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INTRODUCTION

This document is designed to facilitate the comprehension of the roles and responsibilities of all those involved in the Radiography Program at Casper College in conjunction with Wyoming Medical Center, the radiology offices of Casper Medical Imaging Outpatient Radiology, P.C., Converse County Memorial Hospital, Casper Orthopedics, Central Wyoming Neurosurgery and Imaging Center, The Community Health Center of Central Wyoming, Western Medical, Mountain View Regional Hospital, Campbell County Memorial Hospital, Sheridan Memorial Hospital, Riverton Memorial Hospital and Lander Valley Memorial Hospital. It should be consulted whenever questions arise dealing directly with the issues covering conventional program operational policy. Knowledge of these guidelines will assist the realization of program goals and objectives.

The Program Director, in consultation with the Clinical Coordinator, college administration, Medical Advisor, and Radiography Advisory Committee reserves the right to change these guidelines when change is warranted. Every effort will be made to notify everyone involved when these guidelines are altered in any way. All students will be subject to the changes after the effective date. Where no effective date is indicated, the policy is currently in force. For other policies not listed in this manual including harassment issues, consult the Casper College Student Handbook which can be obtained through student services.

The Casper College Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). JRCERT is located at 20 N. Wacker Drive, Chicago, IL 60606-2901, (312) 704-5300.
Program Structure
MISSION
The Associate of Science Degree Radiography Program at Casper College produces competent medical radiographers eligible for immediate employment or advanced education, by offering high quality educational and clinical experiences.

PURPOSE
The Radiography Program at Casper College provides quality learning opportunities for its students in order to accomplish its mission. It also encourages and supports life-long learning. By maintaining national accreditation, the radiography program will prepare students to meet the demands of the profession. This includes technical skills, as well as their ability to be intellectually adaptive and communicate well, to think analytically, to integrate knowledge, and to appreciate cultural and social diversity. Graduates will learn to exhibit and apply high ethical values and standards of practice in regard to patient care in the healthcare field.

PROGRAM GOALS
I. Clinical Performance and Competence
   Students will produce high quality images by possessing the knowledge, clinical application, radiation safety practices and patient care skills needed to meet the needs of the radiography community as entry level radiographers.

II. Problem Solving and Critical Thinking
   Students will demonstrate sound problem solving and critical thinking skills necessary to function effectively in the clinical setting.

III. Communication
   Students will communicate effectively with patients, peers, and other members of the healthcare team. Through effective communication students will function as a productive member of the healthcare team.

IV. Professional Growth and Development
   Students will understand the purpose and importance of professional values, ethics, continuing education, and life long learning.

V. Program Effectiveness
   Graduates will fulfill the needs of the health care community. The program will provide the community with graduates who are able to function as an active member of the health care team.
### Summer I
8 cr. (8 wks)

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<td>RDTK 1500 Intro. Rad Tech.</td>
<td>1</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
<td>Final supervisory evaluation, final grade determination, rotation evaluation</td>
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<td>RDTK 1530 Care &amp; Mgmt.</td>
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<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
<td>Final supervisory evaluation, final grade determination, rotation evaluation</td>
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<td>RDTK 1580 Rad. Positioning</td>
<td>2</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
<td>Final supervisory evaluation, final grade determination, rotation evaluation</td>
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<td>RDTK 1710 Clin. Ed. I</td>
<td>2</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
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### Fall I – 13/15 cr. (15 wks)

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<td>ZOO 2040 Anatomy</td>
<td>4</td>
<td>humerus, shoulder, AC Jts, clavicle, Foot, toe, Calcaneus Ankle, leg, knee, patella, femur, hips, pelvis, SI Jts, orthopedic procedure</td>
<td>Must be kept current and on student's person all times.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
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<td>RDTK 1610 Rad Imaging II</td>
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<td>Must be kept current and on student's person all times.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
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<td>Complete assigned rotation and review skills</td>
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<td>Must be kept current and on student's person all times.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
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<td>RDTK 1810 Clin. Ed. II</td>
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<td>humerus, shoulder, AC Jts, clavicle, Foot, toe, Calcaneus Ankle, leg, knee, patella, femur, hips, pelvis, SI Jts, orthopedic procedure</td>
<td>Must be kept current and on student's person all times.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
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<td>Must be kept current and on student's person all times.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
<td>DR/CR</td>
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### Spring I – 12 cr. (15 wks)

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<td>ZOO 2110 Physiology</td>
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<td>gastrointestinal, gall bladder, barium enema, IV pyelogram, cystogram, C-T-L spine, coccyx, sacrum, sternum, thorax</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
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<td>Complete assigned rotation and review skills</td>
<td>Complete assigned rotation and review skills</td>
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<td>RDTK 1640 Rad Imaging</td>
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<td>gastrointestinal, gall bladder, barium enema, IV pyelogram, cystogram, C-T-L spine, coccyx, sacrum, sternum, thorax</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
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<td>DR/CR</td>
<td>Complete assigned rotation and review skills</td>
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<td>RDTK 2580 Positioning III</td>
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<td>gastrointestinal, gall bladder, barium enema, IV pyelogram, cystogram, C-T-L spine, coccyx, sacrum, sternum, thorax</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
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<td>RDTK 1910 Clin. Ed III</td>
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<td>gastrointestinal, gall bladder, barium enema, IV pyelogram, cystogram, C-T-L spine, coccyx, sacrum, sternum, thorax</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
<td>Documentatiion of entry-level competencies in each of the required areas.</td>
<td>Hospital/Rad Dept orientation, Outpatient Imaging Center Orientation, fire/electrical safety, surgery, vital signs and patient assessment, infection control, O2 administration</td>
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<td>HLTK 2200 Sect. Anatomy</td>
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<td>gastrointestinal, gall bladder, barium enema, IV pyelogram, cystogram, C-T-L spine, coccyx, sacrum, sternum, thorax</td>
<td>Must be kept current.</td>
<td>Chest, Abdomen, Hand, Finger, Wrist, Forearm, elbow, vital signs, oxygen administration, body mechanics</td>
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<td>PE</td>
<td>1</td>
<td>Mammography, surgical procedures, arthrogram, myelogram, pediatric, CT, O₂ and infection control</td>
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<td>RDTK 2710 – Clin. Ed. IV</td>
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<td>RDTK 2710 – Clin. Ed. IV</td>
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<td>C-arm, surg asepsis, specialty rotations, oxygen administration, Panorex orientation, infection control, orthopedics, vital signs, dexisran DR/CR</td>
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<tr>
<td>Clinical Ed IV</td>
<td></td>
<td>Q/A projects of film, x-ray equip, processor, etc</td>
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<tr>
<td>Phlebotomy lab</td>
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<td>Complete assigned rotation and review skills.</td>
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<td>Final supervisory evaluations, final grade determination, rotation evaluation.</td>
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<td>Impromptu evaluations [refer to syllabus]</td>
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**Fall II – 15.5 cr. (15 wks)**

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<th>Course</th>
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<tr>
<td>ENGL 1020 English II</td>
<td>3</td>
<td>skull, facial bones, zygomatic arches, nasal bones, sella turcica, petrous pyramids, optic foramina, orbits, mandible, TMJ, sinuses, trauma and surgical procedures, Specialty Rotations</td>
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<tr>
<td>POLS1000 US/WY Govt</td>
<td>3</td>
<td>Must be kept current</td>
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<tr>
<td>RDTK 2640 Rad. Bio &amp; Prot</td>
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<td>Documentation of entry-level competencies in each of the required areas.</td>
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<tr>
<td>RDTK 2630 Rad. Path</td>
<td>2</td>
<td>C-arm/Portable review QA projects Orthopedic rotations Vital Signs Venipuncture Review Speciality Areas in Imaging DR/CR</td>
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<tr>
<td>RDTK 2810 Clin Ed V</td>
<td>5</td>
<td>Complete assigned rotation and review skills.</td>
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<tr>
<td>Phlebotomy lab</td>
<td></td>
<td>Midterm &amp; final supervisory evaluations, final grade determination, rotation evaluation.</td>
</tr>
<tr>
<td>Impromptu evaluations [refer to syllabus]</td>
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<tr>
<td>Final positionin and film critique exam</td>
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**Spring II – 14 cr. (15 weeks)**

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<tr>
<th>Curriculum</th>
<th>STRATEGY I SIMULATION LAB</th>
<th>STRATEGY II PROCEDURE LOG</th>
<th>STRATEGY III COMPETENCY</th>
<th>STRATEGY IV INSERVICE</th>
<th>STRATEGY V QUALITY</th>
<th>STRATEGY VI CLINICAL ACTIVITIES</th>
<th>STRATEGY VII MULTISKILLING</th>
<th>STRATEGY VIII STUDENT</th>
<th>STRATEGY IX IMPROMPTU</th>
<th>STRATEGY X FINAL</th>
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<tr>
<td>FA/Soc. Behav/Hum PE</td>
<td>3</td>
<td>Review sessions, trauma radiography, pediatric studies, orthopedic studies, specialty rotations</td>
<td>Must be kept current</td>
<td>Documentation of entry-level competencies in the remaining required areas.</td>
<td>Immobile &amp; trauma, pediatric, specialty rotations continued Vital Signs DR/CR</td>
<td>Q/A projects continued</td>
<td>Complete assigned rotation and review skills.</td>
<td>Phlebotomy lab</td>
<td>Midterm &amp; final supervisory evaluations, final grade determination, rotation evaluation</td>
<td>Q/A of film, x-ray equipme nt processo r, etc. final compete ncy Positioni ng competenc y exam</td>
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<td>RDTK 2910 Clin Ed RDTK 2930 Transition from Student to Radiographer</td>
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**Total Credits** 71.5 – 81.5

**Total Length of Program:** 24 Months

**Degree Awarded:** Associate of Science

INT-CURR98
Students will attend six clinical education courses. The schedule is devised to give the students the best opportunity to learn in a hands-on environment. Times may change depending on the clinical assignment. Second year students attend more clinical hours than first year students so they can fine-tune their clinical skills. The maximum hours of clinical and academic involvement shall not exceed a total of 40 hours per week.

