

Prince George's Community College

Radiography Program



Student Handbook

Academic Year 2024-2025

Welcome to the Radiography Program at Prince George's Community College!

This program of study will provide you with the fundamental knowledge and skills to become an entry-level Radiographer. This is a rigorous program of study that will require a sincere commitment on your part. Using a teamwork approach, program faculty will help you work towards your professional goals.

This handbook is designed to serve as a guide to policies and procedures specific to the Radiography Program. It compliments information contained in the Prince George's Community College Catalog and Student Handbook, both available on the College's website, www.pgcc.edu. It will serve as a valuable resource to you while you are in the program.

If you ever have questions or concerns about the program, please feel free to contact the program faculty. We are here to help you master the art and science of radiography.

Best wishes as you work towards your goals!

Suzanne McCarthy, MEd, R.T. (R)(M)
Program Director

Tina Scott, MS, R.T. (R)(CT)
Clinical Coordinator

**PGCC RADIOGRAPHY PROGRAM
DIVISION OF HEALTH, WELLNESS, &
HOSPITALITY
DEPARTMENT OF ALLIED HEALTH**

Table of Contents

SECTION I.....	7
• RADIOGRAPHY Program.....	8
• Mission Statement.....	8
• Program Goals.....	8
• Program Outcomes.....	8
• Program Accreditation.....	8
• PGCC Radiography Program Faculty Contact Information.....	8
• Adjunct Faculty/Clinical Instructors.....	9
• Clinical Education Center Contact Information (Non-Academic Standards for Program Admission and Continued Participation).....	10
• Professional Code of Ethics.....	13
• Competency Based Plan of Education.....	15
• Didactic and Laboratory Instruction.....	15
• Clinical Education.....	15
• Evolve.....	16
• Comprehensive Clinical Competency Evaluations.....	16
• Student Assessment and Tracking in the Clinical Education Setting.....	17
• Clinical Competency Evaluations.....	17
• Patient Communication Assessment.....	19
• Clinical Rotation Evaluation.....	19
• Image Critique Evaluation.....	20
• Category Competency Evaluation.....	21
• Clinical Instructor Evaluation.....	21
• Junior Master Competency Evaluation.....	22
• Master Competency Evaluation.....	23
• ARRT Clinical Competency Requirements Checklist.....	25
• Program Continuation.....	27
• Program Re-Entry.....	27
• Program Withdrawal.....	27

Table of Contents (cont.)

- Transfer Students.....27
- Allegations of Non-Compliance with JCERT Standards28
- Academic Standing28
- Class and Laboratory Attendance and Tardiness Policy PGCC Radiography Program Due Process for Academic Complaints and Appeals29
- Cell Phones and Other Electronic Devices.....29
- Examinations/Test/Quizzes30
- Late Assignments30
- Confidentiality of Patient Information30
- Clinical Attendance and Tardiness Policy.....30
- Attire in the Clinical Education Center32
- Clinical Readiness Test33
- Laboratory Practical Examinations33
- Health Assessment33
- Insurance34
- Professional Behavior in Clinical Settings34
- Transportation35
- Clinical Competency Evaluations35
- Clinical Education Records.....35
- Clinical Rotation Evaluations36
- Identification Monitors36
- Lead Markers.....36
- Radiation Safety37
- Magnetic Imaging Safety37
- Supervision while Performing Radiographic Examinations.....37
- Radiation Monitoring37
- Repeat Radiographs.....39
- Pregnancy and Ionizing Radiation.....40
- Meal Breaks42
- Removal of Student from Clinical Education Site42
- Harassment42
- College Admission.....43

Table of Contents (cont.)

SECTION II	44
• Campus Resources and College Admission	45
• Campus Resources and Campus Services	45
• Health Sciences Computer Lab (HSCL)	46
• Health Sciences Collegian Center (HSCC)	46
• Student Handbook	47
• Owl Mail Information	48
• Clock Hour/Credit Definition.....	48
• Student Code of Conduct	49-51
• Disruption of Class	52
• Substance Abuse.....	52
• Non-Discrimination Policy.....	52
• Title IX.....	52
• Disability Support Services	53
• Grade Changes and Appeals.....	53
• Student Complaint Procedures	53
• Student Grievance Procedure	54
• College Resources and Services.....	53
• Tutoring and Writing Centers.....	54
• Student Development Services	54
• Library.....	54
• Campus Bookstore	54
• PGCC Cares.....	54
• Delayed College Openings	54
• Safety and Emergency Procedures	55
• Phone Numbers for On-campus Emergencies.....	55
• Accidents.....	55
• Workplace Hazards (Non-Emergent)	55
• Medical and First Aid.....	56
• Emergency Procedures	56
• Evacuation.....	57
• Evacuation Assembly Areas.....	58
• Active Shooter	58

Table of Contents (cont.)

- Building Evacuation58
- Communicable Diseases.....59
- Shelter-in-Place60
- Shelter-in-Place Protocol.....60
- Lockdown.....61
- Lockdown Protocol61
- Active Threat Response.....61
- Information you should provide to the Department of Public Safety and responding law enforcement officials60
 - Bomb Threat.....62
 - Bomb Threat Received by phone63
 - Bomb Threat received by Handwritten or Email Note63
 - Chemical Spills64
 - Chemical Fires64
 - Civil Disturbance.....64
 - Cyberattacks65
 - Earthquake.....65
 - Explosions65
 - Standard Precautions Requirements.....66-67
 - Sequence for Putting on Personal Protective Equipment (PPE).....68
 - How to Safely Remove Personal Protective Equipment (PPE).....69
 - Blood and Body Fluids Policy.....70-73
 - Student Acknowledgement of Student Manual74

SECTION I

Radiography Program Policies and Procedures

RADIOGRAPHY PROGRAM

Mission Statement

The Radiography program prepares students to practice as a proficient, professional radiographer in diverse health care settings.

Program Goals

Goal 1: Graduates will be clinically competent.

Goal 2: Graduates will apply critical thinking skills.

Goal 3: Graduates will demonstrate professional growth and development.

Goal 4: Graduates will communicate effectively.

Program Outcomes

The Radiography Program graduate will be able to:

- Properly position patients.
- Select correct exposure factors.
- Apply radiation protection principals.
- Modify positioning based upon patient condition.
- Critique radiographic images.
- Explain the importance of continued professional development.
- Demonstrate professional behavior.
- Demonstrate effective oral communication skills in the practice of radiography.
- Demonstrate effective written communication skills in the practice of radiography.

Program Accreditation

The Radiography Program of Prince George's Community College is accredited by:

The Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606
(312) 704-5300
<http://www.jrcert.org>

In order to maintain JRCERT accreditation, programs must be in compliance with the “Standards for an Accredited Educational Program in the Radiological Sciences”. A current copy of the JRCERT Standards is posted in all Canvas courses and in Trajecsys, for student reference. Each Clinical Education Center (CEC) is provided with a copy of the JRCERT Standards in through Trajecsys.

PGCC Radiography Program Faculty Contact Information

Program Director

Suzanne M. McCarthy, M.Ed, R.T. (R)(M)
Program Director
mccartsm@pgcc.edu
(301) 546-0648

Fulltime Faculty

Tina Scott, MS, R.T.(R)(CT)
Clinical Coordinator
scotttx@pgcc.edu
(301) 546-4230

Adjunct Faculty/Clinical Instructors

Each adjunct faculty member will provide students with additional contact information at their discretion.

Ray Badia, R.T. (R)
BadiaRX@pgcc.edu

Diane Bankhead R.T. (R)
Dlawrence8732@pgcc.edu

John Canlas, R.T. (R)(CT)(VI)
canlasjh@pgcc.edu

Jayser Gamboa, R.T. (R)
jgamboa@pgcc.edu

Amanda Guilfooy R.T. (R)
Aguilfo63006@pgcc.edu

Karen Moorman MEd R.T. (R)(CT)(M)(QM)
moormakm@pgcc.edu

Kim Murphy, R.T.(R)
klmurphy@cnmc.org

Orlando Occenad, R.T. (R)
OccenaOG@pgcc.edu

Erika Sherman, R.T. (R)
ShermaED@pgcc.edu

Judi Stallings R.T. (R)
thompsjx1@pgcc.edu

Clinical Education Center Contact Information

Clinical Facility	Address & Phone #	Clinical Site Contact
ARS– Waldorf	3510 Old Washington Road Suite 101 Waldorf, MD 20602 (301) 638-2862	Kelsey Rollins, R.T.(R)
Calvert Health Medical Center	Radiology Department 100 Hospital Road Prince Frederick, MD 20678 (301) 535-8318	Lisa Curl, R.T. (R)(ARRT)
American Radiology Services - Calvert Medical Imaging Center	130 Hospital Rd. Ste. LL 100 Prince Frederick, MD 20678 443-295-9225	Lauren Webster, R.T.(R)
Children's National Medical Center	Department of Diagnostic Imaging 111 Michigan Ave, NW Washington, DC 20010 Main (202)476-3429 or 4290	Janelle Parker, R.T.(R)(CT)(ARRT)
Community Radiology Associates Bowie Radiology Services (North)	14999 Health Center Drive Suite 102 Bowie, MD 20716 (301) 860 -1721	Sydney Champagne R.T.(R)
Community Radiology Associates Bowie Radiology Services South	4000 Mitchellville Road Suite A100 Bowie, MD 20716 (301) 805-7002	Sandra B. Ziliox, R.T.(R)(M)(CT)
Community Radiology Associates- Clinton Imaging Center	9131 Piscataway Road Clinton, MD 20735 (240) 846-6750	Prudence Cromartie R.T.(R)
Community Radiology Associates- Greenbelt	7501 Greenway Center Drive Suite 200 Greenbelt, MD 20770 (240) 387-7505	Jonelle Mitchell, RDMS
Doctors Community Hospital	Radiology Department 8118 Good Luck Road Lanham, MD 20706 (301) 552-8039	Ruby Sackey Ofori, R.T.(R)
Fort Washington Medical Center	11711 Livingston Rd, Fort Washington, MD 20744 (301) 203-2273	Phillip Komenda, R.T. (R)
Kaiser Permanente – Camp Springs	6104 Old Branch Ave. Temple Hills, MD 20748 301-702-6103	Beverly Simpson R.T. (R) <i>Not currently sending students</i>

Kaiser Permanente - Largo	1221 Mercantile Lane Largo, MD 20772 (301) 618-5743	Artine Hollis, R.T.(R) Bruce Odoms R.T.(R)
Kaiser Permanente - Marlow Heights	5100 Auth Way Camp Springs, MD 20746 (301)-702-5262	Marcel Westney R.T. (R)
Laurel Regional Hospital	Radiology Department 7300 Van Dusen Road Laurel, MD 20707 (301) 497-7994	Leslie Aiello <i>Not currently sending students</i>
University of MD Capital Region Medical Center (Prince George's Hospital)	Medical Imaging Department 901 Harry S Truman Dr N, Largo, MD 20774 (301) 618-3340	Kimberly Berry, MBA,CRA,BSHI, R.T. (R) Frewoin Gulelat, R.T.(R)(M)
MedStar St. Mary's Hospital	Radiology Department 234 Jefferson Street PO Box 527 Leonardtown, MD 20650 (301) 475-6126	Melissa Alton R.T. (R)
MedStar Southern Maryland Hospital Center	Radiology Department 7503 Surratts Road Clinton, MD 20735 (301) 877-4772	Felisha Clark, R.T.(R)
American Radiology Services - Patuxent	230 W. Dares Beach Road Suite 100 Prince Frederick, MD 20678 (410) 410-3041	Katy Lynch. R.T.(R)
American Radiology Services - Pembroke	11335 Pembroke Square Suite 101 Waldorf, MD 20693 (301) 870-8434 #3	Kathleen Franklin, R.T.(R)(CT)(MR)
Tower Radiology	4255 Altamont Place, Suite 102 White Plains, MD 20695 (301) 638- 4606	Stephanie Rye, R.T.(R)(CT)(MR)
University of Maryland Charles Regional Medical Center	Radiology Department 701 E. Charles Street La Plata, MD 20646 (301) 609-4174 or 4651	Cori Ashton

Non-Academic Standards for Program Admission and Continued Participation

Prior to the start of the Radiography Program, students must submit a completed Health Assessment Form to the Castlebranch website. Throughout the program, all students are required to maintain CPR certification. Only Certification through the American Heart Association Healthcare provider will be accepted. CPR certification cannot be done online and must include hands-on assessment.

Students are required to show proof of medical insurance coverage prior to beginning the clinical education component of the program and must maintain it during the time in the radiography program. The student must demonstrate through physician evaluation that they are able to fulfill the customary physical and mental requirements of the profession in order to enroll in the Radiography Program. Once admitted to the program, individuals must continue to meet the physical and mental requirements. **Individuals must be able to:**

- Work 8-10 hours per day performing physical tasks such as sitting, lifting at least 50 pounds, bending, turning, carrying, and moving around the physical environment.
- Perform fine motor movements needed to manipulate instruments and equipment.
- Communicate effectively, both verbally and written, with peers, patients, and physicians.
- Monitor and assess patient's needs using auditory and visual skills.
- Monitor radiation exposures by the visual and auditory mode.
- Work safely with patients who are susceptible or are in the contagious stage(s) of communicable diseases.
- Establish and work toward goals in a responsible manner.
- Work as a member of the health care team to care for patients while delivering ionizing radiation and maintaining high standards of professionalism.

An annual criminal background check is required of all students admitted to the Radiography Program, and continued participation in the program is contingent upon a satisfactory response on the background check. All information on the background check remains confidential and is only shared with the requesting clinical agencies. If a clinical agency denies clinical placement for a student because of the background check, that student may not be able to complete the clinical program.

Students accepted into the Radiography Program are required to submit evidence of an annual drug screen urine panel as outlined on the individual program's *Screening Form*. This form is within the CastleBranch platform. Information about the results of the drug screen urine panel are only shared with requesting clinical agencies. If a clinical agency denies clinical placement for a student because of the drug screen urine panel result that student may not be able to complete the clinical program. Students, at their own expense, may be required to submit to random urine drug testing at clinical sites. Results of random urine drug testing may result in the student not being able to complete the clinical program.

Individuals who have been involved in a criminal proceeding or who have been charged with or convicted of a crime are encouraged to file a pre-application with the American Registry of

Radiologic Technologists (ARRT) in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. For further information regarding ethics

eligibility of the ARRT, individuals should contact the ARRT at (651) 687-0048 or www.arrt.org.

Professional Code of Ethics

Students enrolled in the Radiography Program are required to abide by the Standards of Ethics adopted by the American Registry of Radiologic Technologists. The Code of Ethics forms the first part of the ARRT Standards of Ethics. It serves as a guide by which Registered Technologists and Candidates may evaluate their professional conduct. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety and comfort of patients. The Rules of Ethics form the second part of the Standards of Ethics. They are mandatory standards of minimally acceptable professional conduct for all present Radiologic Technologists and Candidates. Registered Technologists and Candidates who violate the ARRT Rules of Ethics are subject to sanctions (<https://www.jrcert.org/>). The ARRT Code of Ethics is below:

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principle objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion or socioeconomic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self and other members of the health care team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues and investigating new aspects of professional practice.

11. The radiologic technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

The ARRT Code of Ethics (©ARRT 2019) is used with permission and is on the ARRT website: www.arrt.org

Competency Based Plan of Education

The Radiography Program of Prince George's Community College is based on a competency-based education plan. Simply defined, students are presented and tested on radiographic anatomy, and positioning and procedures in the classroom and laboratory setting before they may attempt competency evaluation in the clinical setting. Therefore, the program is structured to for competency-based education.

The program faculty believe that a foundational knowledge base is essential before students begin the clinical education component of the program. During the first 8 weeks of the program, prior to entering into the clinical education setting, students are provided with fundamental principles of radiographic positioning, radiation protection, image production, equipment operation and patient care. Students are permitted to begin the clinical portion of the program only after passing written comprehensive examinations, documenting "clinical readiness".

The program curriculum follows the most recent version of the curriculum guide for radiography adopted by the American Society of Radiologic Technology (ASRT), in accordance with the Standards for Accreditation enforced by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Competency requirements required for graduation from the Radiography Program have been developed in compliance with the competency requirements of the American Registry of Radiologic Technologists (ARRT).

