Nashville General Hospital at Meharry
1818 Albion Street
Nashville, TN 37208
615-341-4000

Student Handbook

Radiologic Technology Program

Revised: August 11, 2025

PREFACE

This handbook was written by the faculty of the Radiologic Technology Program to inform students of the program's policies and procedures. The faculty will periodically review the policies, procedures, curriculum, and any other information contained in this handbook as necessary. Any changes will be distributed to the students and will supersede previous policies and/or procedures. Additionally, students have access to a copy of the Handbook on the Program's website and the Trajecsys Clinical Education web portal.

INTRODUCTION

Foreword
This handbook provides the Radiologic Technology Program's philosophy and operational framework within which the students and faculty can work together toward the common goal of educating tomorrow's medical imaging professionals. The policies and procedures contained herein are to ensure operation of the program is consistent with its objectives and responsibilities.

The faculty of the Radiologic Technology Program is dedicated to assisting each student toward achievement of the objectives of the educational program and toward development of his or her optimal potential. The faculty is also obligated to prepare radiologic technologists who meet standards of safe practice and have demonstrated competency in the skills required of radiologic technologists.

Students are responsible for becoming familiar with all information contained in this student handbook. The student, throughout the duration of the program, should retain these materials and will receive copies of revised policies, procedures, and/or revised editions.

All faculty, staff and students have the responsibility of preserving the integrity of the program by adhering to these policies and procedures consistently and impartially.

Equal Opportunity Statement
The Radiologic Technology Program of Nashville General Hospital at Meharry does not discriminate on the basis of disability, age, race, color, religion, sex, creed, ethnic or national origin, sexual orientation, gender identity/expression, genetic information, veteran status, or any other classification protected by Federal, or State constitutional or statutory law in its student admission policies as well as employment administration, program operations and activities.

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DESCRIPTION OF THE PROFESSION

Radiologic Technology is the art and science of applying x-radiation, gamma radiation, ultrasound, and magnetic fields in the diagnosis and treatment of patient disease or injury. Radiologic Technology is a profession which includes those individuals who perform radiographic procedures, nuclear medicine procedures, radiation therapeutic procedures, ultrasonic imaging procedures, and magnetic resonance imaging procedures. Individuals performing these procedures are referred to as Radiographers or Radiologic Technologists, Nuclear Medicine Technologists, Radiation Therapists, Sonographers, and MRI Technologists, respectively.

Radiographers perform and assist physicians in conducting radiographic procedures in order to determine the presence of disease or injury. Radiographers utilize sophisticated, highly technical x-ray equipment in recording the structures of the body on various image receptor technologies. The types of radiographic examinations vary considerably and include examinations of the chest, abdomen, head and neck, organ systems, and the entire skeleton. The radiographer is a member of the medical team and performs effectively by:

1. Applying knowledge of the principles of radiation protection for the patient, self, and others.
2. Applying knowledge of anatomy, positioning, and radiographic techniques to accurately demonstrate anatomical structures on a radiograph.
3. Determining exposure factors to achieve optimal radiographic technique with a minimum of radiation exposure to the patient.
4. Examining radiographs for the purpose of evaluating technique, positioning, and other pertinent technical qualities.
5. Exercising discretion and judgment in the performance of medical imaging procedures.
6. Providing patient care is essential to radiographic procedures.
7. Recognizing and managing emergency patient situations.

Advances in medical knowledge and the constant expansion in hospital and health services are creating an ever-expanding demand for the services of well-qualified radiographers. Registered technologists are welcome and needed in both urban and rural health care facilities. This allows technologists to choose the type of community in which they wish to live. Job opportunities include employment in hospitals, clinics, private physician offices, mobile imaging, industry, government, public health, and education.

NASHVILLE GENERAL HOSPITAL at Meharry

Description

The hospital was established in 1890 and is under the jurisdiction of the Metropolitan Government of Davidson County. The hospital's primary responsibility is to provide medical services to the medically indigent of Davidson County. As an acute care facility in the Metropolitan area, the hospital provides a full range of services including emergency, surgery, obstetrics and gynecology, pediatrics, medical imaging, breast health, podiatry, orthopedics, urology, family and internal medicine, gastroenterology, pulmonology, rheumatology, neurology, cardiovascular and interventional radiology, and pathology. Nashville General Hospital is accredited by the Joint Commission (formerly named the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)) and licensed by the State of Tennessee.

Mission Statement

To improve the health and wellness of Nashville by providing equitable access to coordinated patient-centered care, supporting tomorrow's caregivers, and translating science into clinical practice.

Vision Statement

Leader in exceptional healthcare for all.

Values

- Compassion to those we serve and to each other.
- Honesty and integrity in all we say and do.
- Accountability to society, our community, and each other.
- Respect and dignity for all humankind.

Teamwork to achieve our vision, mission and values.

RADIOLOGIC TECHNOLOGY PROGRAM

Description

In existence since 1958, the Nashville General Hospital Radiologic Technology Program maintains a twenty-four-month educational program, which is divided into four semesters and designed to prepare students to become Registered Radiographers. The structure of the curriculum is based on a maximum of forty hours per week, which includes clinical and didactic instruction. Shifts will vary, including some evening hours. The Clinical Affiliate sites contain imaging modalities which provide for the following: routine radiographic examinations, mobile radiography, fluoroscopy, vascular studies, panorex, surgical radiography, sonography, mammography, bone densitometry, nuclear medicine, computed tomography (CT), and magnetic resonance imaging (MRI). The hospital and medical imaging facilities provide the student with state-of-the-art directed experience.

Upon graduation, the student will receive a certificate of completion which fulfills one of the two eligibility requirements to sit for the national certification exam administered by the American Registry of Radiologic Technologists (ARRT). A second eligibility requirement is having a minimum of an associate degree from an ARRT-recognized accredited educational institution. Once the exam is passed, graduates will obtain the Registered Technologist (Radiographer) credentials that will follow their name as R.T.(R).

Mission Statement

In accordance with and in support of the mission of the Nashville General Hospital at Meharry, the Radiologic Technology Program is committed to educating highly skilled radiographers who will provide quality care for their patients in a hands-on learning environment. It is the program's mission to promote medical imaging skills, multi-skill competency, high quality patient care, professionalism, and continuing education. This is accomplished through a twenty-four-month clinical and didactic curriculum.

Program Goals

The following program goals and student learning outcomes support the program's mission and serve as standards for assessment of program effectiveness.

1. Students will demonstrate competency in the performance of entry-level diagnostic imaging procedures.
    - Students will provide radiation protection for the patient, self, and others.
    - Students will be able to integrate anatomy with clinical positioning skills.
2. Students will apply critical thinking and problem-solving skills in the practice of radiography.
    - Students will use a logical sequence of steps in performance of exams.
    - Students will be able to set appropriate technical factors and modify for pathology as needed.
    - Students will adapt to the changing needs of patients and accommodate for patient conditions, equipment, and accessories to produce a high-quality radiograph.
3. Students will develop communication skills to effectively interact within a healthcare setting.
    - Students will use proper oral and written medical communication as it applies to different age, cultural, and socio-economic groups.

- Students will effectively communicate with patients, physicians, and clinical staff in the clinical setting.
- Students will present and articulate a radiographic pathology case study.

4. Students will demonstrate professional development and growth.
    - Students will conduct themselves in a professional manner in the clinical setting.
    - Students will develop and demonstrate an appreciation for professional development and growth.

Program Commitment

The following resolutions are designed to further ensure the promotion of well-educated, multi-skilled professionals who perform the art and science of diagnostic medical imaging.

The program will:

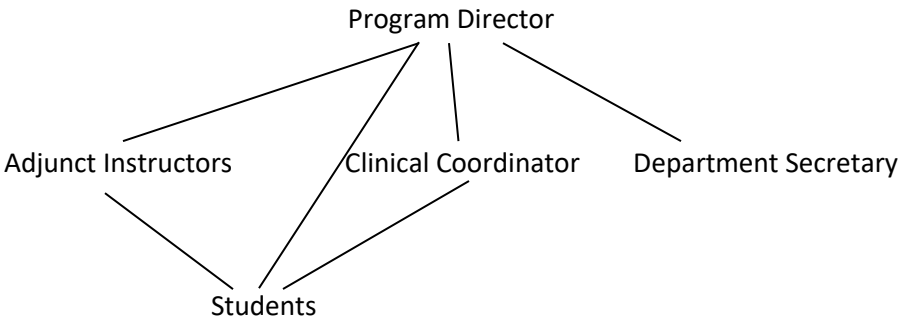
1. Provide high-quality instructors to educate students desiring to become registered radiologic technologists.
2. Provide multi-competency education to ensure graduate marketability.
3. Provide the students with a curriculum that may aid them in seeking degrees through transfer of credits.
4. Establish a program committed to the continued improvement of Radiologic Technology education.
5. Provide a curriculum and program that is continuously relevant to present and future trends in Radiologic Technology through an on-going evaluation process.
6. Be cognizant of the fact that education is not a static process and requires a systematic evaluation of instructional procedures and practices in order to ensure continued improvement in the cognitive, affective, and psychomotor domains.

The program shall be properly planned, organized, and directed so that:

1. Individuals can successfully pass the American Registry of Radiologic Technologists (ARRT) Examination.
2. An adequate clinical and didactic ratio is established which properly balances the educational needs of the students.
3. Professional growth is instilled to afford a challenge, diversity, and increase the technical capacity of the radiographer.
4. Students develop pride, professionalism and a sense of ethical competition and general concern for the welfare of others.
5. The program will rank in parallel or above other programs of its type.
6. Students are taught the latest techniques, curriculum, and imaging modalities in radiologic technology.
7. The importance of continuing education and participation in professional societies is encouraged.
8. A valuable service to the community is provided by educating qualified health care professionals in the art and science of radiologic technology.
9. Candidates for the program are properly screened, qualified instructors are maintained, and the general environment of the program is conducive to learning.
10. An advisory committee provides professional input to goal development which is consistent with the mission of the sponsoring institution and program.

11. Systems are maintained for validation and evaluation of the goals to determine output of terminal capabilities.
12. The program shall surpass minimal accreditation standards recommended in the "Standards for an Accredited Educational Program in Radiography" by *The Joint Review Committee on Education in Radiologic Technology* 2021-Radiography-Standards.pdf

Program Organization Chart



STANDARDS OF ETHICS

The radiologic technology program adheres to the ASRT Code of Ethics, ARRT Standard of Ethics, and the ARRT Code of Conduct.
The radiologic technology program curriculum consists of didactic, laboratory and clinical instruction, each playing an integral role in the student's education. The curriculum is supported by the American Society of Radiologic Technologists (ASRT), the established agency which guides the profession. The ASRT Curriculum Guide, ASRT Code of Ethics, and American Registry of Radiologic Technologists Radiography Exam Content Specifications are founded in this curriculum.

ARRT Standards of Ethics

Source: arrt-standards-of-ethics.pdf (kc-usercontent.com)

PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons holding certificates from ARRT that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT (collectively, "Certificate Holders"), and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Pre-Application) in order to become Certificate Holders ("Candidates"). Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and

radiologist assistant. The *Standards of Ethics* are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

The purpose of the ethics requirements is to identify individuals who have internalized a set of professional values that cause one to act in the best interests of patients. This internalization of professional values and the resulting behavior is one element of ARRT's definition of what it means to be qualified. Exhibiting certain behaviors as documented in the *Standards of Ethics* is evidence of the possible lack of appropriate professional values.

The *Standards of Ethics* provides proactive guidance on what it means to be qualified and to motivate and promote a culture of ethical behavior within the profession. The ethics requirements support ARRT's mission of promoting high standards of patient care by removing or restricting the use of the credential by those who exhibit behavior inconsistent with the requirements.

ARRT STANDARDS OF ETHICS: CODE OF ETHICS

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. 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 Code of Ethics is aspirational.

1. The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of humankind.
3. The Registered 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 race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
4. The Registered 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 Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The Registered 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 Registered 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 healthcare team.
8. Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.

9. The Registered 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 Registered 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 Registered 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.

ACCREDITATION STATEMENT

The Nashville General Hospital at Meharry's Radiologic Technology Program is accredited by the Joint Review Committee on Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
Email: mail@jrcert.org
Website: www.jrcert.org

The Joint Review Committee on Education in Radiologic Technology (JRCERT) is the only agency recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) for the accreditation of traditional and distance delivery educational programs in radiography, radiation therapy, magnetic resonance, and medical dosimetry. The JRCERT awards accreditation to programs demonstrating substantial compliance with its Standards. For more information regarding the JRCERT Standards, please visit www.jrcert.org - the Standards can be found in the "Accreditation" section.

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

Contact of the JRCERT is not a step in the formal institutional/program grievance procedure. The student must first attempt to resolve the complaint directly with institution/program officials by following the program's grievance policy and procedure. If the student is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT.

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT) ELIGIBILITY

Students who graduate from the Radiologic Technology Program and meet the ARRT's degree requirements are eligible to apply to take the national certification examination administered by the American Registry of Radiologic Technologists.

Students (or potential students) who have been convicted of a felony or misdemeanor must complete and submit an Ethics Review Pre-Application Packet to the ARRT in order to determine eligibility to take the national certification examination.

For more information, please visit www.arrt.org or contact the ARRT at:

American Registry of Radiologic Technologists
1255 Northland Drive
St. Paul, MN 55120
(651) 687-0048

ARTICULATION AGREEMENT PARTNERSHIPS

The Nashville General Hospital at Meharry Radiologic Technology Program is partnered with Volunteer State Community College (VSCC) for the purpose of awarding college credit for courses taken as part of the radiologic technology program. This agreement allows students to transfer credit earned from the radiologic technology program to VSCC and apply that credit towards an Associate of Applied Science (A.A.S.) in Radiologic Technology. The A.A.S. degree will be conferred following successful completion of the required VSCC courses and Nashville General Hospital Radiologic Technology program courses. However, the VSCC degree conferral date is currently scheduled for December, which will delay ARRT certification exam eligibility.

Volunteer State Community College (VSCC): A.A.S. Radiologic Technology Articulation

Radiologic Technology Major Core **The following are requirements for the A.A.S. in Radiologic Technology at VSCC and the NGH equivalent courses which will be accepted for transfer toward the degree requirements. A grade of 80 or higher is required for all area of emphasis courses.**			
VSCC Course	**Credit Hrs.**	**NGH Course**	**Didactic Hrs.**
AHC 115 – Medical Terminology	3	Medical Terminology	12
RADT 1200 – Introduction to Medical Imaging	2	Introduction to Radiography and Patient Care	60
RADT 2350 - Advanced Patient Care	3		
RADT 1330 - Radiographic Procedures I	3	Radiographic Procedures (I, II)	240

RADT 1340 - Radiographic Procedures II	3		
RADT 2330 - Radiographic Procedures III	3	Radiographic Procedures (III, IV)	192
RADT 1360 - Radiographic Practicum I	3	Clinical Education (I, II, III, IV)	1,856
RADT 1370 - Radiographic Practicum II	3		
RADT 2260 - Radiographic Practicum III	2		
RADT 2370 - Radiographic Practicum IV	3		
RADT 2380 - Radiographic Practicum V	3		
RADT 1385 - Radiographic Equipment Operation	3	Imaging Equipment	24
RADT 1380 - Principles of Radiographic Physics	3	Radiation Physics	48
RADT 2310 - Radiographic Pathology	3	Radiographic Pathology	24
RADT 1350 - Radiographic Digital Imaging	3	Digital Imaging in Radiography	24
RADT 1390 - Principles of Image Acquisition	3	Radiographic Exposure and Image Evaluation	72
RADT 1310 - Radiographic Image Critique	3	Introduction to Quality Assurance and Control	24
RADT 1320 - Radiation Biology and Safety	3	Radiation Protection and Radiobiology	48
RADT 2385 - Radiographic Capstone	3	General Review and Registry Review	108
Total Area of Emphasis Credit Hours	**55**	**Total Area of Emphasis Didactic Hours**	**2,720**

**** VSCC calculates credit hours, NGH calculates didactic/clinical hours.**

An VSCC major in Radiologic Technology requires a minimum of 75 credit hours of courses to include: ENGL 1010, BIOL 2010, BIOL 2020, MATH 1530, PSYC 1030, PHIL 1040, AHC 115, RADT 1200, RADT 1310, RADT 1320, RADT 1330, RADT 1340, RADT 1350, RADT 1360, RADT 1370, RADT 1380, RADT 1390, RADT 2260, RADT 2310, RADT 2330, RADT 2350, RADT 2370, RADT 2380, RADT 2385

Total: 75 credits

Enrollment and acceptance at Nashville General Hospital's Radiologic Technology Program is not guaranteed, and students will have to apply to the program and be granted acceptance in accordance with the program admissions policy. Once accepted, students will be required to fulfill all program requirements to receive 55 credit hours of transfer credit at Volunteer State Community College. While FAFSA is not available through Nashville General Hospital, other sources of financial aid may be available for those who qualify.

The following are additional courses that must be completed in order to earn an A.A.S. in Radiologic Technology from VSCC:

Course Number	Course Title	Credit hours
ENGL 1010	English Composition I	3
BIOL 2010	Human Anatomy and Physiology I	4
BIOL 2020	Human Anatomy and Physiology II	4
MATH 1530	Introductory Statistics or higher	3
Varies	Any Social/Behavioral Sciences Elective	3
Varies	Any Humanities/Fine Arts Elective	3

Total: 20 credits

Students successfully completing this program will have at least 75 credits.

Suggested scheduling of the VSCC courses based on prerequisites/co-requisites:

Semester 1	Semester 2	Semester 3
ENGL 1010 (3)	MATH 1530 (3) or higher	BIOL 2020 (4)
PSYC 1030 or any Social/Behavioral Sciences elective (3)	PHIL 1040 or any Humanities/Fine Arts elective (3)	
	BIOL 2010 (4)	
Total: 6 credits	Total: 10 credits	Total: 4 credits

For additional information regarding schedule, costs/fees, financial aid, etc., contact:

VOLUNTEER STATE COMMUNITY COLLEGE
1480 Nashville Pike
Gallatin, TN 37066
https://www.volstate.edu/

Saint Joseph's College (SJC):
A.S.R.S.A. Radiologic Technology Articulation

The Nashville General Hospital at Meharry Radiologic Technology Program is partnered with Saint Joseph's College (SJC) https://catalog.sjcme.edu/preview_program.php?catoid=41&poid=3493&returnto=1717 for the purpose of awarding college credit for courses taken in the radiologic technology program. This agreement allows students to transfer credit earned from the radiologic technology program to SJC and apply that credit towards an Associate of Science in Radiologic Science Administration.

As part of the transfer agreement, students must complete courses outlined in the table below. These courses may be taken online at SJC or at another accredited institution (the following Web sites provide lists of accredited institutions: CHEA list of accepted accrediting agencies and USDE list of accepted accrediting agencies). However, 25% of the identified course requirements must be completed at SJC. Transcripts are reviewed on an individual basis to determine if courses taken at another institution are acceptable for transfer credit.

NGH School of Health Sciences to Saint Joseph's College Online AS-Radiologic Science Administration

NGH Program Requirements		SJC Equivalent		
Course Name(s)	*Credits*	*Course Number*	*Course Name*	*Credits*
Radiology Training	30	RADXFR	Radiologic Science**	30

Credits Earned	**30**

Credits Applied	**30**

Remaining Courses		
EH 106	English Composition I	3
EH 107	English Composition II	3
MA	Math Elective	3
HY or PH	History OR Philosophy Elective	3
TH	Theology Elective	3
	Natural Science Elective (RECOMMENDED: HIM 200 - Anatomy & Physiology)	3
	Personal Growth & Prof. Devel. Elective	3
HA 205	American Health Care Systems	3
HA 330	Health Administration	3
HA 343	Healthcare Financial Management	3
HA 353	Legal Aspects of Healthcare Administration	3
HA 355	Ethics in Health Administration	3

Remaining Courses Total Credits	**36**
Total Credits to Earn Degree	**66**

*****Students must earn a 'C' or better in each course for the course to be eligible to transfer to SJC.**

*****Students must earn a minimum of 18 credits at SJC and 18 credits must be within their major.**

*****Students must complete at least 66 credits in order to receive an Associate Degree.**

*****This template should be used as a guide. Official evaluations will take place after the student is accepted at Saint Joseph's College and all official transcripts have been received.**

NGH students must submit an online application for admission and official transcripts from colleges previously attended. Upon completion of the above general education and specialty courses, and NGH radiologic technology courses meeting SJC's degree requirement, , the student will be awarded an Associate of Science in Radiologic Science Administration degree.

NGH radiologic technology students may also continue to pursue a bachelor's degree through SJC by fulfilling the additional courses indicated in the table below:

NGH School of Health Sciences to Saint Joseph's College Online BS-Radiologic Science Administration

NGH Program Requirements		SJC Equivalent		
Course Name(s)	*Credits*	*Course Number*	*Course Name*	*Credits*
Radiology Training	50	RADXFR	Radiologic Science	50

Credits Earned	**50**		**Credits Applied**	**50**

Remaining Courses		
EH 106	English Composition I	3
EH 107	English Composition II	3
MA	Math Elective	3
PH	Philosophy Elective	3
HY	History Elective	3
TH	Theology Elective	3
	Social & Behavioral Science Electives	6
	Natural Science Elective (RECOMMENDED: HIM 200 - Anatomy & Physiology)	3
	Natural Science Elective	3
	Social/Behavioral Science OR Natural Science Elective	3
	Personal Growth & Prof. Devel. Elective	9
HA 205	American Health Care Systems	3
HA 302	Human Resource Management	3
HA 330	Health Administration	3
HA 343	Healthcare Financial Management	3
HA 353	Legal Aspects of Healthcare Administration	3
HA 355	Ethics in Health Administration	3
HA 410	Quality in Healthcare Administration	3
RS 460	Senior Project	3
	Healthcare Elective	3
	General Elective	1

Remaining Courses Total Credits	**70**
Total Credits to Earn Degree	**120**

***Students must earn a 'C' or better in each course for the course to be eligible to transfer to SJC.**

***Students must earn a minimum of 25% of the credits towards their degree at Saint Joseph's College.**

***This template should be used as a guide. Official evaluations will take place after the student is accepted at Saint Joseph's College and all official transcripts have been received.**

For additional information regarding schedule, costs/fees, financial aid, etc., contact:

SAINT JOSEPH'S COLLEGE www.sjcme.edu
278 Whites Bridge Road
Standish, Maine 04084-5236
Online Admissions: 1-800-752-4723

ADMISSIONS PROCEDURES

To qualify for conditional acceptance:

The applicant's file must be complete with the following documents:

- Completed application and $50.00 application fee (non-refundable)[1].
- Official (sent from educational institution to NGH School of Health Sciences) transcript from highest level of education (minimum high school diploma or equivalent)[2].
- ACT or SAT exam score (on official transcript or ACT report) (Note: Applicants who have not taken the ACT exam may register to take the exam at the following link: https://www.act.org/content/act/en/products-and-services/the-act/registration.html) .
- Essay explaining why the applicant desires to become a radiologic technologist.
- Signed verification of eight (8) hours of observation in the medical imaging department of a hospital (this may be completed at NGH – please contact the school for scheduling).
- Each candidate will be scheduled for an interview with program faculty after the above requirements are completed. The interview is not part of the admissions scoring rubric. Interviews are conducted by the admissions committee using a standardized format.

The program is currently limited to a maximum annual enrollment of **16** new students each fall. Once the class is filled (with those candidates receiving the highest scores based on the program's admission rubric), additional qualified candidates will be declared alternates. In the event an accepted candidate either declines admission or fails to fulfill enrollment requirements, the next highest-scoring alternate candidate will be offered conditional enrollment. There is NO waiting list. Candidates not accepted into the program or alternates who do not fill a vacated position must reapply during the next application period.