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<tr>
<th>CLINICAL EDUC.</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THURS</th>
<th>FRI</th>
<th>CLINICAL HRS/ WK</th>
<th>CLINICAL HRS/ SEMESTER</th>
<th>TOTAL CLINICAL DIDACTIC HRS/WK</th>
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<tr>
<td>I Summer MINI MESTER - MAY</td>
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<td>CC Campus 9:00 – 4:00</td>
<td>CC Campus 9:00 – 4:00</td>
<td>CC Campus 9:00 – 4:00</td>
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<td>28</td>
</tr>
<tr>
<td>I Summer June only</td>
<td>Clinical Orientation, simulation, observation</td>
<td>Clinical Orientation, simulation, observation</td>
<td>Clinical Orientation, simulation, observation</td>
<td>Clinical Orientation, simulation, observation</td>
<td>Clinical Orientation, simulation, observation</td>
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<td>15</td>
</tr>
<tr>
<td>I Summer JULY ONLY</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>28.25</td>
<td>112.5</td>
<td>28.25</td>
</tr>
<tr>
<td>II Fall</td>
<td>CC Campus Lec:Lab</td>
<td>CC Campus Lec:Lab</td>
<td>CC Campus Lec:Lab</td>
<td>Clinical 7:30-12:45</td>
<td>Clinical 7:30-12:45</td>
<td>11.25</td>
<td>168.75</td>
<td>20.75</td>
</tr>
<tr>
<td>III Spring</td>
<td>CC Campus Lec:Lab</td>
<td>CC Campus Lec:Lab</td>
<td>Clinical 7:30-12:45</td>
<td>Clinical 7:30-12:45</td>
<td></td>
<td>11.25</td>
<td>168.75</td>
<td>20.75</td>
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<tr>
<td>IV Summer JUNE ONLY</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical 7:30-3:15</td>
<td>Clinical In-Service TBA</td>
<td>28.25</td>
<td>112.5</td>
<td>28.75</td>
</tr>
<tr>
<td>V Fall</td>
<td>Clinical 7:30-3:30</td>
<td>Clinical 7:30-3:30</td>
<td>Clinical 7:30-11:00</td>
<td>Clinical 7:30-11:00</td>
<td>CC Campus Lec:Lab</td>
<td>18.75</td>
<td>281.5</td>
<td>25.75</td>
</tr>
<tr>
<td>VI Spring</td>
<td>Clinical 7:30-3:30</td>
<td>Clinical 7:30-3:30</td>
<td>Clinical 7:30-11:00</td>
<td>Clinical 7:30-11:00</td>
<td>CC Campus Lec:Lab</td>
<td>18.75</td>
<td>281.5</td>
<td>24.75</td>
</tr>
</tbody>
</table>

**TOTAL CLINICAL HOURS** **1125.5**

7:30 a.m. - 3:30 p.m. [.5 = lunch, .25 x 2 = break]
7:30 a.m. - 3:15 p.m. [.5 = lunch, .25 x 2 = break]
AM = TBA Simulation 1 .25 hr
PM = TBA Simulation 1 .25 hr
**based on 60 min hours**

Times will differ in specialty rotations, evening shifts, weekends, etc. check clinical rotation schedule, or w/clinical coordinator.
1. All students are required to follow the regular Casper College vacation schedule. Students and program officials are required to consult current college catalogs for exact dates and times.

2. The following is an approximate vacation schedule for any given year:

<table>
<thead>
<tr>
<th>HOLIDAY</th>
<th>NUMBER OF VACATION DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor Day</td>
<td>1</td>
</tr>
<tr>
<td>Fall Break</td>
<td>2</td>
</tr>
<tr>
<td>Thanksgiving</td>
<td>3</td>
</tr>
<tr>
<td>Christmas</td>
<td>15</td>
</tr>
<tr>
<td>Equality Day</td>
<td>1</td>
</tr>
<tr>
<td>President’s Day</td>
<td>1</td>
</tr>
<tr>
<td>Spring Break</td>
<td>5</td>
</tr>
<tr>
<td>Easter</td>
<td>1</td>
</tr>
<tr>
<td>Spring/Summer</td>
<td>10-14</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>1</td>
</tr>
<tr>
<td>Fourth of July</td>
<td>1-2</td>
</tr>
<tr>
<td>Summer/Fall</td>
<td>15</td>
</tr>
<tr>
<td>TOTAL</td>
<td>56-61 Days/Year</td>
</tr>
</tbody>
</table>
POSITION SUMMARIES
POSITION SUMMARY – Revised March 2004

PROGRAM DIRECTOR

1. In consultation with the college administration and the medical advisor, plans, organizes, budgets, implements, and evaluates the Associate of Science Radiography Program at Casper College.

2. In consultation with the Radiography Advisory Committee develops student and instructional objectives and policy.

3. Serves on the Radiography Advisory Committee and helps to schedule and coordinate meetings.

4. Meets on a regular basis with the medical advisor, clinical education coordinator, clinical education instructors, and college officials.

5. Responsible for teaching a substantial amount of didactic courses, implementing clinical education student objectives, and establishing evaluation criteria for both areas.

6. Maintains office hours for student consultation, clinical consultation, and program organization and administration.

7. Maintains student and program records.

8. Keeps current in field of radiography and education.

9. Participates in professional organizations and encourages continuing education for students and community radiographers.

10. Undertakes any activity deemed appropriate by the college administrative officials.

11. Recruits and serves as chairman of the student selection committee for new student radiographers at Casper College in the spring semester.

QUALIFICATIONS

A. RT (R) ARRT
B. Three years full time clinical experience
C. Two years instructional experience in an accredited radiography program
D. Holds a Masters degree with experience in curriculum design, instructional methodology, testing and evaluation, and educational psychology.
POSITION SUMMARY – Revised March 2004

CLINICAL EDUCATION COORDINATOR

1. Responsible for evaluation of students in clinical setting.

2. Provides for clinical in-service or didactic education of student radiographers.

3. Prevents abuse of students by other students or technologists and prevents student’s exploitation during clinical assignments.

4. Keeps appropriate student records.

5. Responsible for knowing major policies concerning student education at Casper College. Serves on Radiography Advisory Committee.

6. Acts as major student advisor in clinical environment when problems arise, and mediates such problems between students and clinical personnel, and informs program director of any decisions made.

7. Responsible for student safety in the clinical environment with respect to equipment safety, radiation protection, medical asepsis, and patient care.

8. Makes sure that all supervising radiographers are informed of program goals, objectives and policies.

9. Makes sure that the program director and student radiographers are informed of affiliate rules and regulations and enforces such policies as the need arises.

10. Keeps the medical advisor informed of administrative matters regarding students, program goals, and objectives.

11. Undertakes any activity deemed appropriate by the college administrative officials.

QUALIFICATIONS

A. RT (R) ARRT or equivalent
B. Minimum of two years full time clinical experience
C. One year experience as an instructor in a JRCERT accredited program.
D. Baccalaureate Degree, with proficiency in clinical instruction and student evaluation utilizing appropriate educational methodologies.
POSITION SUMMARY

CLINICAL INSTRUCTOR (Faculty)

1. Responsible for evaluation of the student in the clinical setting when the Clinical Education Coordinator is not available. This includes competency grading, simulation grading, and performance evaluations.

2. Keeps the Clinical Education Coordinator informed of matters regarding students' progress in the clinical setting.

3. Supervises and assists students during clinical exams in addition to the radiographer assigned to that room/rotation.

4. Assists the Clinical Education Coordinator in preventing abuse of students by other students or technologists and prevents student exploitation during clinical assignments.

5. Along with the Clinical Education Coordinator, ensures student safety in the clinical environment with respect to equipment safety, radiation protection, medical asepsis, and patient care.

6. Responsible for knowing major policies concerning student educational processes at Casper College. Serves on the Radiography Advisory Committee.

7. Provides for clinical in-services of student radiographers.

QUALIFICATIONS

A. RT(R) ARRT or equivalent
B. Minimum of two years full time clinical experience
C. Shall demonstrate proficiency in clinical instruction and student evaluation
POSITION SUMMARY

CLINICAL INSTRUCTOR (Affiliate)

RESPONSIBILITIES

1. Keeps Clinical Education Coordinator informed of matters regarding students’ progress in the clinical setting.

2. Informs Program Director of any changes in agency policies which are related to activities in clinical education.

3. Assists students during clinical exams if other supervising technologists are not available.

4. Oversees the evaluation of students via competency evaluations and supervisory reports.

5. Keeps clinical records and results of conferences with students confidential and secured.

6. Familiarizes the student with agency policies concerning equipment safety, radiation protection, medical asepsis, and patient care.

QUALIFICATIONS

A. RT(R) ARRT or equivalent.
B. Must possess 2 years full time clinical experience.
POSITION SUMMARY

STUDENT RADIOGRAPHER

1. Maintain a maximum level of didactic, clinical and academic performance above a G.P.A. of 2.3.

2. Meets all regularly scheduled didactic and clinical education classes on time and notifies appropriate officials in case of tardiness or absence.