The Radiography Program of Prince George's Community College prepares students to practice as proficient, multi-skilled professionals in diverse healthcare settings. Program content includes: patient care and education, radiographic procedures, radiation protection, image production and evaluation, and clinical education. Students' progress from the learning phase to the multi-skilled practitioner phase. Graduates will be prepared with the skills necessary for life-long practice in the field of radiography. Graduates are qualified to apply to take the certification exam administered by the American Registry of Radiologic Technologists (ARRT).

Competency-Based Plan of Education

The program's clinical education plan requires students to document written comprehension and successful completion of laboratory practical examinations prior to attempting competency evaluations in the clinical setting. Considerations for mobile, surgical, pediatric and geriatric patients are incorporated throughout the entire curriculum, rather than as separate units of study. Mobile, surgical and trauma radiography are introduced during the first year of the program and expanded upon in the second year of the program. The program curriculum introduces students to the didactic knowledge related to each of the categories in the following basic sequence:

- First Didactic Semester – RAD 1410
 - Chest
 - Plain Abdomen
 - Upper Extremity

- Shoulder Girdle
Lower Extremity
- Second Didactic Semester – RAD 1420
 - Gastrointestinal System
 - Bony Thorax
 - Hip and Pelvis
 - Vertebral Column
- Third Didactic Semester – RAD 2410
 - Biliary System
 - Cranium
 - Urinary System
 - Pediatric (expanded)
 - Reproductive System

Didactic and Laboratory Instruction

For each unit of study, students are provided with lecture and laboratory instruction. At the completion of each unit comprehensive written examinations and laboratory practical examinations are administered. Students are required to achieve a minimum grade of 75% on each of these examinations before attempting to complete the corresponding clinical competency evaluations. Students who do not achieve a minimum grade of 75% on both the written or laboratory practical examination will be provided with remediation and re-evaluated. The grade achieved by the student on the initial written and competency examinations will be the recorded grades for the unit. Subsequent evaluations will not be averaged into the student's grade for that unit. Students who are unable to achieve the minimum required score on the written or laboratory practical examination are not permitted to perform corresponding examinations in the clinical setting, and are at risk for inability to complete the required coursework for the corresponding clinical education course.

Clinical Education

Students begin the clinical education portion of the curriculum during the second half of the first semester in the program. Prior to entrance into the clinical setting, students are provided with instruction in fundamentals of patient care, image production, equipment operation, radiation protection, and radiographic procedures. Students begin their clinical education experience by observing the daily operations of an imaging facility, completing patient care competencies and assisting staff radiographers in performing various radiologic examinations.

After successful completion of written and laboratory examinations, students may attempt to perform competency evaluations in the clinical setting. Clinical competency evaluations provide the program with a means of evaluating the student performing radiographic examinations in the clinical setting. The clinical competency evaluations assess the student performance in the cognitive, affective, and psychomotor domains. The cognitive aspect of the evaluation assesses the student's understanding of the didactic theory pertaining to the examination. The affective aspect of the evaluation assesses the student's interpersonal skills and general demeanor while performing examinations. The psychomotor aspect of the evaluation assesses the student's actual ability to apply didactic material in the clinical setting.

During the clinical education component of the curriculum, students' progress from observing, to assisting, to independent clinical performance. Prior to demonstration of clinical competency on a specific radiographic examination, students are required to have direct supervision while performing examinations. Direct supervision requires an ARRT registered radiographer to be with the student at all times while performing a radiographic examination. Once a student has demonstrated clinical competency on a specific radiographic examination, the student may perform radiographic exams of that type with indirect supervision. Indirect supervision requires that an ARRT registered radiographer be immediately available to assist the student. It is the policy of the PGCC Radiography Program that students are not permitted to perform mobile or intra-operative radiographic examinations independently, regardless of competency achievement.

The general evaluation criteria included on all clinical competency evaluations includes:

- Evaluation of the requisition.
- Readiness of the radiographic room prior to the examination.
- Interaction between the student and patient including communication skills.
- Positioning skills.
- Manipulation of equipment.
- Proper use of radiation protection methods.
- Radiographic image evaluation and critique including knowledge of radiographic anatomy.

All repeat radiographs performed by students must be done in the presence of a registered radiographer, regardless of competency completion. Appropriate documentation of repeat radiographs must be included in the student's Daily Clinical Record (DCR). Students are required to complete daily clinical records that reflect all patient contact for each clinical day during the semester. These records provide the faculty a means for assessing the volume and variety of examinations provided to each student.

Evolve

Evolve is a web-based program that is used in many courses in the Radiography programs. Evolve components are included in the program's customized book package. Enrollment in the platform is conducted under the direction of the course instructors. The URL for the Evolve website is <http://evolve.elsevier.com>.

Comprehensive Clinical Competency Evaluations

At the end of the clinical semester for RAD 1540 and RAD 2530, students must successfully pass the *Category Competency Evaluation* administered by the PGCC clinical instructor. This evaluation tool serves as the final examination for RAD 1540 and RAD 2530. Each student will be asked to simulate 5 (five) projections that are chosen randomly from the competency evaluations completed by the student during the semester. The student must simulate each projection with a minimum score of 90% during the first year of the program and 95% during the second year of the program. Failure to successfully simulate a projection indicates that the student has not maintained competency and will result in disqualification of the corresponding competency evaluation. A cumulative score of 90% during the first year of the program and 95% during the second year of the program on the category competency evaluation is required to successfully complete the required coursework for the course.

At the end of the summer session, prior to completion of the first year in the program, each student must successfully complete the *Junior Master Competency Evaluation* with a minimum score of 90%. This global competency evaluation assesses the student's overall ability to perform in the clinical setting at a level expected for this stage of the clinical education component of the program. Each student will be evaluated by a PGCC Clinical Instructor while running a radiographic room for a minimum of 2 (two) hours. This evaluation tool serves as the final examination for RAD 1550. All students must successfully pass the *Junior Master Competency Evaluation* in order to fulfill the course requirements for RAD 1550 *Clinical Education III*, regardless of the overall course grade.

At the end of the spring semester of the second year, prior to program completion, each student must successfully complete the *Master Competency Evaluation* with a minimum score of 95%. This global competency evaluation assesses the student's overall ability to perform at a level expected for an entry-level radiographer. Each student will be evaluated by a PGCC Clinical Instructor while performing the duties of a radiographer for a minimum of 4 (four) hours. This evaluation tool serves as the final examination for RAD 2540. All students must successfully pass the *Senior Master Competency Evaluation* in order to fulfill course requirements for RAD 2540 *Clinical Education V*, regardless of the overall course grade.

Student Assessment and Tracking in the Clinical Education Setting

The Radiography Program uses a web-based company for clinical assessment and evaluation of the students. Each student is required to purchase access for two years with **Trajecsys**. The following section provides a full text version of the objectives and evaluation criteria for each clinical form in the Trajecsys system.

Clinical Competency Evaluations

To successfully complete the program, graduate and qualify for application to take the ARRT examination, each student must complete a required number of mandatory and elective competency examinations. Competency evaluations can be completed by either a staff radiographer or clinical instructor. By completing this assessment, the radiographer is certifying that the student is competent in performing the exam and will be able to perform the same exam independently from that point forward.

Students are expected to inform the radiographer that they wish to “comp” an exam before the exam begins. The radiographer must be present for the entire exam. The evaluation must be completed in a timely fashion. A 24-hour window is acceptable if the radiographer cannot fill out the form immediately. If at any point the radiographer feels that the student does not fully understand the exam they are attempting, they should step in and provide assistance. The radiographer should provide feedback to the student and suggest that the student wait until a later date to attempt the competency exam. Remediation should be provided to the student by either the staff radiographer or clinical instructor. First year students must obtain a minimum score of 90% to successfully complete the evaluation. Second year students must obtain a minimum score of 95% to successfully complete the evaluation.

The evaluation contains 5 (five) sections with specific performance objectives. The student is evaluated as meeting the objective or not meeting the objective. There is also a section where the student is asked to identify radiographic anatomy.

Section 1: Facility Preparation

- Cleans/straightens (what?) before escorting patient into radiographic room.

- Has all equipment and supplies (patient gown, shield, markers, etc.) readily available before escorting the patient into radiographic room.
- Manipulates all radiographic equipment with ease, and centers the CR to the Bucky/IR for all projections.
- Adjusts the tube to the proper source-to-image receptor distance (SID) for each projection.
- Selects image receptors of the appropriate sizes for all projections, according to the patient's size and examination.

Section 2: Patient Preparation

- Identifies the correct patient and examination according to the requisition while establishing a good rapport.
- Obtains and documents the patient's history before the examination.
- Explains the examination in terms the patient fully understands, and properly communicates with the patient throughout the examination.
- Verifies with female patients the date of their last menstrual period and the possibility of pregnancy. Student follow per protocol for clinical site.
- Removes all obscuring objects (snaps, zippers, belt, etc.) that may lead to radiographic artifacts.
- Respects the patient's modesty and provides ample comfort for the patient.

Section 3: Patient Positioning

- Centers the anatomy of interest to the image receptor/collimated field.
- Correctly positions the patient in relation to the image receptor, without rotation.
- Orients the image receptor in the correct direction depending on the patient's body type and projection.
- Orients the image receptor correctly in relation to the part being examined.
- Directs the central ray to the appropriate location, for all projections, for the part being examined
- Aligns central ray to the image receptor for each projection, using the correct degree of angulation.

Section 4: Important Details

- Instills confidence in the patient by exhibiting self-confidence throughout the examination
- Places a lead marker in the appropriate area of the IR/Bucky (top/bottom/anteriorly/laterally), where it will be visualized on the finished radiograph, on the proper anatomical side (R/L), and in the appropriate position (face up/face down), for all projections.
- Provides radiation protection (shield) for the patient (when appropriate), self, and others.
- Applies proper collimation and adjusts as necessary.
- Properly measures the patient along the course of the CR for each projection.
- Sets the proper exposure factors for all projections and adjusts as necessary.
- Exposes the image receptor after telling the patient to hold still and after giving the patient proper breathing instructions for each projection.

- Ensures each radiographic image has proper patient identification and processes each image without difficulty.
- Properly completes the examination by filling out all necessary patient data, entering the examination in the computer, having the images checked by the appropriate staff members, and informing the patient that he or she is finished.
- Exhibits the ability to adapt to new and difficult situations if and when necessary.
- Accepts constructive criticism and uses it to his or her advantage.
- Leaves the radiographic room neat and clean for the next examination.
- Completes the examination within a reasonable time frame.

Section 5: Image Quality

- Optimal exposure indexes for type of imaging system utilized.
- Proper positioning (all anatomy included, evidence of proper centering/alignment, etc.).
- Recorded detail without evidence of motion, distortion, or any visible artifacts.
- Evidence of proper collimation and radiation protection.
- Proper marker placement.

Section 6: Radiographic Anatomy

- The student must be able to identify up to 10 anatomical structures on the images. The manner of identifying anatomy is at the discretion of the evaluator.

Patient Communication Assessment

This evaluation assesses the student's ability to communicate effectively with patients. Students are evaluated on a scale of 1-4 on each of the main components of effective communication listed below:

- Professional demeanor
- Attention to patient comfort
- Patient comprehension
- Ability to improvise

Clinical Rotation Evaluation

This evaluation is completed by the radiographer who has worked with the student for the majority of the clinical rotation. The evaluation is based on an entire rotation, not just one day. A PGCC faculty member reviews the evaluation with the student. The following definitions are used to assess the student's performance:

- Excellent (5) – displays exceptional ability, is able to compensate for errors, and is consistent in work habits.
- Good (4) – works consistently with minimal errors, needs minor improvement.
- Average (3) – performs as expected.
- Fair (2) – work is generally acceptable, however, noted improvement is needed.
- Poor (1) – inconsistent in work habits, needs major improvement.

The evaluation consists of 3 sections with specific performance objectives:

Section 1: Technical Knowledge/Competency

- Consistently applies gained knowledge.

- Adapts procedures and techniques to the clinical situation
- Evaluates radiographs for compliance with departmental standards.
- Produces radiographs of acceptable quality.
- Demonstrates good use and care of equipment.
- Performs tasks expected for this level of practice.
- Positions patients according to established guidelines.
- Identifies patient; obtains histories, and provides complete reports to faculty/staff.
- Explains procedures to patients, reassuring and instilling confidence.
- Is attentive to patient needs and comfort.

Section 2: Radiation Protection

- Consistently shields patients.
- Wears protective and monitoring apparel.
- Collimates to the part and/or image receptor size.
- Minimized the number of repeat radiographs.
- Uses proper immobilization devices to minimize patient motion.

Section 3: Professional Development

- Displays Professional demeanor
- Displays professional appearance at all times
- Is tactful and courteous to patients, peers, staff and faculty.
- Communicates effectively with patients, peers, staff and faculty.
- Reports to designated area on time; returns from breaks/lunch promptly.
- Is always available when needed; informs staff/supervisor of whereabouts.
- Makes effective use of clinical time, using idle time to reinforce clinical skills.
- Starts and completes assigned responsibilities in an organized manner.
- Cleans and stocks room between patients.
- Accepts constructive feedback.

Image Critique Evaluation

This assessment is used by the instructor to evaluate the radiographic images that correlate with a student's competency evaluation, ensuring that images are of acceptable quality. The student and instructor discuss the images, identifying areas that could be improved. Related anatomy and positioning are reviewed. This assessment assures validity of competency evaluations. Image critiques with a score of below 75% will disqualify the corresponding competency evaluation. Exposure indexes indicating gross overexposure/underexposure will disqualify the corresponding competency evaluation.

The following criteria are used to assess radiographic image quality:

- | | |
|-----|---------------------------|
| 10 | - Optimal quality |
| 7.5 | - Diagnostic, not optimal |
| 5 | - Needs improvement |
| 0 | - Unacceptable |

The image critique evaluates image quality for:

- Recorded Detail
- Visibility of Detail
- Part/tube alignment

- Part/image receptor alignment
- Part positioning
- Image receptor type & orientation
- Collimation
- Annotation & markers
- Exposure Index

Category Competency Evaluation

This is considered to be the final examination for RAD 1540 and RAD 2530. The instructor randomly picks 5 radiographic projections for the student to simulate that correspond to competencies completed during the semester. This assessment assures student retention of knowledge and clinical skills.

First year students must perform each projection with a minimum score of 90%. Second year students must perform each projection with a minimum score of 95%. Scores below the minimum acceptable percentage disqualifies corresponding competency evaluations. First year students must have a minimum overall grade of 90% on this evaluation to pass the course. Second year students must have a minimum score of 95% on this evaluation to pass the course.

4 criteria are assessed on a Likert scale of 1 - 5:

- Patient instructions
- Use of markers
- Radiation protection
- Use of radiographic accessories

8 criteria are assessed for each projection on a Likert scale of 1 -10:

- Part positioning
- SID and tube angle
- CR location
- Tube/part/IR alignment
- Image receptor size & position
- Collimation
- Knowledge of anatomy
- Exposure factors

Clinical Instructor Evaluation

This evaluation is completed by the PGCC Clinical Instructor at the midpoint and end of each clinical semester. It assesses the student's overall performance in the clinical setting for the semester. The following definitions are used to assess the student's performance:

- Excellent (5) – student displays exceptional ability; demonstrates consistent work habits; or greatly exceeds expectations.
- Good (4) – student displays above average ability; demonstrates generally consistent work habits; or exceeds expectations.
- Average (3) – student displays average ability; demonstrates consistent work habits; or Meets expectations.
- Fair (2) – Student displays below average ability; demonstrates inconsistent work

habits; or does not meet all expectations.

- Poor (1) – student displays inability to perform; demonstrates inconsistent/unacceptable work habits; or does not meet expectations.

The evaluation consists of 3 (three) sections with specific attributes to evaluate:

Section 1: General Performance

- Use and care of equipment
- Initiative to perform exams
- Consistency of work habits
- Ability to follow directions
- Organization and prioritization skills
- Adaptability and judgment
- Effective use of clinical education time
- Compliance with department standards

Section 2: Technical Knowledge/Competency

- Quality of work
- Proficiency in completing exams
- Application of knowledge to clinical practice
- Knowledge and application of exposure factors
- Ability to adjust/correct exposure factors
- Positioning skills
- Ability to correct positioning mistakes
- Use of proper radiation protection methods for patients
- Use of proper radiation protection methods for self

Section 3: Professional Development

- Attitude
- Cooperation
- Reaction to criticism
- Self-image
- Communication with patients
- Communication with staff and faculty
- Communication with peers
- Tact and courtesy
- Punctuality
- Attendance
- Professional appearance
- Professional demeanor
- Attention to patient needs and comfort

Junior Master Competency Evaluation

The Junior Master Competency Evaluation is administered at the end of the summer session, prior to the student's elevation to the second year of the program. It assesses the student's overall ability to perform in the clinical setting compared to the level of performance considered acceptable for that point in the program. Students must pass this evaluation with a minimum score of 90% to pass RAD 1550.

