and conviction of the offender when violent crimes against persons or substantial crimes against property have been reported.

Because the College of Nursing and School of Medical Imaging share a campus community and a contract exists, the Dean of Finance and Administration of the CON and/or her/his designee is responsible for issuing a Campus Crime Alert when a crime is reported to or brought to the attention of the College Administration and when a crime represents a serious or on-going threat to the safety of members of the campus community. Information for Alerts may also come from law enforcement agencies. Every attempt will be made to distribute the Alert promptly; however, the release is subject to the availability of accurate facts concerning the incident. Alerts are created and distributed by the Dean of Finance and Administration or her/his designee.

Timely Warning Procedure

The Dean of Finance and Administration will prepare a Campus Crime Alert whenever a report is received of a violent crime against a person or a substantial crime against property on campus that represents a serious or on-going threat to the safety of students, faculty, and staff.

The School provides Campus Crime Alerts to the college community via cell phone text messages and email to faculty, staff and students. The Emergency Text Messaging System is periodically checked to ensure timely delivery of accurate information.
**RESPONSIBLE PERSONS:**  School Safety and Security Officer and Program Administration

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**Approval History:**
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

**DOCUMENTATION:**  None

**REFERENCES:**  None
# POLICY STATEMENT:

The School Administration encourages anyone who is a victim or witness to any crime to promptly report the incident to the School Office/Safety Coordinator (SOMI), Director/Dean (SOMI), Dean of Finance and Administration (CON), or any School official. Any member of the campus community who is the victim of a crime and does not want to pursue action within the School system or the criminal justice system may still want to consider making a confidential report. The purpose of a confidential report is to comply with the wish to keep the matter confidential, while taking steps to ensure the future safety of everyone on campus. With such information, the School can keep an accurate record of the number of reported incidents involving students, determine where there is a pattern of crime with regard to a particular location, method, or assailant, and alert the campus community of potential danger. Reports filed in this manner are counted and disclosed in the annual crimes statistics for the School and reported in the Annual Security Report.

In keeping with the Clery Act, an official is defined as any person who has the authority and the duty to take action or respond to particular issues on behalf of the institution. For the purposes of this policy, the issue to be addressed is campus safety and security. An official in this sense is then noted as a campus security authority (CSA). For the purposes of this policy, a “school official” is defined as, in addition to the Safety Coordinator (SOMI) and Dean of Finance and Administration (CON), the following offices:

- Vice President and Provost (CON)
- Director/Dean (SOMI)
- Medical Imaging Instructors

**Confidential Reporting to a Counselor:**

Faculty and staff may contact BSHSI – Employee Assistance Program services, which are confidential.

Students may contact REACH – Student Assistance Program services, which are confidential.

Additionally, SOMI has offers an anonymous crime reporting feature on its School's website that allows individuals to report a crime without self identifying themselves. The report is sent directly to the Office/Safety Coordinator of the School.
**RESPONSIBLE PERSONS:** School Safety and Security Officer and Program Administration

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**Approval History:**
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

**DOCUMENTATION:** None

**REFERENCES:** None
POLICY STATEMENT:

Introduction:

The School is committed to providing a learning environment free of all forms of abuse, assault, harassment, and coercive conduct, including sexual misconduct. Sexual misconduct, which includes sexual assault, is a serious offense. The School encourages students to report sexual assault promptly to local law enforcement agencies. The School does not tolerate sexual misconduct in any form.

Sexually abusive behavior within the School community is harmful to both the learning environment and the sense of community the School is trying to foster among students, faculty, and staff. All members of the School community have an obligation to act responsibly in the realm of sexuality. This includes accepting personal responsibility for choices made about alcohol and drug consumption, which might lead to behavior which violates another person. Additionally, all members of the School community have the responsibility to recognize and challenge any sexual misconduct.

The purpose of this policy is to encourage students to:

• take responsibility for their behavior,

• ensure compliance with applicable School, state and federal regulations,

• fair discipline and sanction behavior that is inconsistent with School policies, and

• educate students about implications and consequences of their behavior.

Sexual Harassment and Misconduct:

The School is committed to providing a work and educational environment free of sexual harassment. Any form of sexual harassment that creates an offensive or hostile working environment or in which a student or an employee demands sexual considerations in exchange for job benefits, grades, or other
educational benefits will not be tolerated. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is considered sexual harassment. Those engaged in such harassment will be subject to disciplinary action, including dismissal.

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature may all be deemed sexual harassment when:

1. Submission to such conduct is explicitly or implicitly a condition of the individual's educational experience.

2. Submission to or rejection of such conduct is used as the basis for academic decisions affecting the individual.

3. Such conduct has the purpose or effect of interfering with a student's ability to participate in or benefit from the educational program.