3. Adheres to acceptable radiation protection guidelines at all times in radiation environments. And must wear film badges at all times in the on-campus energized radiographic laboratory and clinical affiliates.

4. Maintains a positive attitude at all times during didactic and clinical educational classes and assignments.

5. Demonstrates the ability to cooperate in a positive attitude with other student radiographers, clinical instructors, clinical coordinator, radiologists, and college faculty.

6. Notifies either the clinical coordinator, the program director or the appropriate clinical instructor when educational needs are not being adequately met.

7. Adheres to acceptable medical and legal ethics in terms of patient care.

8. Maintains an appropriate professional appearance at all times in the clinical environment.

9. Completes all degree requirements and clinical education hours prior to taking the registry examination pending final consultation with the program director.

QUALIFICATIONS

A. Currently enrolled as an active student in the Radiography Program at Casper College.
POSITION SUMMARY

MEDICAL ADVISOR

1. Responsible for providing the program director, college administrators, hospital administrators, and clinical coordinator/instructors with medical expertise from the physician's viewpoint as it relates to the didactic and clinical objectives of the program.

2. In consultation with the program director contributes time and energy to actual instruction of students in the didactic and clinical education process.


4. Mediates administrative problems between college and hospital or clinical affiliates as the need arises whenever proper administrative routes are not obtainable.

5. Serves in a public relations capacity for the successful operation of the Radiography program as the need arises with respect to program goals and objectives.

QUALIFICATIONS

A. Board Certified Radiologist
STUDENT REPRESENTATION
RADIOGRAPHY ADVISORY COMMITTEE

The Casper College Radiography Advisory Committee meets two times each year in the fall and spring. If necessary a summer meeting is scheduled. Its primary goals are to:

A. Maintain contact between all program officials for the proper implementation of program goals and objectives.

B. Improve communication lines between program officials and students with respect to meeting the goals and objectives of the program mission.

C. Formulate program policy, create ideas for program improvement and curricular changes.

The Committee invites student representatives to participate in advisory committee functions. It is hoped that such representation will foster good relations with students in the program and provide an avenue of expression and communication for the hearing out of specific problems or concerns of the Radiography student body.

One representative from the entering freshman class and one member from the sophomore class will be elected by class vote and encouraged to participate at scheduled advisory committee meetings. Representatives who meet on days during clinical education will not have to make up the one or two hours of clinical education lost due to attending the meeting.

Student representatives are encouraged to bring to the advisory committee those concerns or interests of the peers in their class in order to achieve a constructive solution to the problems or issues.

Maximum participation of student representatives is encouraged at committee meetings.

The freshman and sophomore student representative is asked to participate in a monthly meeting with the director, the clinical coordinator and the clinical instructor.
Student Guidelines
STUDENT GUIDELINES

VALUES

1. The condition or diagnosis of a patient must never be discussed with the patient, relatives or friends; in hallways and other places where patients and non-staff may overhear and perhaps misunderstand.

2. Oral and written reports must never be given over the phone or to unknown persons.

3. Although a student may know and understand what is happening, a student is to inform apprehensive patients that they are neither educated nor capable of taking responsibilities for making or interpreting any radiological diagnosis.

4. When a student is not sure of his or her capabilities under any clinical situation, a more experienced technologist or radiologist must be consulted prior to continuing.

5. Students are required to be pleasant, courteous, modest, and empathetic at all times with patients, co-workers, and other health professionals during clinical and didactic education.

6. Students are required to take considerable initiative in seeking out learning opportunities which coincide with educational objectives of didactic and clinical education.

7. Students having problems with any phase of the program should contact the program director.

8. Students having problems of a personal nature should contact a guidance counselor at Casper College.

9. Students are expected to behave in an ethical manner at all times during clinical education.

10. The radiography program demands intellectual honesty. Plagiarism or any form of dishonesty associated with the academic process will not be tolerated.
Upon completion of the Associate of Science degree radiography program, the graduate will be able to/will:

1. Synthesize and apply knowledge from the biological, physical and radiographic sciences to provide humanistic patient care;

2. Perform radiographic skills in a manner safe to the patient, other health team members, and self within the professional scope of practice;

3. Adapt radiographic positioning skills to various body habitus;

4. Adapt radiographic technique to various pathological conditions;

5. Adapt radiographic technique to accommodate different machines and/or equipment.

6. Collaborate with other members of the health team and supervise others less skilled in the technical aspects of radiography.

7. Critique radiographs for accuracy of positioning and technique to meet the satisfaction of the radiologist;

8. Administer diagnostic radiation so as to minimize radiation exposure to the patient, other health professionals and self;

9. Demonstrate responsibility for continued personal and professional growth and education;

10. Pursue an advanced degree in radiography, should he or she so desire.

11. Effectively utilize communication skills within the health care setting.

12. Utilize skills to successfully incorporate critical thinking and problem solving within the health care setting.

13. Learn more effectively by being provided an on campus lab that is adequate, and contributed to the effective learning utilized in the clinical setting.

14. Provide adequate patient care and management skills during radiographic procedures.

15. Practice within the profession’s ethical and legal boundaries to meet the needs of the patient and health care community.
STUDENT GUIDELINES

DRESS CODE
Revised October 2008

Students will be expected to maintain dress standards required by Casper College and the clinical agency. These include the highest standards of cleanliness, neatness, good taste and safety. Students who do not adhere to these standards may be requested to leave the clinical area. This time away from clinical will be considered an unexcused absence.

1. Uniforms
   a. A uniform consisting of hunter green scrubs and a white lab coat is to be worn when working in the clinical setting. (lab coat is optional, no sweater or sweatshirts can be worn. An approved vest can be worn for warmth.) The uniform must be clean and neatly pressed.
   b. No light or see-through fabric allowed. Uniforms should be cling-free and wash and wear. Keep them clean and well pressed at all times.
   c. Socks or hose may be worn. These must be white or beige in color.

2. Shoes
   Clean, white duty shoes with a low or medium heel are required. Laces must be white. The heel and toe are to be closed. Rubber soles and heels are preferred. Be sure shoes and shoelaces are clean.

3. Hose
   Full length white or neutral beige non-patterned hose are to be worn with uniform dresses. Knee-high hose, white or beige, may be worn with pantsuits. Male students must wear white socks with their uniforms.

4. Sweaters
   Only lab coats may be worn for warmth. Sweaters or sweatshirts may not be worn in patient care areas. An approved light fleece vest can be worn for warmth (see program director or clinical coordinator.)

5. Personal Hygiene
   A neat, clean, fresh-smelling person is extremely important to the professional demeanor of a health professional. No perfume or cologne is to be worn.

6. Cosmetics
   These are to be used in moderation for daytime wear. Fingernails will be natural, short and neatly trimmed. Students may wear pale nail polish only. In accordance with the Wyoming Medical Center Infection Control Policy, no artificial nails are allowed in the clinical setting.

7. Hair
   Hair must be neat and clean and styled for safety. No loose ties, ribbons or scarves are allowed. Long hair must be styled so that it does not fall in front of shoulder. Unconventional hairstyles or hair coloring is not permitted.
STUDENT GUIDELINES

DRESS CODE (cont.)

8. Jewelry
   a. Watch - A watch must be worn with either a digital or sweep second hand.
   b. Earrings - A maximum of two pairs of post studs in each ear may be worn, in the ears only.
   c. Rings - Students may wear a plain wedding band.

9. Cellular Phone and Pagers
   a. Use of cellular phones and pagers during lecture classes and clinical education is prohibited.

10. Name Pin, Incidents
    The name pin is to be worn on the left side of the uniform or lab coat. Students must have a black pen, right and left markers and radiation film badge. The facility ID badge must be worn during clinical education at that site. The badge is to be worn so that the individual’s face is visible. Clinical site badges are to be worn only at that clinical site.

Students will be verbally warned one time of any infraction in dress code and sent home to correct the infraction. A second offense will result in probation. A third offense will result in dismissal proceedings.

ATTENDANCE
Revised April 2007

1. Students are required to attend all regularly scheduled didactic and clinical education courses. Students are advised to also attend all regularly scheduled academic courses.

2. Prior to any non-emergency absence, didactic or clinical class students are required to notify the program director and clinical coordinator in writing 24 hours in advance. Students are required to notify their clinical site prior to any absence.

3. Emergency absences will be handled on an individual basis, but the clinical instructor must be notified prior to the start of clinical education. The student will also be required to notify the program director by calling the college number and leaving a message indicating the absence. If this procedure is not followed the absence will be considered unexcused. Two or more unexcused absences will result in the student being placed on program probation. Under no circumstances will one student be responsible for reporting the absence of any other student in clinical education.

4. Students are required to be punctual for all didactic and clinical courses. If a student is to be late to clinical education the program director must be notified by phone, as well as the clinical instructor and clinical site. Two or more tardies will result in the student being placed on program probation.

5. Students will not be allowed to schedule an academic course during clinical hours unless program director has been notified.

6. As an incentive to be punctual and to maintain a healthy lifestyle, those students who have been punctual and have attended all clinic days and simulation classes will not be required to attend clinical education on the last clinical day prior to finals week of the fall or spring semester, as long as all other objectives of clinical
education have been met. If a student misses one clinical day including simulations they will be required to attend the last day of clinical prior to finals week. Students cannot make-up the clinical day at any other time during the semester. Any additional absences will result in a grade deduction of 3% per day off final clinical grade. See clinical syllabus for further details.

