Los Angeles City College
Radiologic Technology Program
LACC Clinical Obligations

Contents

Faculty and Clinical Staff Responsibilities

3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.

Position	Responsibilities must, at a minimum, include:
Program Director	Assuring effective program operations;
	Overseeing ongoing program accreditation and assessment processes;
	Participating in budget planning;
	Participating in didactic and/or clinical instruction, as appropriate;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Assuming the leadership role in the continued development of the program.
Clinical Coordinator	Correlating and coordinating clinical education with didactic education and evaluating its effectiveness;
	Participating in didactic and/or clinical instruction;
	Supporting the program director to assure effective program operations;
	Participating in the accreditation and assessment processes;
	Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development;
	Maintaining current knowledge of program policies, procedures, and student progress.
Full-Time Didactic Faculty	Preparing and maintaining course outlines and objectives, instructing, and evaluating student progress;
	Participating in the accreditation and assessment process;
	Supporting the program director to assure effective program operations;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of professional discipline;
	Maintaining appropriate expertise and competence through continuing professional development.
Adjunct Faculty	Preparing and maintaining course outlines and objectives, instructing and evaluating students, and reporting progress;
	Participating in the assessment process, as appropriate;
	Participating in periodic review and revision of course materials;
	Maintaining current knowledge of the professional discipline, as appropriate;
	Maintaining appropriate expertise and competence through continuing professional development.

Position	Responsibilities must, at a minimum, include:
Clinical Preceptor	Maintaining knowledge of program mission and goals;
	Understanding the clinical objectives and clinical evaluation system and evaluating students' clinical competence;
	Providing students with clinical instruction and supervision;
	Participating in the assessment process, as appropriate;
	Maintaining current knowledge of program policies, procedures, and student progress and monitoring and enforcing program policies and procedures.
Clinical Staff	Understanding the clinical competency system;
	Understanding requirements for student supervision;
	Evaluating students' clinical competence, as appropriate;
	Supporting the educational process;
	Maintaining current knowledge of program clinical policies, procedures, and student progress.

LACC Staff Overview

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Clinical Preceptor Contact Information

The following is a list of hospitals that have, through formal agreements, agreed to act as the clinical affiliates for our program.

CLINICAL AFFILIATE	STAFF		PHONE NUMBER	E-MAIL
KAISER PERMANENTE: LAMC (SUNSET) 4867 SUNSET BLVD. LOS ANGELES, CA 90027	DR. ANNE KOSCO	CHIEF RADIOLOGIST	(323) 783-5051	ANNE.E.KOSCO@KP.ORG
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KAISER PERMANENTE: WLA 6041 CADILLAC AVE. LOS ANGELES, CA 90034	DR. HSU	CHIEF RADIOLOGIST	(323) 857-4373	
	DAVID A. VENEGAS	DIRECTOR OF RADIOLOGY	(323) 857-3158	DAVID.A.VENEGAS@KP.ORG
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GOOD SAMARITAN HOSPITAL 1225 WILSHIRE BLVD. LOS ANGELES, CA 90017	DR. DANIEL SAKET	CHIEF RADIOLOGIST	(213) 977-2145	
		ADMINISTRATIVE DIRECTOR		
	VICTOR HELTON	MANAGER & CLINICAL PRECEPTOR	(213) 977-2121 EXT. 5229	VHELTON@GOODSAM.ORG

Academic Calendar

Direct Link: https://www.laccd.edu/FacultyStaff/bulletinsCal/Pages/default.aspx

2020-21 Term Dates

Summer Period Begins Summer Ends	**6/15/20 Monday** **8/30/20 Sunday** **actual summer instruction schedules vary by campus**
Fall Instruction Begins Fall Finals End	**8/31/20 Monday** **12/20/20 Sunday**
Winter Instruction Begins Winter Instruction Ends	**1/4/21 Monday** **2/7/21 Sunday**
Spring Instruction Begins Spring Finals End	**2/8/21 Monday** **6/7/21 Monday**
Summer Period Begins Summer Period Ends	**6/14/21 Monday** **8/29/21 Sunday** **actual summer instruction schedules vary by campus**

LACCD Holidays and Non-Instruction Days

July 3, 2020	Friday	Independence Day
August 29, 2020	Saturday	Non-Instruction
August 30, 2020	Sunday	Non-Instruction
September 7, 2020	Monday	Labor Day
November 11, 2020	Wednesday	Veteran's Day
November 26, 2020	Thursday	Thanksgiving
November 27, 2020	Friday	Thanksgiving
November 28, 2020	Saturday	Non-Instruction
November 29, 2020	Sunday	Non-Instruction
December 21, 2020	Monday	Non-Instruction
December 22, 2020	Tuesday	Non-Instruction
December 23, 2020	Wednesday	Non-Instruction
December 24, 2020	Thursday	Holiday
December 25, 2020	Friday	Holiday
December 26, 2020	Saturday	Non-Instruction
December 27, 2020	Sunday	Non-Instruction
December 28, 2020	Monday	Non-Instruction
December 29, 2020	Tuesday	Non-Instruction
December 30, 2020	Wednesday	Holiday
December 31, 2020	Thursday	Holiday
January 1, 2021	Friday	Holiday
January 18, 2021	Monday	Martin Luther King
February 12, 2021	Friday	Presidents'
February 13, 2021	Saturday	Non-Instruction
February 14, 2021	Sunday	Non-Instruction
February 15, 2021	Monday	Presidents'
March 31, 2021	Wednesday	Cesar Chavez
April 2, 2021	Friday	Non-Instruction
April 3, 2021	Saturday	Spring Break
April 4, 2021	Sunday	Spring Break
April 5, 2021	Monday	Spring Break
April 6, 2021	Tuesday	Spring Break
April 7, 2021	Wednesday	Spring Break
April 8, 2021	Thursday	Spring Break
April 9, 2021	Friday	Spring Break
May 31, 2021	Monday	Memorial Day
July 5, 2021	Monday	Independence Day

COVID-19 Response Guidelines

1. Students are advised to remain home if they are feeling sick, have a fever or any other symptoms related to COVID-19.

    a. Students must follow established processes for notification of last-minute sick calls.

3. All students will be expected to follow the hospitals entrance and COVID-19 screening process.

    a. Those who refuse to be screened or present with symptoms and fail the screening process, will be denied entry into the facility and must contact both the clinical coordinator from the school and the clinical preceptor in the imaging department.

4. Students shall not be involved in the direct care of any patient that is confirmed COVID-19 positive or considered a person under investigation (PUI) for COVID-19.

    a. This restriction also prohibits students from observing procedures, handling supplies or equipment, and processing any equipment used for patients confirmed COVID-19 positive or PUI for COVID-19.