The clinical instructor(s) evaluate the student's overall clinical performance compared to those skills expected for this level of clinical performance, for a minimum of 2 (two) hours. The following criteria is used to assess student performance for each objective.

- 3 - the student meets/exceeds expectations
- 2 - the student meets expectations, but displays some weakness
- 1 - the student does not meet expectations, needs remediation
- 0 - the student's performance is unacceptable

The instructor evaluates the student's performance for each of the following objectives:

- Accurately interprets the requisition.
- Assesses requisitions and formulates a plan to radiograph patients in a timely manner, while maintaining patient comfort.
- Applies didactic knowledge to clinical practice.
- Solves routine problems.
- Identifies patients and obtains a brief clinical history.
- Explains exam/procedure to the patient in a clear, concise, professional manner.
- Remains attentive to patient needs and comfort.
- Conveys pertinent information to physicians and other health care professionals.
- Performs procedures according to departmental guidelines.
- Modifies positioning/procedure to patient condition.
- Sets appropriate radiographic techniques.
- Manipulates radiographic technique based on patient condition/existing pathology.
- Produces radiographic images of acceptable quality, with minimal repeat exposures.
- Operates and manipulates equipment proficiently.
- Completes exams in a timely, proficient manner.
- Evaluates radiographic images for acceptability using established quality control criteria.
- Shields patients per department protocol and screens for potential pregnancy in female patients.
- Wears protective and monitoring equipment properly.
- Collimates to part and/or film size.
- Uses appropriate restraining and positioning devices.
- Routinely uses lead markers on all radiographs.
- Records all patient data on appropriate forms.
- Accurately completes all related paperwork.
- Completes procedures in an organized manner.
- Functions independently, with initiative, for this level of clinical practice.
- Seeks help when appropriate.
- Maintains cleanliness of the work environment, including restocking of supplies.
- Exhibits a professional demeanor and appearance.
- Performs tasks expected for this level of clinical practice.

Master Competency Evaluation

The Master Competency Evaluation is administered at the end of the second spring semester prior to program completion. It assesses the student's ability to perform at the level expected of an entry-level radiographer. Students must pass this evaluation with a minimum score of 95% to pass RAD 2540.

The clinical instructor(s) evaluate the student's overall clinical performance compared to those skills expected of an entry-level radiographer, for a minimum of 4 hours. The following criteria

is used to assess student performance for each objective.

- 3 - the student meets/exceeds expectations
- 2 - the student meets expectations, but displays some weakness
- 1 - the student does not meet expectations, needs remediation
- 0 - the student's performance is unacceptable

The instructor evaluates the student's performance for each of the following objectives:

- Identifies pending cases/exams and formulates a plan to complete procedures in a proficient, orderly manner, giving priority to urgent situations.
- Consistently displays good customer service skills.
- Greets patients, introduces self and obtains an adequate and concise relevant clinical history.
- Evaluates order for each requested exam/procedure, questions vague information and brings it to the attention of the appropriate individual.
- Assesses each requisition and formulates a plan to complete the exam in a timely manner.
- Explains exam in a manner that allows for patient comprehension; answers questions.
- Attentive to patient needs/comfort; communicates with patient throughout entire exam.
- Follows proper patient care techniques (standard precautions, patient transfer, etc.)
- Maintains cleanliness in the work environment; follows proper procedures for medical and surgical asepsis as required.
- Effectively communicates with physicians and staff in a straight forward professional manner.
- Reviews and completes all paperwork accurately and completely.
- Possess and display a comprehensive, functional knowledge of all related technical aspects; appropriately applies them in the clinical setting.
- Possess and display a comprehensive, functional knowledge of human anatomy/physiology and radiographic positioning; appropriately applies them in the clinical setting.
- Sets and manipulates technique based on body habitus, patient condition or pathology.
- Positions patients based upon standard radiographic positioning and departmental guidelines.
- Adapts positioning according to patient condition/underlying pathology; questions the need for additional/special projections.
- Performs exams in a proficient, timely manner; acts in a professional manner at all times.
- Adapts to performing exams/procedures in all pertinent areas of the department.
- Consistently produces radiographic images of acceptable radiographic quality.
- Evaluates radiographic images for compliance with departmental standards.
- Identifies unacceptable images; formulates a plan for corrective action or seeks help with difficult to image patients.
- Follows correct procedures for routing patient, radiographs and paperwork.
- Performs additional duties as requested; assists in high volume areas without being asked.
- Consistently and properly shields patients
- Wears protective apparel and radiation monitoring devices appropriately.
- Consistently collimates to part or image size; uses appropriate size/type image receptor.
- Performs radiographic exams with minimal repeat exposures; percentage of repeat exposures within acceptable guidelines.
- Uses immobilization devices.
- Consistently and accurately uses lead anatomical markers.

- Addresses and solves all problems encountered.
- Functions independently, without assistance, as would an entry-level radiographer.

ARRT Clinical Competency Requirements Checklist

This document provides a summary of the clinical competency requirements necessary to qualify to apply to take the ARRT Radiography exam. Candidates must demonstrate competence in all 36 mandatory procedures. Procedures should be performed on patients; however, up to 8 mandatory procedures may be simulated when demonstration on patients is not feasible at the discretion of the program director*. 15 of the 34 elective procedures must be completed - one of which must be in the skull or facial bone category. **Candidates must select either Upper GI or Barium Enema plus one other elective from the Fluoroscopy section. Elective Procedures should be performed on patients; however, electives may be simulated if demonstration on patient is not feasible*. All 6 patient care competencies must be completed. Patient care competencies may be simulated if state or institutional regulations prohibit performing them on patients. (Revised June 2021)

*Refer to clinical course syllabi for allowed number of simulations per course.

Mandatory Procedures	Elective Procedures
Chest, routine	Chest, lateral decubitus
Chest, age 6 or younger	Sternum
Chest AP, WC or stretcher	Upper airway (soft tissue neck)
Ribs	Scapula
Finger or thumb	AC joints
Hand	Toes
Wrist	Os calcis
Forearm	Patella
Elbow	Skull
Humerus	Paranasal Sinuses
Clavicle	Facial bones
Shoulder	Orbits
Trauma shoulder (Scapular Y, Transthoracic, or axial)	Nasal bones
Trauma upper extremity(non-shoulder)	Mandible (or panorex)
Foot	TMJs
Ankle	Sacrum and/or coccyx
Tibia and fibula	Scoliosis series
Knee	Sacroiliac joints
Femur	Abdomen, decubitus
Trauma lower extremity (non-hip)	Intravenous urography (IVU)
Cervical spine	**UGI
Thoracic spine	**Barium Enema, single or double
Lumbosacral spine	Small Bowel Series
XTL spine (Horizontal beam)	Esophagus
Pelvis	Cystography or cystourethrography
Hip	ERCP
Trauma hip (XTL)	Myelography
Abdomen, supine	Arthrography
Abdomen, erect	HSG
Portable chest	Upper extremity (< 6 years)
Portable abdomen	Lower extremity (< 6 years)
UE or LE Portable	Geriatric Hip or Spine

Geriatric Patient chest routine	Sternoclavicular Joints
Geriatric Patient upper extremity or lower extremity	Abdomen (< 6 years)
C-ARM (manipulation, more than one projection)	Mobile study (< 6 years)
Surgical C-ARM manipulation around a sterile field)	General Patient Care
	CPR
	Vital signs (BP, Temp., Pulse, Resp)
	Sterile and aseptic technique
	Transfer of patients
	Venipuncture
	Care of patient medical equipment

Program Continuation

To continue in good standing in the Radiography Program, students must maintain an overall grade point average of 2.0 and satisfactorily complete all Radiography Core Courses with a minimum grade of “C”.

Program Re-entry

The PGCC Radiography program presents a competency-based plan of education. All Radiography core courses are pre-requisites to radiography courses offered in subsequent semesters. Individuals who receive a grade less than “C” in a radiography core course are not eligible to progress to the next semester of studies in the Radiography Program.

If a student fails or withdraws while failing a radiography didactic or clinical course within the first semester (RAD 1520, 1530, 1410) the student will not be eligible to re-petition to the Radiography Program.

If a student fails or withdraws while failing from any didactic or clinical course in the last 4 semesters (RAD 1500,1420,1540,1550, 2530, 2580, 2410, 2420, 2440 2540) and desires to re-enter the program the student would be required to send a letter of explanation to the Program Director for review and disposition. Re-entry would require demonstration of cumulative lecture and laboratory assessment as determined by the Program Director.

Students who have been out of the Program for 4 semesters would be required to re-petition as a new student for the entire radiography sequence of courses. Students may only petition for re-entry one time.

Students who have been found in violation of the Code of Academic Integrity are ineligible for re-entry to the Radiography program.

Program Withdrawal

Students who decide to withdraw from the program must submit a letter of withdrawal to the Program Director to be eligible to re-enroll in the program. Dates related to withdrawal from classes may be found on the PGCC Academic Calendar on the college’s website (www.pgcc.edu). If a student withdraws for non-academic reasons due to extenuating circumstances, they must meet with the PD to discuss options for re-entry.

Transfer Students

Students requesting to transfer into the Radiography Program of Prince George's Community College must satisfy those requirements set forth in the College Catalog, Chapter 5, Academic Information. Students cannot be accepted if they have not met the pre-requisites required for enrollment in the program. Transfer credit will only be considered from radiography programs accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Transfer credit for radiography core courses will only be considered from one previous radiography program. A minimum of 15 credits hours is required for graduation from Prince George’s Community College.

After all necessary information is reviewed the student may be deemed eligible to take a cumulative examination to assess mastery of subject matter for courses successfully completed at another institution. If this examination is passed with a minimum score of 75%, the student will be permitted to start at the beginning of the following semester. Students wishing to challenge a semester due to a difference in core curriculum at another institution or an absence of less than 3 consecutive semesters due to failing grades may be granted permission to do so by the Program

Director.

Allegations of Non-Compliance with JRCERT Standards

The Radiography Program is accredited by the Joint Review Committee on Education in Radiologic Technology. To maintain accreditation, the program must be in compliance with the JRCERT Standards for an Accredited Educational Program in Radiologic Sciences (JRCERT Standards). A copy of the JRCERT Standards is posted on Canvas in the clinical and didactic course content, and on the JRCERT's website (www.jrcert.org). Each Clinical Education Center (CEC) is provided with a copy of the JRCERT Standards, and it is posted on the college's Trajecsys website.

Allegations/formal complaints of non-compliance with the JRCERT Standards must be made to the Program Director in the form of a written statement. Documentation of the events leading to the allegation should be included. Upon receipt of an allegation, the Program Director will investigate the report within 14 days. If an incident of non-compliance is identified, the Program Director and faculty will act to resolve the situation. All parties involved will receive a copy of the Program Director's Report of Findings. The Report of Findings will include a written narrative of the allegation, findings of the investigation of the allegation, and any actions taken by the Program regarding the allegation. A written record of all formal allegations/complaints and their resolutions will be maintained by the Program Director as part of the Program's Master Plan of Education.

If the individual feels that the Program Director's findings/resolutions are unsatisfactory, the individual may contact the Dean of Health, Wellness, and Hospitality. After speaking with all parties involved, the Dean will render a decision within a reasonable time period, normally not greater than 14 days.

If the individual remains unsatisfied with the resolution, they have the right to contact the Joint Review Committee on Education in Radiologic Technology:

20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
Email: mail@jrcert.org
<http://www.jrcert.org>

In the event that the JRCERT finds the Program to be in non-compliance with the JRCERT Standards, the program will make every effort to immediately resolve the situation. If an individual finds that one of the clinical education centers is non-compliant with the JRCERT Standards, they should speak to either the JRCERT designated clinical instructor for the facility or the PGCC Clinical Instructor assigned to the facility in an attempt to resolve the conflict before a formal allegation is made to the Program Director.

Academic Standing

To be able to continue in the Radiography Program, students must meet the following requirements:

- a. Maintain a minimum overall grade point average of 2.0 in all relevant college courses.
- b. Achieve a minimum grade of "C" in all Radiography Core Courses and related science courses (BIO 2050 and BIO 2060).

Class and Laboratory Attendance and Tardiness Policy

Students are required to regularly attend all classes and laboratory sessions. If a student must miss class they are required to contact the instructor prior to the scheduled class or laboratory meeting time. Absent students are responsible for whatever material they have missed. In the event that there is an examination/test scheduled for that day, the examination/test policy will be enforced. Attendance policies for each course are in the respective course syllabus.

Students are required to arrive to lecture and laboratory sessions on time to avoid disruption to the learning environment. Tardiness will be managed according to the *College's Disruptive Student Policy*. This policy also applies to students arriving back to class tardy after breaks. Any student who is tardy more than 3 (three) times per class/per semester will be considered habitually tardy and managed according to the College's Disruptive Student Policy. Tardy is defined by the program as arriving after the scheduled start of the class.

In the event that a student arrives late for class on the day that a quiz is given, they will not be granted extra time to complete the quiz. If a student misses a quiz due to tardiness, the quiz must be taken as a makeup, provided the examination/test/quiz policy has not been violated. Students arriving late on the day of an examination/test will be managed according to the examination/test/quiz policy. Tardy students will not be granted extra time to complete tests. This applies to all examinations including midterms and finals. The student may opt to take the exam at a later time and consider it a makeup, provided they have not already taken the allotted number of makeup exams per course. Extenuating circumstances will be given individual consideration. (i.e. a major traffic accident causing road closures), at the discretion of the Program Director and/or Instructor. Please refer to the *Clinical Education Attendance Policy* for policies related to clinical attendance.

Prince George's Community College Radiography Program Due Process for Academic Complaints and Appeals

The Radiography Program recognizes two types of academic complaints and appeals; those of a didactic nature and those related to the clinical education component of the program. Academic complaints are generally resolved within the division offering the course in which the complaint occurs. All student academic complaints and appeals must be initiated by the student completing and submitting the "*Student Academic Complaint/Appeal Process*" form. Any student in the Radiography Program found to have violated the Code of Academic Integrity in either the didactic or clinical setting will receive an "F" for the course and will not be eligible for re-entry into the program at a future date.

Cell Phones and Other Electronic Devices

Cell phones and other electronic devices are permitted in the classroom only if communication links can be done in a non-audible mode. Ringing phones and texting during class are considered disruptions and will not be tolerated. Phone conversations and other forms of electronic communication must be conducted outside the classroom and must not disrupt any other classes within the area. Texting will not be tolerated in the classroom.

All communication devices must be turned off during quizzes and exams. The use of cell phones, smart watches, ear pods, or other electronic devices is not permitted during quizzes and exams. Improper or unethical use of electronic devices will result in disciplinary proceedings.

Examinations/Test/Quizzes

Students are permitted to makeup one examination/test per semester, per course. Midterm and

Final examinations must be taken when scheduled. All makeup examinations/tests are to be taken within one week of the student's arrival back on campus, unless otherwise arranged with the instructor. It is the responsibility of each student to arrange for makeup examinations/quizzes with the instructor. Extenuating circumstances, such as extended illness, will be handled on an individual basis, at the discretion of the Instructor and/or Program Director, provided appropriate documentation is provided to the Instructor.

Quizzes will be given at random, and will not always be announced. Students are permitted to miss and makeup one quiz, per semester, per course. Arriving late to class on days that quizzes are given is considered missing that quiz. It is the responsibility of each student to contact the Instructor and arrange to makeup all missed quizzes. Missed quizzes must be made-up within one week of the student's arrival back on campus.

If an examination is administered through the Campus Assessment Center (CAC), it is the student's responsibility to know the dates the examination will be available and the hours of operation of the CAC. It is not acceptable practice for a student to miss a scheduled class in order to take an exam in the CAC. Students who are absent from a radiography core course to take an exam in the CAC will receive an automatic grade of zero ("0") for that exam.

Late Assignments

Assignments are due by the date and time indicated for each assignment. Late assignments are subject to an automatic 10-point deduction from the total grade of that assignment for each class day that it is overdue. 48 hours beyond due date a zero will be entered into the grade book for that assignment. Extenuating circumstances will be handled on an individual basis.