7. Absences with doctor’s excuse: The student can miss two clinical days with an official doctor’s excuse. Doctor’s excuse must include the dates in which clinical was missed and must be turned into the clinical coordinator on the first day the student returns to clinical. These will be considered excused clinical absences. The two days must be made up during finals week of the semester the absences took place. They cannot be made up at any other time during the semester. Any additional absences will result in a clinical grade deduction. (see clinical syllabus)

8. The students should be aware of the fact that anytime they are in the clinical setting, and not under the supervision of the clinical coordinator, then they are under the supervision of the clinical instructor or radiographer on duty.

9. Any deviation from the normal clinical education schedule must be submitted to the program director and approved by the clinical education coordinator. Requests for rotation changes must be submitted in writing.

10. All appointments must be scheduled outside of clinical and didactic course times.

11. Students are expected to meet the objectives of the clinical rotations. For this reason as well as safety issues, students on crutches will not be allowed in the clinical setting. Other injuries or post-surgical devices or restrictions will be looked at on an individual basis. Students may use their two allotted absence days with a doctor’s excuse for these types of absences. The student will make up this time on pre-arranged dates during finals week.

Definitions:

Excused Absence: Those qualified by illness of self with a doctors excuse after first absence or death of an immediate family member.

Unexcused absence: Any absence that is not called in before 7:30 a.m. or that is not pre-arranged. An unexcused absence will result in a grade deduction of 3% per day off final grade for clinical education, see course syllabus. Excessive tardiness or unexcused absences will result in probation and possible dismissal from the program due to incomplete completion of clinical objectives and unprofessional behavior.

Tardy: Student arriving to clinical education past the rotation start time.

Doctors Excuse: An official note written and signed by a physician notifying faculty members that the student was excused from clinical for an illness, injury or surgery. Doctor bills or invoice statements will not be accepted.

RELATED WORK POLICY

The program recognizes that hospitals and clinics may hire students to work on a special license as intern technologists. The program takes no responsibility for any student while he/she is working outside of the program. The student should be aware that the liability insurance provided by the college only covers them while they are participating in the educational program and does not cover a student.
while employed by another facility. Casper College name-tags and TLD monitors are not to be worn while a student is working for another facility.

**STUDENT GUIDELINES**

Students absolutely cannot be paid by a clinical site during their clinical education rotations being performed for the Casper College Radiography Program. Not following this policy can result in immediate dismissal from the program.

**CONTACTS FOR ABSENCES OR TARDINESS**

Revised July 2016

1. If a student is going to be absent or tardy for didactic or clinical education classes that student is **REQUIRED** to call the program director and clinical coordinator or instructor on duty that day.

**DIDACTIC**

Jennifer Harshman CC: 268-2587
Casper College Health Science Academic Assistant, Work: 268-2025

**CLINICAL EDUCATION CENTERS**

Campbell County Memorial Hospital – 307-688-1601
Casper Medical Imaging Clinic - 307-577-0440
Casper Medical Imaging Washington Street - 307-234-6963
Casper Orthopedics- Jeannie Dach - 307-265-7205
Central Wyoming Neurosurgery - 307-266-4000
Community Health Center- Donna - 307-233-6000
Converse County Hospital- Radiology -307-358-2122
Lander Regional Hospital – 307-335-6250
Mountain View Regional Hospital – 307-995-8100
Riverton Memorial Hospital – 307-856-4161
Sheridan Memorial Hospital – 307-672-1050
Western Medical – 307-577-5100
Wyoming Medical Center - 307-577-2383

Clinical Faculty:
Jennifer Harshman- Work: 307-268-2587

If you are calling the clinical instructor at home to report an absence, please contact the instructor on duty that day.
STUDENT GUIDELINES

STUDENT EXPLOITATION – Revised March 2004

1. Affiliated radiology departments are required to have the inherent capacity for operating without relying on student manpower.
2. The primary objective of clinical education is strictly for educational purposes.
3. Radiology departments wanting to hire students on a paying basis may do so. However, such activities may not be used for purposes of obtaining clinical education hours.
4. During the course of clinical education, students will be required to perform the duties of a radiologic technologist. These activities are considered essential for the education of competent radiographers. Students are not to consider such activities as student exploitation.
5. If the student can demonstrate that (s) he has been exploited during clinical education, the student is advised to bring all relevant information and documentation to the attention of the program director or clinical coordinator.
6. Students are required to attend regularly scheduled clinical education shifts.
7. Students and clinical sites are required to follow the JRCERT and Casper College Radiography program policies in regard to direct, indirect and repeat supervision.

REGISTRY ELIGIBILITY REQUIREMENTS – Revised July 2003

1. Students must have completed all didactic, clinical education, and anatomy and physiology courses, with a cumulative GPA equal to or greater than a 2.3.
2. The student must not have been convicted of a felony, gross misdemeanor, or misdemeanor, with the exception of speeding and parking violations. Please see program director or contact the American Registry of Radiologic Technologists for further information.
3. Students must receive their Associate of Science Degree in Radiography.
4. Students must obtain and complete the registry application for eligibility to take the examination.
5. Students must obtain the signature of the program director on the application.
6. Applicants must demonstrate competency in didactic coursework and an ARRT specified list of clinical procedures to be signed off by the program director.
STUDENT GUIDELINES

Student complaints in reference to JRCERT Standards-Revised 02/02

The Casper College Radiography Program is accredited by the Joint Review Commission on Education in Radiologic technology. We are held to the JRCERT Standards for an Accredited Educational Program in Radiological Sciences. A copy of these Standards is given to each student during the first week of classes in the radiography program at Casper College. Should any student believe the program is in violation of any standard, they should do the following:

1. Present a dated written complaint stating which Standard is believed to be in violation. The complaint should also include names of any student who has been affected, how the student(s) have been affected, date(s), to whom the complaint is directed, and suggestions for resolution.

2. Within 5 working days of the dated complaint, the program director will investigate the complaint, and/or direct the complaint to the appropriate college official. The director will keep the complainant informed.

3. Depending on the complaint, the appropriate college official will act within 5 working days of notification and get back to the program director.

4. If resolution is not reached within 15 working days from the initial complaint, the director and the student(s) may go to the Division Chair for Health and Life Sciences for mediation. At this point the complaint is in the official channel of the college and will be handled as a student grievance if mediation fails.

5. If the student is not satisfied after the grievance process, the JRCERT’s address is in the Standards and can be contacted.
Policies & Procedures
POLICIES & PROCEDURES

CHAIN OF COMMAND
If you have any problems during a didactic or clinical class, you should first contact the instructor in order to solve the problem. This includes the clinical setting. If you are having a problem with a technologist it is suggested that you speak with that individual first to try and solve the situation. If you are not satisfied with the solution offered by the instructor, you should then take your problem through the appropriate chain of command starting with the department head, then the division chair, and lastly the vice president for academic affairs.

STUDENT GRIEVANCES
Student learning environments will be free from any type of harassment or other conflicts which interfere with the educational experience of the student. If students feel a situation has occurred in which he/she feels harassed including sexual harassment, the student should immediately contact the nearest person of authority. If this occurs in the classroom or any other campus area, the student should report the incidence to the instructor or program director. If these individuals are not available and the student feels threatened they should contact campus security immediately by calling 268-2688. If it occurs in the clinical setting the student should report the incident to the clinical instructor, coordinator or program director. The student will be asked to document the situation that occurred. The program director will then meet with the individual’s supervisor to discuss the episode and proceed to a resolution. If the incident involves a Casper College employee, the student should refer to the College Student Handbook under Student Grievances which addresses an avenue for students to express their concerns, voice complaints, and or seek resolution of conflicts involving operation and/or employees.

GRADE DETERMINATION
The Radiography Program upholds high standards of education and therefore institutes a higher percent grade expectation then other courses on campus. Grades for didactic courses and clinical education will be determined using the following scale:

<table>
<thead>
<tr>
<th>Percent</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>92 - 100</td>
<td>A</td>
</tr>
<tr>
<td>83 - 91</td>
<td>B</td>
</tr>
<tr>
<td>75 - 82</td>
<td>C</td>
</tr>
<tr>
<td>0 - 75</td>
<td>F</td>
</tr>
</tbody>
</table>

GRADE POINT AVERAGE
All Radiography students are required to maintain a specific level of academic, didactic and clinical education quality throughout their educational period.

Students must realize that above average grades in education correlate positively with increasing the chances for having a passing score on the registry examination and more importantly succeeding in the profession.

Therefore the following policy is in effect:
A. Didactic/Clinical Education Courses
   All students must maintain a minimum cumulative GPA of 2.3 in all didactic and clinical ed. courses. Failure of any didactic/clinical ed. course will lead to dismissal from the program. Readmission to the program is dependent on qualifications of the individual and space available. Failure of two radiography courses (whether the same course twice or two different courses) will disqualify a student for readmission.

B. Academic Courses
   All students are encouraged to achieve a grade of "B" or better in the following academic courses, but must achieve a "C" in order to graduate from the program:
   1. Anatomy and Physiology
   2. Computer Science/Literacy
   3. Medical Terminology
   4. Pre-Calculus Algebra
   5. Sectional Anatomy

*Note: A grade of "D" will not transfer to another institution.

**CLINICAL CLOCK HOURS VS. CLINICAL CREDIT HOURS**

For every credit, the student will participate in clinical education (lab) for four and one half 50-minute periods x 15 consecutively. The schedule will include two 15-minute breaks and one 30-minute lunch break.
POLICIES & PROCEDURES

RADIATION PROTECTION – Revised October 2006

It is the responsibility of the student radiographer to ensure that proper radiation protection techniques are utilized in all clinical and lab settings. Radiography students are required to gain knowledge in basic radiation protection techniques prior to performing any radiographic procedure on patients in the clinical setting (see syllabus for RDTK 1580, Radiographic Positioning I).