[1]The application deadline is April 30. Program applications submitted after April 30 may still be considered for the alternates list. Admissions scoring and selection begins in May. Substitutions from the alternates list, as necessary, proceeds until August 1st. The program begins every fall (September/October) term.

[2]*If applicable, submit official college transcripts documenting the conferment of an Associate Degree or higher from an accredited post-secondary institution (the following Web sites provide lists of accredited institutions recognized by the American Registry of Radiologic Technologists (ARRT) for one of two of the eligibility requirements to take the ARRT Radiography certification exam:*

CHEA list of accepted accrediting agencies and USDE list of accepted accrediting agencies)

Education Requirements you must meet the following educational requirements before you can apply for an ARRT credential using the primary eligibility pathway: Source: https://www.arrt.org/docs/default-source/handbooks/arrt-primary-handbook.pdf?sfvrsn=6604fc_22

COMPLETE YOUR EDUCATION - Following the primary eligibility pathway, you must:

I. **Complete an associate (or higher) degree, in any subject, from an educational institution accredited by an agency ARRT recognizes.**

• You must hold an associate degree or higher from an institution accredited by an agency that ARRT recognizes. All academic courses, degrees, and professional educational program transcripts awarded by institutions based outside of the United States that are submitted to satisfy educational requirements to obtain certification and registration require an evaluation by an academic credential evaluation service that is a member of AICE, CED, and/or NACES. These criteria should be the most stringent and should provide ARRT with an evaluation showing equivalency to education provided in the United States.

The degree does not need to be in radiologic sciences. The degree may be earned before entering the radiography educational program, during the program, or after graduation from the program, but must be awarded prior to being granted eligibility to sit for the ARRT examination and within the timeframe noted below.

• To verify the accreditation status of an educational institution, consult the appropriate accrediting agency's website: https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/primary

• **Additional degree options offered to NGH radiologic technology students:**
(See Articulation Agreement Partnerships in the Student Handbook)

II. **Complete an ARRT-recognized Radiography educational program.**

• To verify the accreditation status of an educational program, consult the appropriate accrediting agency's website. https://www.jrcert.org/

Enrollment
Once the candidate is conditionally accepted, candidates begin collecting and submitting the prerequisite documents for clinical education.

1. Health physical documenting clearance to participate in the program
2. Records documenting proof of required immunizations
3. Criminal background check**
4. Drug screen**
5. Possession and proof of personal health insurance
6. CPR certification for the Health Care Provider
7. Possession and proof of medical liability insurance
8. Payment of fees as scheduled.

**Unfavorable results may disqualify a candidate's invitation.

Dexterity/Health Standards

Students must be physically capable of performing the following standards related to the occupation in a safe, accurate, and expeditious manner. Candidates not able to obtain a signed attestation from a qualified clinician regarding the ability to perform the tasks listed below will forfeit their conditional acceptance to the program.

• Lift, move and transport patients (in excess of 50 pounds) to and from various ambulatory devices, (wheelchair, stretcher, hospital bed, and radiographic table) without causing undue pain or discomfort to patient or oneself.
• The ability to spend prolonged periods of time walking, standing, sitting, bending, reaching, pushing, and pulling.
• Position patients for various radiologic examinations. This requires physical touch.
• Demonstrate proficient tactile dexterity, including effective grip strength, finger coordination, hand-eye coordination, and tactile sensitivity.
• Recognize audio sounds and (bells, buzzers, etc.) and visually distinguish colors.
• Respond immediately to emergency situations that may otherwise jeopardize a patient's physical state if speedy care is not administered.
• Evaluate written requisitions for radiographic procedures.
• Communicate (verbal and written) the explanation of procedures and give effective instructions to a patient.
• Obtain medical histories of patients and communicate this information to appropriate members of the health care team.

ORIENTATION/ENROLLMENT PROCESS

Once the candidate is conditionally accepted, pursuit of the following objectives will complete the orientation/enrollment process:

- Conditionally accepted candidates must complete the Program Orientation process involving both electronic media correspondence and in-person orientation activities, which includes signing an enrollment contract.
- Candidates failing to attend or failing to complete the required objectives by published deadlines may forfeit their conditional acceptance and must reapply for admission in the next calendar year.
- The student is considered officially enrolled on the first day of classes in the fall if all objectives due beforehand are complete.

STUDENT SERVICES

The Radiologic Technology Program provides the following student services:

Disability Services

Nashville General Hospital's Radiologic Technology Program complies with the Americans with Disabilities Act of 1990. The program will assist students with disabilities by ensuring the provision of reasonable modifications and/or accommodations. It is the student's responsibility to disclose information voluntarily and confidentially regarding the nature of the disability. Students requiring disability services should immediately meet with the Program Director to request reasonable accommodation. In addition, the student must request in writing such consideration and submit a current letter from an appropriate licensed professional describing the nature of the learning limitation and specific accommodations needed. Only after written documentation is presented can reasonable modifications and/or accommodation be provided.

Financial Assistance

The program is NOT a Title IV participant through the Federal Department of Education. This means our students are NOT ELIGIBLE for Federal Student Aid (government-funded student loans or deferments). It is the student's responsibility to secure the necessary funding for tuition, books, insurance, transportation, uniforms, and other related school costs. There is no financial aid officer on campus.

Possible sources of financial assistance include:

- American Job Centers – to find the office nearest you, please visit: https://www.tn.gov/workforce/jobs-and-education/job-search1/find-local-american-job-center.html
- SNAP Employment and Training Program: http://skillup.tennessee.edu/snap-participants/
- U.S. Department of Veterans Affairs – to apply online, please visit: http://explore.va.gov/education-training
- Banks, Credit Unions

- ASRT Foundation scholarships (https://foundation.asrt.org/what-we-do/scholarships)

The Radiologic Technology Program will assist with all required documentation a student may need in order to secure financial assistance, i.e., enrollment verification, transcripts, etc. *No student will be enrolled greater than 45 days after payment of financial responsibilities is due.

***Exceptions:**

A. Students who are Workforce Innovation Opportunity Act (WIOA) participants and the final processing of the student's tuition payment by the Metro government program in which they are participating is delayed beyond their control.

B. Students who are receiving Veterans Administration (VA) grants: Any covered individual will be able to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 (a "certificate of eligibility" can also include a "Statement of Benefits" obtained from the Department of Veterans Affairs' (VA) website – eBenefits, or a VAF 28-1905 form for chapter 31 authorization purposes) and ending on the earlier of the following dates:

1. The date on which payment from VA is made to the institution.

2. 90 days after the date the institution certified tuition and fees following the receipt of the certificate of eligibility.

The educational institution will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered individual because of the individual's inability to meet his or her financial obligations to the institution due to the delayed disbursement funding from VA under chapter 31 or 33.

It is the policy of the Radiologic Technology Program sponsored by Nashville General Hospital that all students will have equitable didactic and clinical opportunities, must maintain policies and standards, and must display the highest level of professionalism, regardless of whether or not the student is receiving financial assistance.

Personal Counseling

For students who may need personal counseling, the program provides a list of local therapists and organizations that provide such services. Many of the listed therapists and organizations offer a sliding scale method of fees, based on financial need. This list is located on the bulletin board in the classroom or may be obtained from any member of the faculty or department secretary.

Tutoring

Students may request an appointment for one-on-one tutoring at any time. It is the responsibility of the student to keep up with his/her academic and/or clinical progress and to make tutoring appointments with program faculty as needed.

HEALTH SERVICES

In the event a radiologic technology student at Nashville General Hospital has a medical emergency, the student will be treated in the hospital's Emergency Department. The student is responsible for all costs incurred for all medical treatment.

Should the student require emergency medical treatment while at a clinical education site, the student will use available emergency medical services. The student is responsible for all costs incurred for all medical treatment.

The student is responsible for completing appropriate medical follow-up visits, necessary testing, and for the expenses associated with these.

Students must have current health insurance while enrolled in the program.

STUDENT TRANSPORTATION

The student is responsible for all costs associated with their transportation to and from Nashville General Hospital, field trip locations, and all assigned clinical education sites, which are currently located within a 50-mile radius from the sponsoring institution. Nashville General Hospital is not liable for accidents while traveling to and from Nashville General Hospital and all assigned clinical sites. The program will not make any allowances for a student who is unable to participate in a didactic or clinical course due to lack of transportation or based on the geographical location of their residence.

LEARNING RESOURCES CENTER

The program's learning resource center has several radiologic technology books and professional journals/periodicals, and a computer with internet access. In addition, the program has a collection of x-ray phantoms, scientific models, lab equipment, anatomical models, and access to the hospital's radiographic equipment and PACS archive for supervised student use.

Furthermore, the program faculty has their own private collection of textbooks which students may use upon request.

Book Checkout Procedure: Students bring the book to the Program Director. Information about the book is recorded and dated and signed out to the student. Students have two weeks to return the book or ask for an extended checkout time.

Computer:

- The Learning Resources Center (LRC) has a computer available for student and faculty educational research.
- The computer may NOT be used for anything other than research associated with course assignments, lecture preparation, continuing education, and career information. The computer is monitored by the NGH IT Department.
- Common courtesy is expected if others are waiting to use the computer. A one-hour limit should be used in these cases.
- Problems with the computer or printer should be reported to the Department Secretary or faculty.

PROFESSIONAL ORGANIZATIONS

Nashville General Hospital's Radiologic Technology Program encourages currently enrolled students to become a student member of the American Society of Radiologic Technologists (ASRT) and the Tennessee Society of Radiologic Technologists (TSRT).

American Society of Radiologic Technologists (ASRT):

The ASRT is the world's largest and oldest membership association for medical imaging technologists and radiation therapists. The ASRT provides its members with educational opportunities, promotes radiologic technology as a career, and monitors state and federal legislation that affects the profession. It is also responsible for establishing standards of practice for the radiologic science profession and developing educational curricula. As a member, students will be able to enjoy the same privileges as registered radiologic technologists who are active members. Students may obtain an ASRT application by visiting the ASRT website at: http://www.asrt.org/membership.

Tennessee Society of Radiologic Technologists (TSRT): http://www.tsrt.org/ For a membership application, please visit: http://tsrt.org/jointoday/

PROGRAM COURSE DESCRIPTIONS AND CURRICULUM SEQUENCING

COURSE DESCRIPTIONS

Introduction to Radiography and Patient Care: (60 hrs.)
This course provides the student with an overview of radiography and its role in healthcare delivery. Students are oriented to academic and administrative structure, key departments and personnel, and to the profession as a whole. Basic principles of radiation protection are also introduced to ensure radiation protection of self, patients and others when assigned to clinical rotations in the first quarter. Furthermore, this course provides the student with the basic concepts of patient care, including consideration for the physical and psychological needs of the patient and family. Routine, emergency, geriatric, and pediatric care is described as well as infection control procedures utilizing standard precautions. The role of the radiographer in patient education is included. Ethics and law pertaining to patient care is addressed, and pharmacology in medical imaging is covered.

Medical Terminology: (12 hrs)
This course provides the student with an introduction to the origins of medical terminology. A word building system is introduced, and abbreviations and symbols are discussed. Specific medical imaging terminology is also included.

Human Structure and Function: (72 hrs.)
This course provides the student with knowledge of anatomy and physiology. The components of cells, tissues, organs and systems are described. The individual parts/organs that comprise the human body are presented in detail.

Radiographic Procedures (I, II) (240 hrs.)
This course is designed to provide the student with the knowledge and skills necessary to perform standard radiographic procedures. Positioning and procedural steps are presented in detail for each examination covered. Image critique for each procedure is included in the lectures. Laboratory demonstration, practice, and practical exam evaluation complement the didactic portion of the course.

Radiographic Procedures (III, IV) (192 hrs.)
This course is designed to provide the student with the knowledge and skills necessary to perform standard radiographic procedures. Image critique for each procedure is routinely included in the lectures. This course also introduces the student to routine and special radiographic procedures utilizing contrast media. Positioning and procedural steps are presented in detail for each examination covered. Anatomical structures in the sagittal, coronal, and axillary planes as seen in cross sectional images of computed tomography and magnetic resonance imaging are also explored. Laboratory demonstration, practice and evaluation complement the didactic portion of the course.

Radiographic Exposure and Image Evaluation: (72 hrs.)
This course includes topics covering the production and properties of x-rays, x-ray interactions with matter radiographic equipment, and accessories used to produce diagnostic medical images. Technical factors affecting brightness, contrast, distortion, and detail are discussed. Exposure technique manipulation and image evaluation are also presented.

Radiation Protection and Radiobiology: (48 hrs)
This course provides the student with an overview of the principles of radiation protection. Radiation protection responsibilities of the radiographer for patients, personnel, and the public are presented. Regulatory agencies are identified and agency involvement in radiation protection is discussed. The course also includes an overview of the principles of the interaction of radiation with biological tissues. Radiation effects on biological molecules, organisms, and factors affecting biological response are presented. Acute and chronic effects of radiation are also discussed.

Radiation Physics: (48 hrs.)
This course will provide the student with knowledge of basic radiation physics. Fundamentals of x-ray generating equipment are discussed. Information on x-ray production, beam characteristics, and units of measurement is presented.

Imaging Equipment: (24 hrs.)
This course provides the student with knowledge of equipment routinely utilized to produce diagnostic images. Course content includes various recording media, imaging techniques, and

special imaging equipment including image-intensified and digital fluoroscopy, mobile radiographic equipment, tomography, and automatic exposure control devices. The course will also explore various imaging modalities and radiation therapy.

Medical Ethics and Law: (24 hrs.)
The purpose of this course is to promote an understanding and appreciation of ethics, morals, and how laws influence the health care profession. Legal terms, Patient Bill of Rights, sources of laws, consent, standards of care and professional scope of practice will be covered as it relates to preventing malpractice.

Pharmacology and Contrast Media: (24 hrs.)
Under the supervision of a radiologist and depending on the scope and level of responsibility required of the radiographer, there is the possibility of administering drugs and contrast agents to patients. This course content provides basic concepts of pharmacology, venipuncture and administration of diagnostic contrast agents and intravenous medications. The appropriate delivery of patient care during these procedures is emphasized.

Radiographic Pathology: (24 hrs)
This course is a study of diseases, their relationship to radiographic imaging, and how the disease may affect radiographic technique, positioning and patient care delivery. Furthermore, students will present a pathology incorporating the disease process with the use of multiple imaging modalities, extensive research, and interaction with radiologists and/or other medical professionals.

Introduction to Quality Assurance and Control: (24 hrs)
This course provides the student with an introduction to the evaluation of imaging systems to assure quality in the delivery of all aspects of imaging services. The components involved in the quality improvement system are discussed. State, federal, and professional impacts are described. Equipment quality control is discussed including tests to evaluate imaging equipment and accessories.

Digital Imaging in Radiography: (24 hrs)
This course introduces the student to fundamental principles of computer technology. Computer concepts and terminology are discussed. Computer applications in radiology are presented including teleradiology, PACS, HIS, and RIS.

General Review and Registry Review: (108 hrs.)
The purpose of this course is to provide a review of all radiologic technology subject matter with emphasis placed on the content specifications for the radiography examination administered by the American Registry of Radiologic Technologists. Multiple mock registry exams are administered to provide testing practice and to evaluate retained knowledge of course information presented throughout the program.

Clinical Education (I, II, III, & IV): (1,760 hrs.)
As a fundamental component of the student's education, clinical rotations seek to reinforce and expand upon lessons learned in the classroom setting. Students, through observing and assisting at first, will develop the skills related to clinical practice. With experience, students will perform examinations with either direct or indirect supervision. Evaluation of clinical performance in the cognitive, psychomotor, and affective domains will provide meaningful feedback guiding each student to success and building confidence.

Total Didactic Hours: 996
Total Clinical Hours: 1,856
TOTAL CLOCK HOURS: 2,852

Clock Hour Calculation

The length of all didactic and clinical courses is measured in clock hours. The method used to determine clock hours is based on instruction/participation time in the classroom or clinical setting.

Formula/Method:	Number of hours in classroom or clinical setting = Clock hours for that course

CURRICULUM SEQUENCING 2025 – 2027

First Semester (Quarters 1-2), September 29, 2025 to March 20, 2026
Classroom Lectures

Q1	Q2	HRS	Course
X	X	60	Introduction to Radiography and Patient Care
X		12	Medical Terminology
	X	24	Radiation Physics
X	X	72	Human Structure and Function
X	X	240	Radiographic Procedures I, II

Clinical Education

Q1	Q2	HRS	Course
X	X	320	Clinical Education I

Total Hours: 728

Second Semester (Quarters 3-4), March 30, 2026 to September 18, 2026
Classroom Lectures

Q3	Q4	HRS	Course
X		24	Radiation Physics
	X	36	Radiographic Exposure and Image Evaluation
X	X	48	Radiation Protection and Radiobiology
X	X	192	Radiographic Procedures III, IV

Clinical Education

Q3	Q4	HRS	Course
X	X	384	Clinical Education II

Total Hours: 684

Third Semester (Quarters 5-6), September 28, 2026 to March 19, 2027

Clinical Education

Q5	Q6	HRS	Course
X	X	576	Clinical Education III

Classroom Lectures

Q5	Q6	HRS	Course
X		36	Radiographic Exposure and Image Evaluation
X		24	Imaging Equipment
	X	24	Digital Imaging in Radiography
	X	24	Radiographic Pathology
	X	36	General Review, Registry Review

Total Hours: 720

Fourth Semester (Quarters 7-8) March 29, 2027 to September 17, 2027

Clinical Education

Q7	Q8	HRS	Course
X	X	576	Clinical Education IV

Classroom Lectures

Q7	Q8	HRS	Course
X		24	Medical Ethics and Law
	X	24	Pharmacology and Contrast Media
	X	24	Introduction to Quality Assurance and Control
X	X	72	General Review, Registry Review

Total Hours: 720

Total Didactic Hours: 996
Total Clinical Hours: 1,856
TOTAL CLOCK HOURS: 2,852

SATISFACTORY PROGRESS & PROGRAM CONTINUATION

The radiologic technology program has set a grading standard designed to assist graduates in achieving passing scores on the national certification examination and to demonstrate that the required core competencies have been achieved.
After a student has enrolled in the radiologic technology program, only credit earned at NGH may be applied toward the Certificate of Completion.
Students must successfully complete each radiologic technology course in sequence. Progression to the second year depends on successful completion of first year courses. The grading scale for the radiologic technology program is:

100 – 95%	A
94 – 90%	B
89 – 85%	C
84% or Below	F

All requirements listed within each course syllabus must be met before a final course average can be calculated. Individual grades for coursework (including, but not limited to: quizzes, exams, presentations, classwork and homework) will not be rounded in the gradebook and will be entered as values reported to the hundredths of a percent. Final course averages will be rounded to the nearest whole number and recorded in the student's official transcript. A

minimum final course average of 85% is required to pass each course and continue to the next courses in the curriculum sequence. A final course average of less than 85% results in the student being placed on Academic Probation. Students in violation of the Academic Honesty policy resulting in a Final course average of zero (0) will not be placed on probation or allowed to take a probationary comprehensive exam.

ACADEMIC PROBATION DUE TO FAILURE OF ONE OR MORE COURSES:

With the exception of the General Review/ Registry Review course, students failing to achieve a final course average of 85% will be placed on academic probation for a period of two (2) weeks during the following quarter. Before the end of the probationary period, the student must take and pass a probationary comprehensive exam covering the entire course material. If the probationary comprehensive exam is greater than or equal to 85% after rounding to the nearest whole number, the overall course average will be 85%. Probationary comprehensive exam scores less than 85% after rounding to the nearest whole number will result in Academic Dismissal from the program. The probationary exam must be taken as scheduled. Failure to take the probationary exam will result in Academic Dismissal. A request for a Leave of Absence after failing an academic probationary exam does not negate the failed exam. A failed probationary exam results in dismissal. A dismissed student is not eligible for a Leave of Absence.

For the duration of the program, students who are placed on Academic Probation for more than three courses will be dismissed from the program. Students failing to achieve a final course average of 85% in the General Review Registry Review course will be offered a chance to repeat the course one time in the following year unless they have previously been on Academic Probation three times, in which case, the student will be dismissed from the program. The Readmission Policy will apply.

A student has five school days to appeal their final course average through the established Grievance Policy.

ACADEMIC DISMISSAL:

A student who fails a course and fails the probationary comprehensive exam in any course given during Academic Probation will be dismissed from the program (with the exception of the General Review/Registry Review course whereby the student has an option to repeat the course one time in the following year unless the student previously has been on academic probation three times). Students returning must seek new competencies on all exams greater than 24 months old, as required for the primary certification credentialing examination of the ARRT (see Competency Categories in the Clinical Education section). See policy on ACADEMIC PROBATION DUE TO THE FAILURE OF ONE OR MORE COURSES). Should the student desire to re-enter the program, the student will be required to re-apply to the program. (SEE READMISSION POLICY)

ADMINISTRATIVE POLICIES

ADVISEMENT

The Radiologic Technology Program will advise students in the area in which the student or program has educational concerns and/or issues. Student academic, behavioral, and clinical advisement will be conducted by the Program Director, Clinical Coordinator, and/or faculty on an as-needed basis.

If a student has concerns and/or issues regarding course scheduling, general education requirements, or other administrative issues, the student should make an appointment with the Program Director.

If a student has concerns and/or issues regarding clinical rotation scheduling or clinical education requirements, the student should speak directly with the Clinical Coordinator as the first step in the resolution process. During clinical rotations, issues at the clinical site should be discussed with the Clinical Preceptor first.

If a student has concerns and/or issues regarding classwork, assignments, exams, or other academic issues related to a course, the student should speak directly with the course instructor as the first step in the resolution process.

The student should refer to the program's Grievance Policy regarding the steps that should be taken to seek resolution.

ACADEMIC AND ADMINISTRATIVE SUSPENSION OR DISMISSAL

A student may be suspended from or dismissed from the radiologic technology program for disregarding policies. Suspensions are meant to be temporary measures, terminating upon fulfillment of an overdue program requirement, or pending an investigation for alleged violation of a policy, which may lead to dismissal. Only the Clinical Coordinator and Program Director have the authority to suspend a student. Causes for suspension or dismissal include, but are not limited to, the following:

- Failure to meet minimum educational standards established by the program.
- Failure to improve in a specific task or behavior that satisfies program policy when the student has been previously counseled regarding the specific task or behavior.
- Failure to meet student responsibilities including, but not limited to:
    - meeting of deadlines for academic work and tuition payments;
    - provision of documentation, corrections and/or new information as requested;
    - notification of any information that has changed since the student's initial application;
    - purchase or otherwise furnish required supplies/resources;
    - maintenance of program and hospital property in a manner that does not destroy or harm it;
    - return of library books in a timely manner;
    - obtaining required education and financial clearance prior to graduation;
    - failure to comply with all parking regulations;
    - continued inappropriate personal appearance;
    - continued unsatisfactory attendance;

- failure to comply with policies and procedures listed in the current hospital authority code of conduct and student handbook;

- Specific behaviors that may be cause for immediate dismissal include, but are not limited to:
  - willful destruction or defacement of student or hospital property;
  - theft of student or hospital property;
  - improper or illegal conduct, including hazing, sexual harassment, etc.;
  - use, possession, and/or distribution of alcoholic beverages, drugs causing impairment, and/or illegal drug paraphernalia on campus, at a clinical site, or any school-related event;
  - being under the influence of alcoholic beverages or illegal drugs while on campus, at a clinical site, or any school-related event;
  - cheating, plagiarism, and/or infractions of the hospitals or program's conduct policies;
  - any behavior which distracts other students and disrupts routine classroom activities;
  - use of abusive language, including verbalization or gestures of an obscene nature;
  - threatening or causing physical harm to students, faculty, staff or others on campus or while students are engaged in off-site learning experiences;
  - school abandonment as defined by three (3) consecutive absences in the didactic or clinical setting without communication with the Program Director or Clinical Coordinator.