4. A hostile or abusive environment is created by such actions.

Conduct includes but is not limited to:

• sexual jokes, innuendos, flirtation, touching, advances, or propositions

• verbal abuse of a sexual nature

• graphic or suggestive comments about an individual’s dress or body

• sexually explicit remarks to describe an individual

• display in the workplace of sexually suggestive objects or pictures, including nude photographs

Any employee or student who believes he or she has been or is being sexually harassed should follow the complaint procedure in the appropriate handbook (Student Handbook or BSHSI Human Resources Policies) and immediately report the facts of the incident, including the names of the individual(s) involved.

**If Sexual Misconduct Occurs:**

If sexual misconduct occurs, many victims do not know where to turn for help or what steps to take after an assault has been committed. Although the choices about which options to explore rest solely with the affected student, the School encourages students to take the following actions:

• Get to a safe place as soon as possible.

• Contact the Police Department (911).
Sexual Assault

Sexual assault is never the victim’s fault. Every attempt will be made to keep the student free from any suggestion that he/she is responsible or was “contributory negligent” or assumed the risk of being a victim of sexual misconduct. Victims of sexual misconduct are strongly encouraged to seek immediate medical attention at an area hospital or medical clinic. If the victim wishes, he/she will be assisted in seeking prompt medical attention.

If at all possible, the victim should not change clothes, shower, bathe, douche, or urinate. Emergency room personnel are trained to check for injuries, as well as collect physical evidence. It is important to preserve evidence as it may be necessary for the proof of criminal sexual misconduct, should you decide to pursue charges through the Police Department or other relevant law enforcement authority that it was reported.

Hospital personnel are obligated to contact proper authorities regarding the assault. Although not obligated to do so, victims of sexual misconduct are highly encouraged to take advantage of victim’s services to help them understand their options for off-campus proceedings and to receive counseling specific to their needs.

The School will do everything possible to provide a climate that is sensitive to and respectful and supportive of individual needs. The student will have access to existing campus counseling and support services and, when appropriate, adjustments will be made to academic schedules, etc.

Supporting the victim is of primary consideration, as are exploring options and protecting the individual’s rights. The individual has a right to confidentiality as allowed by law and to determine what options to pursue. Every report of sexual misconduct will be taken seriously and action will be taken as appropriate. The Student Assistant Program Office (REACH) and any Campus Safety Authority (CSA) can provide assistance and support.

Procedures for Reporting Sexual Misconduct:

Incidents of sexual misconduct are notoriously underreported on college campuses, often because the victims do not recognize their experience as a criminal offense and/or a college violation or their lack of knowledge of and/or discomfort with campus and community resources.

Any student who is sexually assaulted or the victim of any sexual misconduct is encouraged to report the incident formally to one of the following individuals: the Director/Dean; or any administrator.

Sexual misconduct/assault is a criminal matter. The individual(s) listed above are required by law to file an official report.
The School strongly encourages a victim of sexual misconduct/assault to make a report to the appropriate Police Department or other local law enforcement agencies and to speak with a rape crisis or other counselor, on or off campus.

Police officers are trained in handling sexual assault cases. An officer can be dispatched to campus to meet with the person calling, to assist the victim in obtaining medical attention and emotional counseling, and to write a formal report of the incident.

The police report and any supporting evidence are turned over to the appropriate County Attorney's office, which decides whether there is sufficient evidence to prosecute. The School provides a Student Assistance Program (REACH) counselor who can keep a sexual assault discussion confidential to the extent allowed by law.

If a report of sexual misconduct is made to any staff or faculty member of the School, the faculty or staff member shall contact the Title IX Coordinator, who will assist with notifying the authorities.

**Procedure for Processing Reports of Sexual Misconduct:**

Reports of sexual misconduct alleging criminal conduct are referred to the appropriate Police Department or other relevant law enforcement authority for processing. Reports of non-criminal sexual discrimination/harassment are processed according to the procedure set forth in the Student Handbook and the BSHSI Human Resource Policies for employees.

Both the accuser and the accused are entitled to the same opportunities to have others present during any proceedings. Both the accuser and the accused will be informed of the School’s final determination following any proceedings with respect to the alleged sexual discrimination/harassment and of any sanction that is imposed against the accused. Sanctions the School may impose are detailed in the Student Handbook and the BSHSI Human Resource Policies.

**Resources:**

The School provides resources to students and employees regarding education and treatment programs for the awareness of rape, acquaintance rape and other forcible and non-forcible sexual offenses.