Confidentiality of Patient Information

All information contained in a patient's chart and/or electronic record is confidential. The use and disclosure of protected health information ("PHI") is strictly prohibited and enforced under federal law. Only persons involved in a patient's treatment are permitted access to their records. Examples of protected health information include, but may not be limited to: name, address, email address, dates, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate numbers, license numbers, vehicle identifiers, facial photos, device identifiers, URL's, IP addresses, biometric identifiers, geographic units, telephone numbers, or any other unique identifier or code.

Information pertaining to physician and healthcare facility business is confidential as a matter of professional ethics. Information obtained during directed practice assignments or clinical rotations pertaining to patients, physicians or healthcare facility affairs is considered confidential. The same holds true for patient information discussed during instruction sessions.

Confidential information must not be discussed or disclosed to unauthorized individuals, including family and friends. Violators of this policy will be subject to disciplinary action under the PGCC Code of Conduct. Violators may also be subject to federal prosecution under the Health Information Portability and Accountability Act of 1996 ("HIPAA").

Clinical Attendance and Tardiness Policy

Attendance is important in the professional development of the Radiographer. Students are expected to arrive to the clinical education center at the scheduled time and be ready to begin their clinical duties. When in the clinical environment, students are required to sign in/out using **Trajecsys** on a designated computer at the site or through a smart phone device and allow for

GPS tracking of the phone. Students MUST be on the grounds of their CEC when clocking in. If a sign in or sign out is missing geo location the student may be considered absent. If the student neglects to sign in **or** out on a given day, this will result in a deduction of 2 points per occurrence. If a student neglects to sign in **and** out on the same day the student will be considered absent for that day. Absences due to missing or incomplete sign in/out records count as an unexcused absence. Missing sign in or sign out records need to be corrected by the student by entering a time exception. Students entering a time exception for a missed sign in or sign out, will have 2 points deducted for each occurrence.

Falsification of documents/records is a serious offense and will be handled as a breach of academic integrity and if found responsible will result in immediate removal from the program with no option for future re-entry. In addition, it is the obligation of the college to notify the American Registry of Radiologic Technologists of this violation.

Students may miss 1 clinical day which they may elect to make up by the end of the semester or have the points deducted from their clinical grade. For each additional clinical day missed, a documented excuse such as from a medical provider, etc. must be presented to the student's clinical instructor in order to be considered for make-up. The original document must be presented in order to be valid. If the day is not made up, the student's final clinical grade will be lowered by 5 points. Any day missed over 3 days will result in the student's clinical grade being lowered by 1 letter grade per day in excess of three. Students with extenuating circumstances will be handled on an individual basis, with proper documentation provided to the Clinical Instructor and Clinical Coordinator.

Requests for make-up time must be initiated by the student and approved by the supervisor of the specific area from which clinical time was missed. This request is documented on Part I of the "Request for Clinical Make-up Time" form and must include the date and time the student is expected to be at the clinical site. Students who do not report to the clinical site on the agreed upon date will be charged with an absence. Students who arrive at the clinical site later than the agreed upon time will be considered tardy. Clinical make-up time can only occur in the area/site from which the student was absent (e.g., a clinical day missed in the Operating Room can only be made-up in the Operating Room). The clinical education center instructor or college faculty member must verify make-up time which is documented on Part II of the "*Request for Clinical Make-Up Time*" form. If a student misses 4 (four) or more hours of clinical time on any given day, corresponding make-up time must be in increments of 2 hours or more. Class and clinical attendance cannot exceed more than 40 hours in one week, unless voluntarily requested by the student. The 40 hours includes clinical and didactic class hours.

Make-up time is not permitted prior to 8:00 AM (unless approved by the Clinical Instructor), after 11:00 PM weekdays, on weekends or holidays, when the college is closed (scheduled, weather, and emergency closures) or when the student is scheduled to be in a didactic class. No more than 10 hours in one day may be completed by a student. Timely attendance is vitally important in the field of health care. Points will be deducted as follows for tardiness/or leaving the site early:

- 01 – 10 minutes = 1 point deducted
- 11 – 20 minutes = 2 points deducted
- 21 – 30 minutes = 3 points deducted
- 31 - 40 minutes = 4 points deducted
- 41 to \geq 50 minutes = 5 points deducted

Students ill and not able to report to clinical on a given day must phone the site and speak with the individual in charge and contact their Clinical Instructor. Failure to comply with this policy will result in the reduction of the student's final grade by 5 points for each missed communication.

If a student is employed by the clinical education center, they cannot make up the missed clinical hours during their paid work hours. The student must not engage in job-related tasks during their clinical education time.

Students are not permitted to change their rotation schedule without approval from either the clinical instructor or the appointed clinical designee. Final permission for schedule changes must be granted by the Clinical Coordinator.

Students are expected to promptly attend and complete every scheduled learning opportunity within the clinical setting. Students should plan all employment and personal appointments (e.g, business, health care, and child care) outside of course, laboratory and clinical hours as this is not an excused absence. If at any time during the clinical education component a student appears too fatigued or otherwise compromised to perform safely in the clinical setting, the instructor will dismiss the student from the clinical affiliate and further disciplinary action may occur. It is recommended that students evaluate course requirements before planning work commitments.

Attire in the Clinical Education Center

Students are responsible for providing their own uniforms for clinical education. The vendor information for ordering uniforms is provided during orientation. The uniform consists of:

- Royal blue scrub top, embroidery reading "PGCC Radiography Program"
- Royal blue scrub pants
- Clean, white, brown or black shoes. Open back or open toe, and canvas shoes are not permitted.

Hair must be worn so that it does not fall onto the patient or obstruct the wearer's vision. Long hair must be worn up or off the shoulders. Extremes of hairstyle and unnatural colors are not considered professional by many of the clinical affil. Beards and mustaches, if worn, must be kept neatly groomed.

Fingernails will be kept short, neat, and clean. Long or jagged fingernails can cause injury to patients. Artificial nails are not allowed. Nail polish is not allowed. Perfume and after shave lotion are not allowed. Students are expected to exhibit good personal and dental hygiene and be free of body odor, the odor of smoking, and bad breath.

Jewelry should be kept to a minimum. No visible body piercing ornamentation is allowed other than earrings. Up to two earrings may be worn in each earlobe; no ear discs allowed. Dangling earrings, bracelets and necklaces constitute a safety hazard and are not permitted. No visible tattoos are allowed.

Any student reporting to the clinical education center in improper uniform or attire will be sent home by the Clinical Instructor or Clinical Supervisor. The Clinical Coordinator will render the final decision on questionable attire or appearance, including but not limited to, tattoos, hairstyle, and body piercings. Student attire and appearance must meet the policies and procedures of the clinical education center to which they are assigned. Any time missed from clinical education due to improper attire will be handled according to the Clinical Attendance Policy.

Uniforms will be worn only for clinical education assignments or when officially representing the Radiography Program. Students engaging in social activities after clinical education assignments are required to change out of their uniform. Any student acting in a disorderly fashion while wearing a PGCC uniform, especially in the clinical facility, will be handled according to the disciplinary procedures outlined in the PGCC Student Handbook.

Students working in areas which require scrub attire must change out of the scrub attire before leaving the premises. Students not changing out of scrub attire before leaving the facility are subject to disciplinary/criminal action by the facility.

Cell phones should be non-audible mode and not be in use in the patient care areas.

Clinical Readiness Test

In order to ensure patient safety, students must pass a clinical readiness test with a minimum score of 75%, in order to be considered eligible for the clinical education component of the curriculum. This test is administered in the form of the final exam for RAD 1520. This test score is averaged into the appropriate course grade as stated in the course syllabus. Any student who attends a clinical education course before receiving clearance from the Clinical Coordinator will receive an automatic grade of “F” for RAD 1530.

Laboratory Practical Examinations

Students must successfully complete laboratory assessments to confirm competency in order to perform the required radiographic studies in the clinical environment and must pass their laboratory practical examinations with a grade of 75% to confirm competency. A laboratory practical exam may be attempted 2 (two) times for a passing grade, however, the original grade on the first attempt will be recorded as the grade for that competency. Two failed attempts at a lab practical results in the student not being able to perform the said exam in the clinical environment and will require remediation, and one-time re-test. If the student is unable to pass the final attempt the student will not be able to advance in the radiography program.

Health Assessment

All students in the Radiography Program must upload a completed Health Assessment Form to the CastleBranch website prior to the first day of class of the first semester in the program. This form is intended to assess the student's general health and immunization status and to verify that the student meets minimum health requirements and technical standards necessary to perform essential clinical duties. Students are asked at the beginning of the program to sign a statement of understanding that their health records will be sent to requesting clinical agencies. If a student refuses to agree that their health records can be sent to requesting clinical agencies, clinical placement could be denied by the agencies. Students are required to show proof of medical insurance coverage prior to attending clinic. Students are also required to maintain medical insurance coverage throughout the entire program. Failure to do so will result in not being able to complete the clinical education component. Students must keep their health assessment records up to date. Failure to do so will make the student ineligible to attend clinical sessions. Any clinical days missed due to outdated records cannot be made up.

Specifically, each student must submit to a Two-Step Mantoux PPD or QuantiFERON-TB (blood test) test every year to remain in the clinical setting. Any student who does not comply with the requirements will be ineligible to attend clinical. Students are bound by policies, such as mandatory flu vaccinations, imposed by the clinical education center to which they are assigned. If the student fails to keep their student health records current, they will be ineligible to attend clinical education classes until their records are updated. Any time missed from clinical education, due to incomplete health records, will be handled according to the Clinical Attendance Policy.

Insurance

PGCC provides liability insurance for enrolled students while they are practicing at the clinical education center chosen for their course rotation. In the event that the student is involved in an action that may result in liability to the College, the student must inform their Clinical Instructor or the Clinical Coordinator in a timely manner. It is mandatory that all Allied Health and Nursing students carry health insurance. The College is not responsible for accidents/injuries and resulting treatment which occur on-campus, traveling to and from clinical education classes, or while at a clinical education site. Many of our clinical sites are requiring evidence of personal health insurance for students as part of their affiliation agreement with the College. If a student does not have health insurance, clinical placement could be denied by the agencies.

Professional Behavior in Clinical Settings

Professional practice in all of the Health Science clinical programs requires a combination of cognitive, psychomotor, and affective skills, as well as demonstration of legal, ethical, and professional behaviors. Professional behaviors are derived from each professions' code of ethics/conduct and sets the standards for the personal accountability and responsibilities of each practitioner. Every student in Prince George's Community College's Health Science clinical programs is, therefore, expected to demonstrate professional behaviors in all clinical settings.

Professional behaviors require students to be mentally and physically prepared to function safely each time they attend a clinical experience. A student will be prohibited from taking care of patients, if in the agency's and/or instructor's judgment, the student demonstrates unprofessional behaviors that include, *but are not limited to*, the following circumstances: fatigue from working all night prior to clinical, substance (alcohol/drug) abuse, inappropriate behavior, unprofessional grooming, inadequate preparation for the clinical experience, knowledge deficits, any of the examples listed under the "Removal of Student from Clinical Education Site", and/or problem-solving skills deficits.

In the event that any of these circumstances are observed by the agency or faculty, the student will be dismissed from the clinical setting immediately, and the Clinical Coordinator will be notified of the situation. Written documentation of the incident will be presented by the involved agency personnel and Clinical Coordinator, who will confer about the situation to determine the necessary course of action. If additional assessment data (e.g., Counseling Center, physician) are required to determine the appropriate course of action, the student will be informed of what actions they

need to take to provide that data. While the assessment is being conducted, the student is expected to attend all on-campus classes and laboratory sessions. If the student is ultimately permitted to return to the clinical setting, a written contract will be made between the student and instructor. (*The contract will state how the student will make up missed clinical days.*) Failure to abide by the terms of the agreement will adversely affect the clinical performance evaluation and may result in clinical failure. However, if the clinical agency prohibits the student from returning to that clinical setting due to the student's actions – or lack of action, and no additional facilities are able to accommodate the student during the same time period, the student will fail the clinical course and not be able to continue in the program.

Transportation

Students are responsible for their own transportation to and from class and the clinical education center. In order to ensure that all students receive equitable clinical learning experiences, it may be necessary for students to travel outside their county of residence. Some clinical sites are more than 90 minutes from campus. Those students utilizing public transportation should inform the clinical site supervisor(s) and clinical instructor(s) of day to day problems.

Clinical Competency Evaluations

The required number of competency evaluations for each Clinical Education Course is specified in the corresponding course syllabus. Each syllabus will list the number of competency evaluations which may be repeats of previous competencies. Once a student has repeated a competency evaluation on a specific radiographic examination, they cannot acquire any further competency evaluations on that exam for the duration of the Radiography Program. All competencies must be completed by the last day of clinical education for the semester or the student will receive a grade of "F" for the clinical course regardless of the other course grades

Students are not permitted to attempt competency evaluations on any exam which has not been covered in the didactic portion of the Radiography Program. Students must successfully pass both the didactic and laboratory competency examinations for each unit before they may attempt competency evaluations in the clinical setting. During the course of any given semester, students may only receive up to 30% of the required number of competency evaluations from the same radiographer. The minimum passing grade for clinical competency evaluations is 90% during the first year of the program and 95% during the second year of the program. Incomplete competency evaluations will be disqualified. Program completion is contingent on completion and maintaining all ARRT clinical competency requirements.

Clinical Education Records

The ability to manage data and record it in an accurate, timely and comprehensive manner is critical for radiographers. As a student radiographer, this ability is partially assessed by the manner in which the student manages their clinical education records. Students are responsible for ensuring that the required coursework submitted for each Clinical Radiography Course is accurate and complete.

Clinical records for the Radiography Program are managed using the Trajecsys web-based system, and are used by the program to verify student competency level and to assess program effectiveness. Students are responsible for completing their *Daily Clinical Records (DCR)* and Time Sheets. Students are responsible for ensuring supervising technologists to complete Clinical Rotation Evaluations and Competency Evaluations as needed during the semester.

Specific requirements and due dates are published in each Clinical Radiography course syllabus and can be found on Canvas. PGCC Clinical Instructors assume responsibility for the submission of Clinical Instructor Evaluations, Master or Category Competencies, Image Critiques, and Patient Communication Assessments required for each Clinical Radiography course. Incomplete records submitted at the end of the semester will result in loss of points from the overall course grade as follows:

- **2** points will be subtracted from the overall course grade for each missing clock-in **or** clock-out entry. If a student is missing the sign-in **and** sign-out, they will be considered absent for that day.
- **1** point will be subtracted from the overall course grade for each day there is a missing DCR.
- Missing Clinical Rotation Evaluations will result in a percentage grade of zero for each missed evaluation.
- All competencies must be completed by the last day of clinical education for the semester or the student will receive a grade of “F” for the clinical course regardless of the other course grades.

Clinical Rotation Evaluations

For each clinical education course, students are required to receive a Clinical Rotation Evaluation for each clinical rotation/area to which the student has been assigned. Students should initiate the evaluation with the radiographer to which they were assigned for the rotation on the last day of the rotation. Radiographers have the right to refuse to complete Clinical Rotation Evaluations that have not been requested of them in a timely fashion. PGCC Clinical instructors will review all rotation evaluations. Students will receive a grade of zero (0) for each Clinical Rotation Evaluation that is not completed by the date specified in the course syllabus. During the course of any given semester, students may only receive up to 30% of the required Clinical Rotation Evaluations from the same evaluator.

Identification Monitors

Students may be issued identification monitors for any facility that they have been assigned. Identification monitors are the property of the issuing facility and must be returned to the facility when the student has completed their assignment(s) at that facility.

Lead Markers

Students must purchase a set of personalized lead markers prior to the first day of clinical education (RAD 1530). These markers must be used on all radiographic images performed by the student in the clinical education center unless the facility has a separate policy regarding the use of student markers on radiographic images. Students are responsible for replacing lost markers. Markers are considered part of the student's uniform. The student may be sent home from the clinical facility by the PGCC Clinical Instructor or facility supervisor for not having markers. Any time missed from clinical education for not having markers will be handled according to the Clinical Attendance Policy.

The use of electronic markers (annotation) with digital radiography in place of lead anatomical markers is unacceptable practice and has serious legal implications. Students who use annotation in place of anatomical lead markers may be removed from the clinical setting for unsafe work practices.