ACADEMIC HONESTY POLICY

The program can best function and accomplish its mission in an atmosphere of high ethical standards. As such, the program expects students to observe all relevant principles of academic honesty. Students are expected to maintain complete honesty and integrity in all clinical and academic work attempted while enrolled in the program. Academic dishonesty is a serious violation of the trust upon which the program and medical imaging community are established. There are different forms of clinical and academic dishonesty including, but not limited to, the following:

Acquiring or Providing Information Dishonestly

Using unauthorized notes or other study aids during an examination; using unauthorized technology during an examination; improper storage of prohibited notes, course materials and study aids during an exam such that they are accessible or possible to view; looking at other students' work during an exam or in an assignment where collaboration is not allowed; attempting to communicate with other students in order to get help during an exam or in an assignment where collaboration is not allowed; obtaining an examination prior to its administration; altering graded work and submitting it for re-grading; allowing another person to do one's work and submitting it as one's own; or undertaking any activity intended to obtain an unfair advantage over other students.

Conspiracy

Agreeing with one or more persons to commit any act of academic dishonesty.

Multiple Submissions

Submitting the same work for credit in two different courses without the instructor's permission.

Facilitating Academic Dishonesty
Aiding another person in an act that violates the standards of academic honesty; allowing other students to look at one's own work during an exam or in an assignment where collaboration is not allowed; providing information, material, or assistance to another person knowing that it may be used in violation of course or program academic honesty policies.

Abuse or Denying Others Access to Information or Resource Materials
Any act that maliciously hinders the use of or access to LRC or course materials; the removing of pages from books or journals or LRC materials; the removal of books from the LRC without formally checking out the items; the intentional hiding of LRC materials; the refusal to return readings to the LRC; or obstructing or interfering with another student's academic work.

Falsifying Records and Official Documents
Forging signatures or falsifying information on official academic documents such as a program application, transcript, memo, clinical documents, or any program document.

Clinical Misconduct
Dishonesty in the clinical setting includes but is not limited to: misrepresenting completion of clinical hours or assignments; falsification of patient records; fabrication of exam experiences; failure to report omission of, or error in, assessments, treatments or examinations; and appropriation/stealing of facility, staff, patient, visitor and/or student property.

Disclosure of Confidential Information
A high, responsible standard of conduct and professionalism is expected from each student. Students are personally accountable for the way in which patient information and other confidential information in clinical facilities is utilized. Confidential information is never to be discussed with anyone other than those directly involved in the care of the patient or in the legitimate use of other confidential agency information. Those having access to patient or facility information should never browse such information out of "curiosity." This includes accessing radiographic images or patient records when not directly involved in the patient's care. It is to be used and accessed only for legitimate, clinical/learning purposes.

A breach in confidentiality which involves discussing and/or releasing confidential patient or facility information, or obtaining unauthorized system access, will lead to disciplinary action from the program up to program dismissal.

Each student must seriously evaluate his/her daily use of confidential patient or facility information to assure its proper use. When in doubt, students should seek clarification or direction from their immediate supervisor.

Sanctions for Violating the Academic Honesty Policy
After determining that the student has violated the Academic Honesty Policy, the program may impose one of the following sanctions:

Didactic Assignments:

- The first occurrence of academic dishonesty will result in a grade of 0 for the assignment or examination.
- The second occurrence of academic dishonesty will result in a grade of 0 for the final course average resulting in dismissal from the program. The student will not be placed on Academic Probation nor allowed to take a probationary comprehensive exam as described previously in the Satisfactory Progress and Program Continuation section and consequently the student will be dismissed from the program.

Clinical Assignments:

- The first occurrence of clinical dishonesty or falsifying any clinical documentation (evaluations, time sheets, competencies, OPA forms, etc.) may result in dismissal from the program, pending an investigation.

Note: All progressive disciplinary measures described above are <u>cumulative</u> throughout the program and not limited to occurrences within a specific course or quarter.

STANDARDS OF APPEARANCE

Proper professional dress and appearance are required. Students are representatives of the program, Nashville General Hospital, and the entire medical community, and therefore carry the responsibility of consistently and adamantly maintaining a professional appearance.

<u>STUDENT DRESS CODE AND APPEARANCE POLICY</u>

1. **UNIFORM**: The radiologic technology student uniform is an all-ceil blue, two-piece scrub suit of appropriate professional appearance. The uniform should be clean, free of excessive wrinkles, and properly fitting. A clean, white warm-up jacket or lab coat may be worn over the uniform. White t-shirts (short-sleeve or long-sleeve) may be worn under the uniform top; however, the t-shirt must not be visible extending lower than the scrub top. Undergarments must not be visible through the uniform.

2. **SHOES AND HOSE**: For both classroom/lab and clinical attendance, shoes are to be one of the following solid colors: white, gray, black, or navy blue. Open-toed and open-heeled shoes (clogs) are not permitted. White socks or white hosiery are to be worn at all times.

3. **IDENTIFICATION BADGES**: The identification badge is issued at Nashville General Hospital. It is to be worn and must be clearly visible with the uniform and jacket/lab coat at all times, including class/lab days.

4. **JEWELRY**: A watch, which measures seconds, is considered part of the uniform, and must be worn at all times within the clinical setting. If ears are pierced, small, plain stud/post/button earrings may be worn. Other visible piercings are discouraged as a matter of infection control and clinical safety. Neither Nashville General Hospital nor clinical affiliates are responsible for lost or stolen jewelry, money or other personal items.

5. **HAIR**: Hair must be clean and well controlled so that it does not hang in eyes, around face, or on shoulders while in uniform. Extreme hairstyles or hair colors (e.g., unnatural colors) are not allowed. Hair bows must be modest. Beards and mustaches must be trimmed neatly. Caps and hats are prohibited.

6. **PERSONAL GROOMING**: Personal cleanliness including bathing and the use of deodorant and oral hygiene is essential. Only moderate use of makeup, perfume, mild cologne and/or shaving lotion is allowed. Nails must be clean and well-trimmed. Colored nail polish, artificial nails, and nail ornaments are prohibited.

7. **TATTOOS**: It is recommended that tattoos be covered during program activities.

8. **TECHNIQUE NOTEBOOK:** Students are required to carry a technique notebook with them during clinical and lab training. The notebook can be of any size, including pocket size. Students are required to record appropriate technical factors for each body part/exam/imaging system at each of the assigned clinical sites. Students will begin a new technique book every time they transition to a new site. These technical factors are to be referenced whenever a radiographic procedure is performed.

WHEN ASSIGNED TO A CLINICAL ROTATION SITE, THE STUDENT MUST FOLLOW THE FACILITY'S DRESS CODE, IN ADDITION TO THE PROGRAM'S POLICY.

The above Student Dress Code and Appearance Policy shall be adhered to at all times. If a student fails to adhere to the policy while in the classroom/lab or clinical setting, disciplinary action will follow.

First Infraction: A verbal warning will be administered.
Second Infraction: The student will be issued a written Behavior Warning.
Third Infraction: The student will be placed on Behavior Probation. If the terms of the behavior probation are not met, suspension or dismissal may be warranted.

STANDARDS OF ATTENDANCE
Regular class and clinical attendance are expected and integral to proper academic and clinical progress. Students are expected to attend ALL scheduled classes and clinical shifts.
DIDACTIC CLASSES AND LAB SESSIONS:

1. If an absence is expected to occur, the course instructor must be notified no less than thirty (30) minutes prior to the beginning of the class/lab session.

2. Students must abide by the attendance policy established for each course in the course syllabus.

CLINICAL ATTENDANCE POLICY

Students will not be scheduled for shifts greater than 10 hours per day, nor will they be scheduled for total didactic and clinical involvement of more than 40 hours per week. Students

will receive a schedule prior to each term. Typical clinical hours are from 7-3:30 or 8-4:30 during the day and 12:30-9:00 PM during afternoon/evening rotations. Clinical education hours may vary (assigned hours may fall within the ranges of 5AM – 7PM for day shift or 7PM - 5AM for evening rotations). Clinical rotations for the Radiologic Technology program will be scheduled based on the hours of operation, staffing, and discretion of each clinical site and the Clinical Coordinator.

1.Students are expected to arrive at their assigned clinical site at their scheduled arrival time, ready to participate, and leave at their scheduled departure time.

2.If an absence is expected to occur, the student must call/notify their assigned Clinical Preceptor AND the Clinical Coordinator or Program Director prior to the beginning of their scheduled shift or anticipated early departure. Documentation of notification must be recorded in Trajecsys and E-mail. **Failure to notify (NO CALL/NO SHOW/NO NOTIFICATION) events are considered serious breaches of professionalism that will warrant, at minimum, a Clinical Warning.**

3. The student may utilize up to 5 medically excused days per semester for clinical education without penalty. Students must use their personal day for the fifth (5^{th}) medically excused absence of the semester. Any additional medically excused absences will be made up at the next programmatic break week.

4. Personal Days: Each student is given 1 personal day (may not be fragmented or distributed over multiple days) per semester. (A total of 4 personal days are allotted in a two-year period.) If a personal day is not used during the semester, it does not accrue. It is the student's responsibility to notify the Clinical Coordinator and Clinical Preceptor via E-mail before the scheduled start time for the day in question. Failure to notify both the Clinical Coordinator and Clinical Preceptor results in a denial of a personal day request and will result in an unexcused absence, with the time to be made up. **Personal days cannot be utilized to replace clinical make up days**. Awarded personal days are not counted as occurrences. Students attending employment orientations or other employment commitments may use a personal day. If these additional commitments extend beyond one day, the additional days are treated as unexcused absences, and the missed time must be made up. A personal day may be used for scheduled routine physician and/or dental appointments. Students must use their personal day for the fifth (5^{th}) medically excused absence of the semester.

5. An occurrence is defined as either: One (1) unexcused absence or (3) unexcused tardy/early departures. Thus, one tardy is equivalent to 1/3 of an occurrence. For example, a student who misses one full day and is tardy three times would have a total of two occurrences.

6. As each new semester begins, all students will begin again with zero (0) occurrences.

7. Any student who accrues greater than 2 occurrences per semester will be issued a written warning. Any student who accrues greater than 3 occurrences per semester will be placed on

Clinical Probation for the duration of the program. Any student who accrues more than 4 occurrences per semester may be dismissed from the program. All missed clinical time, other than personal days or *extreme circumstances (with required documentation), must be made up. This time includes unexcused absence, tardiness, and early departures, and must be made up under the following conditions:

- During the next quarter break at the clinical site where the absence occurred, **OR**
- By staying at the site for additional time after scheduled hours: students exercising this option must stay for a 10-hour shift and must notify the Clinical Preceptor and Clinical Coordinator one week in advance. Program faculty have the right to deny requests for reasonable circumstances, such as lack of appropriate supervision, the day before a holiday (see evening rotation policy, above), or other circumstances which would render the situation devoid of meaningful educational experience.
- Second-year students may be able to make up clinical time missed on Fridays, provided clinical site capacity is not exceeded, and the student has been oriented to the site. Permission must be granted by both the site and the Clinical Coordinator.
- Students may not make up clinical time on a holiday observed by the sponsoring institution.

Clinical make up days must be scheduled and approved by the Clinical Preceptor and the Clinical Coordinator. Students must submit a Clinical Make-up Time Form prior to the scheduled make-up time. If a student is absent for a scheduled make-up day, this absence will be added to their total absences for the quarter and is also required to be made up.

*Extreme circumstances include mandatory court appearances, jury duty, illnesses, vehicular accident, bereavement (death of family member), and limitations as ordered by a physician. Documentation must be provided for extreme circumstances.

BEREAVEMENT TIME

Up to five consecutive business days will be allowed for bereavement of the death of a family member. Time off shall be documented with an obituary notice, or other death notice. Bereavement time must be approved by the Program Director and Clinical Coordinator. It is the student's responsibility to inform their assigned clinical site of their bereavement time.

BULLETIN BOARDS

The bulletin boards outside and inside of the classroom(s) are property of Nashville General Hospital for displaying relevant program information. Students who wish to display information on a program bulletin board must first obtain permission from the Program Director.

CALCULATORS

Programmable calculators and mobile phones are not permitted for use on tests, quizzes, or any in-class assignments. Conventional arithmetic calculators limited to addition, subtraction, multiplication, and division may be used for certain courses.

CHANGE OF CONTACT INFORMATION

Students must promptly report any changes of their contact information (legal name, home address, home telephone number, mobile telephone number, E-mail address) to the Program Director and Clinical Coordinator so that these changes may be recorded in their student file.

CLINICAL EDUCATION SITE ASSIGNMENT

Clinical education rotation sites are assigned by the Clinical Coordinator. No consideration will be given to the student's preference, proximity to the student's home, student employment, etc. The Clinical Coordinator and Program Director reserve the right to place the student according to course objectives and available space; therefore, the schedule of rotations may be modified at any time.

CLINICAL EDUCATION REQUIREMENTS

Before a student can be assigned to a clinical education site (and within the timeframe set by the Clinical Coordinator), the student must obtain the following*:

1. Health physical (within the last three months)
2. (2) MMR (measles, mumps, and rubella) immunizations
3. (2) Varicella (chickenpox) immunizations
4. Tdap (tetanus, diphtheria, and pertussis) immunization/booster that is less than 10 years old
5. Hepatitis B immunization or signed waiver
6. Influenza immunization (annual requirement) (Unless a waiver for medical or religious exemption is granted by NGH administration)
7. Tuberculin skin test (PPD) or chest x-ray for positive PPD results (annual requirement)
8. N-95 respirator fitting (annual requirement) Note: Male students must trim facial hair such that the mask has direct contact and a good seal with the skin.
9. Personal health insurance
10. Personal malpractice liability insurance
11. Basic Life Support (CPR) for the Healthcare Provider certification (AHA Curriculum)
12. Passing criminal background check with no discrepancies
13. Passing drug screening test

*Subject to change.

Documentation providing proof of the above requirements must be in the student's medical file before the student is allowed to attend their clinical education rotation. The clinical attendance policy will apply in the case of missed clinical time due to lack of documentation of the above and suspension is warranted until said documentation is submitted.

After a clinical education site has been assigned, the student will be required to complete and/or attend a mandatory site-specific orientation. Should the student neglect to complete and/or attend the mandatory orientation prior to the site's required due date, the student will not be allowed admittance to the medical facility until requirements are fulfilled. The clinical attendance policy will apply in the case of missed clinical time due to a failure to attend the orientation. In the instance of a prolonged time lapse between the facility's scheduled orientations, the student may be dismissed from the program due to absenteeism.

CLINICAL SAFETY

Clinical safety is defined as the consistent implementation of scientific principles (physical and behavioral) in the care of assigned patients and in professional relationships. Clinical safety includes but is not limited to: the administration of contrast media, the application of radiographic procedures with appropriate supervision from an instructor (the staff technologist, radiologist, Clinical Preceptor, Clinical Coordinator, and/or Program Director), being adequately prepared and maintaining professional interpersonal relationships with peers, clients, faculty, and clinical facility staff.

The student who is frequently unprepared, needs frequent correction and close supervision, or who fails to consult the clinical preceptor appropriately is considered unsafe in the clinical area, and will be placed on Clinical Probation or dismissed from the program. The primary consideration is safe application of all aspects of radiography and other medical imaging modalities with a moderate amount of guidance and direction.

COMMUNICABLE DISEASE, EXTENDED ILLNESS OR INJURY AND IMMUNIZATION POLICY

All students, at their own expense, are required to have annual tuberculin skin tests with follow-up chest x-ray in cases of positive results.

Students must be current with their immunizations and a copy of their immunization record must be on file.

Each student must provide the program with a valid, current, signed documentation of a health physical. The physical will provide reasonable assurance that the student is physically able to perform the duties required of a student radiographer. In cases of extended illness or injury, students are expected to follow their physician's orders regarding any limitations or restrictions. Each student is required to follow standard precautions and additional isolation protocols as established by the Center for Disease Control (CDC) https://www.cdc.gov/infection-control/hcp/core-practices/index.html

Students who are exposed to a communicable disease in the clinical site through any source such as (but not limited to) needle sticks, patient contact, contact with contaminated supplies, must immediately inform his/her Clinical Preceptor and the Clinical Coordinator or Program Director. The student must complete all documentation required by the clinical site and submit a copy of this documentation to the Clinical Coordinator or Program Director according to infection control protocols of the affiliated site.

If a student should contract any type of communicable disease or injury that prevents participating fully in scheduled program activities due to medically imposed restrictions while enrolled in the program, the student must inform the Clinical Coordinator or Program Director immediately. After review by program officials, the student may be excused from clinical assignments and/or the classroom until the student obtains clearance from a qualified physician. Return to clinical education will not occur until the student provides the program with proof that he or she is no longer contagious or can safely participate in clinical activities. Students are responsible for making up course requirements. The student may utilize up to 5 medically excused days per semester for clinical education without penalty. Any additional medically

excused absences will be made up at the next programmatic break week. In cases of extended illness or injury, the student may consider a Leave of Absence (see *Leave of Absence policy*).

ELECTRONIC DEVICES/INCOMING TELEPHONE CALLS POLICY

Incoming telephone calls to students are not allowed, except in emergency situations. Mobile phones, if worn during class, must be in a non-audible setting. Personal calls and texts are not allowed during classes unless it is an emergency. Students may return/make non-emergent calls only during breaks.

Students are expected to adhere to each affiliate site's policy regarding electronic device use. Electronic devices include, but are not limited to, cell phones, laptops, tablets and their peripheral devices. Inappropriate electronic device use may count against the student's evaluation scores, in addition to corrective action taken by the site. For emergency situations, the student is responsible for providing the clinical site's/department's contact information to their family, significant others, or friends.

Students must inform family/friends/employers not to contact them during clinical hours, unless it is an emergency.

The enrollment status of a student or any other student information is never disclosed to individuals contacting the school or affiliate sites. This ensures that the privacy and safety of the students are maintained while they participate in the program.

COMPLAINT AND RESOLUTION POLICY

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

Contact of the JRCERT is not a step in the formal institutional/program grievance procedure. The student must first attempt to resolve the complaint directly with institution/program officials by following the program's grievance policy and procedure. If the student is unable to resolve the complaint with institution/program officials or believes that the concerns have not been properly addressed, he or she may submit allegations of non-compliance directly to the JRCERT:

JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Phone number: (312) 704-5300
E-mail: mail@jrcert.org Website: www.jrcert.org

CONFIDENTIALITY

The confidentiality of patient records shall be maintained always. This includes access to medical images that are not created by the student or images created while the student was not directly involved in the patient's exam. To the extent by federal law, employees and students of

Nashville General Hospital agree to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated there under, including with limitation, the federal privacy regulations, the federal security standards, and the federal standards for electronic transactions, all collectively referred to herein as "HIPAA requirements." Employees and students of Nashville General Hospital agree not to use or further disclose any Protected Health Information or identifiable Health Information, other than as permitted by HIPAA Requirements and the terms of this Agreement.

All students are required to sign a confidentiality agreement, which applies to all program activities.

CPR CERTIFICATION

All students are required to obtain Basic Life Support (BLS) for the Healthcare Provider certification (AHA curriculum) prior to beginning their clinical education. Students must maintain certification while enrolled in the program. Copies of the CPR certification cards are kept in the student's file. Students may schedule renewal classes at NGH, based on scheduled class offerings.

CRIMINAL BACKGROUND CHECK AND DRUG SCREEN

All Radiologic Technology Program applicants must complete an initial criminal background check* and drug screen to be considered for program acceptance. The program provides this service via an outsourced company, with all associated fees being the sole responsibility of the student. Once the results have been released to the program by the candidate/student, the Program Director will review the information and make a decision concerning official program acceptance. **An additional criminal background check and drug screen are required before the start of the student's second year** in the program, at the student's expense, as described in the Student/Program Contract.

The program reserves the right to deny or rescind acceptance based on the following criteria:

- A student who has pled guilty or has pled nolo contendere (no contest) to an offense which is classified as a misdemeanor or felony which is directly or indirectly related to patient care or public health.
- Crimes which may directly or indirectly relate to patient care or public health including, but not limited to: murder, attempted murder, manslaughter, rape, sexual assault, violence, or threat of violence, driving while intoxicated or impaired, controlled substance abuse, fraudulently altering medical documentation, insurance claims, and medical prescriptions.
- Positive drug screen for illegal (non-prescribed) drugs.

*Candidates for the Radiologic Technology program should be aware that any adverse background findings may prevent eligibility to enroll in the program, attend clinical rotations at affiliate site(s), or take the ARRT certification exam. Candidates with adverse background findings are advised to submit a pre-application to the ARRT Ethics Review Committee for review prior to enrolling in the program. The application and associated fee can be found at the following Web address: **Ethics Review Pre-Application Packet** or request a copy by phoning the ARRT at 651.687.0048, ext. 8580.

DAMAGE OF EQUIPMENT
Any damage/breakage of equipment must be reported immediately to the Clinical Preceptor or a staff technologist at the clinical site, or to the instructor or Program Director when at the school.

DISCONTINUATION OF PROGRAM
If the program is to be discontinued, Nashville General Hospital will make every effort to allow currently enrolled students to complete the program before closing. If this is not possible, Nashville General Hospital will provide reasonable assistance to currently enrolled students for placement in other programs. The following steps are to be taken:

1. Currently enrolled students will be notified immediately.
2. All incoming students will be notified immediately.
3. Transcripts will be finalized and mailed to the program(s) of choice.
4. Program officials will assist each student via letters, phone calls, etc. in efforts to obtain placement in other programs.
5. Radiation dosimetry reports will be provided to the program accepting each student.

EMERGENCY PREPAREDNESS – Please refer to the Hospital's Emergency Response Guide located at the front desk of the school and Appendix B (School Safety).

FREE SPEECH POLICY: Students should be aware that all forms of peaceful assembly, protests, demonstrations, rallies, vigils, marches, public speaking, distribution of printed materials, carrying signs, displays, or circulating petitions in and around the school and the hospital may be limited due to the requirements of patient care and the educational programming of the school. Any activities that disrupt hospital operations and patients' rights to receive health care in a professional and welcoming environment are not allowed. This policy extends to any of the campuses of our affiliated partners in clinical education, present and future, as are all other hospitals or health care facilities with which our program is privileged to have contractual arrangements for clinical affiliation.

FOOD, DRINK, AND MEAL BREAKS
Food and drinks are permitted in the classrooms, provided students clean up after themselves. Food and drink privileges will be suspended for students who fail to do so.

Due to transmission of disease and respect for all patients, food and drinks are never permitted in patient contact areas in the clinical setting.

Scheduled meal breaks are lunch and dinner. Students are not allowed to leave their assigned areas to obtain food from the cafeteria or snack machines at any other time, unless specifically authorized by the Clinical Preceptor, supervising technologist, or program officials.

GRADING POLICY

The grade for any course examination, quiz, homework, lab exercise, and final course average will adhere to the following grading scale:

100 – 95%	A
94– 90%	B
89– 85%	C
84% or Below	F

The percentage of the course examinations, quizzes, homework, lab exercises, attendance, etc. that apply toward the course final average is determined by the faculty for each course and are reflected in the course syllabus.

Clinical course grades are factored into the student's cumulative grade average. A student must submit all required clinical documentation, successfully complete the minimum clinical competency requirements as outlined for each clinical rotation as well as remedial assignments and participate in image critique sessions. Students must adhere to the program's clinical schedule for clinical documentation submission. Grading criteria for each course evaluation strategy and methodology is listed in the course syllabus, which is provided to students on the first day of class for each course, after which, students are required to sign a "Receipt of Syllabus and Evidence of Understanding Form." Student clinical performance will be evaluated by the Clinical Coordinator and the Clinical Preceptor(s).