An informed campus community can significantly reduce the occurrence of crime on campus. Security procedures, crime prevention, substance abuse, fire safety, hate crimes, and sexual assault are topics covered during new student orientation and in at least one program each semester. Several groups and organizations, such as the SGO, the Henrico Police Department, the Virginia State Police, REACH, Safe Harbor, and the Virginians Against Domestic Violence provide speakers, literature and other programs throughout the academic year. Programs regarding sexual assault and safety awareness and self-defense are held each semester on the campus of the School. Audio visual resources on safety awareness are
available in the library. These may be used for curriculum infusion. Pamphlets regarding sexual assault are made available to students as well.

YWCA of Richmond
Richmond, VA 23219
Business: 804-980-7301
Hotline: 804-643-0888
Website: http://ywcarichmond.org

Chesterfield County Domestic Violence Resource Center
P.O. Box 40
Chesterfield, VA 23832-0040
804-768-4783
www.chesterfield.gov

Hanover Safe Place
Ashland, VA 23005
Toll Free: 888-370-SAFE (7233)
Local Hotline: 804-752-2702
www.hanoversafeplace.com

Safe Harbor
P.O. Box 17996
Richmond, VA 23226
804-249-9470
www.SafeHarborShelter.com
RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)       Director/Dean       May 17, 2017

Signature       Title       Date

Approval History:
Committees and Dates:
Faculty and administrative review in: 8/2015, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

I. Purpose:

Recognizing the fact that Bon Secours St. Mary’s Hospital School of Medical Imaging is a private institution of higher education located on private property, the purpose of this regulation is to promote a safe learning and working environment for all College/School locations by minimizing the risk of violence by use of a weapon. This policy provides rules and procedures for the possession of weapons on campus grounds, in campus buildings, at campus events and on College/School property. This regulation is consistent with the laws and regulations of the Commonwealth of Virginia and Bon Secours Richmond Health System, Inc. to include:

1. 18.2-308; Concealed weapons and 18.2-308.1 Possession of firearm, stun weapon, or other weapon on school property prohibited (public or private K-12);
2. 18.2-308.01; Carrying a concealed handgun with a permit; specifically the granting of a concealed handgun permit pursuant to this article shall not thereby authorize the possession of any handgun or other weapon on property or in places where such possession is otherwise prohibited by law or is prohibited by the owner of private property;
3. Virginia Supreme Court in the case of DiGiacinto v. the Rector and Visitors of George Mason University, 281 Va. 127 (2011) ruled that regulations, rather than policies, can regulate weapons at a public institution of higher education.

II. SOMI Weapons Policy:

1. The use, possession and storage of all firearms, even if the owner has a valid permit, or ammunition, weapons, pneumatically (air) operated weapons, prop weapons, explosives, electric shock devices and fireworks are prohibited inside all facilities and buildings owned, leased or otherwise controlled by Bon Secours Memorial College of Nursing and/or Bon Secours St. Mary’s Hospital School of Medical Imaging.

2. Firearms, ammunition, weapons, pneumatically (air) operated weapons, prop weapons, explosives, electric shock devices and fireworks are not permitted to be stored in any vehicle while the vehicle
is parked on College/School property owned or leased by Bon Secours Memorial College of Nursing and/or Bon Secours St. Mary’s Hospital School of Medical Imaging or provided to the college/school for its use.

3. Entry by anyone upon the aforementioned College/School property and College/School facilities in violation of this regulation is expressly forbidden. This prohibition also applies to all events on campus where people congregate in any public or outdoor areas. Exceptions are outlined in Section III of this policy.

III. Weapons Policy Exceptions:

1. Current sworn and certified local, state, and federal law enforcement officers with proper identification, may possess or carry a weapon on College/School property, inside all campus buildings, and at all campus events.

2. Local, state, and federal law enforcement officers having retired from service, with proper identification and possessing a valid police retiree weapon qualifications permit indicating they have met all requirements of the Law Enforcement Officers Safety Act in accordance 18 U.S. Code 926B & 926C, may possess or carry a weapon on college property, inside all campus buildings, and at all campus events.

3. Security officers and special conservators of the peace when contracted or employed by the college, who are legally authorized to carry a weapon, may carry their weapons on College/School property and in college facilities in accordance with the laws and regulations of the Commonwealth of Virginia.

4. College/School employees, staff, faculty, students, contractors, vendors and visitors having business with Bon Secours Memorial College of Nursing and/or Bon Secours St. Mary’s Hospital School of Medical Imaging, and who hold a valid concealed weapons permit recognized by the Commonwealth of Virginia, may store a firearm in a secured container or compartment in their vehicle in a manner that does not violate the Code of Virginia, while on College/School property. The firearm shall never be openly displayed or carried, except while necessary for its lawful use.