5. When a patient who was assisted in their imaging exam by a student is later found to be COVID-19 positive, the department director or designee must immediately notify the program's clinical coordinator and/or program director.

b. The student will not be allowed to resume their patient care responsibilities until he/she/they have exhibited no signs of COVID-19 symptoms for 14 consecutive days from the date of exposure.

    i. The program's designee must communicate clearance of the student to return to the clinical setting. To be cleared, the student must exhibit no COVID-19 symptoms for 14 consecutive days from exposure and have two negative COVID-19 testing result.

6. Students shall have access to personal protective equipment each day while working in the clinical setting.

    a. Students will be expected to follow the clinical sites Guidance for the Clinical and Non-Clinical Use of Masks criteria.

7. Ensure adherence to the following:

    a. Practice good hand-hygiene.

    b. Avoid touching the face.

    c. Always use appropriate PPE in the clinical setting.

8. The student's shall undergo an orientation of these guidelines.

Kaiser Permanente National Mask Guidelines

NATIONAL MASK GUIDELINES

Approved by the National Command Center

As we continue to care for COVID-19 patients, our priority is to protect the people and patients of Kaiser Permanente and preserve the appropriate mask availability for the duration of the pandemic. **Please see the *Infectious Disease Expert Group Practice Recommendations: COVID-19 Personal Protective Equipment*.**

- All patients and visitors are required to wear appropriate level masks in any Kaiser Permanente facility.
- All staff are expected to follow the guidelines and observe PPE stewardship guidance for all types of masks.
- To conserve, the mask issued should be utilized throughout the shift unless a higher-level mask is subsequently required. Consult your local leaders for protocols on when to use a new mask.
- Providers working at non-KP facilities should follow the PPE guidelines of those facilities.

	Type of KP-Issued mask	When to use
	**All N95 masks (standard and surgical) with required face shield or PAPR/CAPR** (KP-issued)	• When in the presence of a potential aerosol-generating procedure, such as intubation, extubation, bronchoscopy and nebulizer treatments, for all patients regardless of COVID-19 status (i.e., confirmed COVID-19, PUIs, or negative COVID-19). N95s are not required (but will be provided) when a patient has tested negative for COVID-19. • When in the presence of patients in a Designated Area for PPE Optimization (DAPO). • No makeup/lipstick should be worn when using N95 masks as it prevents reprocessing and re-use.
	**Surgical Masks** (KP-issued)	• In the surgical core and operating room. • In interventional radiology, cath lab, procedure rooms and when providing direct care in the sterile field.
	**Isolation/Procedure Masks** (KP-issued)	• For all care when N95/PAPR/CAPR or surgical masks are not required, including patients who have tested negative for COVID-19 or have cleared isolation for COVID-19.
	**"Cover Your Cough" Masks** (KP-issued)	• When not involved in any of the tasks identified above (e.g., individuals in roles and positions with limited patient exposure). • Use should be limited to one mask per day unless soiled. • All staff, patients and visitors who do not arrive with a personal mask.
	**Personal Masks** (from home)	• All patients and visitors. • Personal masks are permitted for employees in non-clinical buildings; personal masks must comply with HR guidelines for employee attire. • A clean mask in good condition should be used each day.

Notes:

- KP's definition of AGPs is "high hazard procedures," as defined in California OSHA regulations and ATD Standards.
- Mask Guidelines apply to all staff, providers, and physicians of Kaiser Permanente and contracted employees working in KP facilities.
- The masks in supply at your facility may not look exactly like those pictured here. If you have questions about mask guidance, please discuss with your manager/supervisor.
- Exceptions for employees who want to wear a higher level mask require discussion with and approval by their manager.

Updated August 20, 2020 – National Command Center Distribution

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Attendance Requirement

The Radiology program has a Monday through Sunday clinical schedule during the fall, winter, spring and summer semesters. Students must be available from 5:00 AM to 12 AM on Mondays, Tuesdays, Wednesdays, Thursdays, Fridays, Saturdays, and Sundays. Days and times of clinical training are subject to change depending on hospital availability.

A student who becomes ill or injured while in the radiology program must submit documentation in the form of a doctor's release that states they are able to meet the physical and mental requirements of the radiology program. At the discretion of the program director and clinical preceptor(s) the students may be allowed to make-up the missed time or assignments.

All attendance policies including tardies will be in effect during the clinical training. Any student who reports to their clinical training site after their scheduled start time (including breaks and lunches) will be considered tardy. Three tardies will be considered the equivalent of one hour of absence. A tardy is defined as coming in to class after the class/clinical rotation officially begins. Whenever absences in hours exceed the number of hours the class meets per week, the student may be excluded from class by the instructor.

Student clinical involvement is limited to not more than ten (10) hours per day.

Students will not be assigned to clinical settings on holidays that are observed by the college.

Students Clock In and Out Attendance Policy

Students must have a lead technologist or his/her designee sign the student clinical timesheet both when students start their shift and when they leave their shift.

The students will be required to upload the timesheet into canvas on a weekly basis and then at the end of the month.

If there are issues where this policy cannot be followed immediately email the Hospital Clinical Preceptor and the instructor of the clinical classes (RT 260, 280, 281, 282, 283).

The instructor of the clinical classes (RT 260, 280, 281, 282, 283) will keep a spreadsheet of each student and will update the attendance records of students on a weekly or biweekly basis.

Three tardies will be considered the equivalent of one hour of absence. A tardy is defined as coming in to class after the class/clinical rotation officially begins. Whenever absences in hours exceed the number of hours the class meets per week, the student may be excluded from class by the instructor.

Each student will be made aware of any negative trends of their attendance (tardiness, absences etc…). Our program policies prohibit excessive tardiness and absenteeism.

All students must submit a Clinical Absence Notification Survey for all tardiness and absences. Submission of the survey needs to occur at least **1 hour prior** to the start of your rotation. In addition, student must call the department they are assigned to work at to notify the lead technologist of their absence at least thirty minutes before there assigned rotation.

Clinical Absence Notification Survey Link: https://bit.ly/3n1xmy6

Makeup Time Policy/ Clinical Make Up Hours

Students are allowed to make up clinical time during the term or scheduled breaks; however, appropriate supervision must be maintained at all times. All make up hours must be approved by the Clinical Preceptor and RT 260, RT 280, RT 281, RT 282, RT 283 Instructor prior to them occurring. Students cannot make up clinical on holidays.

1. Arrangements for clinical make up hours must be made directly with the instructor of the clinical classes (RT 260, 280, 281, 282, 283) and the Clinical Preceptor at your clinical site. Make up hours are only allowed for emergency situations.