Radiation Safety

Radiography students receive instruction in radiation safety prior to assignment to a clinical education center and use of the energized campus lab. All students are expected to use the ALARA principle while in the clinical setting or in the energized laboratory on campus.

Students are not permitted to hold patients or imaging receptors during routine radiographic procedures, including portables and operating room procedures. Students are permitted to assist patients during fluoroscopic studies while following proper radiation safety policies. Students may perform portable radiography exams only under the direct supervision of a licensed staff radiographer. All repeat radiographs must be done in the presence of a registered radiographer.

In the event that it is necessary for the Radiographer to be in the room while an exposure is being made, such as pulling shoulders down for a lateral cervical spine image, the responsibility of this duty should be directed to the Radiographer assigned to the case, or the immediate floor supervisor. Students are not permitted to perform these types of duties.

If a student is accidentally exposed during a radiographic procedure, it is the responsibility of that student to inform the supervisor of that facility and the PGCC Clinical Instructor of the incident. This information will then be relayed to the Program Director for documentation purposes.

Students are required to wear lead aprons when performing fluoroscopic studies, mobile examinations or operating room procedures. A minimum distance of 6 feet should be maintained from the patient when performing portable examinations.

Students who fail to comply with any part of this policy are subject to disciplinary action as described in The Prince George's Community College Code of Conduct.

Magnetic Imaging Safety

All students are required to complete a Magnetic Resonance Imaging (MRI) Safety module. The module consists of a video, a Ppt presentation, and an assessment regarding maintaining safety in and around the MRI department. An information sheet is to be filled out by each student then collected and verified by a certified Radiation Safety Officer (RSO) or equivalent. If the student's stated information changes at any time during the program, a new MRI Safety information form must be completed. The student must note the change and submit the form to a Radiography program faculty member. The form will then go through the aforementioned verification process.

Supervision While Performing Radiographic Examinations

Prior to demonstration of clinical competency on a specific radiographic examination, students are required to have direct supervision while performing examinations. Direct supervision requires an ARRT registered radiographer to be with the student at all times while performing a radiographic examination. Once a student has demonstrated clinical competency on a specific radiographic examination, the student may perform radiographic exams of that type with indirect supervision. Indirect supervision requires that an ARRT registered radiographer be immediately available to assist the student. It is the policy of the PGCC Radiography Program that students are not permitted to perform mobile or intra-operative radiographic examinations independently, regardless of competency achievement.

Radiation Monitoring

In order to ensure proper radiation safety procedures are followed on campus and in the clinical

setting, the Radiography Program provides radiation monitoring services for students. The program maintains student radiation exposure history reports indefinitely. The Nuclear Medicine Program Director serves as the Radiation Safety Officer for the program.

Each student will be issued a radiation monitoring device, OSL type, during the first semester of the program. It is the student's responsibility to make sure that their monitor is changed in a timely fashion, and kept current. New monitors are received before the 14th of each month. Students are required to change their monitors by the 20th of the month. Failure to change monitors by the 20th of the month will result in the reduction of the student's final grade for the corresponding clinical education course by 1 point for each day late (not counting weekends and holidays).

The monitor will be worn at the shoulder level front surface of the trunk of the body. When performing examinations that require the use of a lead apron, the monitor will be worn on the collar, outside of the apron. If two monitors are provided, then one is worn under the apron at waist level and the other outside the apron at collar level.

Students are required to wear their monitors while in the clinical education setting. Students who do not have their monitor, will be asked to leave the clinical education facility by the PGCC Clinical Instructor or Department Supervisor. Any time missed from clinical education due to violations of this policy will be handled according to the Clinical Attendance Policy.

Students are required to wear their monitors while participating in any activities in the energized radiographic room on campus. Any student who fails to wear their monitor, will not be allowed into the radiographic room, and will not be permitted to complete any assignments for that class period that require use of the room. Students are responsible for any work missed due to noncompliance with the radiation monitoring policy.

Lost or damaged monitors must be reported immediately to the Nuclear Medicine Program Director, so that appropriate documentation can be noted in the student's exposure history. Forms for reporting lost or damaged monitors are located in the radiography lab. In the event a student loses their OSL, they are not permitted to attend clinical or participate in the energized lab until a replacement OSL is issued. Clinical time missed due to a lost or damaged OSL is not "excused" and must be made up in order to avoid point deductions for missed time.

Repeated occurrences of lost/damaged monitors indicate unsafe radiation safety practices and will be handled as follows:

- 1st occurrence - verbal warning, documentation in student folder
- 2nd occurrence - written warning, 5-point deduction from overall clinical grade
- 3rd occurrence - written warning, 10-point deduction from overall clinical grade
- 4th occurrence - automatic grade of "F" for the current clinical course due to unsafe radiation safety practice.

Monthly reports are compiled by the monitoring company and sent to the college. These reports are reviewed by the faculty and RSO and then posted on Trajecsys, for the students to view, verify and submit verification in the "Evaluations" section of the Trajecsys reporting platform. Although the annual dose limit for an adult is 5rem (1250mrem per quarter), the Radiography Program has taken the position that no student should have in excess of 50mrem for any given

month. Any student who has a monitor reading exceeding the dose limit set by the program will be sent a letter of notification.

Multiple occurrences of excessive radiation exposure will be handled as follows:

- 1st occurrence – verbal warning, clarification of circumstances leading to the excessive exposure, documentation in student folder
- 2nd occurrence – written warning, clarification of circumstances leading to the excessive exposure, documentation in student folder
- 3rd occurrence – automatic grade of “F” for the current clinical course due to unsafe radiation practice.

Repeat Radiographs

All repeat radiographic images must be performed with direct supervision by a registered radiographer. Repeats radiographs performed by students are to be noted in the students daily clinical record (DCR) indicating the number of repeats and the supervising registered radiographer. Students who violate this policy will be disciplined as follows:

- 1st violation – verbal warning, documentation in student folder
- 2nd violation – written warning
- 3rd violation – automatic grade of “F” for the current clinical course due to unsafe radiation safety practice.

Allied Health Current Policy for Pregnant Students in Programs that have Ionizing Radiation

Student Pregnancy While Enrolled in Clinical and Lab Experiences

Declaration of pregnancy is voluntary on the part of the student. If a student chooses to declare pregnancy, she must do so in writing via the program's "Declaration of Pregnancy for Nuclear Medicine Technology, Radiography and Dental Assisting Students" form. The student, at any time, may choose to withdraw, in writing, the pregnancy declaration, even after pregnancy has been declared.

Regulatory Guide 8.13, published by the United States Nuclear Regulatory Commission (NRC), recommends that pregnancy be reported to the Radiation Safety Officer in order to protect the unborn child from potentially hazardous effects of ionizing radiation. This document can be accessed on the NRC website www.nrc.gov.

Once pregnancy is declared, the student will be issued an additional radiation monitor for the unborn child, to be worn at waist level (fetus level). Pregnant students will be counseled on the effects of ionizing radiation to the unborn child, re-emphasizing information found in NRC Guide 8.13, consistent with guidelines set forth by the State of Maryland.

In most cases, pregnancy will not prevent the student from successfully completing clinical or lab nuclear medicine, radiology or dental courses. Pregnant students are expected to meet the physical and mental requirements of the program. Pregnant students requesting academic accommodations due to any medical condition(s) associated with the pregnancy or requesting discussion about rights and protections are required to contact the Prince George's Community College Title IX Coordinator at TitleIX@pgcc.edu.

The pregnant student has the option to continue without any modification to her clinical schedule or she may request to be scheduled out of high radiation exposure areas. If a student elects to be removed from high radiation areas during her pregnancy, any time missed in these clinical areas must be made-up after the pregnancy in order for the student to complete all clinical education requirements for program completion and/or graduation from the program.

Should a student choose not to inform the program about a pregnancy, the college and/or the clinical education center cannot be held liable for any complications experienced by the mother or the child.

Declaration of Pregnancy for Nuclear Medicine Technology., Radiography and Dental Assisting Students:

Student name: _____ | **Student ID:** _____

Date: _____

I, _____, am voluntarily notifying my Program Coordinator at Prince George’s Community College that I am pregnant, in accordance with the NRC regulation 10.CFR.20.1208 “Dose to an Embryo/Fetus” and per college policy. I believe I became pregnant in _____(month/year).

I understand that the radiation dose to my embryo/fetus during my entire pregnancy will not be allowed to exceed 0.5 rem (5mSv) (unless the dose had already been exceeded between the time of conception and submitting this declaration). I understand that I will be issued a second OSL monitor each month during the pregnancy, which will be used to verify that the NCR recommended monthly dose limit of 50 mrem (0.5mSv) is not exceeded.

I may elect to withdraw this declaration at any time by written notification to the Radiation Safety Officer. I choose to complete my clinical rotation assignments in the following manner during my pregnancy: (Initial the option you choose.)

_____ **Option #1 – Continue without modification**

I will follow my pre-assigned clinical rotation schedule following all set guidelines for radiation protection of myself and my unborn child.

_____ **Option #2 – Continue with modification**

I elect to be scheduled out of the high exposure areas, such as those involving PET/CT, radionuclide therapy and fluoroscopic procedures. I am fully aware of that I will be required to complete assignments in these areas to satisfy clinical competency requirements at the completion of my pregnancy. I am fully aware that this change in my clinical assignment schedule may interfere with my graduation date based upon the timeframe imposed.

_____|_____
Student Signature | **Date**

Meal Breaks

Students will be assigned a meal break at the discretion of the Clinical Education center Supervisor, or PGCC Clinical Instructor when on assignment. Students are required to follow the break policy of the institution to which they are assigned. The college allows 30 minutes for meal breaks. Students leaving the clinical facility for meals are expected to be back in their assigned areas at the end of their assigned meal break. Students who take extended breaks will be handled according to the Clinical Attendance Policy. Students skipping lunch will not be allowed to leave 30 minutes early.

Removal of Student from Clinical Education Site

In the event that a student is asked to be permanently removed from a clinical facility due to unsafe work practices, unprofessional behavior or unethical conduct, the student will be removed from the clinical education facility immediately, and the matter will be reviewed by the Clinical Coordinator. If the Clinical Coordinator deems that the request to remove the student was justifiable, the student will be deemed unable to complete the required work for that course and will receive a grade of "F" for the course.

The following actions are examples, but not inclusive, of student actions that would justify the request to remove a student from the clinical education setting:

- Insubordination
- Excessive unexcused absences or tardiness
- Failure to follow specified protocols/instructions of the clinical site
- Insufficient technical skills for that semester level of student experience, such as failure to maintain prior competency skills
- Performing in a manner considered to be harmful to patients
- Exhibiting unprofessional behavior
- Performing examinations that the student is not competent to perform
- Falsification of department paperwork or medical records
- Repeated reports from the clinical site of poor performance
- Performing repeat radiographs without direct supervision
- Use of electronic markers (annotation) on digital images/failure to use lead anatomical markers

Harassment

The Radiography Program has a zero-tolerance policy in the area of harassment. This includes sexual harassment, or any type of discrimination based on race, nationality, sexual orientation or any other type of harassment. Any student who believes that an employee or fellow student of the college has aggrieved them may, within 60 days, make a complaint in writing to the vice president for student services, as delineated in the Student Grievance Procedure (page 51 of this manual).

If a student feels that they are being harassed in the clinical facility, they should report the incident immediately to the Clinical Instructor, who will speak to the appropriate facility administrator. Clinical facilities are responsible for the actions of their employees, as well as visitors to their facility. The Clinical Coordinator also will need to be informed of the incident.

Students are to refrain from "engaging in conduct with a patient that is sexual or may reasonably

be interpreted by the patient as sexual, or in any verbal behavior that is seductive or demeaning to a patient, or engaging in sexual exploitation of a patient or former patient. This does not apply to preexisting consensual relationships" (ARRT Standard of Ethics). This also applies to clinical site staff members and college employees.

College Admission

Prince George's Community College is committed to a policy of equal opportunity for all persons to the end that no person, on the grounds of sex, age, race, color, religion, national origin, ancestry, marital status, sexual orientation, or status as a qualified individual with a disability, qualified disabled veteran, or Vietnam-era veteran, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of this institution. Under this policy, this institution will not discriminate against any person on the grounds of sex, race, age, color, religion, veteran's status, disability, ancestry, marital status, sexual orientation, or national origin in its admission policies and practices or any other policies or practices of the institution relating to the treatment of students and other individuals, including employment, the provision of services, financial aid, and other benefits, and including the use of any building, structure, room space, materials, equipment, facility, or any other property. Prince George's Community College admissions policies and procedures may be found in the college catalog, chapter 1.

SECTION II

College Policies, Procedures and Resources

Campus Resources and College Admission

Prince George's Community College is committed to a policy of equal opportunity for all persons to the end that no person, on the grounds of sex, age, race, color, religion, national origin, ancestry, marital status, sexual orientation, or status as a qualified individual with a disability, qualified disabled veteran, or Vietnam-era veteran, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of this institution. Under this policy, this institution will not discriminate against any person on the grounds of sex, race, age, color, religion, veteran's status, disability, ancestry, marital status, sexual orientation, or national origin in its admission policies and practices or any other policies or practices of the institution relating to the treatment of students and other individuals, including employment, the provision of services, financial aid, and other benefits, and including the use of any building, structure, room space, materials, equipment, facility, or any other property. Prince George's Community College admissions policies and procedures may be found in the college catalog, chapter 1.

Campus Resources and Services

Student Development Services offers programs that provide students with academic and career advising, personal counseling, and mentoring. For more information, log in to myPGCC from my.pgcc.edu or from www.pgcc.edu, or call 301-546-0886, or check the college website: <https://www.pgcc.edu/student-life-support-services/resources/>

Computer and Learning Labs

Office	Location	Phone	Hours of Operation
Open Computer Lab Bladen Computer Center	Bladen Hall Room 104	301-546-0999	Mon.-Thurs.: 7:45 am – 9:15 pm Fri.: 7:45 am – 5 pm Sat.: 9 am – 4:45 pm Sun.: Closed https://www.pgcc.edu/student-life-support-services/technical-support/computer-labs/
Open Computer Lab Center for Advanced Technology	Center for Advanced Technology Rooms 101 and 201	301-546-0999	Mon.-Fri.: 7:45 am – 9:15 pm Sat, Sun: Closed

Other Resources, Services, and Academic Support

Office	Location	Phone	Hours of Operation
Academic Advising Health Sciences	Center for Health Studies Room 1401	301-546-0731	Mon.-Fri.: 8:30 am – 4:30 pm Sat.: Closed Sun: Closed

Academic Advising Website: healthscienceadvisor@pgcc.edu
<https://www.pgcc.edu/student-life-support-services/advising/>

Bookstore	Largo Student Center Room 116	301-546-0912	Mon, Tues, Wed 8:30 am – 7:00 p.m. Thurs 8:30 am – 5:00 pm Friday 8:30 am – 4:00 pm Sat 10:00am– 4:00pm There are extended and Saturday hours at the beginning of the semester. Please call or check website to confirm.
-----------	----------------------------------	--------------	---

Bookstore Website: <https://www.bkstr.com/princegeorgesccstore/home>

Campus Police	Facilities Management Building	301-546-0666	24 hours, 7 days a week
---------------	--------------------------------	--------------	-------------------------

College Life Services	Largo Student Center Room 149	301-546-0853	Mon.-Fri.: 8:30 am – 5 pm
-----------------------	-------------------------------	--------------	---------------------------

eLearning Services	Accokeek Hall Building Room 335	301-546-0463	Mon.-Fri.: 8:30 am – 4:30 pm with phone support available until 9 pm
--------------------	---------------------------------	--------------	--

E-learning Website: www.pgconline.com

Library	Accokeek Hall First and Second Floors	301-546-0476	Mon-Thurs.: 8 am – 8 pm Fri.: 8 am – 5 pm Sat.: 10 am – 3 pm Sun.: Closed
---------	---------------------------------------	--------------	--

Library Website: <https://pgcc.libguides.com/library>

Testing Center	Bladen Hall Room 100	301-546-0090	Mon-Thurs.: 8:30 am – 8:00 pm Fri.*: 8:30 am – 4:00 pm Sat.: 9 am – 3:00 pm Sun: Closed No additional students will be admitted for testing 30 minutes prior to the posted closing time.
----------------	----------------------	--------------	--

*On the first Friday of each month, the Center closes at 2:30 pm with no admittance after 2 pm.