GRADUATION CEREMONY

The program's graduation ceremony occurs on the last Friday of the eighth quarter. Successful completion of all general education and degree requirements, didactic courses and clinical courses, and any other graduation requirements (see Graduation Requirements) are required in order to be awarded the Certificate of Completion. All students who have completed all program requirements are expected to participate in the graduation ceremony.

GRADUATION REQUIREMENTS

In order for a student to be cleared for graduation, and for the Program Director to verify program completion with the ARRT, the student must:

1. Complete all didactic requirements of the program.
2. Complete all clinical education requirements of the program.
3. Satisfy components of any Clinical, Academic, or Behavior Probation.
4. Meet all financial obligations to the program and Nashville General Hospital.
5. Return any borrowed resources.
6. Return radiation dosimetry badge, ID badge, and parking badge.

GRIEVANCE POLICY AND PROCEDURE

Any student who has a complaint should first discuss the problem in private with the course instructor *(or Clinical Preceptor during clinical education). For clinical education, if the complaint is not resolved at the Clinical Preceptor's level, the student should submit their complaint to the Clinical Coordinator within five (5) business days.* If the problem is not resolved, the complaint must be submitted in writing within five (5) business days to the

Program Director. All written grievances will be investigated by the Program Director and the student will receive a written response within five (5) business days from submission. Grievances not settled at the Program Director's level will be submitted in writing within five (5) business days to the Chief Operating Officer for judgment and review. Again, the student must present in writing his/her philosophy concerning the matter and reasons for displeasure with prior judgments. The Chief Operating Officer makes the final decision, which constitutes the final step in the grievance procedure. The student will receive a written response within five (5) business days from submission.

Requests for all phases of due process must be submitted within five (5) business days of each prior notification of a decision. Each decision will be submitted in writing to the student within five (5) business days. Students may appeal suspension, probation, or dismissal and have the right to professional representation. If professional representation is used, all parties must be informed prior to scheduling a meeting.

Informal Complaints

The informal complaint process is designed to address complaints apart from situations that require invoking the grievance procedure. The Program encourages issues and problems to be resolved at the time of occurrence in an informal manner and at the lowest organizational level possible. Whenever a student has a concern, the sooner it is discussed the sooner it can be resolved. The complaint/issue/problem should be reported immediately to the instructor, clinical preceptor, clinical coordinator, or director. Every reasonable effort will be made to resolve the situation immediately. If the situation is not resolved, the student reserves the right to enact the Grievance Procedure.

GUESTS

Guests in a student's assigned clinical education affiliate site are prohibited. Guests in the classroom are prohibited without the instructor's permission.

HARRASSMENT POLICY

Students involved with, or affected by, any form of harassment, from or towards a fellow student, faculty, clinical staff, patient, or any other individual associated with the radiologic technology program is unacceptable, impermissible, and intolerable. All allegations of harassment shall be reported immediately and submitted in writing, accompanied with a verbal complaint. Allegations of harassment within the clinical setting shall be submitted to the Clinical Coordinator and Program Director. Investigative action will be taken and will follow within the policies of the clinical education setting and the Nashville Hospital Authority (NHA). Allegations of harassment within the program shall be submitted to the Program Director. Investigative action will be taken and will follow the policies of the NHA. Students may request a copy of the relevant NHA policy from program officials at any time.

HEALTH INSURANCE REQUIREMENT POLICY

Students are required to carry personal health insurance coverage while enrolled in the radiologic technology program. Students are responsible for their own health insurance coverage and are responsible for any medical expenses incurred while enrolled in the radiologic technology program (including both clinical and didactic settings).

HOLDING OF IMAGE RECEPTORS AND PATIENTS

Students are not permitted to hold patients or image receptors during a radiographic examination. In these situations, other persons such as the patient's family member or other health care workers should be utilized to assist. To assist in minimizing exposure to the patient, self, and others, it is important for the student to collimate to the anatomical area of clinical interest.

INCIDENT/ACCIDENT REPORTING

Within twenty-four (24) hours of an incident/accident, which occurs at Nashville General Hospital or at any of the affiliated clinical sites, students must submit documentation to the Clinical Coordinator and Program Director. The documentation should include: Who, What, Where, When, Why, and Witness information, as applicable.

INCLEMENT WEATHER POLICY

There are no allotted inclement weather days for students of Nashville General Hospital. Since this is a health care profession and students' clinical sites never close, students are expected to follow the following process:

- Check for Davidson County school closures on a local news station television channel or website, like WMSV or WKRN. **If** Davidson County schools are in session and decide to either delay their start time or close for the day, **then** students have an automatic two-hour grace period for attendance for classes and clinical education. Students will be considered tardy after two (2) hours following their regularly scheduled time. During times when Davidson County schools are **NOT** in session (e.g., during holiday breaks), school officials will decide to either have a two-hour delayed start time or close for the day by 6:00AM (decision will be posted on Trajecsys).
- **Use good judgment regarding road conditions and attempt to arrive at their assigned clinical site or classroom without jeopardizing their health and safety**. **Notify faculty and staff if you decide not to drive due to weather conditions. Absences are excused only if the school is closed.**
- On clinical days, it remains the student's responsibility to call the Clinical Preceptor prior to their scheduled arrival time if they are expected to be absent for the day. Missed clinical time must be made up.
- Check email and Trajecsys for updates regarding school closure. School closure decisions are made by the faculty after careful consideration and may change if conditions worsen throughout the day. If the weather is extremely severe, the program faculty may decide to close the school, cancelling both classes and clinical rotations. **Absences are excused only if the school is closed.** Students should not attempt to call or text program faculty/staff regarding inclement weather decisions.
- Follow up with course instructors via email to address any coursework you may have missed. **At the instructor's discretion, they may host a virtual classroom session via Microsoft Teams or record a lecture to share via Schoology or email.**

INFECTION CONTROL PRECAUTIONS

The use of Standard Precautions for infection control is essential in the health care field. Standard precautions must be used with all patients, whether handling blood or body substances, in order to protect oneself from exposure to pathogens. The use of standard precautions and isolation protocols will also protect oneself from other infectious organisms:

1. Handle blood and body substances of all patients as potentially infectious.
2. Wash hands with either plain or antiseptic-containing soap and water, or use alcohol-based products (gels, rinses, foams) that do not require the use of water before and after all patient or specimen contact, even when gloves are used. Note: Students must wash their hands with soap and water when performing exams on patients who are in C-diff contact isolation status.
3. Use procedures which minimize spraying, splashing, spattering, and generation of droplets of infectious material.
4. Gloves should always be worn when there is potential contact with blood and body substances.
5. Wear a gown, an apron, surgical caps or hoods, and or shoe covers when splashing with blood or body substance is possible.
6. Wear protective eyewear and mask if splattering with blood or body substance is possible. Note: In the event of a pandemic, students must wear protective eyewear, masks or other PPE as required by the hospital and clinical affiliate sites.
7. All garments should be removed as soon as possible if penetrated by potentially infectious material. Do not take them home to wash. Notify your Clinical Preceptor if contamination occurs.
8. Contaminated sharps should be placed in appropriate sharps containers. Drop (do not push) used syringes immediately in a sharps container. Never recap, remove, or manipulate a needle or other sharp instrument.
9. Treat all linen soiled with blood or body substance as infectious.
10. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in areas with potential contact with blood and body substances.
11. Food and drink should not be stored where blood or other potentially infectious materials are present.
12. Specimens of infectious materials should be properly labeled and placed in a leakproof container.
13. All equipment and working surfaces should be decontaminated after contact using an approved disinfectant solution.
14. If an exposure incident occurs, such as a needle stick, or splash of blood or body substance, immediately flush the wound with soap and water; flush mucous membranes with water or normal saline solution. Immediately after washing or flushing, notify your supervisor and complete an incident report. Make a copy of this report and bring it to the Director so it may be permanently placed in your records.
15. Students must wear a PROPERLY FITTED N-95 MASK when performing radiographic exams, or any type of patient care, on ACTIVE (OR POTENTIALLY ACTIVE) TB PATIENTS OR OTHER AIRBORNE ISOLATION PATIENTS. Note: N-95 mask fittings will be conducted annually, and beards must be shaved or trimmed around the mask edges to allow a tight seal of the mask on the skin.

16. Adhesives used for lead markers should be checked routinely for visible dirt and debris. Adhesives that are visibly soiled should be replaced.

GLOBAL CONTINGENCY PLAN – Students and Staff Safety

Introduction: Catastrophic events, such as pandemics, extreme weather, terrorist attacks, and riots can affect all aspects of daily life. As a school with students engaged in course work, ongoing clinical rotations, and patients who need our help, the School of Health Sciences must continue operations and meet the varying needs of our constituents, if possible. While moving into a modified operations status, the school must maintain the safest, most well-organized and productive environment for all its constituents. The Contingency Plan may be initiated as the departmental response strategy upon the hospital administration's declaration of an Emergency code event, provided that both the Director of Health Sciences Education and the Administrator on Duty (AOD) assess that the Emergency code would impact the regular operations of the school.

Purpose: The Contingency Plan is meant to be a fluid document and will be updated as new mandates and challenges arise. This plan is intended to provide direction for faculty, staff and students to make the necessary arrangements in their routine operations in workplace settings and to determine any appropriate control measures to implement.

Procedure: This section describes basic steps that every student, faculty and staff can take to mitigate potential effects from catastrophic events. Administrative Offices will remain open, if possible, to ensure its mission for delivering education to our students and service to the community. Business may be conducted largely through electronic media and telephone rather than in person.

- Communication: Staff working from home are expected to continue the curriculum and administrative duties to the extent feasible when they are not at the school. Staff members and students are expected to respond to E-mail as received. Additional communication through Schoology and Trajecsys will be used to communicate with students and clinical preceptors. Telephone communication will be used for other clinical site contacts. Staff will funnel directives from authorities at the Institutional, Local, State, and Federal level to students with guidance as to the application of said directives to program operations. Following the initial day of the event, communication will be maintained on a day-to-day basis until normal operations resume. Questions regarding changes to operations should be directed to all program faculty, to achieve clarity and avoid compartmentalization.

- Academic Continuity:
  - *Didactic Courses:* Face-to-face didactic classes (lectures) may be replaced with remote delivery until further notice. Student attendance and participation is still required. This includes lectures, quizzes and exams, and Q&A sessions. Virtual classes will be conducted through Microsoft Teams software. Students and faculty can download the app for free at https://www.microsoft.com/en-us/microsoft-teams/download-app . Faculty are required to send a Microsoft Teams invitation to students in their class prior to the scheduled class time. Faculty receive training on Microsoft Teams applications related to scheduling classes, sharing documents, recording lectures, and navigating the tools available

through this virtual resource. Faculty also receive FERPA training relative to both on-ground and virtual environments. https://studentprivacy.ed.gov/content/online-training-modules . Lab sessions will be conducted face-to-face when possible. Students are expected to attend these sessions unless there is an extreme extenuating circumstance preventing attendance.

- *Course Examinations and Assessments*: Faculty will use Schoology to post revised schedules or syllabi, exams, quizzes, and other assignments. Should the schedule for an individual course be altered to allow for distance learning, the instructor must revise and publish a new syllabus schedule for the students.
- *Student Access to School and Laboratories:* In-person access to the school classroom, offices, or NGH hospital may be truncated or eliminated during a catastrophic event. Program faculty will share information with the students in a timely manner.
- *Clinical Rotations:* In-person access to the clinical education affiliates may be truncated or eliminated during a catastrophic event. The Clinical Coordinator will provide directions and share information with the students in a timely manner. Should Clinical Education become available, students can refuse to attend in the case of a pandemic or other healthcare catastrophe, but the student must be informed that they cannot earn credit for activities they do not complete. Thus, if they choose not to participate in a clinical rotation, they will need to follow the Leave of Absence Policy. In order for students to obtain the required competencies to become eligible for the ARRT exam, it may be necessary to extend their graduation date.
- *Program Accreditation:* The program will follow the guidelines provided by its accreditor and revise the Contingency Plan as needed. The School is committed to keeping the health and safety of our students, faculty and staff at the utmost priority.

- **Program Leadership Duties:**

A. Communicate the activation of the contingency plan to the appropriate individuals. Assure sponsoring institution resources and students services are available and accessible to students. Provide updates if access and/or location have changed.
B. Maintain communication with the sponsoring institution, state and regulatory agencies, and accreditors during the catastrophic event.
C. Maintain regular communication with faculty and students regarding the status of the catastrophic event.
D. Communicate any deviation(s) from the contingency plan.
E. Seek feedback from communities of interest regarding the contingency plan.
F. Make adjustments to the contingency plan, as needed, to ensure appropriate program operations.
G. Provide state/federal emergency websites and hotlines for faculty and students.
H. Prepare recovery from contingency plan.
I. Review the contingency plan with faculty and staff and implement improvements based on experience.

Student Return Procedure:

- Follow additional requirements imposed by program faculty, hospital administration and clinical sites. Students will be informed of new requirements in advance, when possible, and will be given the opportunity to ask questions.

LEAD MARKERS

Students are required to use personal lead markers on all radiographs. Competency Evaluations are not valid without the student's personal lead markers on the image. Students are responsible for the purchase of markers, including replacement of lost markers. **The marker set must include both a left and right indicator and the student's three initials in radiopaque material.** There must always be a back-up set in the Clinical Coordinator's office to be issued as needed. Students working without their own personal lead markers will be considered out of uniform and suspended from the clinical setting. Students will borrow a backup marker in the event of a lost marker but must present a receipt of purchase for a replacement to the Clinical Coordinator.

LEAVE OF ABSENCE

If unforeseen circumstances in a student's life situation interfere with the student's academic progress, the student should first discuss the issue with the Program Director for the purpose of problem-solving and determining if short-term accommodations could be made in the student's curriculum. If short-term accommodations are not possible, the best solution may be to request a Leave of Absence in writing from the program and to resolve the problem before applying to re-enter the program.

The request for a Leave of Absence must be submitted in writing and approved by the Program Director. A Leave of Absence shall not be for longer than one year.
The student will not receive a refund for the tuition deposit, first tuition installment, second tuition installment, or third installment, but will be given the opportunity to re-enroll the following year to complete the program.

Readmission may be offered only if cohort capacity will not be exceeded. If the student does not complete a course, the course(s) in question must be taken from the beginning, which may require the student to re-enter earlier than 12 months. Prior to readmission, the student must submit to another criminal background check and drug screening. In addition, the student must provide up-to-date proof of all required immunizations and must be TB mask fitted. Any expenses for these reside with the student. Students returning from a Leave of Absence must seek new competencies on all exams greater than 24 months old, as required for the primary certification credentialing examination of the ARRT (see Competency Categories in the Clinical Education section). Students returning from a Leave of Absence will retain credit for courses completed with a final course average of 85% or greater. Students will only be required to repeat courses they have not completed, or courses in which the final course average was below 85%.

A request for a Leave of Absence after failing an academic probationary exam does not negate the failed exam. A failed probationary exam results in dismissal. A dismissed student is not eligible for a Leave of Absence.

MALPRACTICE LIABILITY INSURANCE POLICY

Contractual agreements with clinical affiliates require all students to carry malpractice liability insurance for the radiography student. No student will be allowed in the clinical area without verification of coverage. The cost of malpractice liability insurance is the student's responsibility. Students are required to purchase two-year malpractice liability insurance coverage through a designated independent company.

PARKING POLICY

Students are to park only in designated areas at each affiliate site and are responsible for all parking fees, towing charges, and fines. Nashville General Hospital and the Meharry Medical College are not responsible for any loss, damaged, or stolen property.

PROFESSIONAL BEHAVIOR POLICY

The Radiologic Technology Program has established a set of professional behaviors which will help students develop their knowledge and skills for entry-level positions in this field:

- Adhere to NGH policies and procedures as outlined in the NGH Compliance Plan/Code of Conduct.
- Adhere to program policies and procedures as outlined in the program student handbook and developed program contingency plans.
- Adhere to policies and procedures of the clinical education site where assigned.
- Arrive to class and clinical sites on time; punctuality is a demonstration of expected professional behavior.
- Demonstrate responsibility and accountability in all aspects of the educational process.
- Demonstrate appropriate communication, interaction and behavior toward other students, faculty, clinical staff, and other healthcare professionals.
- Respect the learning environment regarding visitors. Visitors may not attend class or the clinical education site. This includes children, spouses, parents, friends, animals, or any other visitor.

If a student demonstrates inappropriate behavior, the student may receive a written behavior warning or be placed on behavior probation depending on the severity of the action. The program reserves the right to dismiss a student at any time if the inappropriate behavior is judged extreme as determined by the Program Director.

Students who do not maintain satisfactory behavior, both academically and clinically, may be placed on probation. **The term of probation will become effective in the quarter the student is currently enrolled in and <u>remain in place for the remainder of the program</u>**. Failure to meet the terms of probation as outlined in a student action plan may result in dismissal from the program. If additional unsatisfactory behavior should occur during the remainder of the program, the student may be dismissed from the program.

REQUEST FOR REMOVAL OF STUDENT FROM A CLINICAL SITE:

Should a clinical site request removal of a scheduled student due to the student's failure to abide by the program's and/or clinical site's policies and procedures, the student may be suspended

from the program until the matter can be properly and thoroughly investigated. If program officials deem the removal warranted, the student will receive a zero for the clinical education course and consequently be dismissed from the program.
If program officials deem the removal unwarranted or ambiguous, the program will attempt to re-assign the student to a different clinical site. However, at any time during the remainder of the program, if a second clinical site requests removal of the student, the student will receive a grade of zero ("0") for the clinical education course and consequently be dismissed from the program.

READMISSION
Students who separate from the radiologic technology program will not be considered for readmission without an exit interview on file**.** It is the student's responsibility to schedule an exit interview.
If accepted, readmission can be manifested as follows:

- With the exception of the General Review, Registry Review course, the re-admitted student must start the program from the beginning if they are dismissed. Previous course grades and probationary statuses will be expunged from the student's transcript.
- A student may be readmitted to the program one time only.
- Previous tuition payment cannot be applied to re-enrollment.

Students who have been separated from the program will be required to re-apply at least 60 days prior to the date of intended re-entry. The student candidate is subjected to a background check, drug screening and all other program requirements as though they are a first-time applicant. Relevant tuition balances and other fees apply. Students returning must seek new competencies on all exams greater than 24 months old, as required for the primary certification credentialing examination of the ARRT (see Competency Categories in the Clinical Education section). Students returning from a Leave of Absence will retain credit for courses completed with a final course average of 85% or greater. Students will only be required to repeat courses they have not completed, or courses in which the final course average was below 85%.

Individuals dismissed for lack of clinical safety will not be readmitted.

SECURITY OF RECORDS AND INSTITUTIONAL MATERIALS
The Radiologic Technology Program adheres to the Family Education Rights and Privacy Act, "Buckley Amendment", as it relates to all student academic records. All current student information is kept in secured file cabinets or computer files. Older records are also maintained in secured file cabinets in offices, storage room, or computer files. Student immunization records are shared with Affiliate sites to meet requirements for placement for clinical education.. Distribution of Official and Unofficial transcripts to third parties requires written consent of the student or graduate. Clinical records are maintained in a secure access third-party web portal called Trajecsys. Faculty, Clinical Preceptors, and students have access to these records. The clinical preceptors store any hard-copy clinical records in a secured location.

Student records are kept in their entirety for one year after graduation. Official student academic transcripts and clinical competency documentation are permanently maintained.

SMOKING/USE OF TOBACCO PRODUCTS:
The use of tobacco and nicotine products is strictly prohibited in buildings and land owned or leased by Nashville General Hospital, Metropolitan Nashville Hospital Authority, Metropolitan Nashville government, and the Meharry Medical College. Tobacco use is defined as carrying, holding or using a lighted cigarette, cigar, or pipe of any kind, or emitting or exhaling smoke or vapor of any kind. This definition also includes the use of smokeless tobacco and non-prescription nicotine products.
First Offense: The student will receive a verbal warning and be referred to the NGH Health Nurse to obtain information on smoking/tobacco/vapor/other tobacco aids and support to eliminate tobacco/vapor use during school hours.
Second Offense: The student will receive a written warning and again be referred to the NGH Health Nurse to obtain information on smoking/tobacco/vapor/other tobacco aids and support to eliminate tobacco/vapor/other tobacco use during working hours.
Third Offense: Dismissal
The Program Director, Clinical Coordinator, or any faculty member has the discretion to dismiss a student from the classroom, lab, or clinical setting if the student smells of cigarette smoke/vapor/other tobacco use.

STUDENT EMPLOYMENT:
The Radiologic Technology Program maintains an ethical obligation to all patients and upholds the integrity of the radiologic technology profession by <u>not</u> encouraging its enrolled students to work as student technologists at any health care facility prior to graduation. Students should contemplate the benefits versus the risk for themselves and their patients before accepting a student technologist position. No special privileges are given to students who work or engage in any outside activity. Students are not excused from classes or clinical rotations to attend employee orientation sessions or other activities related to employment outside of scheduled school hours. The program is in no way responsible for decisions of students to work as student technologists. Students who gain employment as a student technologist are required to use a separate radiation dosimetry badge issued by their employers' Radiation Safety Officer (RSO). Student radiation dosimetry badges must not be used as employee badges. Dose limits for occupationally exposed individuals are set higher than educational thresholds.

Students are not allowed to be paid during scheduled program hours. Students who receive payment for duties assigned as a part of their clinical experience will be immediately dismissed from the program.

SUBSTANCE/DRUG ABUSE POLICY
Students are expected to remain substance/drug-free while attending and participating in didactic and clinical courses, school related activities, or during any event where the student is a representative of the school.

The program's procedure for substance/drug abuse testing is outlined below:

PRIOR TO ENROLLMENT:

A substance/drug screening test is conducted prior to enrollment at the student's expense. Applicants with positive results will be contacted for retesting. If a second substance/drug screening test result is positive, the student may be ineligible for enrollment.

AT ENROLLMENT:
At enrollment, the student is required to agree to abide by and sign a substance/drug abuse contract.

DURING ENROLLMENT:
An additional substance/drug screening test is required before the start of the student's second year in the program, at the student's expense, as described in the Student/Program Contract.

Should the faculty suspect a student is under the influence of a substance/drug, the student will be required to obtain a laboratory drug test. Should the student refuse to participate, immediate dismissal from the radiologic technology program is warranted. If the test result is positive, immediate dismissal from the radiologic technology program is warranted. The expense for the testing will be the responsibility of the student. Examples of behaviors/signs that may warrant a drug test include:

- Observed possession or use of illegal drugs or alcohol; the odor of alcohol or drugs
- Impaired behavior such as slurred speech; decreased motor coordination; difficulty in maintaining balance
- Actions deemed unsafe

In the case of a positive drug test result, the student is not permitted to drive from the facility/location but rather must request someone else to pick them up (e.g., family member, friend, or commercial transportation driver).

TEXTBOOKS/ELECTRONIC RESOURCES

All current/latest edition textbooks and electronic resources prescribed for the radiologic technology program must be purchased by the student. The student must furnish a laptop compatible with Microsoft 365 (formerly Office 365) software. All lessons, course handouts, and assignments will utilize PowerPoint, Word, Excel etc. The laptop should also be equipped with an internet browser compatible with online resources. The student is advised that alternate sources of textbook or workbook materials (e.g., used resources or earlier editions) may be less than adequate for the curriculum and may impact academic achievement.

TRANSFER CREDIT AND PART-TIME STUDENTS

The Radiologic Technology program does not accept transfer students or part-time students. The program does not accept transfer credit for any courses contained in the curriculum. All students must apply through the admissions process, progress through the established curriculum sequence, and meet all didactic and clinical requirements for graduation.

TUITION AND FEES REFUND POLICY

Tuition and fees for the Radiologic Technology Program are the same for Tennessee residents and out-of-state residents. There is no refund for the application fee, tuition deposit, or remaining

tuition installments. This also applies to cases when the student is dismissed from the program for either reasonable suspicion of substance abuse, a positive drug test, disciplinary, academic, or clinical performance reasons.