2. "Emergency situations" will be evaluated and determined on a case by case scenario by the instructor of the clinical classes (RT 260, 280, 281, 282, 283) and the Clinical Preceptor at your clinical site

- An emergency is a situation that poses an immediate risk to health, life, property, or environment. Most emergencies require urgent intervention to prevent a worsening of the situation, although in some situations, mitigation may not be possible and agencies may only be able to offer palliative care for the aftermath.

3. Students must email the instructor of the clinical classes (RT 260, 280, 281, 282, 283) and the Clinical Preceptor at your clinical site and attain approval prior to any make up hours occurring.

4. Students must have the "timesheet" signed and submitted to the Clinical Preceptor and Instructor of the clinical classes (RT 260, 280, 281, 282, 283).

5. Student's must make up missed clinical time within **two weeks** from the absence occurring. Failure to comply with this requirement shall lead to a student receiving an incomplete for the course. In addition, if there are circumstances that prevent a student from making up the missed time within a two week timeframe, the student must email the instructor of the RT 260, 280, RT 281, RT 282, RT 283 course. Make up Process indicated below:

5a) Email Clinical Instructor for pre-approval to Make Up Missed hour(s)

5b) Once pre-approval has been obtained, make arrangement with Clinical Preceptor to set the Make Up Day(s)

5c) Obtain Final Approval from Clinical Instructor indicating the Make-Up Arrangement Date(s)

5d) Clinical Instructor will then provide the Approved Make Up Timesheet

5e) Upload Approved Make Up Timesheet together with the corresponding Monthly Time Sheet

6. Failure to adhere and comply to the Make Up Policy indicated above will result in an **INCOMPLETE** Course grade.

Please note:

1. Due to the JRCERT Standards, clinical assignments for students to shall not exceed 10 hours per day
2. Makeup time will NOT be permitted during holidays or when LACC is closed due to liability constraints and JRCERT policy.

Competency Forms and Sign-off Procedure

1. All competency forms must be signed off by a qualified Radiologic Technologist. A **qualified Radiologic Technologist/Clinical Preceptor**: has ARRT & CRT credentials, a minimum of two years full time work experience, and must be a staff employee of the clinical site. No Registry Technologists can sign students off on their competencies.

2. Prior to requesting a "Competency Examination Sign-off" the **student must** complete the 3 levels of competency. Student's progress through each of the levels at different time intervals, but all students must participate in the three levels prior to requesting a competency sign off.

3. Students are unable to have "Competency Examination Sign Offs" until the summer 2021 semester. Students enrolled in RT 260 are not permitted to have "Competency Examination Sign Offs" rather this time should be dedicated to observing, assisting and performing (with direct supervision) at the clinical internship sites.

How Do I know if I am ready to request a Competency Examination?

Three proficiency levels occur prior to requesting a competency sign off.

Three Proficiency Levels

Level 1 (Observation with limited hands on): The students must take part in the completion of the procedure. If the clinical staff/Technologist feels that the student did nothing more than "stand around", the clinical staff/Technologist shall ask that student to participate in more procedures. In this level the students must review the hospital procedure manual, help setup the equipment, and assist in the completion of the examination.

Level 2 (Hands on with assistance): The student must actively take part in the completion of the procedure. The clinical staff/Technologist may offer advice, supplement patient interaction (verbal & non-verbal), and assist with repositioning when necessary, but the setup, the handling of the patient, the initial positioning, the execution of the procedure, the completion of paperwork, and the annotation and distribution of the images must be done by the student. If the clinical instructor feels that they had to provide more assistance than necessary, and that the study would have been compromised without much of their input, the clinical instructor should ask the student to participate in more procedures.

Level 3 (Hands on without assistance): The student must complete the procedure with observational supervision only. The clinical staff/Technologist should not provide assistance to the student with the exception of critically ill patients who may need assistance moving. If the clinical staff/Technologist feels the need to step in to avert a compromised study, the supervisor will do so and the procedure needs to be repeated.

After a student has mastered level 3 (for a certain examination) **they may** ask a qualified clinical staff/Technologist to observe and complete the competency form for that examination.

For examinations that are uncommon such as: Sternums, Scapula's etc… a student can simulate the examination (at the end of their clinical training) with the supervision of a qualified course instructor. According to the ARRT guidelines, a maximum of 8 procedures can be simulated.

No student will be asked to perform at a proficiency level in which they do not feel comfortable with.

Competency Breakdown

Semester	Mandatory Competencies Required (Includes 10 ARRT General Patient Care Procedures)	Elective Competencies Required	Total Required Competencies Per Semester
Summer	7	3	10
Fall	13	5	18
Winter	5	2	7
Spring	12	5	17
End of Spring 2021	**37 Mandatory**	**15 Electives**	**52**
Subject to Change			

#	10 ARRT Mandatory General Patient Care Requirements
1	CPR Certified
2-5	Vital signs (Blood Pressure, Temperature, Pulse, Respiration, Pulse Oximetry)
6-7	Sterile and Medical Aseptic Technique
8	Venipuncture
9	Transfer of patient
10	Care of patient medical equipment (e.g., oxygen tank, IV tubing)

A total of **52 competencies** are required to satisfy the Los Angeles City College Clinical Internship guidelines. (**37 mandatory** including the 10 mandatory general patient care activities and **15 electives**).

Students who do not complete the minimum number of competencies or do not perform them at an **85%** competency level will be counseled and reassigned to the same area until the desired competency level is achieved or it is determined by the hospital staff, clinical instructor and program director that the student has failed this aspect of their training and is not capable of working in a hospital environment. The student will be terminated from the program upon mutual agreement of the clinical coordinator and program director. All

evaluations will be discussed with the student and signed by the student and the clinical coordinator or clinical instructor.

The following criteria will be utilized to correctly complete a competency form:

The student must begin and complete the examination from start to finish without any intervention from the clinical instructor. The student must correctly complete all of the guidelines set forth by the competency form under the observation of a **qualified Radiologic Technologist** (clinical staff).

Overall Clinical Grading System for Clinical students

RT 260 Students (1st year students from February to June)

Students must maintain a minimum grade of "C" (75%) in this course. The final grade will be based on the following criteria.