Testing Center Website: <https://www.pgcc.edu/search/?q=testing+center&site-submit=submit>

Tutoring and Writing Centers	Lanham Hall Room 114	301-546-0748	Mon-Thurs.: 8:30 am – 8:30 pm Fri.: 8:30 am – 4:30 pm Sat.: 8:30 am – 3:30 pm
------------------------------	----------------------	--------------	---

Tutoring and Writing Centers Website: <https://pgcc.libguides.com/twc>

Health Sciences Computer Lab (HSCL)

The HSCL is a computer-based learning resources laboratory located in the Center for Health

Studies (CHS), Room 1202. This lab supports all of the clinical health sciences students. Check the operating schedule for the semester since the hours are subject to change. Students are asked not to start any computer-based activity that can't be completed 15 minutes prior to the scheduled HTLC closing time, to allow ample time to shut down and secure equipment.

Health Sciences Collegian Center (HSCC)

Students admitted to the Radiography Program receive automatic membership to the HSCC and are encouraged to participate in collegian center activities. The mission of the HSCC is to “create an

environment infused with student centered learning experiences, that stimulate critical thinking, improve academic performance, increase exposure to career options and opportunities in the health sciences, and promote students' personal identification with their chosen health science career path. This is accomplished through faculty mentoring, peer tutoring, practice exam sessions, professional and student led presentations, and peer interactions.

Student Handbook

The Student Handbook is designed to help students become familiar with the various academic support services and college life resources—tutoring services, writing assistance, disability support, resume-writing, job search skills, mentoring programs, academic advising, counseling, health education, and many other services to help you reach your educational and personal goals.

Be sure to review the Student Code of Conduct to understand the shared values and expectations of the college community. You can also use the handbook as an academic calendar and planning guide. Web link: <https://www.pgcc.edu/info-for/current-students/student-handbook/>

Owl Mail Information

As a credit student, you must activate your Owl Mail account. It is the only e-mail address that the college will use to send you important notices and messages. By activating your Owl Mail Account, you are agreeing to abide by the Student Email Rules and understand that your Owl Mail address is the only email address that the college will use to send you email correspondence.

1. Student Email is Prince George's Community College official electronic means to communicate with students.
2. Students are expected to check their Student Email account frequently for official college messages - once a week is suggested.
3. Students are required to use Student Email for all electronic correspondence with college faculty and staff.
4. Faculty may determine how they will use Student Email in classes.
5. Each Student Email account has a maximum of 5GB. If incoming email is larger than the space remaining in the account, the email will be returned to the sender. Once the maximum is reached, the student will not receive new emails until the student has deleted old emails.
6. The number of messages that can be sent or received is limited to 500 per day, per user.
7. The size of all incoming and outgoing messages, including attachments, cannot exceed 14M, with a maximum of 10MB allocated to attachments.
8. Intentional use of Student Email for illegal activities of any kind is strictly prohibited.
9. The full policy, Prince George's Community College Technology Policies, governing Student Email may be viewed at <https://www.pgcc.edu/about-pgcc/institutional-information--policies/data-privacy-notice/>

Clock Hour/Credit Definition

Calculation of assigned clock/credit hours in radiography core courses is as follows:

Lecture courses – 1 lecture hour = 1 credit

Lab courses – 3 lab hours = 1 credit

Clinical Education Courses – 4 clinical hours = 1 credit

Student Code of Conduct

The Prince George's Community College Code of Conduct, adopted by the Board of Trustees, defines the rights and responsibilities of students and establishes a system of procedures for dealing with students charged with violations of the code and other rules and regulations of the college. Copies of the code may be obtained from College Life Services Office which is located on first floor of the Largo Student Center.

As stated in the PGCC Student Handbook, "A student enrolling in the college assumes an obligation to conduct himself/herself in a manner compatible with the college's function as an educational institution." Each student is responsible for their actions, and any student conducting themselves in a manner violating these standards will be subject to disciplinary action. Misconduct for which students are subject to disciplinary actions are described in the Prince George's Community Student Handbook, Chapter 5, Section B *Standard of Student Conduct*, Categories 1-9. Student discipline, types of student discipline, disciplinary proceedings, and procedural safeguards are described in Sections D, E, F & G of this document, respectively. The PGCC Student Handbook may be accessed on the college's webpage at <http://www.pgcc.edu/>. Copies of the Student Code of Conduct may be obtained from the Office of the Vice President for Student Affairs, Kent Hall, Room 119 or online at <https://www.pgcc.edu/info-for/current-students/student-handbook/>.

(Title 6 – Students) – (Subtitle 2- Services and Governance) - §6-2010 – Code of Conduct – C. Academic Integrity

1. **Academic Integrity** is one of the highest standards to which students, faculty, and staff should adhere. The Code of Academic Integrity, which upholds the values of honesty and integrity, advances the basic principle of honest representation in students' work.

2. Definitions

(i) Plagiarism

- Intentionally or knowingly representing the words or ideas of another as one's own, including any kind of writing that is not the student's own, whether taken from secondary sources, fellow students, or other term papers.
- Intentionally or knowingly assisting someone in violating any provision of the Code.
- Intentionally or knowingly taking and passing off as one's own the ideas, writing, or words of another without attribution (without acknowledgement of the author who wrote the material).
- Duplicating an author's words without quotation marks and accurate citation of references.
- Duplicating an author's words or phrases in paraphrase without accurate citation of references.
- Submitting a paper in which the exact words or phrases of an author are merely rearranged without quotation or footnotes.

(ii) Cheating

- Intentionally using or attempting to use unauthorized information, materials, or study aids.
- Intentionally using unauthorized notes or another individual's materials.
- Intentionally using unauthorized prior knowledge of the contents of tests, quizzes, or other assessment instruments.

- Copying, transmitting, accepting, or possession of prior exams.
- Intentionally fabricating, falsifying, or inventing any information or citation.

3. Awareness of the Code of Academic Integrity

Faculty members are responsible for making students aware of the Code of Academic Integrity at the beginning of every semester. It is the student's responsibility to know, understand, and be conversant with the tenets and sanctions associated with the violation of the Code. Lack of awareness of the policy shall not be considered a defense against the allegation of plagiarism or cheating. Faculty members are in no way precluded from issuing supplemental guidelines on academic dishonesty.

The college shall maintain responsibility for providing information about the Code of Academic Integrity through its student admissions, enrollment and advising processes as well as through faculty orientation/professional development programs.

4. Procedures for Suspected Plagiarism/Cheating

- (i) The faculty member shall be responsible for gathering any and all data that support the allegation of plagiarism/cheating within a reasonable timeframe after the date of the suspected infraction.
- (ii) The faculty member shall confer with the student to discuss the alleged infraction. At that conference, which can be conducted by telephone, e-mail, or in person, the faculty member must present the evidence that supports the suspected violation.
- (iii) The student shall be given the opportunity at the conference with the faculty member to admit to or refute the charge of plagiarism/cheating based on the evidence provided. The student has the right to appeal any decision of the faculty member that may result in sanctions. Refer to Section 6 - *Appeal Procedure for Breaches of Academic Integrity*.
- (iv) The faculty member shall complete and send the Charge of Violation of Academic Integrity form to the vice president for Student Services, with copies to the department chair and academic dean. All supporting documentation must accompany the form.

5. Sanctions

- (i) If the student admits to the charge of plagiarism/cheating and/or the evidence supports the charge, the faculty member:
 1. shall assign a grade of "zero" for the assignment
 2. may assign a grade of "F*" for the course
 3. shall send written notification to the student
- (ii) If the faculty member believes that the charge of plagiarism/cheating has occurred but lacks sufficient supporting evidence, and the student does not admit the charge, the faculty member:
 1. shall issue a written warning and provide a copy of this warning to the office of the vice president for Student Services. The written warning without substantive evidence does not create a formal disciplinary record in the office of the vice president
 2. may require a substitute assignment by the student.
- (iii) If a student commits a violation of the Code of Academic Integrity in the same class, the faculty member:
 1. may assign a grade of "F*" for the course, and
 2. the office of the vice president for Student Services will convene a discipline hearing and appropriate sanctions shall be determined.

3. the relevant provisions governing disciplinary proceedings in the Code of Student Conduct will apply. A record of multiple violations may result in suspension or expulsion.

(iv) If the charge of plagiarism/cheating is considered to be the first violation, the vice president for Student Services:

1. shall create a breach of academic integrity record and
2. shall send a letter to the student's address of record explaining the nature of the offense with an admonition that any further instances will result in a disciplinary action.

(v) If the vice president for Student Services finds that the student has committed one or more previous violations of the Code of Academic Integrity, then the vice president for Student Services:

1. shall notify the faculty member and
2. shall assign a grade of "F*" on the student's transcript

(vi) If, after a charge of violation of the Code of Academic Integrity is found to be true, a student withdraws or changes from credit to audit status, the vice president for Student Services, after consultation with the faculty member and the student:

1. shall substitute a grade of "F*" on the student's transcript
2. shall notify the faculty member of the F* grade change and
3. shall send written notification to the Admissions and Records Office that an "F*" is to be recorded for the course

6. Appeal Procedure for Breaches of Academic Integrity

Students have the right to appeal alleged breaches of the Code of Academic Integrity with the exception of 5(v).

Written notice of intent to appeal the decision of a faculty member must be received by the department chair and/or divisional dean and the office of the vice president for Student Services not later than seven calendar days after the faculty member renders a decision in writing to the student. The notification of appeal may be delivered in person or deposited in the U.S. mail. The student is responsible for insuring that timelines are met. If the college is not open on the seventh day, the time for such notice to be received shall be extended to the next business day on which the college is open.

For the purposes of delivering appeals, business days shall be considered Monday through Friday.

(i) A student has the right to appeal the decision of the faculty member with the following exception: A student may not appeal the decision of the faculty member with regard to 5(v).

(ii) A student may appeal a first offense to the department chair, or, if the faculty member is the department chair, to the divisional dean.

Written notice of the intent to appeal the decision on more than one infraction must be made to the office of the vice president for Student Services. The student's written appeal must be received no later than seven calendar days after an administrative decision is rendered to the student. The notification of appeal may be delivered in person or deposited in the U.S. mail and postmarked in accordance with the timeline for appeals. If the college is not open on the seventh day, the time for such notice to be received shall be extended to the next business day on which the college is open. For the purposes of delivering appeals, business days shall be considered

Monday through Friday. In accordance with the Section F – *Disciplinary Proceedings* and the designated timeline, a hearing officer or the Student Conduct Committee will convene the hearing, and a final recommendation shall be made to the President. The relevant provisions governing appeals in the Code of Conduct in the Prince George’s Community College CODE of Policies, Rules, Regulations, and Procedures apply.

F* - on the academic transcript shall be identified as a violation of the Code of Academic Integrity.

Disruption of Class

Willful disruption of the instructional process both inside and outside the classroom, for whatever reason, will not be tolerated. Instructors will take appropriate actions to have disruptive students removed from their classes. Students charged with disruptive behavior are subject to appropriate disciplinary action, which may lead to suspension or expulsion.

Substance Abuse

Any student perceived to be under the influence of alcohol or any controlled substance while on campus will be handled according to the Disruptive Student Policy, as described in the PGCC Student Handbook.

Any student perceived to be under the influence of alcohol or any controlled substance while in the clinical education setting will be subject to the Policies and Procedures set forth by the clinical site to which they are assigned and may be required to undergo an immediate drug screening. All students are required to undergo a urine panel drug screen before they may begin clinical rotations and again before the second year of the program.

Nondiscrimination Policy

Prince George’s Community College is committed to a policy of equal opportunity for all persons to the end that no person, on the grounds of sex, age, race, color, religion, national origin, ancestry, marital status, sexual orientation, or status as a qualified individual with a disability, qualified disabled veteran, or Vietnam-era veteran, shall be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of this institution. Under this policy, this institution will not discriminate against any person on the grounds of sex, race, age, color, religion, veteran’s status, disability, ancestry, marital status, sexual orientation, or national origin in its admission policies and practices or any other policies or practices of the institution relating to the treatment of students and other individuals, including employment, the provision of services, financial aid, and other benefits, and including the use of any building, structure, room space, materials, equipment, facility, or any other property. This policy is consistent with Title VI and Title VII of the Civil Rights Act of 1964, as amended; Title IX of the 1972 Educational Amendments; Section 504 of the 1973 Rehabilitation Act as amended; Title II of the Americans with Disabilities Act; and other applicable laws and regulations. One who believes oneself or any specific class of individual to be subject to prohibited discrimination may, by themselves or through a representative, file a written complaint with the Office of Civil Rights of the Department of Education or with the College president, or both. The Chief of Staff, Kent Hall, Room 130, 301-546-0170, coordinates the College’s program of nondiscrimination.

Title ix

Prince George’s Community College, as a recipient of federal financial assistance, is subject to

Title IX of the Education Amendment of 1972, as amended. It is College policy not to discriminate on the basis of sex in the educational programs or activities that it operates. This policy not to discriminate in educational programs and activities extends to admission to the College. The College actively encourages the enrollment of interested students, regardless of race, sex, national origin, age, color, ancestry, religion, marital status, veteran's status, or disability, in all of its educational programs, and fully supports student access to all programs without regard to sex stereotyping or other such limitations. Inquiries concerning the application of Title IX may be referred to the director of the Office of Civil Rights of the Department of Education or to the senior director of Compliance, Kent Hall, Room 133. For more information about reporting options and resources at Prince George's Community College and the community, please visit <https://www.pgcc.edu/about-pgcc/institutional-information--policies/title-ix/>.

Disability Support Services

Prince George's Community College is committed to providing reasonable accommodation and services to qualified persons with disabilities under the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, and Section 504 of the 1973 Rehabilitation Act which prohibits discrimination against individuals with disabilities. In order to receive services, students with disabilities must self-identify the Disability Support Services (DSS) office and provide documentation of disability. Students requesting services such as an interpreter or scribe must register and submit a paid tuition bill for their classes at least one month prior to the beginning of the semester. Call to schedule an appointment with the rehabilitation counselor specialist or program director, Monday through Friday, 8:30 a.m.–4:30 p.m. Telephone: 301-546-0838. Evening appointments available upon request. The email address is dss@pgcc.edu. The office is located in Lanham Hall, Room 101A.

Grade Changes and Appeals

Any student who wishes to question a grade should contact the instructor of the course within 30 days of the electronic posting of the grade. The student should first discuss the concern with the instructor outside of the classroom environment. Appeals that are filed after 30 days of the electronic posting of the grade will not be considered.

If there is no supervising coordinator, the student should complete a Request for Meeting with the Department Chair or Dean form to request a meeting with the department chair. The form and procedure are available on the portal (myPGCC) under Academic Resources. The form may also be obtained from any academic department office. If the issue is not resolved after speaking with the supervising coordinator and/or the department chair, the student may take the complaint to the dean of the division. If the complaint is not satisfactorily resolved by the dean, the student may file a final appeal with the vice president for Academic Affairs or his/her designee. After meeting with the student, the instructor, supervisor, department chair, and dean must complete the Student Complaint/ Appeal Administrative Tracking Form and provide it and any supporting data to the next person who hears the complaint.

Student Complaint Procedures

Complaints of an academic nature are generally resolved within the division offering the course in which the complaint occurs. Questions about grades and performance in class normally should be discussed first with the instructor. Complaints that are not resolved in this fashion, or that are not suitable for resolution in this way, should be referred to the department chair, who will attempt to resolve the issue. If this is not successful, the dean, as the administrative supervisor of the division's faculty, will examine the complaint and provide a ruling. Appeals of decisions in

academic matters may be directed to the vice president for academic affairs or designee. Appeals of other matters, particularly those related to student conduct, may be referred to the vice president for student services, Kent Hall, Room 119. Concerns arising at one of the off-campus centers should be brought to the attention of the supervisor on duty.

Student Grievance Procedure

(As stated in the *Prince George's Community College Student Handbook*)

(1) Purpose—The purpose of this rule is to implement the Student Grievance Procedure and reaffirm the college's commitment to eliminate sexual harassment and discrimination on the basis of race, color, creed, sex, sexual orientation, marital status, personal appearance, age, national origin, political, or physical or mental disability.

(2) Coverage—this procedure applies to any student that is aggrieved by any action of any employee or fellow student of the college in violation of Paragraph One above.

(3) Making Complaint—Any student who believes that an employee or fellow student of the college has aggrieved him or her may, within 60 days, make a complaint in writing to the vice president for student services.