1. Casper College will furnish each student in the Radiography Program with a radiation monitoring TLD. It is the student’s responsibility to exchange the TLD by the 15th of each month. These are available at the college.

2. The program director will maintain all student and instructor radiation monitoring records each month and be responsible for inspecting these records for appropriate dose limits. Overexposures will be reported to the student and handled according to the dose received. All records will be displayed by TLD-ID number not student name, in the classroom each month.

3. Radiation TLD monitoring results will be posted monthly in the classroom. Students will be identified by number only with no other identifying information visible. Each student will be required to sign a monthly form which states that they had an opportunity to review their monthly radiation monitoring results and they also had the chance to discuss with the program director any questions or concerns related to the reading.

4. Each student will be provided with a yearly record of their personnel exposure. Graduating students will be sent a copy of their cumulative dose records for their personal and employer records.

5. All students and instructors are required to wear their TLD radiation monitoring device in the Casper College Radiography Laboratory and at all clinical education centers. They are to be worn in the collar area. When a lead apron is to be worn the TLD should be placed on the outside of the apron.

6. All students and instructors are to observe and practice essential radiation protection measures. These include:
   A. Shield all patients and co-workers at all times during any radiation exposure as long as this does not interfere with diagnostic quality.
   B. Maximum distances should be observed between operator and the radiation beam or source. (Use lead aprons and partitions also.)
   C. Never hold a patient during any radiographic procedure when the exposure is on. Practice proper radiation protection in assisting with fluoroscopic exams.
   D. Use exposure factors that produce minimum radiation dose to patient and co-workers.
   E. Use appropriate immobilizing devices to avoid repeat exposures due to patient motion.
   F. During fluoroscopy and C-arm procedures always wear your TLD outside the apron at collar level.
   G. Keep all doors closed during exposure.
   H. All women of childbearing age shall be asked if they are pregnant before a radiograph in the clinical setting is taken. A completed and signed pregnancy questionnaire is required for each of these patients.
   I. All repeat exams must be performed with direct supervision.
7. In the Radiography Laboratory at Casper College, HS 118, the use of human subjects in making radiographs is forbidden.

The Clinical Coordinator will be responsible for investigating any exposures which are in excess of the program’s ALARA Levels. The program has adopted the following ALARA Levels for this purpose:

<table>
<thead>
<tr>
<th>ALARA Action Level</th>
<th>Dose Level</th>
<th>Action to be taken</th>
</tr>
</thead>
</table>
| ALARA Level I      | **Whole body:**  
                    | *1st year students:*  
                    | 30 mrem/monthly monitoring period                                                  | Student is counseled by the Clinical Coordinator and asked to review his/her work procedures to evaluate cause, and what measures s/he can take to reduce further exposures. Documentation will be kept on file at the discretion of the Clinical Coordinator. |
|                    | *2nd year students:*  
                    | 50 mrem/monthly monitoring period                                                  |                                                                                     |
| ALARA Level II     | **Whole body:**  
                    | *1st & 2nd year students:*  
                    | 150 mrem/quarter                                                                  | Clinical Coordinator conducts a direct investigation of the situation, including an interview with the person involved. A written investigative report is made and corrective actions are documented. Report is kept in the student’s file until program completion. |
| Embry-Fetus        | **(Declared pregnant student)**                | 50 mrem/monthly monitoring period                                                  | Clinical Coordinator investigates and counsels. A formal report will be drafted to be kept on file and/or the student may be reassigned. |
|                    |                                                 |                                                                                     |
Laboratory Usage Policy

Room 118
Equipment: Lab A, B, C, C-arm, Portable, Computed Radiography System

Intent:
The laboratory provides for instructor demonstration of exams presented in the radiographic positioning and clinical simulation courses. The lab is also utilized for experiments and demonstrations performed during Radiographic Imaging I and II.

These classes will also allow for students to gain hands on experience utilizing manikins for exposures to practice various imaging procedures. Students may also practice on each other, but under no circumstances can they make exposures on any human subject or on manikins without proper supervision. Through this method the student will obtain a level of self confidence and performance mastery which will allow them to perform radiographic procedures under the supervision of a qualified technologist.

The following rules must be followed when using the Casper College Radiography Lab:

1. The use of human subjects in making radiographs or for any exposures is forbidden.
2. All doors must be kept closed during exposures.
3. All students and instructors are required to wear their TLD when making exposures on manikins in the radiography lab. The TLD should be worn at the collar level.
4. All students must be behind a protective barrier during exposures in the radiography lab. See portable and C-arm rules for further details.
5. All participants must adhere to safe radiation protection guidelines. Please see the Radiation Protection Policies and Procedures outlined in this manual for further detail.
6. No exposure can be made by students without proper supervision.

C-arm and Portable Exposures: The rules listed above apply to usage of the c-arm and portable in the lab. Additional rules for this equipment are listed below.

Students must have an instructor present when making exposures with the portable and c-arm.

1. When making exposures using the portable the six foot exposure cord must be utilized so the student can stand behind the protective barrier during the exposure.
2. When using the C-arm lead aprons must be worn properly and at all times. The TLD must be placed on the collar outside of the apron.
3. All participants must adhere to safe radiation protection guidelines. Please see the Radiation Protection Policies and Procedures outlined in this manual for further detail.
POLICIES & PROCEDURES

PREGNANCY – Revised January 2005

Any student who thinks or knows she is pregnant is encouraged, but not required to notify the program director and clinical coordinator so that appropriate and responsible actions may be initiated to protect the unborn fetus and mother from unnecessary exposure to radiation (ALARA).

If the student chooses not to notify the program director, she will be treated no differently than the other students who are not declaring pregnancy, and must continue through the scheduled clinical rotations.

If the student chooses to notify the program, she will need to get an official written statement from her physician stating all limitations she is subject to. She will be given information in the form of the NRC Regulatory Guide #8.13. After reading the information and asking any questions necessary, she will be required to pass a quiz over the material. At this point, the student in consultation with the clinical coordinator and program director will make one of the following informed decisions.

1. The student may elect to leave clinical education and remain in didactic and academic courses until after the pregnancy. After delivery, the student is allowed back into the clinical environment and continues on towards the completion of all courses. This option will require the student to extend the program period until all clinical objectives are met.

2. The student may elect to stay in all phases of the program (clinical, didactic, and academic) and as a result of this have her clinical experience reduced to a level that is consistent with good radiation protection practices. That is, the student would most likely not be required to do heavy lifting tasks, and those tasks associated with the greatest chances for operator exposure to scatter radiation. This option requires the written approval of the student's physician. It may also require extension of the clinical portion of the program until all clinical objectives are met. In addition the student will be required to wear an additional fetal TLD monitor during the pregnancy. In accordance with the NCRP recommendations the maximum permissible dose to the embryo-fetus from occupational exposure should be limited to 0.5 REM (50 milliSeivert) or below for the entire gestational period.

As a result of voluntarily disclosing my pregnancy, I have chosen option ____ in consultation with the clinical coordinator. I am aware that I may undeclared my pregnancy in writing and that I will then be treated on equal basis with any other nongravid female.

___________________________  ______________________  ___________
Student  Program Director  Date
POLICIES & PROCEDURES

REPEAT RADIOGRAPH PROCEDURE
Revised October 2008

All radiographs must be approved by the QC Technologist, a qualified supervising technologist, Clinical Coordinator or Clinical Instructor before the patient is dismissed from the radiology department. This procedure is in place to ensure the safety of both the student and the patient.

If a repeat radiograph is deemed necessary, the following procedure must be followed:

1. All images including film/screen, DR and CR must be reviewed by a technologist prior to sending a patient away from the department.

2. If a repeat is deemed necessary, the student is responsible for notifying a technologist or the Clinical Education Coordinator/instructor that (s) he has to repeat a radiograph and is entering the radiographic room to do so.

3. The student must repeat the radiograph in the presence of one of the individuals listed above under direct supervision. This ensures that the proper correction was made by the student.

4. The repeat must be recorded in the student’s exam log book and initialed by the supervising technologist.

5. If the student does not follow this policy, they will be considered for program probation or dismissal.
Occurrence Reports
Revised September 2002

If a student is involved in any incident where injury or perceived injury has occurred to a patient, a staff member, a physician or self, an occurrence report form must be completed in accordance with the clinical site policy.

A copy of the incident report is to be given to the clinical coordinator to be placed in the students file.

Direct and Indirect Supervision
Revised October 2008

Until a radiography student passes a competency exam with an 85% or better, they must be directly supervised by a qualified practitioner. (See definition of direct supervision below)

Indirect supervision may occur after the student has passed a competency evaluation with an 85% or better. (See definition for indirect supervision)

Repeat radiographs always require direct supervision. (See the repeat radiograph procedure on page 31.)

Direct Supervision- Student supervision by a qualified practitioner who reviews the procedure in relation to the student’s achievement, evaluates the condition of the patient in relation to the student’s knowledge, is present during the procedure, and reviews and approves the procedure. A qualified radiographer must be present during student performance of a repeat of any unsatisfactory radiograph. Surgical procedures must always be directly supervised.