If unforeseen circumstances in a student's life interfere with the student's academic progress, the student should first discuss this with the Program Director for the purpose of problem-solving and determining if short-term accommodations could be made in the student's curriculum. If short-term accommodations are not possible, the best solution may be to request a Leave of Absence (see Leave of Absence Policy). In cases of a Leave of Absence, the student will not receive a refund for the tuition deposit and remaining tuition installments but will be given the opportunity to re-enroll the following year to complete the program.

If a Leave of Absence is not possible, and the student chooses to withdraw from the program, the student will not receive a refund for the tuition deposit and remaining tuition installments.

WITHDRAWAL (Excluding LOA and Disciplinary Actions):
To formally withdraw from the program, the student must submit the withdrawal request in writing to the Program Director and schedule an exit interview. Any student who withdraws from the program should understand that he/she must go through the full admissions process to be considered for enrollment in the next cohort.

Radiation and MR Safety Policies

RADIATION SAFETY POLICIES

All policies stated hereafter are designed to follow laws and regulations set forth by the Nuclear Regulatory Commission and/or the State of Tennessee, and the JRCERT Standards. Any conflict between these policies and the above-described laws and regulations shall defer to said laws and regulations.

Radiation protection policies and practices:

- The Radiation Safety Policies will be re-evaluated annually.
- Program faculty and students will always use good radiation protection practices and techniques in adherence to the ALARA principle.
- Any questions regarding adherence to radiation protection policies should be discussed with the Clinical Preceptor, the Clinical Coordinator, or the Program Director.
- When students are at their assigned clinical educational site:
    - They must always be under either **DIRECT** or **INDIRECT** supervision of a full scope qualified radiographer holding ARRT or equivalent credentials.

DIRECT SUPERVISION

Assures that medical imaging procedures are performed under the direct supervision of a qualified radiographer until a student achieves competency.

Explanation:

Direct supervision assures patient safety and proper educational practices. The JRCERT defines direct supervision as student supervision by a qualified radiographer who:

- reviews the procedure in relation to the student's achievement,
- evaluates the condition of the patient in relation to the student's knowledge,
- is physically present during the conduct of the procedure, and
- reviews and approves the procedure and/or image.

Students must be directly supervised until competency is achieved. Once students have achieved competency, they may work under indirect supervision. (Exception: Students must be directly supervised during surgical and all mobile procedures, including mobile fluoroscopy, regardless of the level of competency).

INDIRECT SUPERVISION

Assures that medical imaging procedures are performed under the indirect supervision of a qualified radiographer after a student achieves competency.

Explanation:

Indirect supervision promotes patient safety and proper educational practices. The JRCERT defines indirect supervision as that supervision provided by a qualified radiographer immediately available to assist students regardless of the level of student achievement. "Immediately available" is interpreted as the physical presence of a qualified radiographer adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use on patients.

SUPERVISION DURING REPEAT RADIOGRAPHS:
In support of professional responsibility for provision of quality patient care and radiation protection, unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer (**DIRECT SUPERVISION**), regardless of the student's level of competency.

Explanation:
The presence of a qualified radiographer during the repeat of an unsatisfactory image assures the patient's safety and proper educational practices. A qualified radiographer must be physically present during the conduct of a repeat image and must approve the student's procedure prior to re-exposure.

RADIATION SHIELDING POLICY
Based on the recent research pertaining to the use of gonadal shielding during abdominal and pelvic radiography and the longstanding practice in radiography to only shield in instances in which diagnostic quality will not be compromised, the JRCERT has concluded that routine use of gonadal shielding for abdominopelvic radiography exams should not be standard practice for clinical radiography students when the use of such could interfere with the diagnostic quality of the exam and may result in the risk of a repeat exposure.

The use of gonadal shielding should only be utilized when it will not interfere with the purpose of the examination and when it aligns with clinical facility policy. Consistent with JRCERT Standards, programs must have policies/processes in place to assure students are educated on the importance of the proper use of shielding and optimal use of radiation to promote the health and safety of students, patients, and the public. These practices assure radiation exposures are kept as low as reasonably achievable (ALARA).

PERSONAL RADIATION DOSIMETRY
All students in the Radiologic Technology Program will be required to wear a radiation dosimeter to measure any radiation exposure/dose the student might receive during their attendance in the program.

- The radiation dosimeter (badge) will be supplied and maintained by the Radiologic Technology Program.
- Students who gain employment as a Radiologic Technologist Assistant (RTA) are required to use a separate radiation dosimetry badge issued by their employers' RSO. Student radiation dosimetry badges must not be used as employee badges. Dose limits for occupationally exposed individuals are set higher than educational thresholds.
- Once a student is given their first personal radiation dosimeter, the student is required to use and maintain it properly.
- The student must wear the badge at their collar level **at all times**. This includes class, lab, and the clinical education site.
- The badge must never be stored or placed in their car (for long periods of time) near heat, direct light or near microwave ovens.
- If the badge gets wet, dried, damaged, or lost, the student must report this immediately to the Clinical Coordinator.

- If a student voluntarily declares that she is pregnant a second badge will be assigned to the student. This second badge must be worn at waist level **at all times** and will monitor the fetal exposure/dose.
- The radiation dosimetry badges will be issued to the student on a monthly basis.
- The student must review the radiation dosimetry report within 30 days of the program officials' receipt/access of the report. The date when the report was made accessible to the program officials will be recorded at the top of the printed copy. To confirm their review and understanding of their current radiation dosage levels, students are required to sign off on the report next to their dosage reading and name using their initials and the date.
- If a student does not have or is not wearing their badge the student will not be allowed into their lab or clinical course.
- At the completion of the program, all radiation dosimetry badges must be returned to the Radiologic Technology Program.

RADIATION SAFETY OFFICER

Jeffrey Tillotson, B.S., R.T.(R) is the appointed Radiation Safety Officer for the Radiologic Technology Program.

RADIATION EXPOSURE AWARENESS AND ACTION LIMITS

The Radiation Safety Officer (RSO) shall review dosimetry reports in a private setting with each student within thirty days of receipt of the report. According to NRC 20.1301, student total effective equivalent dose limits do not to exceed 0.1 rem (1 mSv) in one year. The program has established action limits, described below:

- **LEVEL I:** The program will set a **monthly action limit of 0.015 rem (0.15 mSv)** for total effective equivalent dose for all students.
    1. The student will be notified and will be asked about the behaviors that might have led to the higher than usual badge reading.
    2. The RSO will reinforce basic radiation safety procedures and make suggestions to the student regarding measures to reduce radiation in the workplace.
    3. The badge reading will be signed to acknowledge the student's awareness of the reading.
    4. The meeting with the student will be documented in writing with the student's signature.

  A copy of student consultation/advisement will be placed in the student's clinical file.

- **LEVEL II:** The program will set an **annual action limit of 0.05 rem (0.5 mSv)** for total effective equivalent dose for all students. The RSO and the Program Director shall discuss dosimetry readings with students that exceed the limit.
    1. The student will be required to provide a reason in writing why the reading was high and what they intend to do to reduce their radiation exposures.
    2. The student will be required to write a paper on radiation safety measures that can be taken to reduce radiation to themselves, patients, and others.
    3. The badge report will be signed to assure student awareness of the reading.
    4. The meeting with the student will be documented in writing with the student's

signature.

5. The dosimeter provider will be asked for a second reading to see if the reading was a result of ***static exposure (i.e., the badge being left in the room and not being worn during the exposure).

A copy of student consultation/advisement will be placed in the student's clinical file.

***Radiation Badge Reading Due to Static Exposure:

1. Any badge reading that is determined to be the result of static exposure (meaning that the badge was left in a radiation area and not being worn during the exposure) may be removed from the student's permanent record by having the student write a letter to the badge provider requesting that the reading be removed.
2. The reading will be replaced by an average of the student's monthly readings.

RADIATION PROTECTION REQUIREMENTS

A student is required to exercise sound radiation practices and techniques always. At no time, may a student participate in a procedure using unsafe protection practices. This includes, but is not limited to:

- A student may not take an exposure, intentionally or unintentionally, on another student or non-patient. All exposures on human beings are to be taken for a medically valid reason only and must be prescribed by a physician.
- To assist in minimizing exposure to the patient, self, and others, it is important for the student to collimate to the anatomical area of clinical interest according to facility protocol and avoid repeat radiographs.
- Students are required to adhere to the direct and indirect supervision standards of radiation protection as described previously. When students are at their assigned clinical educational site, they **MUST NOT**:
    - Hold image receptors during any radiographic procedure.
    - Hold patients during any radiographic procedure when an alternative person or immobilization method is the appropriate standard of care.
    - Inject any contrast media or medication.
    - Support an image receptor during radiographic exposures.
    - Perform radiographic procedures (including mobile procedures) without a registered Radiologic Technologist in the immediate area.
    - Perform routine radiographic procedures not yet learned didactically. Students may observe or assist with routine radiographic procedures not yet learned didactically, however.
    - Use fluoroscopy as a way to position patients for radiographic positions.
    - Perform repeat images without the consent and direct supervision of a qualified radiographer.

ENERGIZED LABORATORY SAFETY POLICY

NGH School of Health Sciences occasionally utilizes a fully functional examination room for the purposes of laboratory demonstration and practical exams. To ensure the safety of both the students and the instructor, **NO EXPOSURES WILL BE MADE** during laboratory use without a qualified instructor or staff radiographer present. If a qualified radiographer is not readily available to provide supervision, the radiation exposure mechanism must be disabled. **ANY HORSEPLAY OR MISCHIEF INVOLVING THE CONTROL PANEL OR THE CRANE**

AND TUBE WILL RESULT IN DISCIPLINARY ACTION. Students shall adhere to the Radiation Safety Program policies found in the Student Handbook at all times. **Food and drink are not permitted during laboratory sessions.**

PERSONAL RADIATION DOSIMETRY BADGE REPLACEMENT POLICY

- Students are expected to maintain control and possession of their radiation monitoring badge while in the program.
- If a student loses, misplaces, or damages their radiation dosimetry badge, it must be replaced as soon as possible.
- The student must report this loss or damage to the Clinical Coordinator or Program Director immediately.
- The student will then receive a replacement badge from the program's contracted company.
- The replacement badge cost is the responsibility of the student.

DECLARATION OF PREGNANCY POLICY

A student may voluntarily notify program officials of her pregnancy. This notification must be in writing and include the following information:

a. Date
b. Student's Name
c. Expected date of birth

At this point, the student will be a Declared Pregnant Student. Without this document and information, a student cannot be considered pregnant. If a student chooses not to disclose her pregnancy to program officials, the hospital and school are not to be held responsible for any danger to the student or her fetus. The student may withdraw this declaration at any time and must do so in writing.

Should the student choose to voluntarily declare her pregnancy, the program will follow the procedure outlined below:

1. Meeting with the Program Director and the radiation safety officer to sign the Declaration of Pregnancy Statement.
2. Counseling from the Program Director and radiation safety officer regarding the nature of potential radiation injury associated with in-utero exposure. The RSO will provide a copy of the U.S. NRC Regulatory Guide, which will include instruction for prenatal radiation exposure and the regulatory limits, established by the NCRP and the Tennessee Department of Public Health. The required preventative measures must be taken throughout the gestation period.

At this time the student will have the following options:

1. Remain in the program and continue to complete all programmatic requirements without modification.
2. Request a leave of absence, per the program's Leave of Absence policy. The request shall be granted with proper documentation. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the policy.

Should the student choose to remain in the program, the RSO will order an embryo/fetal radiation dosimetry badge to be worn at waist level during the entire gestation period. The

student shall review and implement radiation safety practices as outlined by the RSO. The student shall not receive an embryo/fetal exposure dose of more than 0.5 rem (5 mSv) during the gestation period nor should the monthly equivalent dose exceed 0.05 rem (.5 mSv). The RSO will monitor the student's radiation dosimetry reports and readings. If the student's radiation exposure dose exceeds 0.5 rem (5 mSv) during the gestation period or should the monthly dose exceed 0.05 rem (.5 mSv), the student will be required to take a leave of absence from the program. Upon completion of the leave, the student may choose to be reinstated in the program as outlined in the program's Leave of Absence policy.

MAGNETIC RESONANCE SAFETY POLICY

NGH School of Health Sciences has established an MR safety policy in compliance with the *ACR Manual on MR Safety:* ACR Manual on MR Safety . There are potential risks in the MR environment, not only for the patient, but also for accompanying family members, attending health care professionals, and others who only find themselves only occasionally or rarely in the magnetic fields of MR scanners. Since students are occasionally called into such areas to provide assistance, the following guidelines shall apply to all students.

1. Students shall attend an MR safety lesson and complete a safety screening questionnaire prior to the first day of Clinical Education. This assures that students are appropriately screened for magnetic wave or radiofrequency hazards. The screening questionnaire shall be evaluated for potential risks by the Clinical Coordinator. Any student found to be at risk shall not be allowed access to the MR suite at any of the program's affiliate sites. The Clinical Coordinator shall meet with the student in private and notify the Clinical Preceptor and the Program Director about students who exhibit a potential risk. As part of the safety screening, any student with implanted medical devices must obtain documentation from the device manufacturer describing the safety status of such devices. The safety screening questionnaire shall become part of the student's clinical log. Students are required to notify the program should their status change.
2. Students must be accompanied by, or under the immediate supervision of, and in visual or verbal contact with one specifically identified level 2 MR person for the entirety of their duration within Zone III or Zone IV (the control area and rooms immediately adjacent to the exam room, and the exam room, respectively).
3. Efforts should be made to minimize student presence in Zone IV (the exam room).
4. All adverse events, MR safety incidents, or "near incidents" that occur in the MR suite shall be reported to appropriate persons, in accordance with the program's incident reporting policy.

FACULTY DIRECTORY

PROGRAM DIRECTOR:
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ACADEMIC CALENDAR

Academic Calendar* for September 2025 – September 2027

Quarters I and V – Class of 2025-2027 and Class of 2024-2026

September 29, **2025**	Classes begin
November 10	Veterans Day holiday – No classes
November 11	Classes resume
November 27-28	Thanksgiving holidays – No classes
December 1	Classes resume
December 19	Last day of quarters I and V
December 22- 26, **2025**	Winter break – No classes (Includes Christmas Eve, Christmas Day)

Quarters II and VI

December 29, **2025**	Classes begin
January 1, **2026**	New Year's Day holiday – No classes
January 2	Classes resume
January 19	Martin Luther King holiday – No classes
January 20	Classes resume
February 16	President's Day holiday
February 17	Classes resume
March 20	Last day of quarters II and VI
March 23-27	Spring break – No classes

Quarters III and VII

March 30, **2026**	Classes begin
May 25	Memorial Day holiday – No classes
May 26	Classes resume
June 18	Last day of quarters III and VII
June 19	Juneteenth Holiday
June 22 -26	Summer break – No classes

Quarters IV and VIII

June 29, **2026**	Classes begin
July 3	Independence Day Holiday
July 6	Classes resume
September 7	Labor Day holiday – No classes
September 8	Classes resume
September 18	Last Day of quarters IV and VIII
September 21-25	Fall break – No classes

Quarters I and V – Class of 2026-2028 and Class of 2025-2027

September 28, **2026**	Classes begin
November 11	Veterans Day holiday – No classes
November 12	Classes resume
November 26-27	Thanksgiving holidays – No classes

November 30	Classes resume
December 18	Last day of quarters I and V
December 21- 25, **2026**	Winter break – No classes (Includes Christmas Eve, Christmas Day)

Quarters II and VI

December 28, **2026**	Classes begin
January 1, **2027**	New Year's Day holiday – No classes
January 4	Classes resume
January 18	Martin Luther King holiday – No classes
January 19	Classes resume
February 15	President's Day holiday
February 16	Classes resume
March 19	Last day of quarters II and VI
March 22-26	Spring break – No classes

Quarters III and VII

March 29, **2027**	Classes begin
May 31	Memorial Day holiday – No classes
June 1	Classes resume
June 17	Last day of quarters III and VII
June 18	Juneteenth Holiday (observed)
June 21 -25	Summer break – No classes

Quarters IV and VIII

June 28, **2027**	Classes begin
July 5	Independence Day holiday (observed)
July 6	Classes resume
September 6	Labor Day holiday – No classes
September 7	Classes resume
September 17	Last Day of quarters IV and VIII
September 20-24	Fall break – No classes

**Subject to change*

Clinical Education

CLINICAL EDUCATION SITE ASSIGNMENT

Clinical education rotation sites are assigned by the Clinical Coordinator. No consideration will be given to the student's preference, proximity to the student's home, student employment, etc. The Clinical Coordinator and Program Director reserve the right to place the student according to course objectives and available space therefore, the schedule of rotations may be modified at any time.

CLINICAL EXPERIENCE COMPENSATION POLICY

Students will not receive monetary compensation for any exams performed or any other activities and duties performed as part of the student's clinical education experience.

CLINICAL EDUCATION REQUIREMENTS

Before a student can be assigned to a clinical education site (and within the timeframe set by the Clinical Coordinator), the student must obtain the following*:

1. Health physical (within the last three months)
2. (2) MMR (measles, mumps, and rubella) immunizations
3. (2) Varicella (chickenpox) immunizations
4. Tdap (tetanus, diphtheria, and pertussis) immunization/booster that is less than 10 years old
5. Hepatitis B immunization or signed waiver
6. Influenza immunization (annual requirement) (Unless a waiver for medical or religious exemption is granted by NGH administration)
7. Tuberculin skin test (PPD) or chest x-ray for positive PPD results (annual requirement)
8. N-95 respirator fitting (annual requirement) Note: Male students must trim facial hair such that the mask has direct contact and a good seal with the skin.
9. Personal health insurance
10. Personal malpractice liability insurance
11. Basic Life Support (CPR) for the Healthcare Provider certification (AHA Curriculum)
12. Passing criminal background check with no discrepancies
13. Passing drug screening test

*Subject to change.

Documentation providing proof of the above requirements must be in the student's medical file before the student is allowed to attend their clinical education rotation. The clinical attendance policy will apply in the case of missed clinical time due to lack of documentation of the above and suspension is warranted until said documentation is submitted.

After a clinical education site has been assigned, the student will be required to complete and/or attend a mandatory site-specific orientation. Should the student neglect to complete and/or attend the mandatory orientation prior to the site's required due date, the student will not be allowed admittance to the medical facility until requirements are fulfilled. The clinical attendance policy will apply in the case of missed clinical time due to a failure to attend the

orientation. In the instance of a prolonged time lapse between the facility's scheduled orientations, the student may be dismissed from the program due to absenteeism.

MALPRACTICE LIABILITY INSURANCE POLICY

Contractual agreements with clinical affiliates require all students to carry malpractice liability insurance for the radiography student. No student will be allowed in the clinical area without verification of coverage. The cost of malpractice insurance is the student's responsibility. Students are required to purchase two-year malpractice insurance coverage through a designated independent company.

PERSONAL AND PROFESSIONAL RESPONSIBILITY

The student will develop and demonstrate the ability to:

- Perform within the standards of the professional code of ethics and scope of practice for radiologic technology and applicable state and federal laws.
- Perform within the standards of the clinical education site policies and procedures.
- Perform within the standards of the radiologic technology program policies and procedures.

HOLDING OF IMAGE RECEPTORS AND PATIENTS

Students are not permitted to hold patients or image receptors during a radiographic examination. In these situations, other persons such as the patient's family member or other health care workers should be utilized to assist. To assist in minimizing exposure to the patient, self, and others, it is important for the student to collimate to the anatomical area of clinical interest.

LEAD MARKERS

Students are required to use personal lead markers on all radiographs. Competency Evaluations are not valid without the student's personal lead markers on the image. Students are responsible for the purchase of markers, including a backup set of markers. **The marker set must include both a left and right indicator and the student's three initials in radiopaque material.** Students working without their own personal lead markers will be considered out of uniform and suspended from the clinical setting.

CLINICAL SAFETY

Clinical safety is defined as the consistent implementation of scientific principles (physical and behavioral) in the care of assigned patients and in professional relationships. Clinical safety includes but is not limited to: the administration of contrast media, the application of radiographic procedures with appropriate supervision from an instructor (the staff technologist, radiologist, Clinical Preceptor, Clinical Coordinator, and/or Program Director), being adequately prepared and maintaining professional interpersonal relationships with peers, clients, faculty, and clinical facility staff.

The student who is frequently unprepared, needs frequent correction and close supervision, or who fails to consult the instructor appropriately is considered unsafe in the clinical area, and will be placed on Clinical Probation or dismissed from the program. The primary consideration is safe application of all aspects of radiography and other medical imaging modalities with a moderate amount of guidance and direction.

INCIDENT/ACCIDENT REPORTING

Within twenty-four (24) hours of an incident/accident, which occurs at Nashville General Hospital or at any of the affiliated clinical sites, students must submit documentation to the Clinical Coordinator and Program Director. The documentation should include: Who, What, Where, When, Why, and Witness information, as applicable.

CLINICAL ATTENDANCE POLICY

Students will not be scheduled for shifts greater than 10 hours per day, nor will they be scheduled for total didactic and clinical involvement of more than 40 hours per week. Students will receive a schedule prior to each term. Typical clinical hours are from 7-3:30 or 8-4:30 during the day and 12:30-9:00 PM during afternoon/evening rotations. Clinical education hours may vary (assigned hours may fall within the ranges of 5AM – 7PM for day shift or 7PM - 5AM for evening rotations). Clinical rotations for the Radiologic Technology program will be scheduled based on the hours of operation, staffing, and discretion of each clinical site and the Clinical Coordinator.

1.Students are expected to arrive at their assigned clinical site at their scheduled arrival time, ready to participate, and leave at their scheduled departure time.

2.If an absence is expected to occur, the student must call/notify their assigned Clinical Preceptor AND the Clinical Coordinator or Program Director prior to the beginning of their scheduled shift or anticipated early departure. Documentation of notification must be recorded in Trajecsys and E-mail. **Failure to notify (NO CALL/NO SHOW/NO NOTIFICATION) events are considered serious breaches of professionalism that will warrant, at minimum, a Clinical Warning.**

3. The student may utilize up to 5 medically excused days per semester for clinical education without penalty. Any additional medically excused absences will be made up at the next programmatic break week.

4.Personal Days: Each student is given 1 personal day (may not be fragmented or distributed over multiple days) per semester. (A total of 4 personal days are allotted in a two-year period.) If a personal day is not used during the semester, it does not accrue. It is the student's responsibility to notify the Clinical Coordinator and Clinical Preceptor via E-mail before the scheduled start time for the day in question. Failure to notify both the Clinical Coordinator and Clinical Preceptor results in a denial of a personal day request and will result in an unexcused absence, with the time to be made up. **Personal days cannot be utilized to replace clinical make up days**. Awarded personal days are not counted as occurrences. Students attending employment orientations or other employment commitments may use a personal day. If these additional commitments extend beyond one day, the additional days are treated as unexcused absences, and the missed time must be made up. A personal day may be used for scheduled routine physician and/or dental appointments. Students must use their personal day for the fifth (5^{th}) medically excused absence of the semester.

5.An occurrence is defined as either: One (1) unexcused absence or (3) unexcused tardy/early departures. Thus, one tardy is equivalent to 1/3 of an occurrence. For example, a student who misses one full day and is tardy three times would have a total of two occurrences.

6.As each new semester begins, all students will begin again with zero (0) occurrences.