(4) Investigation—Upon receiving a complaint, the vice president for student services in conjunction with, if appropriate, the affirmative action officer shall conduct an investigation, which may involve meeting with the student, witnesses, and the individual against whom the complaint was made. Upon conducting the investigation, the vice president for student services and or the affirmative action officer shall make a determination whether the student was wrongfully aggrieved and take appropriate action to remedy the situation.

(5) Hearing-

(a) If the student is unsatisfied with the results of the investigation, he or she may file a written request for a hearing with the vice president for student services within 30 days of the vice president's determination.

(b) Upon receiving a request for a hearing, the president shall appoint a hearing officer to conduct the hearing.

(c) The hearing will be conducted informally and witnesses shall testify under oath.

(d) A tape recording of all testimony at the hearing shall be made.

(e) Representation of persons at hearings is permitted only by those persons authorized by law to serve a "legal representative," except that if the college as an entity, or a department or other unit or employee of the college is designated as a party, the college or unit or employee may be represented by an appropriate administrator.

(6) Decision-

Within 30 days of the hearing, the hearing officer shall issue a written decision setting forth all supporting grounds.

College Resources and Services:

You may access the college website at www.pgcc.edu

Student Assessment Services Center (Testing Center)

Location: Bladen Hall, Room 100

Phone: 301-546-0147

Web Page: <https://www.pgcc.edu/student-life-support-services/support-services/testing-center/>. Check the college website for hours and policies and procedures.

Tutoring and Writing Centers

Stop by Lanham Hall, Room 144 or call 301-546-0748 to make appointment. If you have the feeling that something is missing from your studies, the **Tutoring Center** can help you put the pieces of the puzzle together with free one-on-one or group tutoring. The **Writing Center** offers one-on-one tutoring for all students who are working on any writing assignment in any course. Website <https://www.pgcc.edu/student-life-support-services/academic-support-and-tutoring/>

Student Development Services

Student Development Services has various programs that provide students with mentoring, advising and individual counseling. Phone is 301-546-0886 and website:

<https://www.pgcc.edu/student-life-support-services/services-and-support/>

Library

Accokeek Hal

General information: 301-546-0476

Email: librefdesk@pgcc.edu

Chat: pgcc.libanswers.com

Text Message: (301) 637-4609

Web: <https://pgcc.libguides.com/gettingstarted>

Campus Bookstore

Web: www.pgcc.edu/pgweb/pgdocs/bookstore.html

Location: Largo Student Center, Room 116

Phone: 301-546-0912

PGCC Cares

Paying for tuition, housing, transportation and other related expenses can be tremendously difficult and make the journey to obtaining a degree seem impossible. PGCC Cares is a campus and community-wide effort to respond to the critical needs of students. PGCC Cares mobilizes the college's internal and external community to provide resources and solicit support to address critical needs. Web: <https://www.pgcc.edu/student-life-support-services/wellness-center/pgcc-cares/>

Delayed College Openings

When the college announces a delayed opening, all classes with at least 45 minutes of class time remaining at the time of the opening will be held. For example, in the event of a 10 a.m. opening, a 9:30-10:45 a.m. class will be held. This procedure applies to all credit classes. **Please note the college does NOT follow the *public-school* system's closings for inclement weather.** The student must tune to local news stations, follow the instructor's directions, or check the college's website for updates regarding the *college's* closures. Students may also register for the college's alert system OWL LINK by going to the college website: www.pgcc.edu to get the very latest updates. More information can be found in

the College Handbook at the following website: <https://www.pgcc.edu/info-for/current-students/student-handbook/>

Safety and Emergency Procedures

“Emergency Procedures of Prince George’s Community College” begins on page 57 of this manual. Each clinical education facility will provide students with the emergency procedures unique to that facility. It is the student’s responsibility to be familiar with the emergency procedures of each clinical education facility they are assigned.

Phone Numbers for On-Campus Emergencies

Dial last 4 digits if using a campus phone.

Campus Police Emergency Number 301-546-0111

Campus Police Non-Emergency Number 301-546-0666

Accidents

Students who are injured, have a needle stick, or become ill while participating in clinical education classes should:

- a. inform the clinical instructor or supervisor of the injury or illness.
- b. follow the procedure in place at the specific clinical education center. If no set procedure is in place, report to the Emergency Room or appropriate unit. Inform the clerk that they are a Prince George’s Community College student on affiliation with that facility – students are not covered under Workman’s Comp at the site, and are responsible for their own medical bills.
- c. report back to the Clinical Coordinator and Clinical Instructor about treatment provided.

The Clinical Instructor will initiate the college’s incident report and submit it to the Clinical Coordinator who will ensure it is signed by the appropriate college officials. It will then be placed in the program’s file and become part of the student’s file. All accidents that occur while participating in clinical education classes resulting in injury to students or patients, and/or damage to equipment must be reported to the Clinical Coordinator within 5 days. The student is required to complete all required incident reports and related paperwork of the specific clinical facility. The College and program are not responsible for accidents and resulting treatment which occur on-campus, traveling to and from clinical education classes, or while at the clinical education center.

Blood and Body Fluid Exposure Procedure:

In the event a student has an exposure to blood or body fluid:

See policy in appendage

Workplace Hazards (Non-Emergent)

Students enrolled in the Radiography Program at PGCC may come into contact with situations and/or substances that may be perceived as a potential hazard. These situations/substances may be encountered in either the clinical education setting or one of the laboratories on campus.

These situations/substances may include but are not limited to:

- Chemical exposure.
- Malfunctioning electronic equipment.
- Malfunctioning mechanical equipment.

Any student who perceives the environment to be potentially hazardous should:

- Cease working in the environment.
- Use the emergency shut off, if necessary.
- If in the clinical setting, move all patients to an area where they will be safe, asking for assistance when needed.
- If in the clinical setting, report the situation to the clinical site supervisor. If on campus, report the situation to the instructor.

Any student who is injured while in the classroom setting should notify the instructor immediately, who will initiate the proper procedure by phoning the Health Education Center Office and/or Campus Police. In the event that the instructor is not readily available, students should contact the Health Education Center at extension 0845 and/or the Emergency Number for Campus Police (0111). Students are permitted to work independently in the laboratory in groups without direct supervision once they are deemed competent to operate the equipment. Radiographic exposures may not be performed without direct supervision of a Radiography Program Faculty Member.

Any student who is injured in the clinical education setting should follow the procedures set forth by the clinical site for such occurrences. The student must also notify the PGCC Clinical Instructor assigned to that site. The Clinical Instructor will initiate the college's incident report and submit it to the Clinical Coordinator who will ensure it is signed by the appropriate college officials and placed in the student's file. Emergency medical treatment is provided for in the contractual agreement between the College and each clinical affiliate. However, the cost of treatment received by a student is at their own expense. The College and program are not responsible for accidents and resulting treatment which occur on-campus, traveling to and from clinical education classes, or while at the clinical education center.

The Radiography Program at Prince George's Community College reserves the right to add, revise, or repeal policies at any time.

Medical and First Aid

Campus: Contact the Campus Police. In case of a life-threatening emergency, call 911 and then notify Campus Police on extension 0111.

Off-Campus: Call 911

Emergency Procedures

Report any security emergency or suspicious activity to the Prince George's Community College (PGCC) Department of Public Safety (DPS).

If you encounter:

- A disruptive or hostile individual
- Someone making threats
- A suspicious person
- Harassing or threatening phone calls
- Cyber or virtual threat (social media)
- Or any other event listed in this section

Call the DPS **non-emergency** line

- Dial 0666 from any campus phone
- Dial **301-546-0666** from any other phone
- Call the DPS **emergency** line
- Dial 911 from any campus phone.
- **NOTE:** The County's 911 Center will notify the PGCC Department of Public Safety, Emergency Communications Center to relay the information.
- Dial **301-546-0111** from any other phone.

Provide the following information:

- Your location
- Description of events
- Description of subjects
- Types of threats or possible weapons

Please stay on the phone with the Emergency Communications Officer until instructed otherwise.

Evacuation

Depending on the incident, Department of Public Safety (DPS) Emergency Communications Center will advise the occupants of the facility to either Evacuate, Shelter-in-Place, or Lockdown. **An** evacuation takes place immediately following an activated fire alarm. Examples of emergencies that result in evacuation include fire, explosion, gas leak, and bomb threats. There are three standard emergency protocols that have been established to address the various emergency situations at Prince George's Community College. Depending on the incident, Department of Public Safety (DPS) Emergency Communications Center will advise the occupants of the facility to either Evacuate, Shelter-in-Place, or Lockdown.

1. Remain calm. Use common sense. Do not jeopardize your safety or the safety of others.
2. Immediately leave buildings using the nearest exits and stairways but remain alert for emergency communications or additional instructions.
3. **In the case of fire, DO NOT use elevators.** DPS officers, contract security, faculty, and staff will assist in evacuating the buildings.
4. DPS officers, contract security, faculty, or staff will assist individuals with access and functional needs and on upper floors to assembly areas or areas of assisted rescue.
5. DPS officers, contract security, faculty, or staff will assign a person to remain with individual(s) requiring evacuation assistance and report their location to the DPS Emergency Communications Operator so that they can inform the first responders of their location.
6. After evacuating, proceed directly to the designated exterior assembly area and wait for further instructions.
7. Do not re-enter buildings for any reason until the ALL-CLEAR instructions are given. DPS officers, faculty, and staff will assist in preventing re-entry until the ALL-CLEAR is given.
8. When the threat has ended and emergency personnel determine if the building is safe for

return, DPS personnel will initiate the ALL-CLEAR notification via Owl Alert. DPS, contract security, faculty, and staff will assist in alerting individuals.

9. Communications and Marketing will update and provide current public information releases
10. to both internal and external media audiences.
11. DPS in collaboration with other departments will conduct an incident debrief for the Emergency Leadership Team.

Evacuation Assembly Areas

Department of Public Safety Officers, designated staff members will direct occupants to building assembly area away from the building and conduct an assessment to account for building occupants.

Active Shooter

Run – Leave the building quickly and quietly, if able to do so.

Hide- If you can't leave go to an area that can be locked or secured. Stay low, hidden, and spread out.

Fight – As a last resort, and only when your life is in imminent danger, attempt to incapacitate the shooter.

If you encounter police show your hands, follow their commands, and don't make any sudden movements.

Building Evacuation

Building evacuations will occur when an alarm sounds continuously and/or upon notification by Campus Police. Exit the building from the nearest exit. If a building evacuation occurs while in the Radiography Lab CHS 2102 exit at the ground floor and walk towards Parking Lot "H", the designated evacuation assembly area for the Center for Health Studies.

Communicable Diseases

Students enrolled in the Radiography Program at PGCC will encounter patients with many types of pathology during the course of their clinical education studies. These pathologies will include infectious diseases (communicable diseases).

All students are instructed in the concepts of infection control and institutional safety prior to assignment to a clinical education center. Each student is responsible for the specific infection control policies and procedures of the clinical education center to which they are assigned.

In the event that a student is accidentally exposed to a patient with an infectious disease or a needle stick, they must notify the clinical education center supervisor immediately and complete an occurrence (incident) report specific to the clinical education center. The student must also notify the PGCC Clinical Instructor assigned to that site. The Clinical Instructor will initiate the college's incident report and submit it to the Clinical Coordinator who will ensure it is signed by the appropriate college officials and placed in the student's file.

Shelter-in-Place

Shelter-in-place means that individuals must seek immediate shelter inside buildings and remain there until emergency personnel issue additional instructions or declare that emergency has ended. Large rooms within buildings may serve as shelter-in-place locations. The guests and occupants are to follow the direction of the Department of Public Safety (DPS) and contract security personnel. Throughout Prince George's Community College, the interior stairwells are

fire-rated as shelter-in-place locations on each floor.

Once shelter-in-place instructions have been communicated, students, faculty, staff, and visitors should either stay in the building they are in when they get the message or if outside, go to the nearest building and await further instructions which that will be communicated via Owl Alert.

DPS and the DPS Emergency Communications Operator will be responsible for keeping the college community informed of the situation.

Shelter-in-Place Protocol

1. Remain calm. Use common sense. Do not jeopardize your safety or the safety of others.
2. Close doors, turn off machinery, and limit telephone use. In laboratories, pull down sashes on chemical fume hoods and discontinue laboratory processes that may create hazards if chemical fume hoods or building ventilation systems are turned off.
3. Stay alert for emergency communications or additional instructions.
4. If moving to safety or shelter areas, elevators should not be used.
5. DPS personnel, contract security, faculty, and staff will assist in moving individuals to safety and shelter areas.
6. Facilities, if needed, initiate procedures and controls for building ventilation system shut down or changes to the ventilation system.
7. When the threat has ended, and emergency personnel determine if the building is safe for return, DPS will initiate the ALL-CLEAR via Owl Alert. DPS, contract security, faculty, and staff will assist in alerting individuals.
8. Communications and Marketing will update and provide current public information releases to both internal and external media audiences.
9. DPS in collaboration with other departments will conduct an incident debrief for the Emergency Leadership Team.

Lockdown

In the event of a criminal or violent act occurring on the Largo Campus, the College will lockdown the entire campus including the Center for the Performing Arts. Upon the initial threat or notification, the entire campus will lockdown which includes all buildings and exterior areas. While the Prince George's Community College Department of Public Safety (DPS) may initiate a lockdown based on a reported incident; any individual observing a serious threat should call 911, and also notify the DPS Emergency Communications Center at **301-546-0111**. Examples of emergencies that result in a building lockdown include an active threat, or a hostage situation.

Lockdown Protocol

1. Remain calm. Use common sense. Do not jeopardize your safety or the safety of others.
2. Seek shelter in the nearest room with a locking door if possible. Close, lock, and move away from doors and windows. Turn off lights. Remain quiet. Turn cell phones to vibrate.
3. If outdoors or in parking lots, immediately take shelter in the nearest building.
4. Law enforcement's first priority is to locate and stop the assailant or threat. When the police arrive, follow their instructions. Put down any items in your hands and immediately raise your hands. Keep hands visible at all times. Be prepared for a police investigation including witness interviews.
5. Do not leave unless instructed to by law enforcement authorities; Remain in place and alert for emergency communications or further instructions which may include staying in

- lockdown, moving to another location, or evacuating.
6. If moving to another location or evacuating, please use the fire exit stairwells. **DO NOT USE ELEVATORS TO EVACUATE.**
 7. When the threat has ended and emergency personnel determine if the building is safe for return, DPS personnel will initiate the ALL-CLEAR notification via Owl Alert. DPS, contract security, faculty, and staff will assist in alerting individuals.
 8. Communications and Marketing will update and provide current public information releases to both internal and external media audiences.
 9. DPS in collaboration with other departments will conduct an incident debrief for the Emergency Leadership Team.

Active Threat Response

The following guidelines are designed to help you determine the most reasonable way to protect your own life in the event that an Active Shooter incident occurs on campus.

- Be aware of your environment and any possible dangers.
- If you are in an office, stay there and secure the door.
- If you are in a hallway, get into a room and secure the door.
- If no escape route is available, attempt to establish a barrier (lock door, stack furniture at access points, etc.) to create as much space and time delay as possible between you and the threat.
- If you have access to a phone and can do so safely, **DIAL 911.**
- Provide as much information as possible about your location, other persons who may be exposed to the threat, and a description of the suspect(s).
- Follow instructions provided to you by emergency personnel.
- If confronted with a situation where fleeing or hiding is not an option, then attempt to incapacitate the attacker if possible. Commit to your actions, because your life and well-being depends on it.

Information you should provide to the Department of Public Safety and responding law enforcement officials:

- Location of the active shooter (what building, floor, or room).
- Number of shooters.
- Physical description of the shooters.
- Number and type of weapon(s) shooter has.
- Number of potential victims at location.

RUN (Escape)

1. Take the nearest exit route.
2. Leave your belongings.
3. Keep your hands visible.
4. Remain calm.

HIDE

1. If unable to escape, hide in an area out of view of the shooter.
2. Lock doors and block entryways. Turn out interior room lights.
3. Remain quiet.
4. Silence all cell phones.

FIGHT (Take Action)

1. Take action only as a last resort and only when life is in imminent danger.
2. Use whatever is available as a weapon, e.g., chair, fire extinguisher, etc.

3. Attempt to incapacitate the shooter.
4. Commit to your actions... your life depends on it.

COMPLY

1. When law enforcement arrives, remain calm and follow directions.
2. Drop items in your hands.
3. Raise your hands and keep them visible at all times.
4. Do not yell, scream, point, grab, or touch emergency personnel.