Indirect Supervision- Supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student performance. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is performed. This includes all exams including portable procedures. The availability applies to all areas where ionizing radiation is in use. A qualified radiographer must be present during all repeat exams in accordance with the direct supervision policy.
Additional Clinical Hours

Students may request additional clinical hours in specialty rotations that they are interested in pursuing as a career option or in other imaging rotations where they feel additional time will benefit their education. The following procedure must be followed in order to perform additional clinical hours:

1. The student must submit the request in writing to the program director and the clinical site. Only approved program clinical sites are allowed.
   The request must include:
   a. The clinical site and rotation they are requesting.
   b. The exact dates and times they wish to perform the rotation.
2. The student must then have that clinical site approve their request in writing. The student will give a copy of the written site approval to the program director.
3. After the additional rotation is completed the student must turn in a signed time sheet and a completed objective/evaluation packet for that rotation.
4. Please review the related work policy which states that students absolutely cannot be paid by a clinical site during their clinical education rotations being performed for the Casper College Radiography Program.
5. All clinical program policies must be followed including, students having direct/indirect supervision during procedures and direct supervision during any repeat exams.
6. Students must be supervised by a qualified technologist during any clinical rotations while following the policies listed above.
The policies and procedures outlined in this guide are necessary to ensure consistency as well as protect the rights and safety of all those concerned. It is the desire of the program to assist all students to achieve their educational goals, however when a student willfully violates the program policies or guidelines, action must be taken to ensure quality and safety. The following actions will be taken when a policy or procedure, or any combination of policies and procedures are violated:

1. **Verbal warning**: A record of any verbal warning is kept in the student’s file. A copy will be provided to the student.

2. **Written Warning**: If a second violation occurs after a verbal warning a formal written notification to the student will be filed. A copy of the written notification will be maintained in the student’s file.

3. **Probation**: If the student continues the unacceptable behavior/infraction after a written warning the student will be placed on program probation. Written documentation is provided to the student and a copy is maintained in their file.

4. **Dismissal**: If, after the appropriate actions have been carried out and the student fails to improve performance or continues to repeat infractions, the student will be dismissed from the program. Dependent on the type of violation, a student can be subject to immediate dismissal without prior disciplinary action (See termination/dismissal section).

**PROBATION**

When a student is placed on probation this indicates that (s) he is not maintaining the standards of education specific to the Casper College Radiography Program. Any student may be placed on probation for the following violations which are specific to these policies. 

NOTE: Students may also be placed on probation for policies not inclusive in these guidelines when they are identified and they violate the quality and safety standards put forth by the program.

A. Violation of dress code in clinical.

B. Failure to follow professionally acceptable radiation protection practices in the radiology lab and at clinical education centers.

C. Failure to maintain a professionally acceptable code of ethics regarding patient care and co-workers.

D. Failure to follow the defined program organization chain of command.

E. Failure to respond truthfully to questions concerning a student's education.

F. Excessive unexcused absences or tardiness that interfere with the completion of clinical objectives. (Excessive is defined as two or more unexcused absences or tardies).

G. Dishonesty or cheating.

H. Breaking patient confidentiality.

I. Not following the guidelines of direct and indirect supervision as outlined in these policies. Also not following the repeat procedure on page 33.
POLICIES & PROCEDURES

TERMINATION/DISMISSAL

There are two basic ways a student can discontinue the Radiography Program:

1. **Student Initiated:**
   When a student has decided for whatever reasons that continuation of the program is not advised, then as a common courtesy, the student is asked to inform the program director in writing giving the following information:
   a. Date of exit from the program.
   b. Reasons for the decision to leave.

2. **Program Initiated:**
   The program has a duty to uphold certain standards in regard to the academic and clinical setting. For this reason a student can be immediately dismissed from the program when a policy or procedure is broken and jeopardizes the high standards of the program. Any student in the Radiography Program can be immediately dismissed from the program for the following reasons:
   a. Failing a drug screen test (Initial drug screen failure-immediate dismissal)
   b. Breaking probation (Violating the same policy while on probation).
   c. Placement on probation for more than two policy infractions within the two-year period of the program.
   d. A grade of "F" or "U" from any didactic or clinical course automatically results in immediate dismissal from the program.
   e. Allowing cumulative G.P.A. to drop below 2.30.
   f. Unwarranted conduct as a student radiographer in didactic or clinical education will result in immediate dismissal from the program: Some examples include:
      - Misuse of college or clinical affiliate property.
      - Intoxication during classes or labs didactic and clinical education.
      - Committing a felony during education in the program.
      - Repeating a radiograph without direct supervision.
      - Performing an exam under indirect supervision prior to passing a competency examination with an 85% or better.
      - Not following the clinical attendance policies: excessive absences or tardiness.
      - Willful refusal to follow policies outlined in this manual.
      - Blatant disregard for radiation protection policies.
      - Dishonesty or cheating.
      - Breaking patient confidentiality.

Any infraction involving an ethical or safety issue can result in immediate dismissal from the program. Students being considered for immediate dismissal will be notified in writing for the reasons for such action. Any student wishing to appeal may do so. Refer to Casper College Student Handbook for the Casper College grievance procedure.
REINSTATEMENT POLICY

A student who earns a final grade below a “C” in any clinical or didactic radiography course will be ineligible to continue in the program. Students have two choices if they wish to continue with the program. The first is to re-apply as a freshman student in June of the following year. The second is to re-apply for advanced standing in the program at the level where they left off if a space is available in that class. The second choice involves the following steps in accordance with this policy:

a. Re-entry into the program must occur within one year.
b. The student must inform the Program Director, in writing, of his/her desire to re-enter the program.
c. Reinstatement requires that the student prove competency up to the level where they will be entering. This involves:
   1. A competency positioning test involving 5-10 exams that the student covered in previous courses. The student must earn an 85% or better to pass.
   2. A written exam covering material from previous courses they completed. The student must earn a 75% or better to pass.

Re-entry will not be considered for the following reasons:

a. Failure of two or more didactic or clinical courses.
b. Re-applying beyond one academic year of failed grade.
c. Demonstrated violations of professional ethics and standards of practice.
d. Not achieving a cumulative college GPA of 2.3 or higher
e. Space is not available in the class the student wishes to apply for.

CLINICAL ACCESSIBILITY POLICY

The Casper College Radiography Program utilizes a variety of health care agencies in the community for clinical experience for the students. If you have been employed in one or more of the agencies and are not eligible for rehire as an employee, the agency may not permit you to participate in the essential clinical component of the program.

Please contact the Human Resources department of the affected agency and request documentation from HR that states the agency position on you participating in the clinical component of the program. If you receive a negative response from the agency, you are automatically ineligible to apply. A response indicating you will be permitted to attend clinical in the agency will be given to the program director prior to the selection process for admission to the program. If you are unable to fulfill clinical requirements due to a previous employer issue and have not complied with the above, you could be dismissed from the program.
Students wishing to transfer into the Casper College Radiography Program from other institutions are subject to the following requirements:

1. Space availability.
2. The program the student is transferring from must be JRCERT accredited.
3. Student must have a 2.3 GPA or higher.
4. All transcripts must be reviewed by the Casper College Radiography Program Director to compare curriculum. Syllabi and course descriptions may be requested.
5. Two letters of recommendation: One from the current program director and another as a character reference.
6. A personal interview will be held with the student and conducted by a committee to include the CC program director, CC clinical coordinator, a representative from one of the clinical sites, and another outside individual.
7. The applicant must meet all the requirements of the Casper College Radiography Program.
8. The applicant will be subject to the clinical site’s drug and alcohol screening.
9. The student may be required to prove clinical and didactic competence in areas previously studied to determine appropriate academic level of the applicant.
Students will be allowed to practice venipuncture techniques on each other only under the supervision of a faculty member and after the following items have been completed by the student:

- Successful completion of RDTK 1830 Pharmacology for Radiographers
- Completion of venipuncture in-service
- Student has performed three successful punctures on a manikin
- Venipuncture release form located below has been signed and turned into the program director

Under no circumstances is a student to perform venipuncture on a patient without completing the steps listed above and passing a venipuncture competency exam with the Program Clinical Coordinator. Venipuncture in the clinical sites is to be performed under the direct supervision of a qualified technologist or nurse at all times.

I choose to allow my fellow radiography student peers to practice injection, venipuncture techniques on me. In freely making this decision, I hereby release Casper College and the radiography department faculty from responsibility for any complications that may result.

Be advised, if you have any medical condition that would place you or your peers at risk when participating in any of the above procedures, please do not sign this waiver.

Signed: _____________________________

Date: ______________________________

Witness: _____________________________
Students who are ill or injured, whether on campus or in the clinical settings, will be referred to the college health service in non-emergency situations. In emergency settings, the student may choose to go to his/her private physician or the emergency room.

Agency Worker's Compensation Insurance does not cover students in clinical settings. Students are covered by liability insurance provided by the college. Students enrolled in the radiography program are required to have their own health insurance.

If injured in a clinical setting, the clinical instructor/coordinator is to be notified and a copy of the Occurrence Report filed with the program director.

Students are required to obtain personal health insurance and keep it current.

**HEPATITIS-B**

Students will be required to begin the Hepatitis-B series prior to the start of the program. This is a series of three injections taken Day 1, Day 31 and 6 months following Day 1. Each injection, ranging in cost between $30-$60, will be at the student's expense. Documentation of each injection must be given to program director within 1 week following each injection.

**TB SKIN TEST**

TB skin test results must be filed each year with the program director. This is the sole responsibility of the student.

**MMR**

Students born in 1957 or later are required to show proof of MMR immunization after 15 months. Documentation of the injection must be filed with the program director prior to the start of the program.

**CPR**

Student must obtain CPR certification for the healthcare professional and maintain certification throughout the program. Documentation must be filed with the program director prior to the start of the program.