5. Students and employees may possess and use appropriate tools, such as saws, knives or other such implements, necessary for the performance of their job duties.

6. Contractors, vendors and others on campus, whose duties require possession and use of trade tools/construction equipment, including but not limited to pneumatic nail guns, may possess and use such equipment only in performance of their job duties through a valid contractual or legal relationship with the College/School.

IV. Reporting Responsibility:

Any violation of this policy should be immediately reported to front desk personnel, College/School staff and College/School security.
Any such individual who is reported or discovered to possess a firearm or weapon on College/School property in violation of this regulation, will be asked to remove it immediately from College/School property and secure the weapon properly in their vehicle, or to leave the College/School property. Failure to comply may result in a student conduct referral, an employee disciplinary action, and/or arrest.

V. Person Lawfully In Charge:

In addition to individuals authorized by College/School administration, Henrico County police officers and law enforcement officers acting pursuant to a mutual aid agreement or by concurrent jurisdiction; are lawfully in charge for the purposes of forbidding entry upon or remaining upon College/School property while possessing or carrying weapons in violation of this prohibition.

VI. Application:

This policy applies to all employees, faculty, staff, students, alumni, volunteers, contractors, and visitors as well as anyone else entering campus buildings, on campus grounds, on College/School property or attending college-sponsored events; or on property owned, leased, or otherwise controlled by Bon Secours Memorial College of Nursing and/or Bon Secours St. Mary’s Hospital School of Medical Imaging.

VII. Authority:

1. Title 29 – Labor, 29 US Code 654. U.S. Federal law provides that each employer shall furnish to employees a place of employment which is free from recognized hazards that are causing or likely to cause death or serious physical harm.


VIII. Definitions:

1. "Police officer" means law-enforcement officials appointed pursuant to Article 3 (§ 15.2-1609 et seq.) of Chapter 16 and Chapter 17 (§ 15.2-1700 et seq.) of Title 15.2, Chapter 17 (§ 23-232 et seq.) of Title 23, Chapter 2 (§ 29.1-200 et seq.) of Title 29.1, or Chapter 1 (§ 52-1 et seq.) of Title 52 of the Code of Virginia or sworn federal law-enforcement officers.

2. "College/School property" means any property owned, leased, or controlled by Bon Secours Health System, Inc.

3. “College/School facilities” is defined as the spaces on College/School property with defined enclosures for a designated use, such as an academic building, student center or parking deck, but not open spaces like parking lots and recreational trails, even when those areas are enclosed by fencing or walls.

4. “Weapons” are defined as any instrument of combat, or any object not designed as an instrument of combat but carried for the purpose of inflicting or threatening bodily injury.

"Weapon" means (a) any pistol, revolver, or other weapon designed or intended to propel a missile of any kind by action of an explosion of any combustible material; (b) any knife, dirk,
bowie knife, switchblade knife, ballistic knife, machete, hatchets, foils, razor, slingshot, spring
stick, metal knucks, or blackjack; (c) any flailing instrument consisting of two or more rigid parts
connected in such a manner as to allow them to swing freely, which may be known as a nun
chahka, nun chuck, nunchaku, shuriken, or fighting chain; (d) any disc, of whatever configuration,
having at least two points or pointed blades which is designed to be thrown or propelled and
which may be known as a throwing star or oriental dart; or (e) any weapon of like kind, to include
but not limited to, tasers or stun weapons - defined as any device that emits a momentary or
pulsed output which is electrical, audible, optical or electromagnetic in nature and which is
designed to temporarily incapacitate a person; (f) does not mean knives or razors used for
domestic purposes, pen or folding knives with blades less than three inches in length, or knives of
like kind carried for use in accordance with the purpose intended by the original seller.

5. “Prop weapon” is defined as any item which looks like a weapon.

6. “Prohibited articles” is defined as firearms, ammunition, weapons, pneumatically (air) operated
weapons, prop weapons, fireworks, electric shock devices and explosives.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

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<tr>
<th>Approved by:</th>
<th>Director/Dean</th>
<th>Date</th>
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<tbody>
<tr>
<td>Jody D. Crane, M.A.Ed., RT(R) (BD)</td>
<td>May 17, 2017</td>
<td></td>
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</tbody>
</table>

Signature:________________________ Title:________________________ Date:________________________

Approval History:
Committees and Dates:
Faculty and administrative review in: 6/2016, 5/2017

DOCUMENTATION: None
REFERENCES: None
POLICY STATEMENT:

I. Purpose:

In accordance with Title IX of the Education Amendments of 1972, any school that receives federal money may not discriminate based on a student’s sex, including their gender identity, to include transgender students.