- ✓ RT 260 Clinical Performance
- ✓ Participation "Monthly Participation and Evaluation Forms"
- ✓ Homework and Surveys

RT 260 Competency Evaluation Forms

1. RT 260 Digital Competency Radiology Equipment Form
2. 30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off Form
(This form is needed for every stationary and portable Fluoroscopy equipment at the hospital you are assigned to).
3. Clinical Preceptor Evaluation Survey

RT 260 Assignments, Homework, Surveys

Students will be required to complete all assignments specifically, homework and program evaluation surveys. Other assignments will be discussed accordingly. **Students will be required to complete daily logs of work activity. The Program Faculty will review logs during hospital visits.**

Instadose Badge Readings (Requirement: 1st of every month upload Instadose Badge to read exposure results)

- ✓ Career Technical Education Surveys
- ✓ Evaluation of Clinical Preceptor Survey
- ✓ Evaluation of Didactic Instructor Survey
- ✓ 2021 Electronic Procedure Log
    - (Weekly Completion)

RT 260-280, 281, 282, 283 Radiation Exposure Policy

RADIATION SAFETY RULES FOR CAMPUS LABORATORY CLASSES

AND CLINICAL EDUCATION CENTERS

The following rules have been established for your protection against ionizing radiation during Campus Laboratory Classes and at the Clinical Education Centers. These rules are mandatory and must be followed with:

1. A Radiation Dosimeter OSL and Instadose USB Badge, properly oriented and placed, must be worn at all times. If protective aprons are used, the OSL badge and Instadose USB Badge must be worn outside the apron so that any radiation reaching any part of the body will be recorded.

2. Except for three specific situations, you may not remain in a radiographic room any time during activation of the tube (when x-rays are being generated). The three exceptions are surgery, portables, and fluoroscopic work, discussed below.

3. You must not hold or support a patient during exposure, nor will you hold or support a cassette during exposure, except in an emergency. If such an emergency arises, you must wear a protective apron and gloves.

4. During activation of the tube, you must not be in a direct line with either tube or patient. You must not observe the patient during exposure from an adjacent room or hall unless through a protective window. You must not "peek" around a door nor through a crack between door and wall.

5. During an exposure, do not place yourself in direct line with the central ray, even though you are wearing a lead apron…and even though a lead shield is interposed between the tube and yourself. The tube must in all cases be pointing away from your body.

6. Under no circumstances will you permit yourself or your fellow students (or any other human being) to serve as "patients" for test exposures or experimentation.

7. If during fluoroscopic procedures you remain in the radiographic room the following will prevail without exception.

    a. A lead apron must be worn at all times or you must remain behind a lead protective screen.

    b. The OSL badge will be worn as noted above.

    c. You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.

a. A lead apron must be worn at all times or you must remain behind a lead protective screen.

b. The OSL badge will be worn as noted above.

c. You must stand as far from the patient and tube as possible, consistent with the conduct of the examination.

1. We recommend for students to observe procedures during (R.T. 260) until the students are confident in performing procedures with direct supervision. We do encourage students to assist in helping patients onto tables and helping with procedures but only under direct supervision of a staff technologist.

2. With permission of the technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed.

3. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail:

a. A lead apron will be worn.

b. A OSL badge will be worn (see #1 above).

c. Stand as far from the patient and tube as possible.

d. Stand so that the central ray is pointing away from your body.

e. Observe all regulations, which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc. (The technologist will provide details).

4. All students must perform all medical imaging procedures under the direct supervision of a qualified practitioner until a radiography student achieves competency. The JRCERT defines direct supervision as student supervision by a qualified practitioner who: reviews the procedure in relation to the student's achievement; evaluates the condition of the patient in relation to the student's knowledge; is present during the conduct of the procedure; and reviews and approves the procedure and/or image.

5. All students must perform all medical imaging procedures under the indirect supervision of a qualified practitioner after a radiography student achieves competency. The JRCERT defines indirect supervision as that supervision provided by a qualified practitioner immediately available to assist students regardless of the level of student achievement. Immediately available is interpreted as the physical presence of a qualified practitioner adjacent to the room or location where a radiographic procedure is being performed. This availability applies to all areas where ionizing radiation equipment is in use.

6. Repeat radiographic examinations: All radiologic technology students, regardless of the student's level of competency and in support of professional responsibility for provision of quality patient care and radiation protection, NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.

7. FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR DISCIPLINARY ACTION. CONTINUED ABUSE WILL RESULT IN TERMINATION FROM THE PROGRAM.

- The ALARA concept imposes lower operational dose limits that are even more restrictive than the maximum Legal dose limits shown in Table I above.
- This ensures an enhanced safety factor foe what are already considered to be safe annual doses for radiation workers.

- **What are the ALARA Investigation Levels?**
  -There are two types of ALARA investigation levels for external occupational radiation exposure as indicated by a dosimeter. If a worker's dose for any calendar month (30 days), calendar quarter (3 months) or calendar year (12 months) exceeded these values, an investigation is conducted by the RSO to determine if there are reasonable ways to reduce the dose levels.

Addendum to Radiation Safety Policies and Procedures: IF/RS/JW 2018

Radiation Protection Program – Policies and Procedures

A. Procedure

The following safety rules have been established for the protection of the patient, other personnel and you from ionizing radiation during your hospital observation, clinical education and laboratory experience. These rules are a combination of international, state and federal regulations and/or laws learned from human experience with ionizing radiation. These rules are mandatory and any exception must be reported to the Department Manager/Clinical Instructor and/or Clinical Coordinator/Program Director as soon as possible.

B. Policy

1. Regarding dosimetry badges and reports while enrolled in the program:
   a. An OSL dosimetry badge, properly placed, must be worn at ALL times during laboratory or clinical practice, including anytime you are completing your laboratory experiments. In other words, any time you are in a designated radiation area.
   b. When protective aprons are used, the dosimetry badge must be placed above the apron, at collar level.
   c. It is the student's responsibility to exchange their monthly dosimeter badge at the hospital by the 1st week of each new month and also upload their exposure results to the Instadose website. The student's clinical grade may be affected if he/she does not comply with this timeframe. Points will be deducted for late submissions.
   d. The dosimetry pick-up/drop-off container and the dosimetry readings reported notebook are located in the Program Director Secretary's Office.
   e. The most current dosimetry report will be available at the hospital and Instadose website on a monthly basis.
   f. A copy of the dosimetry monthly report is available with the Clinical Instructor at each affiliate.
   g. Each monitored individual is responsible for reviewing his/her dosimetry report reading and documenting they have reviewed their reading by entering and initialing their reported dosimetry reading.
   h. Immediately inform the Program Director/RSO if you should wash accidently expose, or otherwise damage your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be complete and submitted to the Program Director. Copies of this questionnaire are located in the classroom.

      If a dosimetry report reading exceeds the dose limits, the student will be required to complete a "Radiation Exposure Report Questionnaire" and "LA Community College District Supervisor's report of Injury" to the program director to ascertain what factors might have attributed to the excessive exposure. You will receive a letter of concern and a copy of the letter will be placed in your file.