**Chicken Pox**
Clinical Agencies
Policies & Procedures
A. Radiography faculty and students of Casper College will follow the Infection Control Policies of the clinical agency in which they are currently engaging in the educational process.

B. Radiography faculty and students will routinely use appropriate standard precautions with all patients, equipment and potentially infectious materials to prevent skin and mucous membrane exposure to blood and body fluids including:

1. Routine use of suitable eye protection and the use of other personal protective equipment/apparel as deemed appropriate by faculty and/or agency staff.
2. Disposal of all sharps in an approved sharps container and of all disposable contaminated materials in red garbage bags.
3. Refraining from direct patient care and the handling of patient-care equipment until exudative lesions or weeping dermatitis resolves.
4. Immediate reporting of a blood or body fluid spill to the instructor and/or staff in order that agency procedures may be implemented.

C. Radiography faculty and students will exercise the following exposure procedure when necessary:

If the needle stick or contact with blood or body fluids occurs the student or faculty member will immediately report to their health care providers or the hospital infection control department to institute appropriate measures. Such treatment will be rendered at the expense of the individual student.

D. The Radiography Program will keep records of immunizations and testing required by clinical agencies to meet the dictates of regulatory agencies and supply such records to clinical agencies as requested and necessary.
MATERIAL SAFETY DATA SHEET (MSDS)

MSDS are documents describing the known hazards associated with a material, indicating safe handling, recommending responses to accidents and are an invaluable source of safety information when working with various hazardous materials. Students must be aware of the location of the Material Safety Data Sheets in the Casper College radiography lab and each of the clinical sites. Any exposure to a chemical must be reported immediately to a program faculty member.

Workplace Hazards

The Casper College Radiography Program is committed to providing a safe environment for the student's educational experiences. Students will receive information regarding radiation protection, body mechanics and standard precautions prior to entering the clinical setting in the following courses: RDTK 1500, 1530, 1580 and 1710. This information will be reviewed periodically throughout the program to ensure students are following safe practices in these areas. Workplace hazards such as, but not limited to, classroom safety, fire, natural disasters and other emergency situations as well as departmental policies and procedures and hazardous material regulations will be reviewed during program, hospital and clinical orientations. College courses outside the radiography program requiring the use of various chemicals in lab will review safety issues related to the use of each chemical with students prior to their use. General chemical and electrical safety rules for the radiography department are listed below. Material Safety Data Sheets for chemicals utilized in the radiology lab are posted and available to students by the entrance to the darkroom (See next policy for MSDS information). All students will be required to review and follow the radiation protection and laboratory usage policies listed in this document.

General Chemical Safety Rules:

1. Do not eat or drink in the lab where chemicals are being used.
2. If a student has any physical contact with a chemical an instructor must be notified immediately. If the chemical contacts a student's skin or is ingested, the instructor will consult the MSDS for that specific chemical. Proper steps will be taken to ensure emergency procedures are followed as outlined by the MSDS. The school nurse will be consulted immediately and if necessary the student will seek additional medical care.
3. Protective equipment should be utilized if contact with chemicals is possible. Gloves, protective eyewear and aprons are available for student use.
4. Students should not work with any chemicals unless in the presence of a faculty member.
5. Chemical Fires:
   a. Remain calm, call 911
   b. Never allow a fire to come between you and an exit
   c. Evacuate your area if you are unable to put out the fire
   d. Do not break windows. Oxygen feeds fires, only break a window as a last resort.
   e. Do not return to the emergency area until instructed to do so by fire or emergency personnel.
**General Electrical Safety Rules**

1. Only electrical equipment that is properly installed and maintained should be used in the classroom or lab.
2. Damaged electrical equipment should be reported to faculty members immediately.
3. Before using electrical equipment check for worn or defective insulation and loose or broken connections. Report any problems immediately and do not touch the equipment.
4. Keep all electrical wires away from hot surfaces.
5. Do not allow water to leak on or near electrical wires, switches and outlets.
6. Avoid the use of extension cords. All extension cords if used must be grounded.
7. Never touch a switch, outlet, or other electrical source with wet hands.
8. Attempt to limit one appliance per outlet.

**CLINICAL AGENCIES POLICIES & PROCEDURES**

**COMMUNICABLE DISEASES**

For the protection of patients and other personnel, any student with the infectious processes as listed below must not attend clinical education.

1. Fever of 101 or above
2. Sore throat associated with fever of 101 or above and swollen lymph nodes
3. Flu-like symptoms (respiratory)
4. Productive cough with fever, congestion, in lungs
5. GI flu (diarrhea, nausea, vomiting, and congestion in lungs)
6. Draining of open sore, boils, and burns, "pink eye", significant rash
7. Diagnosed strep throat
8. Lice
9. Scabies
10. Herpes labialis (cold sores)-Absolutely no contact in Labor/Delivery or Nursery Departments.

Before returning to clinical education the following must occur:

1. Temperature below 99°
2. If a physician orders a throat culture, the student must not attend clinical while the culture results are pending
3. Able to function in clinical education
4. If phlegm is colored, the student should not be working. If phlegm is clear, exhibit good hand-washing techniques and wear mask in patient care areas
5. If diarrhea is severe, student in patient care areas must remain home until diarrhea subsists for 12 hours
6. Before working with patients, the student needs to check with clinical education coordinator who will check with infection control
7. Culture confirmed -- may return after being on antibiotic for 24 hours
8. Shampoos or bathe with Kwell or RID
9. See physician. This can be a serious hospital problem
10. May not do patient care until lesions are dried and crusted. No contact with patients in Labor and Delivery, Nursery, or with severely immuno-compromised patients
CLINICAL AGENCIES POLICIES & PROCEDURES

INFECTION CONTROL

General hospital policies on infection control will be followed. Detailed information may be obtained from the clinical site.

PERSONNEL:

Any student with an infectious process listed on page 29 must report to the clinical coordinator/instructor before assignment.

PERSONNEL CARE:

1. Hand washing should be done before and after patient contact.
2. Soap dispensers or alcohol based hand washes are located in each room and must be used; NO bar soap to be used.
3. There will be no eating or drinking in patient work areas.
4. Clothing, shoes, hair, etc., will be clean. Uniform policy will be followed.

ISOLATION PATIENT CONTACT:

1. Precaution card instructions found on patient's door will be followed for each individual case.
2. Gowns, masks, gloves will be used if recommended or indicated.
3. Gloves will be worn when changing bandages or anytime contact is made with draining or open wound or any blood/body fluid.

TRANSPORTING ISOLATION PATIENTS:

1. Precaution card instructions found on the patient's door will be followed for each individual case.
2. Any linen that comes in contact with patient or gowns worn by the student will be placed in the linen bag.
3. Once a gown is removed, it should not be reused.
4. Carts or wheelchairs will be thoroughly cleaned with disinfectant of choice following patient's return to ward.
5. Draining wounds will be covered by floor personnel before patient is transferred.
6. All patients on contact precautions for a diarrhea illness shall wear PJ bottoms. If patient is incontinent, they should be diapered with diapers.
CARE OF EQUIPMENT AND SUPPLIES:

1. When isolation patients leave the department, all equipment used will be washed with a hospital-approved disinfectant.
2. If portable unit is used in isolation patient’s room, it will be washed with disinfectant of choice following procedure.
3. Following routine x-ray examination, radiographic table and x-ray film cassettes (if cassette comes in contact with patient) should be cleaned with disinfectant or equivalent preparation found in each radiographic room.
4. Instruments used during any "puncture" procedure in department should be thoroughly washed following procedure and returned to Central Supply to be autoclaved. (if instrument is re-usable)
5. X-ray film cassettes shall be cleaned with hospital-approved disinfectant following any contact with isolation patient.
6. All portable radiographic equipment must be "wiped down" with hospital-approved disinfectant prior to entering any operating room suite.
7. All "used" disposable supplies contaminated with blood/body fluids, must be placed in a red sanitation bag for proper disposal. These "red" bags must be kept separate from normal trash items.

CUT DOWN AND PUNCTURE EXAMINATIONS:

Sterile precautions during procedures must be met at all times. Betadine solution is recommended as a skin preparation prior to skin puncture for spinal taps or indwelling venous catheters.
BLOOD & BODY FLUIDS "BARRIER"

1. Hands should always be washed or alcohol gel used, before and after contact with patients. If hands come in contact with blood, body fluids or human tissue, they should immediately be washed with soap and water.

2. Gloves should be worn whenever contact with blood, body fluids, tissues or contaminated surfaces is anticipated. Hands will be washed, or alcohol gel used immediately after gloves are removed.

3. Gowns or plastic aprons are indicated if blood splattering is likely.

4. Masks and protective goggles should be worn if aerosolization or splattering is likely to occur, such as in certain dental and surgical procedures, wound irrigation, post mortem examination and bronchoscopy.

5. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable.

6. Following the use of any of the previously mentioned ventilation devices, such items must be sent to Respiratory Care Department for proper sterilization procedures.

7. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath or unnecessarily handled. They should be discarded intact immediately after use into an impervious needle disposal box, which should be readily accessible. (Placed in all clinical examination rooms.) All needle stick accidents, mucosal splashes, or contamination of open wounds with blood or body fluids should be reported immediately.

8. Blood spills should be cleaned up promptly with a disinfectant solution such as a 1:10 dilution of bleach or other affiliate approved solution.

9. All patients’ blood specimens should be considered biohazardous.

10. Any item that comes in contact with the eyes of a patient during any examination or treatment (protective lead strips, etc.) must be thoroughly cleaned with a Hospital approved solution. Alcohol immersion for 10 minutes is suggested.