7. Any student who accrues greater than 2 occurrences per semester will be issued a written warning. Any student who accrues greater than 3 occurrences per semester will be placed on Clinical Probation for the duration of the program. Any student who accrues more than 4 occurrences per semester may be dismissed from the program. All missed clinical time, other than personal days or *extreme circumstances (with required documentation), must be made up. This time includes unexcused absence, tardiness, and early departures, and must be made up under the following conditions:

- During the next quarter break at the clinical site where the absence occurred, **OR**
- By staying at the site for additional time after scheduled hours: students exercising this option must stay for a 10-hour shift and must notify the Clinical Preceptor and Clinical Coordinator one week in advance. Program faculty have the right to deny requests for reasonable circumstances, such as lack of appropriate supervision, the day before a holiday (see evening rotation policy, above), or other circumstances which would render the situation devoid of meaningful educational experience.
- Second-year students may be able to make up clinical time missed on Fridays, provided clinical site capacity is not exceeded and the student has been oriented to the site. Permission must be granted by both the site and the Clinical Coordinator.
- Students may not make up clinical time on a holiday observed by the sponsoring institution.

Clinical make up days must be scheduled and approved by the Clinical Preceptor and the Clinical Coordinator. Students must submit a Clinical Make-up Time Form prior to the scheduled make-up time. If a student is absent for a scheduled make-up day, this absence will be added to their total absences for the quarter and is also required to be made up.

*Extreme circumstances include mandatory court appearances, jury duty, illnesses, vehicular accident, bereavement (death of family member), and limitations as ordered by a physician. Documentation must be provided for extreme circumstances.

EVENING ROTATIONS POLICY

Students will be equitably assigned to ten (10) evening clinical hours during the program. The purpose of the evening hours' assignments is two-fold. Students will experience what it is like to participate during the second shift (in preparation for future employment) and will also gain more trauma radiography experience where they will learn adaptive positioning and exposure techniques utilizing critical thinking and problem-solving skills.

1. Affiliate sites must demonstrate sufficient exam volume on evening shifts to be approved for evening rotation.

2. Evening rotations must be equitably scheduled for all students.
3. The program capacity will not be increased by utilization of evening hour rotations.
4. Weekend and holiday rotations are not allowed.
5. JRCERT defines normal operational hours as Monday-Friday 5:00am to 7:00 p.m. Clinical hours scheduled beyond 7:00 p.m. are considered evening hours. Total scheduled hours beyond 7:00 p.m. may not exceed 25% of the total program clinical hours.
6. Affiliate sites shall not schedule a student beyond 9:00 p.m.
7. Students may not schedule make-up time with evening hours unless the original absence included evening hours. Any evening clinical hours missed must be made up.
8. Evening shifts may not be scheduled on a holiday observed by the sponsoring institution, nor the day immediately preceding the holiday.

FOOD, DRINK, AND MEAL BREAKS

Food and drinks are permitted in the classrooms, provided students clean up after themselves. Food and drink privileges will be suspended for students who fail to do so.

Due to transmission of disease and respect for all patients, food and drinks are never permitted in patient contact areas in the clinical setting.

Scheduled meal breaks are lunch and dinner. Students are not allowed to leave their assigned areas to obtain food from the cafeteria or snack machines at any other time, unless specifically authorized by the Clinical Preceptor, supervising technologist, or program officials.

ELECTRONIC DEVICES/INCOMING TELEPHONE CALLS POLICY

Students are expected to adhere to each affiliate site's policy regarding electronic device use. Electronic devices include, but are not limited to, cell phones, laptops, tablets and their peripheral devices. Inappropriate electronic device use may count against the student's evaluation scores, in addition to corrective action taken by the site.

Incoming telephone calls to students are not allowed, except in emergency situations. Mobile phones must be on a non-audible setting. Students may return/make non-emergent calls during breaks or by asking permission from clinical staff to return/make a call.

Students must inform family/friends/employers not to contact them during clinical hours, unless it is an emergency.

The enrollment status of a student or any other student information is never disclosed to individuals contacting the school or affiliate sites. This ensures that the privacy and safety of the students are maintained while they participate in the program.

CLINICAL GRADING POLICY

The grade for any course assignment and final course average will adhere to the following grading scale:

100 – 95%	A
94– 90%	B
89– 85%	C
84% or Below	F

Clinical course grades are factored into the student's cumulative grade average. A student must submit all required clinical paperwork, successfully complete the minimum clinical competency requirements as outlined for each quarter and maintain regular attendance. Students must adhere to the program's clinical schedule for clinical paperwork submission. Student clinical performance will be evaluated by the Clinical Coordinator, Clinical Preceptor(s), or supervising technologist. Grading methodology is published in the Clinical Education syllabus, which is provided to students prior to the start of clinical education. Revision and update of the syllabus and the methodology is at the discretion of the Clinical Coordinator and Program Director. Students will receive a revised copy upon completion of the revision. Individual components of the clinical education grade will not be rounded. Final course average for clinical education will be rounded to the nearest whole number. Students who fail to earn a Final course average of greater than or equal to 85% will be dismissed from the Program.

TRAJECSYS

Students document and log all information relevant to the pursuit of clinical education in Trajecsys. Trajecsys is a Web portal that allows the students, faculty, and Clinical Preceptors to report progress, log examinations and skill competencies, and receive meaningful and timely feedback regarding performance in the clinical setting. Each student will be issued a user ID and password which protects the privacy of the students' grades. Students are expected to create accounts on Trajecsys and purchase a two-year subscription by the second week of the curriculum. Students will receive training in the use of Trajecsys software prior to their first clinical rotation. Should the Trajecsys portal be unavailable for an extended period, the students will revert to paper documentation. Records contained within the Trajecsys portal are considered official program documentation in regard to clinical education objectives.

CLINICAL LOG REQUIREMENTS

Students are required to keep a current clinical log of daily radiographic procedures that they have observed, performed, or assisted (OPAs) during their clinical rotation. The log is to be maintained daily and readily available for review by the Clinical Preceptor and/or Clinical Coordinator via Trajecsys. The electronic clinical log will be monitored periodically by the Clinical Coordinator. Exams performed per day are counted into the student's clinical education grade; therefore, students are encouraged to include all exam experience and be diligent with their record keeping. Seniors must log at least six fluoroscopy and six C-arm exams per semester.

Students are allowed 15 minutes at the end of their scheduled clinical education hours to log exams for the day on Trajecsys. Students should remove themselves from the exam area to not be in the way of technologists and patients. If a computer workstation at a clinical site is to be utilized, the student must ask permission to ensure that the workflow is not interrupted. Use of

computer workstations for patient care supersedes student data entry; students should immediately surrender any workstation upon request. It is the student's responsibility to finish logging exams at home, should they not be able to finish in the allotted time frame.

CLINICAL TIME RECORD POLICY

In keeping with the Academic Honesty policy, a student's clinical time record will reflect an accurate representation of the student's clinical attendance, with no exceptions. Knowingly submitting falsified entries constitutes a violation of the Academic Honesty policy. A student found to be falsifying clinical documentation may be dismissed from the program, pending an investigation.

Clinical time records are maintained electronically via Trajecsys. Each student will have access to the Trajecsys web portal before clinical education. The Clinical Coordinator will train each student how to clock in and out, and how to enter a time exception. Students are responsible for correcting any errors in the record by time exception. The time record shall be validated periodically by the Clinical Preceptor and Clinical Coordinator. Students must compile time reports and are responsible for determining hours to be made up. Clinical Attendance is counted as part of the student's Clinical Education grade.

CLINICAL PERFORMANCE EVALUATIONS

Students shall receive monthly performance evaluations from supervising registered radiologic technologists. Additionally, the student shall receive two (2) performance evaluations from the Clinical Preceptor, one at mid-quarter, and another at the end of the quarter.

The evaluation measures the student's clinical performance in the affective, cognitive, and psychomotor domains using the following parameters:

- Radiation Protection
- Integration and transfer of Didactic Study
- Exam Performance
- Adaptation
- Technique
- Communication
- Professionalism and Resource Responsibilities
- Maintenance of Clinical Environment
- Quantity of work/ Production
- Safety

The results of the evaluation shall be immediately available to the student for the purposes of constructive criticism and performance improvement. The evaluation score is counted toward the student's clinical education grade.

CLINICAL COMPETENCY

The purpose of the clinical competency requirements is to verify that individuals certified and registered by the ARRT have demonstrated competency performing the clinical activities fundamental to a particular discipline. Competent performance of these fundamental activities, in conjunction with mastery of the cognitive knowledge and skills covered by the radiography

examination, provides the basis for the acquisition of the full range of procedures typically required in a variety of settings. Demonstration of clinical competence means that the candidate has performed the procedure independently, consistently, and effectively during the course of his or her formal education. Students returning from a Leave of Absence must seek new competencies on all exams greater than 24 months old, as required for the primary certification credentialing examination of the ARRT (see Competency Categories in the Clinical Education section).

As part of the education program, candidates must demonstrate competence in the clinical procedures identified below. These clinical procedures are listed in more detail in the following sections:

• Ten mandatory general patient care procedures;
• 36 mandatory imaging procedures;
• 15 elective imaging procedures selected from a list of 35 procedures;
• One of the 15 elective imaging procedures must be selected from the head section; and
• Two of the 15 elective imaging procedures must be selected from the fluoroscopy studies section.

One patient may be used to document more than one competency. However, each individual procedure may be used for only one competency (e.g., a portable femur can only be used for a portable extremity or a femur but not both). ARRT defines simulation of a clinical procedure routinely performed on a patient as the candidate completing all possible hands-on tasks of the procedure on a live human being using the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient.
ARRT requires that competencies performed as a simulation must meet the same criteria as competencies demonstrated on patients. For example, the competency must be performed under the direct observation of the program director or program director's designee and be performed independently, consistently, and effectively.

Simulated performance must meet the following criteria:
• Simulation of imaging procedures requires the use of proper radiographic equipment without activating the x-ray beam.
• A total of ten imaging procedures may be simulated. Imaging procedures eligible for simulation are noted within the chart (see section 4.2.2).
• If applicable, the candidate must evaluate related images.
• Some simulations are acceptable for General Patient Care (see section 4.2.1). These do not count toward the ten imaging procedures that can be simulated.

General Patient Care Procedures- ALL MANDATORY
CPR/BLS Certified
Vital Signs – Blood Pressure
Vital Signs – Temperature

Vital Signs – Pulse
Vital Signs – Respiration
Vital Signs – Pulse Oximetry
Sterile and Medical Aseptic Technique
Venipuncture
Assisted Patient Transfer (e.g., Slider Board, Mechanical Lift, Gait Belt)
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)

Imaging Procedures Competencies	Mandatory	Elective	Eligible for Simulation
Chest and Thorax			
Chest Routine	✓		
Chest AP (Wheelchair or Stretcher)	✓		
Ribs	✓		✓
Chest Lateral Decubitus		✓	✓
Sternum		✓	✓
Upper Airway (Soft-Tissue Neck)		✓	✓
Sternoclavicular Joints		✓	✓
Upper Extremity			
Thumb or Finger	✓		✓
Hand	✓		
Wrist	✓		
Forearm	✓		
Elbow	✓		
Humerus	✓		✓
Shoulder	✓		
Trauma: Shoulder or Humerus (Scapular Y, Transthoracic or Axial)	✓		
Clavicle	✓		✓
Scapula		✓	✓
AC Joints		✓	✓
Trauma: Upper Extremity (Non Shoulder)	✓		
Lower Extremity	Mandatory	Elective	Eligible for Simulation
Toes		✓	✓
Foot	✓		
Ankle	✓		

Knee	✓		
Tibia-Fibula	✓		✓
Femur	✓		✓
Trauma: Lower Extremity	✓		
Patella		✓	✓
Calcaneus		✓	✓
Head – Candidates must select at least one elective procedure from this section.			
Skull		✓	✓
Paranasal Sinuses		✓	✓
Facial Bones		✓	✓
Orbits		✓	✓
Nasal Bones		✓	✓
Mandible		✓	✓
Temporomandibular Joints		✓	✓
Spine and Pelvis			
Cervical Spine	✓		
Thoracic Spine	✓		✓
Lumbar Spine	✓		
Cross-Table (Horizontal Beam) Lateral Spine (Patient Recumbent)	✓		✓
Pelvis	✓		
Hip	✓		
Cross-Table (Horizontal Beam) Lateral Hip (Patient Recumbent)	✓		✓
Sacrum and/or Coccyx		✓	✓
Scoliosis Series		✓	✓
Sacroiliac Joints		✓	✓
Abdomen	Mandatory	Elective	Eligible for Simulation
Abdomen Supine (KUB)	✓		
Abdomen Upright	✓		✓
Abdomen Decubitus		✓	✓
Intravenous Urography		✓	
Fluoroscopy Studies – Candidates must select two procedures from this section and perform per site protocol			
Upper GI Series, Single or Double Contrast		✓	
Contrast Enema, Single or Double Contrast		✓	
Small Bowel Series		✓	

Esophagus		✓	
Cystography/Cystourethrography		✓	
ERCP		✓	
Myelography		✓	
Arthrography		✓	
Hysterosalpingography		✓	
Mobile C-Arm Studies	**Mandatory**	**Elective**	**Eligible for Simulation**
C-Arm Procedure (Requiring Manipulation to Obtain More Than One Projection)	✓		✓
Surgical C-Arm Procedure (Requiring Manipulation Around a Sterile Field)	✓		✓
Mobile Radiographic Studies			
Chest	✓		
Abdomen	✓		
Orthopedic	✓		
Pediatric Patient (Age 6 or Younger)			
Chest Routine	✓		✓
Upper or Lower Extremity		✓	✓
Abdomen		✓	✓
Mobile Study		✓	✓
Geriatric Patient (At Least 65 Years Old and Physically or Cognitively Impaired as a Result of Aging)			
Chest Routine	✓		
Upper or Lower Extremity	✓		
Hip or Spine		✓	
CT Procedures			
CT Head w/o		✓	
CT Chest for PE		✓	
CT Abdomen for Kidney Stone		✓	
CT Abdomen for Appendicitis		✓	

CLINICAL COMPETENCY EVALUATIONS

Demonstration of clinical competence requires that the program director or the program director's designee has observed the candidate performing the procedure independently, consistently, and effectively during the course of the candidate's formal educational program. The student may attempt a competency evaluation after the following requirements have been met:

- The student has received instruction and passed a practical exam in Radiographic Procedures.
- The student has logged the exam at least three times. An exception may be made in the case of a procedure that rarely materializes.

Competency exams must be observed and evaluated by a qualified supervising technologist employed at the clinical education site, the Clinical Coordinator, or the Program Director. The student must declare their intentions to the supervising technologist before the exam is initiated. The technologist may refuse to allow the student to perform the competency if the technologist has doubts about the student's aptitude relative to the exam in question and assessment of the patient's condition. The technologist shall be present throughout the examination process to ensure effective evaluation of all parameters.

More than three (3) deficiencies or one (1) *major error* constitutes failure of the competency. A *major error* is one that would render the exam (or any image in the exam) useless (e.g., failing to place a cassette in the Bucky, directing the CR in the wrong direction, failing to align the tube to the Bucky grid and/or cassette, attempting to radiograph the wrong part, etc.) In order to support learning and growth, a failed competency must still be electronically signed and submitted to the Clinical Coordinator, such that the student can receive remedial instruction prior to attempting this competency again. Students do not receive academic penalties for failed competencies; however, a student who fails several competencies would be expected to have evaluations that show a need for improvement. Failure to shield when appropriate and failure to establish correct patient identity by two identifiers (defer to clinical facility protocols: confirm correct name and date of birth, at a minimum, as per The Joint Commission standard), shall result in a failed attempt with no exceptions.

For all radiographic examinations, the student will be able to:

- Verify the order
- Student performs appropriate hand hygiene before and after procedure
- Identify patient by two patient identifiers (Name, DOB)
- Provide safe transport to and from exam room
- Assess patient pain and comfort level, makes appropriate adjustments
- Student utilizes AIDET as they greet the patient
- Explain exam, take patient history
- Give patient proper instructions
- Use appropriate lead marker
- Position according to clinical site protocols
- Demonstrate proficiency with imaging equipment and functions, achieve and maintain alignment with the image receptor
- Prepare room and equipment

- Collimate to Region of Interest/pertinent anatomy
- Adhere to ALARA, shield patient when applicable
- Set appropriate technical factors for exam, adapt both technique and tube/IR placement to accommodate for obstacles in exam performance
- Account for increased distance, use of a grid, or other factors
- Perform the exam without hesitation or struggle
- Demonstrate critical thinking skills
- Recognize appropriate visual cues regarding centering, obliquity, marker placement, collimation, motion, and positioning. Student reasons to appropriate adjustments for corrective action
- Recognize pertinent anatomy on the image
- Recall appropriate Exposure Index (EI) or Sensitivity (S) number for imaging technology utilized
- Make appropriate technique adjustment
- Transition patient to next step, exam room is cleaned and ready to use

SIMULATIONS POLICY

The ARRT requirements specify that certain clinical procedures may be simulated as designated in the specific requirements below. Simulations must meet the following criteria:

- The student must simulate the procedure on another person with the same level of cognitive, psychomotor, and affective skills required for performing the procedure on a patient. Examples of acceptable simulation include positioning another person for a projection without actually activating the x-ray beam and performing venipuncture by demonstrating aseptic technique on another person, but then inserting the needle into an artificial forearm or suitable device;
- The program director must be confident that the skills required to competently perform the simulated procedure will transfer to the clinical setting, and, if applicable, the candidate must evaluate related images.
- Competencies performed with actual patients are preferred to simulations. Candidates must demonstrate competence in all procedures identified as mandatory.
- Institutional protocol will determine the positions and projections used for each procedure.
- The student must notify the Clinical Preceptor regarding a desire to simulate a competency exam. The Clinical Preceptor may postpone simulations to accommodate department workflow.

CONTINUAL COMPETENCY EXAMS

Any radiographic procedure in which the student has previously been evaluated, and has demonstrated clinical competency, is subject to continual competency evaluations. These competency evaluations are performed and can be completed by the Clinical Preceptor, staff technologist, and/or Clinical Coordinator. Patient selection for these evaluations should demonstrate a progressive level of difficulty. Should the student fail the continual competency, the student will then be required to receive remediation according to the guidelines in the Clinical Remediation Policy. The guidelines for continual competencies are the same as those listed in Competency Evaluations above.

In the last semester of Clinical Education, students are required to perform at least one additional competency per category on exams listed in the following categories:

- Thoracic cavity
- Upper Extremity
- Lower Extremity
- Spine and Pelvis
- Head
- Abdomen
- Fluoroscopy
- Pediatrics
- Geriatrics
- OR/Mobile Radiographic Studies

A student may obtain no more than five continual competencies per quarter. Students are not allowed to complete continual competencies before the start of the last semester. Students will not be eligible for graduation until completion of no less than ten continual competencies, one for each category listed above.

REQUIRED COMPETENCIES BY QUARTER

As the student progresses through the curriculum, examinations will become available in which to demonstrate competency. To ensure regular progress, the minimum competencies necessary per quarter is presented below. The student may pursue competencies at a more aggressive rate than what is listed here:

- Second Quarter: Chest: (PA, lateral), 4 additional competencies from available exams.
- Third Quarter: 10 additional competencies from available exams.
- Fourth Quarter: 15 additional competencies from available exams.
- Fifth, Sixth, and Seventh Quarters: Pursue completion of remaining competencies.
- Seventh and Eighth Quarters: Refer to the Continual Competencies policy.
- Modality rotations in the Eighth quarter: Students who complete all competencies and maintain good standing, both academically and clinically, may request a scheduled rotation at the end of the seventh quarter in one of the following modalities: CT, MR, NM, US, Mammography, CV/Angiography, and bone densitometry. Modality rotations are limited to a maximum of four weeks; additionally, students are not allowed more than two consecutive weeks at a time. If the student's site is unable to meet the request, the student can appeal to the Clinical Coordinator who will attempt to arrange for the student to be placed at a site that can fulfill the request.

The radiography program sponsored by Nashville General Hospital at Meharry revised its policy, effective 5/25/2016, regarding the placement of students in mammography clinical rotations to observe and/or perform breast imaging. (Additionally, the policy may be applied to any imaging procedures performed by professionals who are of the opposite gender of the patient.)

Under the revised policy, all students, male and female, will be offered the opportunity to participate in mammography clinical rotations. The program will make every effort to place a

male student in a mammography clinical rotation if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in mammography to female students. Male students are advised that placement in a mammography rotation is not guaranteed and is subject to the availability of a clinical setting that allows males to participate in mammographic imaging procedures. The program will not deny female students the opportunity to participate in mammography rotations if clinical settings are not available to provide the same opportunity to male students.

The change in the program's policy regarding student clinical rotations in mammography is based on the sound rationale presented in a position statement on student mammography clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) at its April 2016 meeting. The JRCERT position statement is available on the JRCERT Web site, www.jrcert.org, Programs & Faculty, Program Resources.

CLINICAL REMEDIATION PROCESS

When a student displays patterns indicating a deficit in the application of classroom knowledge to clinical practice, by failing radiographic clinical competencies, or continual competencies, or evaluated by the Clinical Preceptor to need vast improvement to meet program goals, the student will be required to receive remediation for areas of weakness identified by clinical staff and program faculty. In addition, if the student refuses to perform an examination selected for their continual competency, the student will be required to receive remediation for that radiographic examination.

The design for the remediation program will be prepared by the Clinical Coordinator. The remediation program will require the student to repeat the didactic, lab, and clinical phases of learning, concluding with an additional competency check or clinical evaluation with required thresholds for improvement. Students failing the final step of remediation will be held accountable, up to and including program dismissal, depending on the student's circumstances, specifically documentation of any prior Behavioral or Clinical disciplinary process.

The student will be placed on DIRECT SUPERVISION during the period of the remediation program and successful completion of the competency evaluation.

The remediation program will be documented and placed in the student's file.

STUDENT HANDBOOK EVIDENCE OF UNDERSTANDING

I have received and read (in its entirety) the Student Handbook of the Radiologic Technology Program sponsored by Nashville General Hospital at Meharry. I understand the contents and agree to abide by the policies, procedures, and general content specified in the handbook. Furthermore, in cases where I do not follow the program's policies and procedures, I am willing to abide by the consequences identified in the handbook, course syllabi, and/or the NGH code of conduct.

Student's Name (print) _____

Student's Signature _____ Date _____

APPENDICES

Appendix A

2021 JRCERT Standards for an Educational Program in Radiography Effective January 1, 2021

2021-Radiography-Standards.pdf

Appendix B - School Safety

EMERGENCY PREPAREDNESS – Please refer to the Hospital's Emergency Response Guide located at the front desk of the school.

Security Contact: 615-341-4105

Nashville General Hospital's Standardized, Plain Language Emergency Codes	
Codes	**What to announce overhead**
Weather Alert - Severe Weather	Weather Alert + Descriptor (Snow Storm/Ice Storm/Tornado/Thunderstorms/Strong Winds)
Facility Alert - Code Red	Facility Alert - Code Red - Location
Facility Alert - Evacuation	Facility Alert - Evacuation - Descriptor (partial or complete)
Facility Alert - Hazardous Spill	Facility Alert - Hazardous Spill - Location
Facility Alert - Decontamination Event	Facility Alert - Decontamination Event - HERT Activation
Facility Alert - Mass Casualty Incident	Facility Alert - Mass Casualty Incident - (Standby/Plan A/Plan B)
Facility Alert - Utility Failure	Facility Alert - Utility Failure - Descriptor (HVAC disruption, Power loss, Medical system outage, telecommunications, Technology interruption, water disruption)
Security Alert - Infant Abduction	Security alert - Infant Abduction - Location - Descriptor (information on assailant if possible)
Security Alert - Active Shooter	Security Alert - Active Shooter - Location - Descriptor (information on assailant if possible)
Security Alert - Suspicious Package	Security Alert - Suspicious Package - Location
Security Alert - Restricted Access	Security Alert - Restricted Access - Location
Security Alert - Security Stat	Security Alert - Security Stat - Location
Medical Alert - Code Blue	Medical Alert - Code Blue - Location
Medical Alert - Code Trauma	Medical Alert - Code Trauma - Level 1 | Level 2
Medical Alert - Code Stork	Medical Alert - Code Stork - Location
Location will always start with floor then department then room number if necessary	

NGH HOSPITAL DISASTER CODES:

WEATHER ALERT

Purpose: The Severe Weather Response Plan serves as a guide for providing a safe environment for patients, visitors, and staff when inclement weather poses a significant threat. Weather conditions that may warrant activation of a **Weather Alert + Descriptor (threat/location + instruction)** may include tornado, high winds, ice/snowstorms, Thunderstorms, and flooding.