If the "Questionnaire" does not identify any accidental radiation explanation for your excessive reading, a letter of concern will forwarded to your Clinical Instructor/Department Manager. The student's subsequent dosimetry report will be closely monitored to ensure that the problem has been resolved. If questions arise, a full investigation will ensue.

i. Past dosimetry badge reports are filed indefinitely in the RSO/program director's office.
j. Upon graduation, students will receive one free copy of his/her termination dosimetry report. Copy and file this final dosimetry report for future reference.
k. Instadose is the schools dosimetry provider. Student radiation exposures are monitored monthly throughout the program and are maintained by the College as part of student's permanent file.

2. When an X-ray exposure is about to be made, you MUST:
    a. Leave the room, or
    b. Get behind the lead shield, or
    c. Be otherwise suitably protected for surgery, portable and fluoroscopic work.
3. Specifically, you must not hold or support a patient or test phantom, nor hold or support an imaging receptor during an exposure.
4. You may not observe the patient during exposure from an adjacent room or hall unless through a lead-glass protective window. You must NOT "peak" around a door nor through a crack between door and wall.
5. When sitting to rest in the hall do not sit in direct line with the tube or radiographic table even if it is not being used.
6. During an exposure or procedure do not place yourself in direct line to the primary beam, even though you are wearing a lead apron.
7. Under no circumstances will you permit yourself or any other human being to serve as "patients" for test exposures or experimentation.
8. If, during fluoroscopic procedures, you remain in the radiographic room the following will prevail:
    a. A lead apron (preferably 0.5 mm lead equivalent) must be worn at all times or you must remain behind an adequate lead protective screen and not in visible line with either tube, patient or the x-ray phantom
    b. The badges must be worn above lead apron at collar level.

9. **Do not, during the observation periods, actually make exposures** on patients.
   You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.

The RADIATION EXPOSURE REPORT / QUESTIONNAIRE is available on page 23 of the LACC Radiology student manual.

There are **four main areas** that **require Direct Supervision regardless** if the student has achieved competency:

1. Fluoroscopy
2. Operating Room
3. Portables
4. Any Repeat Examination

2020 Addendum for High Exposure Page 18-23

Annual Radiation Exposure Limits	
Whole Body (Annual) Dose for Occupational Workers	**5,000mrem (50 mSv) / year** **Stochastic Effects**
Lens of the Eye	**15,000mrem (150 mSv) / year** **Non-Stochastic Effects**
Extremities and Skin	**50,000mrem (500 mSv) / year** **Non-Stochastic Effects**
Fetal Entire Gestation	**500mrem (5 mSv) / year**
Fetal Monthly Dose Limit	**50mrem (0.5 mSv) / year**
General Population	**100mrem (1 mSv) / year**

Dosimeter	ALARA Level I	ALARA Level II	ALARA Level III
Whole Body (Monthly)	**100mrem (1 mSv)**	**300mrem (3 mSv)**	**500mrem (5 mSv)**
Whole Body (Quarterly)	**300mrem (3 mSv)**	**900mrem (9 mSv)**	**1,500mrem (15 mSv)**
Extremity (Monthly)	**1,000mrem (10 mSv)**	**1,000mrem (10 mSv)**	**5,000mrem (50 mSv)**
Extremity(Quarterly)	**300mrem (3 mSv)**	**3,000mrem (30 mSv)**	**15,000mrem (15 mSv)**
Declared Pregnant Worker (Monthly)	**20mrem (0.2 mSv)**	**40mrem (0.4 mSv)**	**50mrem (0.5 mSv)**

ALARA I	**Radiation Safety Officer Notified. Report Kept on File.**
ALARA II	**Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)**
ALARA III	**Badged Radiation Employee/ Student receives a Report of Unusual Radiation Exposure (RURE)**
	RSO performs a Review of a Worker Exposure Conditions and Procedures

LACC Full Time Clinical RT Students (Second year students from June to June)

To continue in the LACC Radiologic Technology program each semester students must have a cumulative score of at least 75% based on the following criteria.

- ✓ Competency Binder Forms
- ✓ Daily Examination Procedure Tracking Logs (Entered Weekly)
- ✓ Instadose Badge Readings
- ✓ Fluoroscopy Procedure Logs, In Person Procedure Critique
- ✓ Paper Assignments and Evaluations
- ✓ Orientation to Equipment Forms (Radiography and Fluoroscopy)

RT full time clinical students must perform each competency with an **85%** competency level. Those who do not will be counseled and reassigned to the area until the desired competency level is achieved.

The student will be terminated from the program upon mutual agreement of the clinical coordinator and program director. All evaluations will be discussed with the student and signed by the student and the clinical coordinator or clinical instructor.

The **RT 280, 281, 282, 283** Competency Evaluation Forms must be completed in a timely fashion (each semester). The student will be oriented with the competency forms prior to when they become full time student interns.

Didactic Requirements while in Clinical Training:

There will be scheduled weekly review quizzes that students must pass with a cumulative score of 75%.

Assignments, Homework, Surveys

Students will be required to complete all assignments, specifically, homework, CTE surveys and program evaluation surveys.

Instadose Badge Readings (Requirement: 1st of every month upload Instadose Badge to read exposure results)

Completion of 2021-2022 Procedure Tracking Log Booklet and 2021-2022 Electronic Procedure Log:

Competency Procedure: How to have competency forms signed off

{85% Minimum Score must be achieved}

1. All competencies forms must be signed off by a qualified Radiologic Technologist. **A qualified Radiologic Technologist:** has an ARRT & CRT credentials, a minimum of two years full time work experience, and must be a staff employee of the clinical site.

2. Prior to requesting a "Competency Examination Sign off" the student must complete the 3 levels of competency. Student's progress through each of the levels at different time intervals, but all students must participate in the three levels prior to requesting a competency sign off.

Three Proficiency Levels

Level 1 (Observation with limited hands on): The students must take part in the completion of the procedure. If the clinical staff/Technologist feels that the student did nothing more than "stand around", the clinical staff/Technologist shall ask that student to participate in more procedures. In this level, the students must review the hospital procedure manual, help setup the equipment, and assist in the completion of the examination.

Level 2 (Hands on with assistance): The student must actively take part in the completion of the procedure. The clinical staff/Technologist may offer advice, supplement patient interaction (verbal & non-verbal), and assist with repositioning when necessary, but the setup, the handling of the patient, the initial positioning, the execution of the procedure, the completion of paperwork, and the annotation and distribution of the images must be done by the student. If the clinical staff/Technologist feels that they had to provide more assistance than necessary, and that the study would have been compromised without much of their input, the clinical staff/Technologist should ask the student to participate in more procedures.

Level 3 (Hands on without assistance): The student must complete the procedure with observational supervision only. The clinical staff/Technologist should not provide assistance to the student with the exception of critically ill patients who may need assistance moving. If the clinical staff/Technologist feels the need to step in to avert a compromised study, the supervisor will do so and the procedure needs to be repeated.