Bomb Threat

A bomb threat is defined as a threat to detonate an explosive or incendiary device to cause property damage, death, or injuries, whether or not such a device actually exists.

Bomb Threat Received by Phone

Attempt to gain as much information as possible from the caller. Date and document all information you are able to obtain from the caller such as: Where is the bomb located?

When will it go off?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why?

What is your name? Note caller ID.

Note the caller's voice. Note any background noises.

Bomb Threat Received by Handwritten Or Email Note

- Preserve the evidence.
 - Handle the document minimally.
1. Do not delete or alter email message.
 2. **Immediately call 911** and provide as much detail as possible.
 3. Follow instructions from the police or other emergency response personnel. Depending on the circumstances, you may be instructed to evacuate the area. Never activate the fire alarm or use radios or cell phones or other wireless devices.
 4. Note any unusual items (packages, back packs, etc.) or suspicious objects and immediately report that information to the responding authorities.

The following constitutes a suspicious letter or parcel:

- Any powdery substance on the outside
- Unexpected or from someone unfamiliar to you
- Excessive postage, handwritten or poorly typed address, incorrect titles or titles with no name, or misspellings of common words
- Addressed to someone no longer with your organization or are otherwise outdated
- No return address or one that cannot be verified as legitimate
- Unusual weight, given the size, or is lopsided or oddly shaped
- Unusual amount of tape
- Marked with restrictive endorsements, such as "Personal" or "Confidential"
- Strange odors or stains

Chemical Spills

1. If toxic chemicals come into contact with your skin, immediately flush the affected area with clear water.
2. Remove contaminated clothing.
3. **Dial 911 immediately.**
4. If there is any possible danger, evacuate

Chemical Fires

1. **Remain calm and dial 911.**
2. If the fire is small, contained, and you are not exposed to the fumes, you may locate a fire extinguisher and attempt to put the fire out.
3. Never allow the fire to come between you and an exit.
4. If you are inside of a building, activate the alarm system and evacuate. Close doors and windows behind you if you are able to do so safely, and then proceed to the nearest exit.
5. Do not attempt to save possessions at the risk of personal injury and do not return to the emergency area until instructed to do so by fire officials.

Civil Disturbance

Avoid provoking or preventing demonstrations

1. Contact the Department of Public Safety by calling [301-546-0666](tel:301-546-0666) non-emergency line and provide your observations.
2. Secure your area if necessary. Lock doors, safes, files, and equipment.
3. Avoid the area of disturbance and stay away from doors and windows.
4. Continue with normal routines, as much is possible if the disturbance is outside.
5. If appropriate and instructed by law enforcement, secure the building by locking all outside doors.

Cyberattacks

1. Keep software and operating systems up-to-date.
2. Use strong passwords and two-factor authentication.
3. Watch for suspicious activity. When in doubt, don't click. Do not provide personal information.
4. Use encrypted (secure) internet communications.
5. Create backup files.
6. Protect your home Wi-Fi network when using a College owned computer.
7. Report any suspicious computer activity to Enterprise Technology.

Earthquake

1. During an earthquake, occupants should be alert to possible hazardous conditions
2. Drop to the floor
3. Cover- seek sturdy overhead protection such as a desk, table, workbench, or room corner away from windows
4. hold on to the protection you have chosen

Explosions

Explosions happen as a result of different scenarios, including science lab experiments; gas leaks from heating and ventilation systems within buildings, water boilers and heaters; gas leaks from ruptured gas lines due to construction; use of man-made incendiary devices; and other criminal activity.

1. In the event of an explosion:
2. Evacuate the area of the explosion.
3. When you reach a safe area **dial 911**, and provide information about the explosion.
4. Stay away from windows, mirrors, overhead fixtures, electrical equipment, and unstable objects.
5. Open doors carefully and watch for falling objects.
6. Do not use elevators.
7. Do not use open flames, such as lighters.
8. Do not move seriously injured persons unless they are in obvious immediate danger.
9. Remain at the assembly area until first responders advise that it is safe to return.
10. Position yourself upwind from smoke and fumes if possible.
11. Comply with directions from fire and police officials on the scene.

Please see website (<https://www.pgcc.edu/about-pgcc/college-safety/emergency-procedures/>) for full policies and procedures for emergency preparedness.

Standard Precautions Requirements

Purpose

This document has been developed to educate and prepare students for clinical practice and to minimize the transmission of blood-borne pathogens in the college and clinical laboratory settings. These guidelines have been adapted from current Centers for Disease Control and Prevention recommendations (CDC recommendations).

General Precautions

- Avoid eating, drinking, smoking or applying cosmetics to work areas where occupational exposure to blood or body fluids may occur.
- Food and drink should not be kept in any area where there is potential exposure to blood or body fluids.
- Splashing, spraying or spattering should be minimized when potentially contaminated blood and body fluids are involved.
- Mouth pipetting (or suctioning by mouth) of blood or other body fluids is prohibited.

Hand Hygiene

- A. Wash hands with liquid soap (from a dispenser) and running water or approved alcohol antiseptic waterless hand cleanser:
1. Before and after direct patient contact, etc.
 2. Before donning gloves and after removal of gloves or any other personal protective equipment
 3. Immediately, or as soon as possible, after blood or body fluid contact with the skin
- B. Procedure Hand Washing:
1. Remove all jewelry from hands and wrists
 2. Use running water and soap from a dispenser
 3. Holding hands below elbow level rub hands together for at least ten seconds with special attention to areas under nails, around cuticles, to the knuckles, thumbs, and sides of fingers and hands for 15-20 seconds.
 4. Avoid splashing water on clothing or floors or touching faucets or sinks
 5. Rinse hands well under running water
 6. Dry hands with paper towels
 7. Turn off faucets with dry paper towels if knee or foot controls are not available

Procedure: Antiseptic Waterless Cleaner

1. Rub hands together until cleanser evaporates.

Sharps (Disposable)

- A. Precautions for used/contaminated sharps:
1. Do not bend or break needles.
 2. Do not recap used needles (EMT students are referred to OPM 75).
 3. Do not separate needle from syringe.
 4. Place all disposable sharps, contaminated or noncontaminated in a biohazard sharps container that is leak proof and puncture resistant.
 5. If a biohazard sharps container is not within reach, place the needle in an emesis basin or other safe carrying container, carry it to a biohazard sharps container and using a Kelly clamp, place in the container.

6. Pick up broken glass with a broom and dustpan, tongs or forceps only. Do not handle with bare or gloved hands
7. If necessary, non-contaminated needles may be recapped using a one-handed scoop technique or an appropriate recapping device.

Sharps (Reusable)

- A. Reusable sharps will be:
 1. Handled with Kelly clamps
 2. Placed in a designated biohazard sharps container that is leak proof and puncture resistant.

Personal Protective Equipment (PPE)

Personal protective equipment shall be worn as indicated as follows:

- A. All personal protective equipment shall be removed prior to leaving the work area and placed in a designated area or container for storage, washing, decontamination or disposal.
- B. Gloves:
 1. Must be worn when hand contact with blood or other body fluids is likely
 2. Must be worn during patient contact by any care provider who has non-intact skin areas on his/her hands
 3. Are to be removed and hands washed as soon as possible if contaminated or torn
 4. Are to be removed and hands washed after every patient contact
 5. Are to be changed when going from area of contamination to clean area

Procedure for Glove Removal

1. Outside of gloves are contaminated
 2. Grasp outside of glove with opposite gloved hand, peel off
 3. Hold removed glove in gloved hand
 4. Slide fingers of ungloved hand under remaining glove at wrist
 5. Perform hand hygiene
- C. Goggles or Face Shield
 1. Are to be worn whenever splashes, sprays or droplets of blood or body fluids are apt to occur and contaminate eyes, nose or mouth (i.e., suction, NG tube insertion, etc.)

Procedure for Goggle or Face-shield Removal

1. Outside of goggles or face shield are contaminated
 2. To remove, handle by head band or ear pieces
 3. Place in designated receptacle for reprocessing or in waste container
 4. Perform hand hygiene
- D. Gowns/Aprons
 1. Gowns/aprons and other appropriate protective covering must be worn when:
 - a. Splattering of blood or body fluid is likely (i.e., gastric lavage or trauma patient care).
 - b. Handling excessively soiled linen/equipment.

Procedure for Removing a Gown

1. Gown front and sleeves are contaminated
2. Unfasten ties
3. Pull away from neck and shoulders, touching inside of gown only
4. Turn gown inside out
5. Fold or roll into a bundle and discard
6. Perform hand hygiene

A. Mask or Respirator

1. Must be worn when potential of exposure to airborne diseases and patient is on isolation.

Procedure for Removing a Mask or Respirator

1. Front of mask/respirator is contaminated
2. Grasp bottom, then top ties or elastics and remove
3. Discard in waste container
4. Perform hand hygiene

Decontamination Procedure

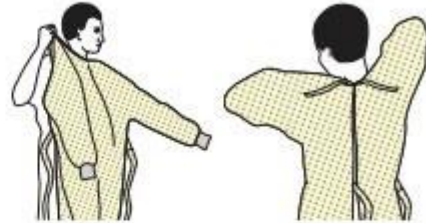
1. Wash any areas of contamination with soap and water.
2. Flush with copious amounts of water following blood contact to eyes or mouth using an IV or lavage set-up.

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



C5200K73-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



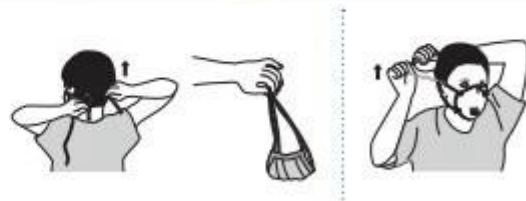
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

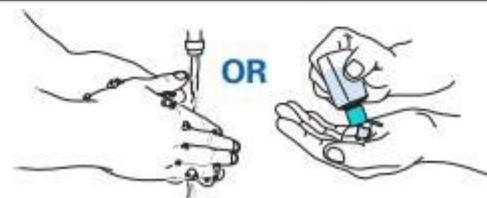


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER**



Purpose

This procedure supports Prince George's Community College's (PGCC) Infectious and Contagious Diseases Policy (031008) as PGCC recognizes its responsibility to provide a safe workplace and learning environment. This procedure provides written protocols for needle stick injuries and other types of exposure to others' blood and body fluids that have a potential of transmitting bloodborne pathogens including but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

1. Scope

This procedure applies to contractors, volunteers, staff, students, and employees who are exposed to the blood or body fluid of another individual while on any of the College campuses or extension centers or while participating in a PGCC off campus learning experience.

2. Definitions

- a) **Bloodborne Pathogens:** Pathogenic microorganisms that are present in the human body or body fluids and which can cause disease in humans. Examples of bloodborne pathogens include, but are not limited to: HBV, HBC, and HIV.
- b) **Body Fluids:** Liquids within the body of an organism which include but are not limited to amniotic fluid, human blood, blood products, breast milk, cerebrospinal fluid, menstrual blood, nasal secretions, peritoneal fluid, pleural fluid, purulent drainage, saliva, semen, synovial fluid, tears, vaginal secretions, and wound drainage.
- c) **Employees:** For this procedure only, the term "employee" includes College employees, including all staff, faculty, and administrators, as well as College volunteers, vendors, and contractors.
- d) **Exposure:** Contact with the blood or other body fluid of one individual that potentially enters the body of another individual in any of the following ways:
A splash to the eye, mouth, or other mucus membrane;
Contamination of non-intact skin; or
A puncture or cut with a sharp instrument, such as a needle stick or scalpel, which has been exposed to another's blood or body fluid.

An individual covered by this procedure need not know for sure whether others' blood or body fluid entered that individual's body. This procedure applies to all known and potential exposures.

- e) **Off-Campus Learning Experience:** An experience occurring off of PGCC property where PGCC students and/or faculty are receiving and/or providing instruction as part of PGCC's Allied Health Department or Nursing Department programming, and where such instruction involves direct access to patients.
- f) **Personal Protective Equipment:** Specialized clothing or equipment worn for protection against a hazard including gowns, goggles, and gloves. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as

protection against a hazard are not considered to be personal protective equipment. Also referred to as “PPE”.

- g) Sharps: Items(s) having an edge or point that is able to cut or pierce something, including but not limited to used needles, broken glass, exposed dental wires, and other objects capable of puncturing human skin.

3. Response to Exposure

- a) When suffering any known or potential exposure, an individual covered under this procedure must immediately implement the following first aid measures:
 - i) Thoroughly wash wound(s) with soap and water;
 - ii) Nose or mouth should be flushed with water splashes;
 - iii) Eye(s) should be irrigated with water/sterile eyewash or saline irrigating solution, which is maintained on campus at the Mental Health and Wellness Center.
- b) If the exposure is a medical emergency, the exposed individual must call or have someone else call 911.
- c) If 911 is not called, an exposed individual should still consult a medical professional within 2-3 hours in order to obtain a medical evaluation, baseline testing for bloodborne pathogens, determination of risk level, and treatment, where necessary.

4. Reporting Obligations

- a) PGCC shall report and track exposure incidents related to students in the following manner:
 - i) If the exposure occurs on campus, the exposed student must report the exposure to the Mental Health and Wellness Center as soon as practically possible;
 - ii) If the exposure occurs during an off-campus learning experience, the exposed student must immediately report the exposure to the PGCC clinical instructor, professor, or course faculty member present at the site or, if none is present at the time of the exposure, the designated faculty member for the course/site. The clinical instructor, professor, or course faculty member must contact the Mental Health and Wellness Center to report the exposure as soon as reasonably possible;
 - iii) A PGCC nurse or designee shall complete an incident reporting form using the information provided by the reporter and ensure that the form is maintained in a file separate from the student’s official educational record. The nurse or designee may, in their discretion, provide information from the report to the Vice President for Student Affairs to coordinate further services for the exposed student;
 - iv) The nurse or designee shall contact the Office of Facilities Planning and Management (OFPM) to discuss whether any additional clean-up of body

fluids or blood on PGCC property is needed;

- v) If the exposure occurred at an off-campus learning experience, the clinical instructor, professor, or course faculty member notified under Section 5.a.ii must notify the site coordinator and comply with the site's occupational exposure policy or procedure.
- b) PGCC shall report and track exposure incidents related to employees in the following manner:
 - i) The exposed employee must report the exposure to PGCC's Director for Talent, Labor, and Employee Relations and their PGCC supervisor/point of contact as soon as reasonably possible;
 - ii) Talent, Labor, and Employee Relations shall complete an incident reporting form and ensure that the form is maintained in a file separate from the employee's general personnel record. Talent, Labor, and Employee Relations shall ensure that all appropriate procedures related to workplace injuries are followed, and shall forward the documentation to the PGCC's ADA Coordinator for future reference as necessary;
 - iii) Talent, Labor, and Employee Relations shall contact OFPM to discuss whether any additional clean-up of body fluids or blood on PGCC property as needed;
 - iv) If the exposure occurred at an off-campus learning experience, the employee must notify the site coordinator and comply with the site's occupational exposure policy or procedure.

5. Cleaning Procedures

- a) After receiving notification pursuant to Section 5, OFPM will determine the location, nature, and severity of the exposure, the scope of the area to be cleaned, and the appropriate cleaning procedures.
- b) The Executive Director of Facilities Planning and Management will ensure that proper cleaning procedures, including any necessary use of PPE, are followed.

6. Cost of Medical Treatment

Students and employees are responsible for all medical costs related to evaluation, testing, treatment, and follow-up care incurred in connection with the blood or body fluid exposure.

7. Sharps Disposal

- a) The College shall ensure that a red biohazard sharps container is located in every classroom used for lab activities that may involve the use of or exposure to sharps.
- b) Faculty shall instruct lab students to safely discard used needles and other sharps in the biohazard containers. Employees and students shall not attempt to empty or move biohazard containers unless specifically authorized to do so.

- c) Where a biohazard container is unavailable, students and faculty should dispose of sharps in a plastic puncture resistant container (such as an empty detergent bottle) and tape the lid securely. The container should be safely disposed of off-campus or brought to the Mental Health & Wellness Center to be labeled with a biohazard sticker for safe disposal.

**Prince George's Community College
Department of Radiography**

Student Acknowledgment – Student Manual

I have read the Prince George’s Community College Associate Degree Radiography Program Student Manual Fall 2023 and I understand the policies discussed.

I will comply with the requirements as delineated. It is my understanding that this form will become part of my permanent file.

Student Name	Date
Student Signature	Date