11. These Blood and Body Fluids "Barriers" Policies do not replace the standard Radiology Department Infection Control Policy.

Background Check/Drug-Alcohol Policy

Students enrolled in any of the health science programs will participate in clinical experiences in a variety of agencies. Prior to participating in the clinical experiences, students will be subject to that agency’s requirements for a background check, drug testing and drug abuse prevention policies. Students are then subject to the random drug testing policy of that agency.

Following graduation, several of the state and/or national licensing or certification (registry) boards, including the American Registry of Radiologic Technologists (ARRT), may refuse to allow a graduate to sit for the required exam or issue a license or certification to a person who has a prior felony conviction or proven history of drug or alcohol abuse. Applicants to whom this applies should consult the program director for further information.
Health Sciences Division Policy Statement Regarding
The Chemically Impaired Student

The faculty of the Health Sciences Division has a professional and ethical responsibility to the student and clients. The faculty requires that health sciences students provide safe, effective, and supportive client care. To fulfill this purpose, students must be free of chemical impairment during participation in any part of the health sciences programs including classroom, laboratory, and clinical settings.

The faculty defines the chemically impaired student as a person who, while in the academic or clinical setting, is under the influence of, or has abused, either separately or in combination: alcohol, over-the-counter medication, illegal drugs, prescribed medications, inhalants, or synthetic designer drugs. Abuse of the substances includes episodic misuse or chronic use that has produced psychological and/or physical symptomatology. This health problem must be proactively addressed when identified within the health sciences student population. Faculty will follow the college’s “Drug Free Campus Policy” as outlined in the Casper College Student Handbook and Annual Campus Security Report. In addition, the health sciences faculty will intervene with the chemically impaired student as outlined in the established Health Sciences Division procedure.

The health sciences faculty is cognizant of the various state board recommendations on chemically impaired students who apply for licensure and will communicate this information to students. Faculty recommends that on application for licensure the student offer full disclosure of chemical dependence and extent of the treatment received.

<table>
<thead>
<tr>
<th>Physiologic</th>
<th>Behavioral</th>
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<tr>
<td>Slurred or rapid speech</td>
<td>Irritability and mood swings</td>
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<tr>
<td>Trembling hands</td>
<td>Isolation or avoidance of group work</td>
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<tr>
<td>Persistent rhinorrhea</td>
<td>Pattern of absenteeism and tardiness</td>
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<tr>
<td>Altered pupil dilation</td>
<td>Decreased clinical and academic productivity</td>
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<tr>
<td>Flushed face</td>
<td>Fluctuating clinical and academic performance</td>
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<tr>
<td>Red eyes</td>
<td>Change in dress or appearance</td>
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<tr>
<td>Odor of alcohol</td>
<td>Inappropriate responses</td>
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<tr>
<td>Unsteady gait</td>
<td>Elaborate excuses for behavior</td>
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<tr>
<td>Declining health</td>
<td>Decreased alertness/falling asleep in class</td>
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<td></td>
<td>Dishonesty</td>
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</table>
Procedure for the Alleged Chemically Impaired Health Sciences Student

1. The health sciences faculty or clinical supervisor is to gather and document data on behaviors. If the student demonstrates impaired behaviors in the classroom, campus lab or clinical site the faculty or clinical supervisor will:
   - Notify the director of program of the pending situation.
   - Remove the student to a private area and provide the opportunity for the student to explain the observed behavior(s).
   - If client care is involved, relieve the student of the client assignment.
   - Send the student with a designated driver to the Occupational Health Office at 245 Fenway, for drug/alcohol testing or an identified site that is available at the geographical clinical site location.
   - The Occupational Health Office will be contacted for a referral location that is accessible to the clinical site.
   - Notify the Occupational Health Office, 577-4300, or the identified site that is available at the geographical clinical site location, of the student’s name and impending arrival.
   - A student’s refusal to submit to drug/alcohol testing will be considered failure to comply with a reasonable request. At that time the student’s actions would be considered noncompliant with the program policies and would be grounds for disciplinary action, and may result in termination from the program.
   - The student and director of the program will be notified of results.
   - Collaborate with the clinical site regarding substance-abuse policies pertaining to student in the clinical setting, if applicable.

2. An information meeting will be scheduled prior to the results of the drug/alcohol testing, or prior to disciplinary action.

3. Information Meeting
   Involved health sciences faculty and the clinical supervisor (s), the director of the program and the student review the documentation of the alleged substance abuse and discuss the procedures that will be followed for procedure implementation.
   - Make student aware of the faculty’s/ supervisor’s allegations.
   - Review the procedure.
   - Present documentation concerning student’s behaviors and provides the student with opportunity to discuss the observations.
   - Documentation of the student’s behaviors, faculty’s recommendations for follow-up, the student’s written response to the allegations, and the date and time for the intervention meeting.
   - Documentation is dated and signed by the faculty/ supervisor (s), director of the program and the student.
   - Original is placed in student file and copy is given to student.

4. Intervention Meeting
   a. Involves faculty/ supervisor (s) who identified the problem, appropriate faculty, the student, a student support person, if desired, and the director of program. The purpose of the meeting is to:
      - Review the student’s behavior and classroom/clinical performance.
- Discuss the policy for impaired health sciences students and its implementation.
- Discuss the academic consequences related to the policy violation.
- Secure the student’s agreement to seek a comprehensive substance abuse evaluation.

b. Documentation is completed that articulates the problem behaviors, any academic consequences, the student’s agreement to seek a professional evaluation for a potential substance abuse problem, and the student’s understanding that failure to abide by the recommended treatment plan will result in dismissal from the program.

c. The director of program provides the student with contact information for the Wyoming Professional Assistance Program (WPAP) so that a professional evaluation can be done.

d. The student may not attend program lecture classes or clinical until a substance abuse evaluation is obtained.

e. If the student refuses to obtain an evaluation, s/he is dismissed from the program.

f. If the student tests positive, the student is dismissed from the program secondary to the student being unable to continue at the clinical site.

g. The student, faculty and the program director sign documentation of the intervention meeting and it is then placed in the student file with a copy provided to the student.

6. A “Student Grievance Procedure” is available in the Casper College Student Handbook and Annual Campus Security Report if the student believes the allegation(s) regarding chemical impairment and the outcome of the intervention meeting are not justified.
Possible Outcomes

The student arranges for and pays for the substance abuse evaluation from the Wyoming Professional Assistance Program (WPAP).

1. The substance abuse evaluation does not substantiate the alleged substance abuse by the student. If this occurs, all documentation related to the alleged incident is removed from the student’s file and the student may return to all courses without negative academic consequences.

2. The substance abuse evaluation does substantiate the alleged substance abuse by the student, but the student refuses to abide by the policy of enrollment in a treatment program and ongoing monitoring. If this occurs, the student is dismissed from the program and will not be granted readmission or admission to any Health Sciences program.

3. The substance abuse evaluation does substantiate the alleged substance abuse by the student and the student agrees to abide by the policy. If this occurs, the student signs an agreement to participate in a treatment program and to have his or her progress monitored by the treatment program with quarterly reports provided to the director of the program. The student is allowed to continue in the program as long as s/he is compliant with the treatment contract and the clinical agency is in agreement.

4. In specific circumstances, at the discretion of the division and the college, a student may not be allowed to return to the program, even if the student is willing to be rehabilitated.

5. The student may choose to exit the program and seek counseling.

6. If the student desires to re-enter the program, the quarterly reports from WPAP will be requested as part of re-admission process.

7. Consideration will be given to the student request to re-enter the program at the point of exit, if no more than one year as lapsed and the student successfully completes requirement competencies and/or examinations.

Guidelines for the Student Who Has a Positive Drug Screen

1. Should a student test positive at any time on the drug and alcohol screen, the student and the director of the program will be notified by the department of Occupational Health Management or the identified site that is available at the geographical clinical site location.

2. See the Health Sciences Division Procedure for the Alleged Chemically Impaired Student, the ‘Intervention Meeting’ for policy application.

Revised 6/05
Student Contract

I, ______________________, will receive a comprehensive substance abuse evaluation conducted by the Wyoming Professional Assistance Program (WPAP).

- I understand that the payment for the evaluation, treatment, and follow-up care will be my responsibility.
- If no treatment is recommended, evidence of such will be provided to the director of the program before I return to lecture or clinical.
- For consideration of continuation or re-entry into a health sciences program:
  - I must complete the program determined by the substance abuse professional (SAP) if treatment is recommended.
  - Written evidence of my treatment program completion, ability to return safely without impairment to the program, and my after care plan will be submitted to the director of the program.
- It has been explained to me that the grade of (I) incomplete or (W) withdraw will be awarded for courses interrupted by my treatment.
- I have been informed that it is my responsibility to fully disclose my chemical impairment and extent of the treatment received at the time I apply for licensure or certification to the appropriate state agency.
- In addition to this contract, I will be asked to sign a “Treatment and Monitoring Agreement” with WPAP and a “Monitored Treatment Program (MTP)” contract with the members of the MPT who include: Casper College, the designated clinical agency and Wyoming Professional Assistance Program.
- I have also been informed that a written reinstatement request must be submitted for the semester that I desire to return to the program.
- I understand that further evidence of chemical impairment in the classroom or clinical laboratory will result in immediate termination of my enrollment in the health sciences program at Casper College.
- If my enrollment in the program is terminated based on violation of the terms or conditions of this contract, I will not be granted readmission to that program or any other health sciences program at Casper College.

Date: ___________________________________________________________

Student signature (agreement) ______________________________________

(disagreement____________________________________

Witness signature: _______________________________________________