After a student has mastered level 3 (for a certain examination) **they may** ask a qualified clinical staff/Technologist to observe and complete the competency form for that examination.

For examinations that are uncommon such as: Sternums, Scapula's etc… a student can simulate the examination (at the end of their clinical training) with the supervision of a qualified course instructor. According to the ARRT guidelines, a maximum of 8 procedures can be simulated.

No student will be asked to perform at a proficiency level in which they do not feel comfortable with.

Progressive Discipline

Failure to comply with these requirements will result in progressive discipline by the RT Program (Please see Progressive Discipline) which may lead to dismissal from the radiology program.

Steps of Progressive Discipline

The following sections provide information on each of the steps used in the LACC Radiologic Technology Progressive Discipline Process. The LACC RT Program Director and or his/her designee will use reasonable judgment to decide what step or combination of steps, up to and including dismissal from the RT program, should be used to address the issue(s).

Step 1: Verbal Counseling(s)

A verbal counseling is generally the first step of progressive discipline. A verbal counseling is intended to be used by the program director or his designee to notify a rad tech student that an improvement is needed in the student's work performance and/or behavior.

The program director and or his/her designee will meet privately with the student to discuss the issue. The program director will determine if the student was aware or should have been aware of the issue and allow the student to explain themselves.

The program director and or his/her designee will maintain written documentation regarding the issue, date on which the issue occurred, and the corrective action requested. At the program director's discretion and depending on the nature of the issue, a second verbal counseling may be given prior to giving a written warning.

Step 2: Written Warning(s)

A written warning is the second step of progressive discipline. A written warning provides notice to a rad tech student regarding continued work performance issues and/or inappropriate workplace behavior that have not been resolved after giving the student a verbal counseling (e.g., the program director has given the student a verbal counseling about not submitting the absence notification survey when he/she will be arriving late to work and the student has not taken corrective action to resolve the issue).

The written warning should include information regarding the issue, date on which the issue occurred, and the desired performance and/or behavior expected from the student.

The program director and or his/her designee will meet privately with the student to discuss the issue and to provide the written warning to the employee.

Prior to the end of the meeting, the student will be asked to sign the written warning indicating that he/she has read and understands the warning. If the student refuses to sign the written warning, the program director and or his designee should note this on the written warning. The original written warning will be placed in the students file and a copy provided to the student.

At the Program Director's and or his/her designee's discretion and depending on the nature of the issue, a second written warning may be given prior to implementing a Performance Improvement Plan.

Step 3: Performance Improvement Plan (PIP)

A Performance Improvement Plan (PIP) is the third step of progressive discipline. A PIP is a formal written plan used by the program director and or his designee as a final attempt to resolve a serious issue that has not been addressed by the

student after a verbal warning(s) and/or a written warning(s) have been given. The PIP is given for a specified time period. The Program Director and or his/her designee will use reasonable judgment to decide the length of a PIP.

A PIP will include key information about the issue, including a prior verbal counseling(s) or written warning(s), the work performance and/or behavior issue that must be addressed and corrected during the PIP period, and the dates on which the student's work performance and/or behavior will be reviewed.

The program director and or his designee will meet privately with the student to discuss the issue and to provide the PIP to the student. Prior to the end of the meeting, the student will be asked to sign the PIP indicating that he/she has read and understands it. If the student refuses to sign the PIP, the program director and or his designee will note this on the PIP and will date the document. The original PIP will be placed in the student's File and a copy will be provided to the student.

The intent of a PIP, as it is in all other progressive discipline steps, is successful resolution of the issue. Even if the student successfully meets the terms of a PIP, that student can be subject to additional disciplinary action if the same or other performance and/behavior issues arise in the future. If a serious incident occurs while a student is on a PIP, the student may be subject to dismissal from the program.

Step 4: Dismissal from RT Program

Dismissal from the Program is generally the last step of progressive discipline after a student has failed to meet the requirements of a PIP or a serious incident has occurred during the PIP period.

Dismissal from the Program can also occur when a student, who is not on a PIP, is involved in a serious offense that warrants immediate termination (for example, a student is caught stealing in a clinical site or committing fraud of any kind I.E. Time fraud).

The program director and or his/her designee will meet with the student to discuss the dismissal and provide the dismissal letter to the employee. The program director and or his designee will request that another person attend the dismissal meeting as a witness. The original dismissal letter will be given to the student and a copy will be maintained in the student's file.

Fluoroscopic Procedure & Time Tracking Log

Students are required to track and log information from every fluoroscopic procedure they participate in to attain credit for 40 hours of hands on training in fluoroscopy. California law requires 40 hours of training in Fluoroscopy (Examination Duration Time).

Hospital Student Name	Fluoroscopy log					
Date	Exam	Location	Supervisor Name / Permit #	Exam Duration	Fluoro Time in minute	Fluoro Time in secon

Los Angeles City College -- Radiologic Technology – Weekly/Monthly Student Time Sheet

CLINICAL EDUCATION SITE	PLEASE USE THE FOLLOWING CODES	INTRUCTIONS TO STUDENT
_____ Hospital (PLEASE PRINT) _____ Student Name (PLEASE PRINT)	**T** - Tardy **P** - Personal Time Off **H** - Holiday **S** - Sick **O** - No Show (No phone call) **X** - Regular day off	1. The student must indicate the time he/she began and ended his/her day with initials for each or enter the appropriate code. 2. Timesheets must be uploaded to Canvas each week and at the end of the month. 3. Keep the original for your student binder 4. The lead tech or his/her designee must initial the timesheet. 5. Any falsifying of time sheets will be subject to discipline up to dismissal from the program. 6. Please Use Blue or Black Ink.

	DATE	Su	Initial	M	Initial	T	Initial	W	Initial	Th	Initial	F	Initial	S	Initial	Total
1.		IN		IN		IN		IN		IN		IN		IN		
		OUT		OUT		OUT		OUT		OUT		OUT		OUT		
2.		IN		IN		IN		IN		IN		IN		IN		
		OUT		OUT		OUT		OUT		OUT		OUT		OUT		
3.		IN		IN		IN		IN		IN		IN		IN		
		OUT		OUT		OUT		OUT		OUT		OUT		OUT		
4.		IN		IN		IN		IN		IN		IN		IN		
		OUT		OUT		OUT		OUT		OUT		OUT		OUT		
5.		IN		IN		IN		IN		IN		IN		IN		
		OUT		OUT		OUT		OUT		OUT		OUT		OUT		

Total Absences: _____ Total Tardiness: _____ Total Hours: _____

Student Signature: _____ Date: _____ Clinical Preceptor/Designee: _____

Los Angeles City College, Radiologic Technology Program

Clinical Competency Form

(Use one form per competency)

The student must pass all sections of this form. In every section, each student must accumulate the minimum points necessary. If a licensed RT intervenes during any part of the evaluation, the assessment is discontinued and the student must be re-evaluated on a different exam.