II. SOMI Gender Based Identification:

A. The School is committed to treating and identifying the student in line with their gender identity.
B. The School will not require students to produce information regarding a medical diagnosis or medical treatment.
C. The School will not require students to produce a birth certificate or any other identification to determine how the School will interact with the student based on their gender identity.
D. The School is committed to treating all students, staff, and faculty consistent with their gender identity, even if their legal records or identification documents indicate a different gender.
E. The School will allow students to participate in sex-segregated activities and access sex-segregated facilities consistent with their gender identity.
F. The School is committed to providing safe and accessible campus restrooms. All restrooms are in compliance with accessibility regulations in accordance with the Americans with Disabilities Act (ADA). Further, all restrooms on campus are designated gender inclusive, thus allowing individuals to utilize the restroom that corresponds with one’s gender identity and expression.

III. Gender Based Discrimination and Harassment:

A. The School is committed to providing all students, faculty, and staff with a learning and work environment that is free of discrimination based on gender, including gender identity to include actual or perceived gender identity, transgender status, or gender transition.
B. The School will respond promptly and effectively to sex-based discrimination and/or harassment of all students, staff, and faculty, including discrimination and/or harassment
based on a student’s actual or perceived gender identity, transgender status, or gender transition.
C. All claims of gender based discrimination and/or harassment will be fully addressed and investigated in accordance with the School’s established policies and the guidelines and regulations set forth by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1990 and Title IX of the Education Amendments of 1972.

IV. Reporting Responsibility:

Any violation of this policy should be immediately reported to the School’s Safety Coordinator or a School administration member. All violations and complaints will be fully investigated under guidelines that have been established by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1990 and Title IX of the Education Amendments of 1972.

RESPONSIBLE PERSONS: School Safety and Security Officer and Program Administration

Approved by:
Jody D. Crane, M.A.Ed., RT(R) (BD)  Director/Dean  May 16, 2017

Signature  Title  Date

Approval History:
Committees and Dates:
Faculty and administrative review in: 6/2016, 5/2017

DOCUMENTATION: None
REFERENCES: None
Bon Secours St. Mary’s Hospital School of Medical Imaging

THE HONOR PLEDGE

In accepting admission to Bon Secours St. Mary’s Hospital School of Medical Imaging:

I, ________________________________, a member of the student body of the Bon Secours St. Mary’s Hospital School of Medical Imaging, hereby pledge my honor to abide by all of the regulations governing the School. I will conduct my personal life with integrity, refraining from any action, which would discredit myself, the members of the student body of the School of Medical Imaging, or the Medical Imaging profession.

I hereby pledge that I understand and will uphold the Honor System. I am aware that a breach of the Honor System will result in an administrative review process as outlined in the Student Discipline Policy. I understand completely that, if found culpable of lying, cheating, stealing, plagiarism and/or failure to report, I may be dismissed from the School.

In addition, by signing my name to all graded work completed while enrolled at the School, I am signing that “On my honor, I have neither given nor received aid on this assignment or test, and I pledge that I am in compliance with the School of Medical Imaging Honor System.

Rev. 5-2017
Bon Secours St. Mary’s Hospital School of Medical Imaging

Minimum Physical Standards (Essential Functions)

Accepted applicants are required to sign this form stating that they can meet the following standards.

The following physical requirements must be met by students entering the program.

1. **Hearing**: Adequate to receive verbal communication from patients needing assistance and from members of the health care team.
2. **Communication Skills**: (speech, reading, writing) Must be able to communicate clearly to patients, fellow students, faculty and all members of the health care team.
3. **Vision**: Visual acuity is essential to operate radiographic equipment and read information from printed sources and computer screens. Visual acuity is also required for the observation necessary for patient assessment, care and management.
4. **Gross and fine motor coordination**: requires manual and finger dexterity and eye-hand coordination for operation of radiographic equipment.
5. **Other**: Requires frequent lifting and carrying items weighing 50 pounds unassisted. Requires frequent bending, reaching, repetitive hand movements, standing, walking, squatting and sitting, with some heavy lifting, pushing and pulling exerted regularly throughout a regular clinical day.

The student must verify by signature that he/she can perform the physical requirements/essential functions listed above. A Registered Nurse signature is also required for verification. If necessary, a physician’s signature is required.

Student Signature: ___________________________ Date: ____________

RN Signature: ___________________________ Date: ____________

Physician Signature (if applicable): ___________________________ Date: ____________

Rev. 2016