Activation Procedure:

1. During regular work hours, the Administrator on Duty (AOD) in collaboration with the Emergency Management Coordinator will determine activation of a **Weather Alert.** After hours, the AOD and the Nursing/House Supervisor will collaborate to call a **Weather Alert**.
2. If it is determined a **Weather Alert** needs to be activated, the Nursing Supervisor will call the Hospital Operator and Emergency Manager to page "**Weather Alert + Descriptor (threat/location + instruction)**". The alert will be announced three times on the hospital overhead paging system. Emergency Manager will send out Organization wide alert on SnapComms.
3. The Hospital Operator will contact the Communications Manager, for activation of the Auto Messenger System to notify leaders via text messaging.
4. Patient Care Units will initiate any needed patient safety measures.

Staff Response during the Weather Alert

When a **Weather Alert** is announced, staff are to remain in the facility for their safety and the safety of our patients. Staff may leave during a **Weather Alert only** when released by their supervisor in collaboration with the AOD/Incident Commander.

If a **Weather Alert** is called due to **high winds** or a **tornado**:

- Move patients away from windows and to safe zones in a calm yet urgent fashion.
- Provide protective materials (e.g., blankets, pillows)
- Stretchers should be placed on one side of the hall leaving fire exits clear.
- For critical patients that cannot be moved from their room: close the window blinds, cover patient with blankets/pillows, move bed so that the patient's head is turned away from the window.
- Inform families and visitors of the situation and direct them to a safe zone.
- Encourage outpatients and visitors to remain in the building until threat clears. They should go to the nearest safe zone.
- Do not use elevators; the power may go off and you could be trapped.
- If patient care units need assistance to move patients to safe zones, the House Supervisor will have an overhead page placed for assistance from designated ancillary areas.

If a **Weather Alert** is called due to **ice/snow**:

- Unit leaders must review staffing needs as incoming staff may not be able to report on time.
- Needs assessments should also be conducted by support departments such as Food & Nutrition Services, Pharmacy, Supply, and Environmental Services (Linen, etc.). Sufficient quantities of such supplies should be obtained in advance when an impending weather event, such as a forecasted ice storm, that

may make regularly scheduled delivery of these services uncertain.

- Activation of housing plan should be considered.
- Accommodations for staff needing to remain on the premises, and transport of staff to and from work, if needed, will be coordinated through the AOD in collaboration with the Housing Supervisor.

Key Definitions:

Watch – A watch is announced when conditions are favorable for tornadoes, storms, etc.

Warning – A warning is announced when a tornado funnel or severe storm is sighted or indicated by radar. In some cases, there may not be time for a warning.

Standby - Notice has been received of a weather "watch" or "warning" which may pose a threat to the hospital or clinics. **Weather Alert** "Standby informs the staff of potentially severe weather and allows them time to prepare for any escalating situation.

Safe Zones - Areas of the hospital considered the safest in the event of high winds or tornado. These areas are the lower level, inner hallways, inner waiting rooms, stairwells, and areas away from windows.

The following criteria will be considered in declaring a **Weather Alert** (tornado):

1. Tornado warnings in Davidson County.
2. Inclement weather/high winds in the area which has the potential to disrupt normal operations.

Conditions that may pose a threat to the safety of patients, faculty, staff, and visitors.

FACILITY ALERT + EVACUATION

Purpose The **Evacuation** Response Plan serves as a guide for relocating patients due to the threat of fire, explosion, severe weather, C.B.R.N.E. attack, or building damage. The plan may be implemented necessity or on a precautionary basis.

Decision to Evacuate Authorization for **Evacuation** of the facility or portion thereof will be given by:

- The Chief Executive Officer or Designee
- The Incident Commander in collaboration with the Chief Medical Office or,
- The Public Safety Officer (Fire Dept or Police Dept) in collaboration with the Incident Commander.

Decision to evacuate shall be based on the following information:

- Imminent threat
- Facility damage assessment of the utilities and/or structure
- Hostile environment conditions

Evacuation Levels

LEVEL I (**Partial evacuation**):
Involves orderly evacuation of patients, visitors, and staff to a neighboring safe area. When possible, this will be the evacuation of choice.
LEVEL II (**Complete evacuation**):
Orderly evacuation of all patients, staff, and visitors to external facilities or authorized locations that can assist with patient care.

Partial Evacuation

1. **Planned Evacuation**: **Evacuation** is imminent. Planning coordinated by Incident Commander.
2. **Emergency evacuation**: Immediate patient transfer within the facility.
   - Horizontal – first response; patient movement occurs horizontally to safe area on the same floor.
   - Vertical – patient movement to a safe area on another floor or building.

Complete Evacuation **Complete Emergency Evacuation**: Patients are transferred from NGH to other facilities.

- Incoming Emergent patients will be diverted from the Emergency Department.
- **Evacuation** occurs based on patient acuity, except where structural integrity or situation poses imminent threat requiring adjustment in priorities.
- Establish communications with receiving facilities.
- Establish contact with Fire/EMS for transport.
- OEM (Office of Emergency Management), Tennessee Coalition and (TNHAN) Department of Health
- Additional staff will be required.

Evacuation Routes and Sites Each department will be directed by the Incident Command Team to an evacuation site.

- Stairwells are to be used for evacuation unless otherwise directed.

(Patient Tracking Form Hicks 260 will be attached to this document)

Patient Management

1. Incident Commander will:
   - Determine level of evacuation
   - Obtain a current census
   - Assign an individual to coordinate bed availability at alternate sites
   - Arrange patient transfer to appropriate facility
   - Assign an individual to coordinate ambulance transports
   - Initiate/oversee traffic control
2. Department Leader/Charge will:
   - Disseminates patient tracking forms
   - Coordinate evacuation procedures in their area
   - Log patient movement
   - Transfer medical records to patient's new location
   - Divide patients into 3 groups: Ambulatory, Ambulatory with Assistance, and Non-Ambulatory.
     - Ambulatory
       - Escort patients to evacuation area
     - Assisted Ambulatory Patient
       - Transport by wheelchairs
       - Secure patients with sheets if necessary
       - Remove patients from wheelchairs and place on floor or in chair
     - Non-Ambulatory Patient: Place on transport stretcher or transport on hospital bed.
       - Ventilator Dependent Patient: One nurse to remain with the patient to provide ventilatory support with bag/mask and portable oxygen. The ventilator may follow if oxygen is available at the safe site.
       - Isolation Patient: Evacuate with masks in place, etc., as appropriate to illness.
       - Forensic/Prisoner Patient: The Officer/Sergeant in Charge should maintain close communication with hospital security.
         - NGH to coordinate evacuation procedure with the Officer/Sergeant on duty so they can ensure the necessary level of security that must be maintained.
         - TDOC will follow their evacuation protocols in coordination with hospital security so that necessary level of security may be maintained.
         - The Incident Commander must be advised as soon as possible of any significant implications posed by an evacuation involving forensic patients.
         - **In the event immediate evacuation of the forensic unit** is required, forensic patients will be moved to a pre-selected site where the officers on duty can maintain adequate security.
3. Clinic and Ancillary Services: Evacuate patients and provide assistance if needed.

Patient Tracking

A Patient Evacuation Card is to be completed for each inpatient moved during an evacuation. A copy of the completed card is to be sent via a runner to the Command Center. The original card is to be securely attached to the patient until the patient reaches their destination, at which time the card will be removed and attached to the patient's record.

FACILITY ALERT + CODE RED

Purpose To provide guidance as to how to respond to a Code Red as quickly and safely as possible.

Activation

1. Pulling of the fire pull station will automatically notify the information desk, Emergency Department Registration, the Facility Department, and the fire system monitoring company of the fire location.

2. Time permitting, dial 4444 to notify the hospital operator of the exact location of the fire.

3. The hospital operator will announce Code Red and location (3) times using the hospital overhead paging system.

Responsibility The first person to discover a fire must remain calm and do the following:

REMOVE - Remove patient(s) from area of fire if they are in immediate danger. Secure help if more than one patient is in danger. If oxygen is in use, turn off immediately.

2. ACTIVATE ALARM - Pull the closest fire alarm pull station. Know the location of nearest pull.

3. CONFINE - Confine the fire. Close doors and windows of room that contains the fire.

4. EXTINGUISH/EXIT - Extinguish the fire if possible. Use correct fire extinguisher for type of fire. Read the instructions on the side of the extinguisher if uncertain. Know their location in your area.

Other Staff Member's Responsibilities
Respond to fire area to help in evacuation of persons in need.
Close all doors.
Clear hallways.
Prepare evacuation list (Patient Care Areas).
The INITIAL RESPONDERS will take charge of extinguishing the fire.

DO NOT use elevators after Code Red has been announced.
(Elevators are programmed to automatically relocate to the level furthest from the fire.)

Evacuation Remove all persons in immediate danger to a neighboring "safe" area at the other end of the same floor (horizontal). Be prepared to evacuate patients other than those in immediate danger if directed to do so.

Partial Evacuation If directed to move patients to a lower floor, use the stairwell that is closest to the "safe" area (vertical).

Complete Evacuation Move all patients from Hospital in an orderly manner as directed using Code Orange Response Plan.

FACILITY ALERT + HAZARDOUS SPILL

Purpose: The **Code Facility Alert + Hazardous Spill** serves as a guide for a quick response to safely extinguish any threat to our patients and staff alike. Chemical Spills can be a significant threat to the health and safety of our staff, visitors, and patients. Spills that could warrant a **Code Facility Alert + Hazardous Spill** include but not limited to chemicals, bodily fluids, drugs, cleaning fluids, hazardous substances. If equipment or human failure were to occur this could cause a disruption of patients which means vital services may be denied to those that are in need until the situation is handled properly and contaminants are cleaned up.

Activation:

1. Staff should Immediately call the hospital's switchboard at 4444 to initiate a **Hazardous Spill.**

2. The hospital operator will page Code **"Facility Alert + Hazardous Spill"** (3) times on the hospital overhead paging system. Be as specific as possible to include the location of the Spill.

3. The hospital operator will contact the Communications Manager and Emergency Manager for activation of the Auto Messenger system to notify leaders via text messaging and the Organization through SnapComms.

4. Upon activation of a **Hazardous Spill**, Security will Secure the immediate area and keep unauthorized persons out of the area until all clear is called.

5. Incident Command should fill out all forms to track the incident and stand up the command center if necessary.

Response:

Supervisors that have hazardous materials in their areas will have dedicated staff assigned to the cleanup of hazardous spills and have them trained on how to clean up all hazardous materials in their areas following our infectious waste spill policy that can be found on our policy software application. Staff should close off the area and stay in place until security can watch the area and ensure no staff patients or visitors enter the area. Staff in that area that have been trained and are capable should grab the spill kit and put on protective equipment to start the process of containment/cleanup. Environmental Services will assist if it is needed when called upon.

Small Spills:

- Barricade the area/ set up a perimeter
- Grab the spill kit and put on PPE
- Stop the source of the spill if possible
- Contain and clean up the spill, thoroughly disinfect, rinse, and dry the area.

If a shut down for the area is required, the leader of that area should notify the Incident Command.

Large Spills:

- Have someone in your area report the spill to the information desk at 4444
- Isolate the spill and evacuate the area if appropriate
- Assign responsibility for dealing with the spill, someone with appropriate training in the use of spill

kits and dealing with chemical spills

- Consult the material safety data sheet (MSDS) for advice on dealing with the type of spill
- Put on PPE
- Stop the source of the spill if possible and safe to do so
- Contain and cover the spill, using the appropriate absorbent materials or granules.
- Dispose of the granules in the correct container and manner for the product in question

If a shut down for the area is required, the leader of that area should notify the Incident Command.

Recovery:

The person in charge of the spill will establish when it is clear to resume business or let traffic proceed through the area. That department will make sure that the spill kit is restocked, and the area is clear of any contaminants. The person running the spill will sit down and discuss with Incident Command what happened and what/if we could do anything different to prevent this or any future spills in that area.

FACILITY ALERT + UTILITY FAILURE

Purpose

To provide guidance for quick and orderly actions in the event Nashville General Hospital loses vital components such as power, oxygen, medical air, steam, vacuum, heating, cooling, Internet, or Telecommunication etc.

NGH has a responsibility to protect patients, visitors, and staff alike. Taking appropriate action according to a **Utility Failure** will save lives, keep vital equipment running, and be able to track and monitor paperwork for proper screening and patient tracking.

Process

Utility Failure can come in many forms of verification.

A. A/C/Heating

- Call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** once activated the IC will access and the HIMT will take control of the event.
- Facilities will disperse all available portable units to desired areas given by the HIMT.
- Depending on duration of loss of AC/Heating HIMT will make the decision to have the operator call a **Facility Alert + Evacuation.** In the event an **Evacuation** gets called please refer to your response books as what to do.
- Facilities is to report to HIMT with any updates as the event unfolds.

B. Power loss

- Call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** once activated the IC will access and the HIMT will take control of the event.
- Make sure all lifesaving equipment is plugged into Emergency Outlets.
- All critical areas not on life safety power for A/C/Heating such as lab, server rooms, CT, MRI, etc. get portable A/C units to keep the equipment operational.
- IC will determine whether the hospital is to go on diversion or semi-diversion.
- Facilities will maintain an updated status with the HIMT.

C. Medical Air, Vacuum , Nitrogen, Nitrous Oxide, or Oxygen Loss

- Call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** once activated the IC will access and the HIMT will take control of the event.
- Patients on any of these lifesaving systems will have to be addressed immediately upon the code being called with the collaboration of respiratory and department heads.
- Facilities will notify what system is out to the IC and give a detailed update as the event unfolds and our vendor is able to do so.
- In the Event We lose one of these key lifesaving systems the IC will notify the O.R./c-section and decide whether to divert/delay surgeries.

D. Telecommunications

- Call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** once activated the IC will access and the HIMT will take control of the event.
- NGH has multiple methods of backup communication. Cell Phones, Red phones, internet, fax machines, and walkie talkies.
- Telecommunications Manager will give updates as to when problem will be resolved to the HIMT.
- Refer to the phone tree in order to communicate through phones if needed.

E. Technology Interruption

- Call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** once activated the IC will access and the HIMT will take control of the event.
- Medical Records will work in collaboration with the charge nurses and the HIMT to ensure documents are being distributed and handled appropriately to not break any HIPPA violations and our patients are getting the best care possible in this situation.
- I.T. will report to HIMT with details on the situation and will report updates as the event unfolds with any details when the system will be restored.

F. Water Disruption

- Once notified the IC will assess the situation and the HIMT will take control of the event and call the hospital operator at extension 4444 to activate **"Facility Alert + Utility Failure + Description"** if needed. Operator will announce overhead 3 times and notify telecommunication Manager and Emergency Manager to send out via Groupcast and SnapComms
- Facilities and Environmental services will work to get non-potable water to patient floors to be able to flush toilets. Potable water will be distributed to patient floors directed from the HIMT.

G. "Utility Failure all clear"

- HIMT will make the decision to call a **"Utility Failure all clear".** by having the hospital operation announce overhead.
- Once **"Utility Failure all clear"** is called the HIMT will get together for an immediate hotwash.

FACILITY ALERT + MASS CASUALTY

Purpose The **Mass Casualty** code serves as a guide for providing actions to be taken in the event the Hospital experiences a potential influx in patients due to an external or internal disaster such as a tornado, earthquake, multiple vehicle accident, plane crash etc. The Hospital Incident Command System (HICS) would be initiated to manage the situations presented.

Key Definitions

Mass Casualty – Standby: The hospital has received notice that multiple casualties are in route. Staff should prepare for patients' arrival.
Mass Casualty – Plan A: 20 patients or less.
Mass Casualty – Plan B: greater than 20 patients.

Activation Procedure

1. The Emergency Operations Center, or other party receiving initial notification of a mass casualty incident (MCI) will notify the Administrator on Duty (AOD).

2. The AOD will serve as the Incident Commander and notify the hospital operator at extension 4444 to announce a **"Facility Alert + Mass Casualty – Standby".** The operator will announce, **"All hospital personnel this is a Facility Alert + Mass Casualty – Standby"** (3) times using the hospital overhead paging system.

3. Once the number of expected casualties to arrive are known, the operator will call a second **"Facility Alert + Mass Casualty + Location either Plan A or Plan B."**

3. The Hospital Operator will contact the Communications Manager and Emergency Manager, for activation of the Auto Messenger System to notify leaders via text messaging and the Organization through SnapComms.

Response

1. Plan A – 8 to 20 patients
    - Emergency Department will prepare for an influx of patients.
    - Incident Command Team will prepare labor pool and deploy as needed.
2. Plan B – greater than 20 patients
    - AOD collaborates with ED attending physician to determine need to set up an alternate care area.

Hospital Staff Response

1. The AOD, or Designee will assume position of Incident Commander (IC). After hours the Nursing Supervisor will serve as the IC until the AOD arrives on site.
2. Labor Pool will be set up by the Incident Command Team at a designated spot for assistance if any is needed.

3. All hospital employees at the facility will report back to their departments to await instructions.
4. Staffing levels will be assessed by each clinical area and reported (faxed) to the emergency operations center.
5. Environmental Services and Facilities will assist with stretchers and beds if needed.
6. ** Visitors may be directed to leave the facility depending upon the situation.

Emergency Department Response

1. The senior ED attending physician on duty will assume the role of the ED Medical Director.
2. A representative from the ED will report to the Emergency Operations Center to obtain a radio and HICS form 254 if needed to track patients from the Planning Chief.
3. Discharge orders will be written for the existing ED patients that may be released.
4. Staffing needs, equipment, and other support will be assessed and requested.
5. A Receiving/Triage Center will be designated.
6. A Triage team will be assigned (MD, RN, Registration personnel) Treatment zones will be designated according to triage classification.
    - Black: Dead or imminent death to be sent to holding area with eventual transfer to designated morgue
    - Red: Highest priority - life threatening needing immediate treatment
    - Yellow: Second priority - treatment can be delayed one hour or more
    - Green: Delayed priority - stable vital signs not requiring immediate attention All victims, announced and unannounced, will be directed to the Triage Center. Field triage tags will remain attached to each victim.
7. Patients will be tracked utilizing the Disaster Management System (DMS) triage and patient tracking protocols. ED will communicate to Emergency Operations Center throughout the event to keep hospital status accurate.
8. Security will post around all perimeters within the ED area and initiate lockdown if instructed.

Recovery

1. Emergency Operations Center (Incident Commander) will evaluate the disaster status withthe ED Attending Physician and determine “all clear” and disaster recovery phase

of disaster code.

2. Once **ALL CLEAR** is called, stretchers and beds are to be relocated to their original area, documentation/logs turned in to the Incident Commander, and the labor pool released.

FACILITY ALERT + DECONTAMINATION EVENT

Purpose: **The Facility Alert + Decontamination Event** serves as a guide for a quick response to set up the decontamination process safely and efficiently. To protect our personnel through training and exercises on how to properly DON & DOF patients and themselves. Situations that could trigger a **Decontamination Event:**

- Scenario 1: The hospital receives a threat that it is the target of a CBRNE weapon/agent.
- Scenario 2: There is a community CBRNE agent exposure with several casualties, but there is no immediate threat to the hospital's campus.
- Scenario 3: There is a community CBRNE agent exposure, and the hospital is in immediate threat of exposure. Casualties cannot be received until the threat to the hospital has been taken care of.

Activation:

1. When the facility is notified that a Chemical, Biological, Radiological Nuclear, or Explosive (CBRNE) event has occurred in or around our community or within our hospital.
2. The hospital operator will page Code **"Facility Alert + Decontamination Event"** (3) times on the hospital overhead paging system.
3. The hospital operator will contact the Communications Manager and Emergency Manager for activation of the Auto Messenger system to notify leaders via text messaging and the Organization through SnapComms.
4. Upon activation of a **Decontamination Event,** the Incident Commander will call 911 and stand up the Incident Command Center and fill positions accordingly. If possible, the Nashville Fire Department will run the Decontamination Process unless told otherwise.

Response:

1. The Disaster/Decontamination Management Team will set up and prepare for the arrival of patients to Decon. and swiftly move patients into the cold zone and get the medical attention that is needed. All patients will be decontaminated before entering the hospital.
2. Security in collaboration with the incident commander will set up entrance points and exit points/partial lockdown. Staff will enter the Decontaminated entry point. Decontamination of staff may be necessary. Security will man the perimeter to keep staff and visitors out of harms way and keep the media away from the Decontamination area.
3. Patients will be triaged by the Disaster/Decontamination Management Teams Nurses.
4. In the Event it is a terrorist attack all items will be tagged to each individual and secured by security until the team is finished and the FBI/police have come to claim the evidence.
5. The Decontamination Process is Different for each type of event in a Chemical event determine the chemical before you decontamination as water could react with certain chemicals. Radiological use dry decontamination. Biological use soap and water followed by a thorough rinse then with a .05 percent sodium hypochlorite solution.

A central receipt of supplies and materials will be coordinated as well as the disposal of

non- contaminated waste.

The Press/Media area will be set up in a location outside the facility.

Note: If any portion of the hospital becomes contaminated, Metro (OEM) Incident Command will instruct the hospital to “shelter in place.” No one, under any circumstance, will be allowed to enter or exit the building. Once the Metro Incident Commander deems the situation to be under control, they will provide instructions to the hospital which may include the evacuation procedures to another facility.

Recovery:

The Incident commander will be the one authorized to partially stop or completely stop the **Decontamination Event**. When it is over the Disaster/Decontamination Management Team will clean up the decontamination area and remove any remnants from the scene. All bagged trash will be treated as biohazard and be disposed of properly. The Disaster/Decontamination Management Team Will DON/DOF each other to remove themselves from any contaminants. once the area is safe the team will report to the Incident Commander that the area is back to normal operation.

SECURITY ALERT - Infant Abduction

Purpose: The **Security Alert – Infant Abduction** Response Plan serves as a guide to prepare all staff to provide a rapid, organized, and thorough response to a suspected or actual infant/child abduction.

Notification

1. Upon discovery of a possible infant/child abduction, dial 4444 and notify the operator that a Code Pink is in progress. Provide details, if known, as to a description of the alleged abductor.
2. The hospital operator will announce "Security Alert – Infant Abduction" in progress" a total of 3 times using the hospital overhead paging system.
3. The Hospital Operator will contact the Communications Manager and Emergency Manager, for activation of the Auto Messenger System to notify leaders via text messaging and the Organization through SnapComms.

Department Response

All departments IMMEDIATELY secure your area, begin looking for child and dispatch any available staff to stairwells, elevator doors, and floor exits to observe any unusual behavior.

A. Security - Immediately notify the Metro Nashville Police Department of the incident and Meharry's Security. With assistance from Facilities Management:
   - Secure entrances/exits including exits to the Meharry round building.
   - Search perimeter and hospital grounds
   - Coordinate all search activities and communicate the results to the Security Officer posted at the location of alleged abduction.
   - Hospital to remain on lockdown until all areas are searched and the proper authorities deem the hospital as all clear.