Student Name: _____ Procedure Requesting Competency on: _____

Date of Examination and Exam Time:_____ Radiologic Technologist's Full Name _____

Scale: 0=Unacceptable; 1=Needs Improvement; 2= Acceptable/Competent; 3=Above Average; 4=Exceeds Expectations (at RT level)

Section # 1 Patient Care & Communication (The student…):

1. Verifies correct patient using two patient identifiers, procedure, and clinical diagnosis/indication.	#1	N/A	0	1	2	3	4
2. Provides clear and complete explanation of procedure to age appropriate patient, surname use, etc	#2	N/A	0	1	2	3	4
3. Obtains patient assessment, preparation, history, and consent. (NPO, labs, contrast allergies, etc).	#3	N/A	0	1	2	3	4
4. Ensures patient privacy and dignity.	#4	N/A	0	1	2	3	4
5. Knows emergency protocol for Code situations.	#5	N/A	0	1	2	3	4
6. Ensures patient safety and comfort throughout procedure.	#6	N/A	0	1	2	3	4
7. Practices safe patient care methods including falling precautions.	#7	N/A	0	1	2	3	4
8. Knows how to operate bedside controls and remembers to put side rail up after the exam.	#8	N/A	0	1	2	3	4
9. Provides proper breathing instructions; appropriate for exam and patient language.	#9	N/A	0	1	2	3	4
10. Preps area of interest using proper sterile technique and maintains the sterility of the field throughout the procedure.	#10	N/A	0	1	2	3	4

Maximum Points Possible = 40 Points Minimum Passing Points: 30 (75% of Maximum Points if there are no N/A's)

Section # 2 Technical Requirements & Positioning (The student…):

1. Correctly enters patient information.	#1	N/A	0	1	2	3	4
2. Selects appropriate exam protocol or adjusts as necessary.	#2	N/A	0	1	2	3	4
3. Adjusts exposure factors and selects proper image receptor.	#3	N/A	0	1	2	3	4
4. Positions patient efficiently and correctly for the examination. (Scout, overheads, etc.)	#4	N/A	0	1	2	3	4
5. Uses proper immobilization devices.	#5	N/A	0	1	2	3	4
6. Uses tube angulations properly.	#6	N/A	0	1	2	3	4
7. Knows storage location of necessary supplies.	#7	N/A	0	1	2	3	4
8. Examination completed in a timely fashion.	#8	N/A	0	1	2	3	4
9. Properly archives images to PACS or prints images.	#9	N/A	0	1	2	3	4
10. Uses proper SID.	#10	N/A	0	1	2	3	4
11. Uses correct image sizes.	#11	N/A	0	1	2	3	4
12. Uses proper alignment of x-ray tube to image receptor.	#12	N/A	0	1	2	3	4
13. Uses proper central ray location.	#13	N/A	0	1	2	3	4
14. Uses proper orientation of Image Receptor. (Lengthwise, crosswise)	#14	N/A	0	1	2	3	4
15. Properly selects and prepares sterile procedure tray.	#15	N/A	0	1	2	3	4

Maximum Points = 60 Points Minimum Passing Points: 45 (75% of Maximum Points if there are no N/A's)

Section # 3 Image Critique (The student…):

1. Diagnostic image quality (contrast/density), exposure range must meet department protocols.	#1	N/A	0	1	2	3	4
2. Patient positioning demonstrates anatomy and pathology properly.	#2	N/A	0	1	2	3	4
3. Able to identify which projection of the image was taken.	#3	N/A	0	1	2	3	4

Maximum Points = 12 Points Minimum Passing Points: 9 (75% of Maximum Points if there are no N/A's)

Section # 4 Radiation Protection (The student…):

1. Patient assessment. (Pregnancy, child bearing age, adolescent, etc.) 0 1 2 3 4	#1	N/A	0	1	2	3	4
2. Uses proper shielding and radiation protection for patient\staff\parents. 0 1 2 3 4	#2	N/A	0	1	2	3	4
3. Uses proper collimation of the body part. 0 1 2 3 4	#3	N/A	0	1	2	3	4
4. Documents fluoroscopy time and fluoroscopy air kerma/DAP appropriately.	#4	N/A	0	1	2	3	4

Maximum Points = 16 Points Minimum Passing Points: 12 (75% of Maximum Points if there are no N/A's)

***** If the student receives a "0" in any of the above categories, then he/she will not receive credit for the comp. *****

*RT's Name (Print):*_____ *RT's Signature:*_____ *Date:*_____

*****In order for this form to be valid, the technologist must be registered by the ARRT for at least 2 years. *****

Last Updated 10/11/2020 by IF/PV

30423 Radiologic Technologist Fluoroscopy Equipment Orientation Check-Off

The student has successfully demonstrated the following:			
Yes	No	N/A	1. Raise and lower x-ray tube/Image Intensifier by using the vertical lock
Yes	No	N/A	2. Move the x-ray tube/Image Intensifier the length of the table using the longitudinal lock
Yes	No	N/A	3. Move the x-ray tube/ Image Intensifier the width of the table using the transverse lock
Yes	No	N/A	4. Place a 14 x 17, 10 x 12, and 8 x 10 cassette in the Bucky Drawer lengthwise and crosswise
Yes	No	N/A	5. Center the x-ray tube when it is perpendicular to the Bucky Drawer
Yes	No	N/A	6. Use the DETENT button and lock the x-ray tube to center it transversely
Yes	No	N/A	7. Angle the Image Intensifier cephalic and caudal to any given degree
Yes	No	N/A	8. Demonstrate how to rotate the tube head and maintain proper centering to the film
Yes	No	N/A	9. Center the x-ray tube when angled to the Bucky Drawer
Yes	No	N/A	10. Demonstrate how to move the Bucky Drawer the length of the table and lock it into position
Yes	No	N/A	11. Employ requested distances to the table or upright with various CR cassette sizes lengthwise and or crosswise
Yes	No	N/A	12. Demonstrate how to collimate to the appropriate field size
Yes	No	N/A	13. Employ requested distances to the table or the upright Bucky by using distance markers on the ceiling or behind the x-ray tube (40-44"/ 72")
Yes	No	N/A	14. Demonstrate how to angle the x-ray table (Trendelenburg) by using the table controls as well as the "tower" controls
Yes	No	N/A	15. Place the table in an upright position
Yes	No	N/A	16. Manipulate the x-ray tube/Image Intensifier to place it in the horizontal position for a decubitus position
Yes	No	N/A	17. Demonstrate how to lock the fluoroscopic tower over the table so it doesn't float back
Yes	No	N/A	18. Demonstrate how to remove the fluoroscopic tower (if so equipped)
Yes	No	N/A	19. Load and unload spot films in the tower
Yes	No	N/A	20. Program the spot film for : full, split horizontal –vertical, and four on one spot films
Yes	No	N/A	21. Demonstrate how to activate the compression device
Yes	No	N/A	22. Demonstrate how to lock the fluoroscopic tower in place and how to hookup and turn on/off the C-arm
Yes	No	N/A	23. Move the fluoroscopic tower the length of the table using the motor driven handle
Yes	No	N/A	24. Connect the videotape recording system
Yes	No	N/A	25. Identify the generator controls (On/Off, mA, KVp, Seconds/time, and phototimer cells and density settings)
Yes	No	N/A	26. Manipulate the rotor and exposure switch button
Yes	No	N/A	27. Set and operate the following controls: K V p, mA, Seconds, phototimer, fluoro timer and density settings.
Yes	No	N/A	28. CR or DR : The patient on the "work list" or type patient information in system
Yes	No	N/A	29. CR or DR: Select various body regions, body parts, and views/projections * Preset Parameters: Adult, Pediatric, small, medium large, Bucky receptor, Focal spot size
Yes	No	N/A	30. Enter patient identification.
Yes	No	N/A	31. Demonstrate the full range of fluoroscopy table movement, Adjust position of the fluoroscopy grid device and apply footboard and shoulder restraints.
Yes	No	N/A	32. Store, recall, rotate, flip images and produce hard copies.
Yes	No	N/A	33. Switch programs and dose settings

If the student receives a "No" in any of the above categories, then he/she will not receive credit for the orientation.

Student Name: _____ Date: _____

Location &Type of Equipment._____ System Number _____

RT's Name (Please Print):_____ RT's Signature: _____ Date:_____

This check-off document complies to Title 17 30423 section (g) which requires an orientation check-off of each fluoroscopic room or portable fluoroscopy device prior to initial use.

In order for this form to be valid, the Radiologic Technologist must be registered by the ARRT for at least 2 years

Digital Competency Radiology Equipment

Competency: The student is able to:

Scale: Yes, No, N/A

Procedure Setup			
Yes	No	N/A	1. Turn on and off Digital Imaging system (including computers and PACS)
Yes	No	N/A	2. Correctly select the appropriate Image Receptor for the exam
Yes	No	N/A	3. Correctly erase all cassettes prior to imaging patients
Yes	No	N/A	4. After exposing the image receptor, correctly use the scanner to identify the cassette number to the image processor
Yes	No	N/A	5. Correctly enter patient data into the computer
Yes	No	N/A	6. Correctly place annotations such as "time" "erect, supine" etc. on the film
Yes	No	N/A	7. Select the proper histogram Look Up Table
Yes	No	N/A	8. Use the Window Level and Window Width selectors to adjust the contrast and density of the image
Yes	No	N/A	9. Send the image to the PACS system for Radiologist review
Yes	No	N/A	10. Send the image to the Laser Printer to produce a "hard copy" of the image
QUALITY CONTROL			
Yes	No	N/A	1. Check that all equipment is connected properly
Yes	No	N/A	2. Make sure that plate loading / unloading is working properly
Yes	No	N/A	3. Erase plates before use
Yes	No	N/A	4. Store plates in an area free of radiation exposure and excess light
Yes	No	N/A	5. Clean imaging plates with appropriate solutions and technique
Yes	No	N/A	6. Print daily test pattern for Laser Copier and evaluate
Yes	No	N/A	7. Verify the computer monitor is working properly by viewing an SMPTE phantom
Yes	No	N/A	8. Use a densitometer to measure density on SMPTE laser printed test sheets
IMAGE EVALUATION			
Yes	No	N/A	1. Recognize "under and over" exposure problems
Yes	No	N/A	2. Evaluate the "S" number of the exposure to determine if it is within acceptable ranges
Yes	No	N/A	3. Correctly manipulate the image using window levels and window width

**** If the student receives a "No" in any of the above categories, then he/she will not receive credit for the orientation. ****

Student Name: _____ Date:_____

Location &Type of Equipment_____ System Number _____

RT's Name (Please Print):_____ RT's Signature:_____ Date:_____

This check-off document complies to Title 17 section (g) which requires an orientation check-off of each Digital Examination Room Equipment or portable digital machine/equipment prior to initial use.

****In order for this form to be valid, the technologist must be registered by the ARRT for at least 2 years. ****

Venipuncture Log Form

Radiologic Technology Program
Venipuncture Log

Student Name: _____

- A Student may NEVER perform venipuncture without direct supervision.
- A Student MUST be directly supervised by a physician or a registered nurse or a person the physician or nurse has previously deemed qualified to provide personal supervision.
- Upon graduation, **when the student becomes a radiologic technologist** he or she shall perform at least 10 venipunctures on live humans under the personal supervision of a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified to provide personal supervision to the technologist for purposes of performing venipuncture. **This form can be used to document the ten sticks post-graduation.**

	To be completed by the student when they become a Radiologic Technologist				**To be completed by the MD or RN**
#	**Patient's Medical Record #**	**Date**	**Facility**	**(Print) MD or RN's Name**	**MD or RN's Signature**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Venipuncture Law

Overview of Venipuncture Law

On September 17, 2012, Governor Brown signed Senate Bill 1199 into law, which will go into effect on January 1, 2013. This amendment will make changes to section 106985 of the Health and Safety Code. Changes in the amended law applicable to schools include the following:

• The amended law states that the 10 venipunctures may be performed by students on a human or a mannequin under personal supervision.

• Once a student has satisfactorily completed the venipuncture training, the school shall issue to the student a completion document. Possession of this completion document does not by itself authorize the document holder to perform venipuncture or administer contrast materials.

• If the technologist will be performing venipuncture at his or her place of employment, then the technologist must also perform 10 additional venipunctures on live humans under the personal supervision of a qualified supervisor at that facility. The supervising individual must be a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified to provide personal supervision. It will then be determined by that supervisor whether the technologist is competent to perform venipuncture. If the technologist is judged competent, the facility shall document this determination.

My Signature below indicates that I have been oriented to the LACC Clinical Obligations/Requirements. **The Communicable Disease, Electronic Device and Social Media Policies from the Radiology Student Manual were also reviewed and discussed**. I also acknowledge that failure to comply with these requirements will lead to discipline which may include exclusion from my participation in the Radiologic Technology Program.

Student Name: _____ Date: _____

Student Signature: _____