B. Hospital Employees – Search respective units. Look in closets, stairwells, restrooms, etc.
   - Look for suspicious individuals (i.e., carrying large bags, bundles under their arms and/or newborn/infant/child).
   - Delay/detain (if possible, without risking harm to self), any persons with a newborn/infant/child leaving the building unescorted by an NGH badged staff.
   - Attempt to detain any individual holding a suspicious package or large bag. Explain to the individual the reason for detaining them. Ask the individual to reveal the contents of the bag.

C. Incident Commander (House Supervisor if afterhours) –
   - Coordinate response and actions (this may be conducted at the information desk).
   - Initiate an event log.
   - Instruct hospital operator to announce, **"Security Alert – Infant Abduction All Clear"**.

SECURITY ALLERT + ACTIVE SHOOTER

Purpose: The **Active Shooter/ Armed Violent Intruder** Response Plan serves as a guide for providing actions to be taken in the event of an attempt or active use of a weapon to cause harm, regardless of weapon type. A "**Active Shooter/ Armed Violent Intruder"** code will not result in other workers coming to assist, as it is designed to keep people away from harm. Staff will make every reasonable effort to protect themselves, patients, visitors, and others in their immediate area, following the procedures set out in this document.
Police will be contacted as soon as possible.

Activation:

1. Staff should immediately call the hospital's switchboard at 4444 to initiate an **Active Shooter/ Armed Violent Intruder** when they observe or are told of a person who is (or persons who are) attempting to harm or injure people with any weapon.

2. The hospital operator will page Code **"Security Alert + Active Shooter/ Armed Violent Intruder + Location"** three (3) times on the hospital overhead paging system. Be as specific as possible to include the location of the threat.

3. The hospital operator will contact the Communications Manager and Emergency Manager for activation of the Auto Messenger system to notify leaders via text messaging and the Organization through SnapComms.

3. If possible, dial 911 to report the situation. Be as specific as possible to include location of the threat, how many persons are involved and description (male/female, what they are wearing, guns, knives etc.).

4. Upon activation of an **Active Shooter/ Armed Violent Intruder**, Security will Secure the immediate area and contain the situation if possible.

Individual actions in an Active Shooter/ Armed Violent Intruder:

1. DO NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation.

2. Remain CALM and EVACUATE.
   - Do not attempt to remove wounded persons from the scene.
   - Evacuate the area if you do not have patient care responsibilities and it is safe to do so
   - If possible, assist others to leave the area and redirect those trying to enter.
   - Only evacuate if you are close to an exit and can get there safely, without attracting attention.

If it is unsafe to evacuate or you have patient care responsibilities go to a nearby area or patient room and **DENY** shooter entry into your area by locking or barricading the door: Get as low to the ground as possible:

3. HIDE
   - Remain calm
   - Protect yourself and individuals in your area by quickly and quietly closing doors, locking and barricading yourself and others inside (where possible)
   - Get as low to the ground as possible.
   - Silence personal alarms, mobile phones and other electronic devices
   - Turn off monitors and screens (where possible) to reduce backlighting
   - Instruct others, who are capable of assisting, to do the same with other patient rooms (i.e., visitors may assist with the patient room they are visiting)

- Hide in place until **"Active Shooter/ Armed Violent Intruder**, **All Clear"** is announced or if instructed by security/emergency responders.

4. If unable to evacuate, HIDE.
   - Use rooms with doors that lock.
   - Barricade the door with heavy furniture.
   - Silence your cell phone and turn off any sources of noise (e.g., radios, televisions, etc.)
   - Hide behind large objects (e.g., cabinets, desks, walls, etc.)
   - Remain quiet and low to the ground.

5. SURVIVE.
   - Fight only as a last resort and only if your life is in imminent danger

If you find yourself in an open area or confronted by the shooter, attempt to put anything between you and the assailant.

- Or attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against him/her, throw items and improvising weapons, yelling, commit to your actions.
- If others are available, work together to distract and attack the assailant as fiercely as possible.

UPON ARRIVAL OF POLICE:

1. Law enforcement personnel are the primary responders and will assume control in any Active Shooter/ Armed Violent Intruder response. Do not interfere with the Police Officers by delaying or impeding their movements, they are there to stop the threat as soon as possible.

2. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals. Police Officers will be responding with the intent to use a required level of force to diffuse the situation.

3. Ensure you do not present yourself as a threat to them:
   - Drop any items in your hands (e.g., bags, jackets, etc.)
   - Immediately raise hands and keep them visible at all times.
   - Remain calm and follow Officers' instructions; avoid screaming and/or yelling.
   - Do not attempt to grab hold of an Officer nor stop to ask Officers for help or direction when evacuating: Proceed in the direction from which Officers are entering the area or take direction from security.

SECURITY ALERT + SUSPICIOUS PACKAGE

Purpose: To provide guidance for quick and orderly actions in response to a **Bomb Threat** Or following the discovery of a suspicious package or device at Nashville General Hospital Every NGH staff has the responsibility to provide the appropriate response upon receiving a bomb threat or discovering a suspicious package on hospital grounds. Threats are to be taken seriously and reported immediately to the Metro Police Department.

Process: **Bomb Threats** can be identified by phone or package discovery.

A. Phone Threat

Any individual receiving a **Bomb Threat** via the phone should:

1. Remain calm and use a normal tone of voice.
2. Keep the caller on the phone as long as possible and note any distinctive characteristics about the caller's voice.
3. Obtain and document time of call, extension on which call was received, and displayed phone number if available.
4. Be attentive to distinguish noises such as music, vehicle traffic, etc.
5. If the caller does not provide details, ask questions such as:
    i. When is the bomb going to explode?
    ii. Where is it located?
    iii. What does it look like?
    iv. What will cause it to explode?
6. Ask the caller to repeat the bomb's location and time of detonation.
7. Call the hospital operator at extension 4444 to activate "**Security Alert +Suspicious Package**" via the hospital overhead paging system. Include location of **Security Alert + Suspicious Package** if known.
8. Upon a **Suspicious Package** announcement, Security will immediately contact the Metro Police Department and AOD.
9. Hospital operator to contact the Communications Manager and Emergency Manager, for activation of the Auto Messenger System to notify leaders via text messaging and the Organization through SnapComms.
10. Complete the Bomb Threat Report form as soon as possible and submit to Security.

B. Suspicious packages/devices

Characteristics that may identify a package/device as suspicious include:

- Poorly wrapped packages: packages wrapped with string or twine.
- Handwritten notes on the package, such as, "To be opened in the privacy of…" or "Confidential" from someone unknown to the recipient, or handwritten political, racial, or ethnic statements.
- Packages, backpacks, etc., left unattended for an extended period.

Should a suspicious package, device, letter, etc. be identified:

1. Do not touch nor disturb the item in any manner.
2. Alert a coworker in the vicinity to contact the Metro Police Department
3. Do not use pagers, two-way radios, cell phones or other electronic devices in the vicinity of the package.
4. Evacuate persons away from the immediate vicinity. Use Distance and Shielding to protect yourself and those around you.
5. Call the hospital operator at extension 4444 to activate "**Security Alert + Suspicious Package**" via the hospital overhead paging system. Include location of **Security**

Alert + Suspicious Package if known.

6. Notify Security immediately and inform them of package location.
7. Security to contact the Metro Police Department.

Incident Commander

Immediately notify the Metro Police Dept. if they have not already been notified.
In collaboration with the Police Department, assess the need for patient evacuation. If evacuation is anticipated, activate **Evacuation** Response Plan.
ED to notify Med Com to place facility on "diversion status".
Notify Meharry Security Department via phone (615) 327-6254

1. Initiate Lock Down Procedure.
2. Instruct departments to visually search their area and report findings to the hospital information desk (clear or suspicious item found).
3. Maintain a list of each department searched and an Emergency Operations Log with timeline of events.
4. Once **Bomb Threat** is cleared, complete documentation of actions/events and submit to the Emergency Manager.
5. Serve as Lead for a debrief. Written record of debrief to be maintained In Emergency Management for three (3) years.

Search Procedure

1. Maintain each room's environment until cancellation of a **Suspicious Package** is called.
2. Do not use pagers, two-way radios, cell phones or other electronic devices.
3. Staff in affected area be ready to evacuate patients but DO NOT act until the AOD or Incident Commander has communicated the **Evacuation** response plan.
4. Staff not assigned to the affected area need to stay clear of that area.
5. Do not turn lights on or off.
6. Use 2 person teams when able, and search assigned work area/unit.
7. Search teams will look for:
    - Items that look out of place (backpacks, briefcases)
    - "Trip wires"
    - Humming or ticking sounds
    - Pipe capped at each end with extended fuse or wiring device with what looks like Silly Putty attached to it.
8. Mark on outside door of each room searched (e.g., post-it note, tape).
9. Report unit cleared to the Information Desk.
10. Security and Facilities to perform a coordinated sweep of the facility perimeter, the stairwells, and the halls.

Discovery of a Suspicious Object

DO NOT DISTURB the object in any manner.

1. Report the location.
2. Give a thorough description of the object.
3. Check for patients, visitors, and/or staff in the suspected zone.
4. Contact the Incident Commander for instructions.
5. H.O.T. (hidden, obviously suspicious, not typical for the environment).
6. R.A.I.N. (recognize, avoid, isolate, notify).

Bomb Threat Report Form

Name of person Receiving Call _____

Position/Title _____ Date: _____ Time: _____ Phone: _____

on Caller ID: _____ Time of Call: _____ Time call ended: _____

As best as can be called, write the exact words of the caller:

Questions to ask Caller:

- Where is the bomb? _____
- When will it explode?
- What kind of bomb is it? _____
- What does it look like?
- Why did you do this? _____

Did caller seem familiar with the floor plan/building? Yes ☐ No ☐

Description of caller's voice: _____

Male ☐ Female ☐ Older/younger _____ Familiar voice? Yes ☐ No ☐

If familiar, who did it sound like? _____

VOICE	**SPEECH**	**Caller's Manner**
☐ Raspy ☐ Soft ☐ High pitched ☐ Deep ☐ Intoxicated ☐ Loud ☐ Computer Generated ☐ Other	☐ Fast ☐ Stutter ☐ Slow ☐ Slurred ☐ Nasal ☐ Distorted	☐ Calm ☐ Tense ☐ Angry ☐ Righteous ☐ Joking ☐ Rational ☐ Irrational ☐ Emotional ☐ Other
LANGUAGE	**ACCENT**	
☐ Good ☐ Foul ☐ Other	☐ Local ☐ Regional _____ ☐ Foreign	

Background Noise: ☐ Voices ☐ Trains/Aircraft ☐ Animals ☐ Music ☐ Traffic ☐ Quiet

Describe: _____

Remarks: _____

SECURITY ALERT + RESTRICTED ACCESS

Purpose: To provide guidance for security to be able to respond to an area that needs restricted access due to a possible or credible threat.

Process:

1. Activation: When a **"Security Alert + Restricted Access"** is called overhead or when security is called to or is on the scene the information desk must be notified at **#4444** to make the announcement overhead 3 times **(Security Alert + Restricted Access + Location)**
2. Hospital operator to contact the Communications Manager and Emergency Manager, for activation of the Auto Messenger System to notify leaders via text messaging and the Organization through SnapComms.

3. There are 3 levels of restricted access.
    1) Department
    2) Floor
    3) Facility Wide

4. The Four Types of Restricted Access are as followed:

    Type I – Department Restricted Access: This type of controlled access is to regulate entry/exit to the Department. All doors and elevators leading to and from the Department will be secured. Facility to determine criteria for entry/exit based on situation. Internal staff to ensure staff are informed as needed.

    Type 2 – Restricted Access for Entry (e.g. Pandemic, Active Shooter, and Riot): This type of controlled access for entry, ALL facility perimeter doors are secured and security personnel and designees are assigned to the designated entry doors. Each individual attempting to leave will be screened as per facility procedures.

    Type 3 – Restricted Access for Exit (e.g. Infant Abduction): This type of controlled access for exit, ALL perimeter doors are secured. Security personnel/designees are assigned to ALL perimeter doors. Each individual attempting to leave will be screened as per facility procedures.

    Type 4 – Restricted Access for Entry and Exit: This type of controlled access entry and exit, ALL foot traffic is directed towards pre-designated controlled entrances/exits (e.g., Main Lobby, Emergency Triage/Trauma doors). Security or designee will maintain control at these locations. Each individual attempting to leave will be screened as per facility procedures.

SECURITY ALERT + SECURITY STAT

Purpose: It is the **Security Stat** plan of NGH to attempt to provide protection for any person whose life is jeopardized due to a potentially deadly situation that may occur on these premises. This will be accomplished through complete cooperation with the local authorities and our security. When it becomes known that any person has been placed in a dangerous situation or where the threat of bodily injury or death is possible, the following procedures will be enacted immediately.

NOTIFICATION: Security Stat

- Dial 4444 to initiate the **"Security Stat"** with the operator. if possible, dial 911 to notify the nature of the emergency. Be specific as possible include location of the threat, how many persons are involved and description (male/female, what they are wearing, guns, knives etc.) if possible.

- Operator Will page (**Security Alert + Security Stat + Location**) and the location three (3) times then dial 911 if needed to report the situation. Be specific as possible include location of the threat, how many persons are involved and description (male/female, what they are wearing, guns, knives etc.) if possible.

- When "**Security Stat**" is announced Security will Secure the immediate area and contain the situation if possible.

- Staff should avoid the announced area and staff in the immediate area should evacuate the area if safely possible. If leaving the work area would expose you to harm "barricade-in-place" by closing and barricading work area (office, storeroom, shop area, etc.) doors and seek cover within your immediate area. Stay in place until **"ALL CLEAR"** is given or as instructed by security/emergency responders.

Guidelines

- **Violence Committed** Call 911 immediately if a person commits an act of violence against you or another person. Advise the emergency operator of the information as stated above but include any medical emergency information, as necessary. Follow the procedures for "Immediate Threat" as outlined above.

- **Intimidating Situation** Call 911 if a person has communicated a direct or indirect threat of physical or mental harm against you in any form (e.g., oral or written, gestures, expressions). Notify your supervisor of the event.

Non-emergency Procedures If you are not in immediate physical danger, but you have information or concerns regarding **Security Stat**, contact your supervisor at once.

MEDICAL ALERT + CODE BLUE

A Code BLUE will be initiated on all persons experiencing a cardiac or respiratory arrest unless there are written physicians' orders for DNR. Resuscitative efforts will be continued until a decision to stop has been made by the physician in charge. The decision to stop the resuscitative efforts may be made when the physician believes that irreversible complications exist or when the patient remains cardiovascular unresponsive. The physician in the progress notes must document these decisions and any family discussions.

Paging the Code Blue Team:

1. Establish that respiratory or cardiac arrest has occurred.
2. Dial 4444 and give location.
3. Immediately begin CPR until Code Team arrives.
4. The operator will page "Code Blue report to (location)" for a total of 3 times. Code Blue Team members will also be paged on their beepers. (Code Blue is not called overhead to the ED, Surgery, NICU, and OR/PACU)
5. Designated ACLS trained personnel will respond to all code blues and will be responsible for:
   i. Directing the activities of the team
   ii. Connecting patient to monitor In the absence of a physician, initiating appropriate ACLS protocol
   iii. Establishing patient IV
   iv. Assessing for effective compressions and ventilation.
   v. Assuring appropriate documentation is completed in the medical record.

Conducting postcode conference and documenting on code review portion of code sheet.

MEDICAL ALERT + CODE STORK

DEPARTMENT:

Hospital-Wide

SCOPE:

This policy applies to Nashville General Hospital (NGH) and NGH personnel, including but not limited to, employees, medical staff, and students.

PURPOSE:

To serve as a resource to ensure that the right resources are available at the right time to meet the needs of trauma patients arriving at the trauma center.

GUIDELINE:

Trauma Activation signifies the arrival of major life-threatening trauma patient(s) to the Emergency Department. This activation is twofold, overhead announcement and activation of on call pagers. The decision to activate this system is the responsibility of the Emergency Medicine attending and based on information received from the EMS initial patient assessment and/or emergency department evaluation. The Emergency Department may down-grade after initial assessment and evaluation.

PROCEDURE:

Level 1 Activation:

The decision to activate the trauma team is the responsibility of the Emergency Medicine Attending and is based on information received from the EMS' initial patient assessment and/or emergency department evaluation. The Emergency Medicine Attending or designee informs the Hospital Operator by calling #4444 to notify the trauma team members. The Hospital Operator immediately announces "Level 1 Trauma activation ED" three (3) times using the overhead paging system. As a back-up communication, the Hospital Operator will page the trauma group @ 615-963-8594 and call the on-call trauma surgeon directly.

Level 1 Activation Team Members:

The Trauma Response Team is composed of the following individuals:

- Surgeon (30-minute response)
- ED Physician
- Anesthesia/CRNA
- 2 ED RN's
- ED Tech/EMT/Paramedic
- ED Charge RN
- Radiology Tech
- Resp Therapist
- Security
- House Supervisor
- ICU Charge RN

Level 1 Activation Criteria

- Confirmed blood pressure less than 90 mm Hg at any time in adults and age-specific hypotension in children
- Penetrating wounds to the neck, chest, or abdomen or extremities proximal to the elbow/knee
- Glasgow Coma Scale score less than 9 with mechanism attributed to trauma
- Transfer patients from other hospitals receiving blood to maintain vital signs
- Intubated patients transferred from the scene, - OR –
- Patients who have respiratory compromise or are in need of an emergent airway - Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint)
- Emergency physician's discretion

Level 2 Activation:

The decision to activate the trauma team is the responsibility of the Emergency Medicine Attending and is based on information received from the EMS' initial patient assessment and/or emergency department evaluation. The Emergency Medicine Attending or designee informs the Hospital Operator by calling #4444 to notify the trauma team members. The Hospital Operator immediately announces "Level 2 Trauma activation ED" three (3) times using the overhead paging system. As a back-up communication, the Hospital Operator will page the trauma group @ 615-693-8594.

Level 2 Activation Team Members:

- Trauma Surgeon (when requested)
- ED Physician
- 2 ED RN's
- ED Tech/EMT/Paramedic
- ED Charge RN
- Radiology Tech
- Resp Therapist
- Security

Level 2 Activation Criteria:

- GCS < 13
- Abdominal tenderness
- Thoracic, abd, pelvic pain
- Flail Chest
- Pelvic Fracture
- 2+long bone fractures
- Pregnancy > 20 weeks
- GSW or AMPUTATION to extremity, distal to the elbow/knee
- Extrication > 20 minutes
- Car vs. Pedestrian > 55 yrs. of age
- Fall > 2 stories or 20 feet
- Ejection from vehicle (NOT animals, MCC, golf carts, go carts)
- Trauma patient > 70 yrs. of age
- Hanging/Drowning
- Any burn **WITH** another associated traumatic injury
- Death of an occupant in MVC

Trauma Consult:

This the third level of Trauma Team Activation. The patient may receive a complete evaluation and initial management by the Emergency Department Team, until the need for trauma surgeon consultation identified. The trauma surgeon then evaluates the patient and collaborates with the emergency physician to determine the most appropriate further patient management. If the patient requires admission for their injury, the trauma service will admit the patient, and consult other providers, as necessary. The patient will remain on the trauma service through discharge, unless transfer to another service is appropriate for patient care.

Performance Improvement:

The trauma team activation levels, criteria, and resources should be reviewed annually by the trauma program. All trauma team activations (full, partial, consultation, and direct admissions) should be categorized monthly by the level of response and quantified by number and percentage and presented at the monthly multidisciplinary trauma systems/operations committee meeting.

Potential over-triage and under-triage cases should be identified and reviewed monthly in the multidisciplinary peer review committee meeting.

Rates of under-triage and over-triage should be calculated after the potential cases identified have been reviewed and validated. These rates should be reviewed in the multidisciplinary trauma systems/ operations committee meeting. Trauma activation criteria by level (full, partial, and consultation) should be adjusted through the performance improvement process based on the review of under-triage and over-triage rates.

Trauma surgeon response times to all levels of activation and response parameters for consultants addressing time-critical injuries (such as epidural hematoma, open fractures, and hemodynamically unstable pelvic fractures) should be determined and reported at the multidisciplinary trauma systems/operations committee meeting. Variances should be documented and reviewed for reason for delay, opportunities for improvement, and corrective actions at the monthly multidisciplinary peer review committee meeting.

REFERENCE:

American College of Surgeons Committee on Trauma. (2014). *Resources for Optimal Care of the Injured Patient*. Chicago: American College of Surgeons.

Center for Disease Control & Prevention. (2012, January 13). Guidelines for field triage of injured patients. In *MMWR*. Retrieved November 20, 2018, from http://www.cdc.gov/mmwr/cme/conted.html.

MEDICAL ALERT + CODE STORK

Purpose: Code Stork is a communication utilizing the overhead hospital paging system to bring expert skills and manpower to an emergent situation involving a laboring or post-partum woman and/or her neonate. The Code Stork Team includes an interprofessional team of physicians, respiratory, nursing, and lab. This team functions in a manner like the Rapid Response team to identify, stabilize and transfer the patient experiencing crisis to a higher level of care.

NOTIFICATION: Code Stork - Location

Protocol:

1. When a staff member recognizes an emergent situation occurring on the Women's Unit staff will dial the Emergency Operator number 4444 and ask for a Code Stork to be called.
2. The Code Stork team will respond to the following clinical areas:
    a. Labor and Delivery
    b. Postpartum Unit
    c. Neonatal Intensive Care Unit
    d. Emergency Department (for ED Delivery support/ resuscitation as needed)

3. The Code Stork Team will be composed of:
    a. Obstetrician on duty (if not involved in a delivery)
    b. Pediatrician on duty (emergency c-sections, potential, and actual neonatal resuscitation situations)
    c. Labor and Delivery RN (if not involved in delivery)
    d. Respiratory Therapist (assigned to Women's Unit)
    e. CRNA covering Labor and Delivery.
    f. Neonatal Intensive Care Unit Nurse
    g. Nursing House Supervisor
    h. Lab Supervisor on Duty
4. Upon receipt of telephone call requesting Code Stork. Hospital Operator will announce using the overhead paging system "Code Stork followed by Clinical Area and room number (if applicable)" three times. The on-call Pediatrician and anesthesia will be paged.
5. Code Stork team members are to proceed directly to the required clinical situation.
6. Upon arrival of Code Stork Team, primary RN for patient will be responsible for providing team with brief SBAR report.
7. Team member roles will be assigned by the highest licensed, most senior member of the team with the clinical expertise required by the patient (i.e., Neonatal – Pediatrician, followed by Neonatal RN). An event recorder needs to be designated early in the event to ensure accurate documentation of situation and care interventions provided.
8. Team leader will be responsible for coordinating care efforts utilizing appropriate clinical guidelines (ACLS/ NRP).
9. During Code Stork, clinical area unit clerk (or designated per daily assignment sheet RN from non- involved Women's Unit area) will report to the area of the emergency to provide telephone support until House Supervisor releases them to return to normal duties.

10. Lab Supervisor shall report to the unit to determine if blood bank services will be required. Once blood bank service need is determined, Lab Supervisor may return to normal duties.
11. Nursing House Supervisor shall report to Code Stork event to ensure smooth coordination of patient care. House Supervisor assist in directing traffic, obtaining equipment/ supplies, and mustering additional manpower as required.
12. Following resolution of Code Stork event, Risk Management should be notified of event and its outcome. An event report should be filed in the event reporting system.
13. A Team Debriefing should be conducted with the staff involved in the Code Stork. The focus of this debriefing is looking at the process of providing care to determine opportunities for improvement. Debriefing form should be filled out and forwarded to the Women's Unit Manager and Risk Management.
14. The Second Victim protocol should be activated with members of the Code Stork Team. Team members requiring emotional support should be referred to the EAP program.

NGH Emergency Status Line – 615-341-4999

The Emergency Status Line is to provide staff the ability to call and get updates regarding any disaster related events. The Telecommunications Manager in collaboration with the AOD will update and push out as needed.