



Los Angeles City College  
Department of Radiologic Technology

Policies and Procedures Manual  
for Radiologic Technology Program Students

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# **Los Angeles City College Radiologic Technology Program**

## **Introduction**

Los Angeles City College offers a complete program in Radiologic Technology and is accredited by The Joint Review Committee on Education in Radiologic Technology.

An Advisory Board Committee composed of Radiologists, Radiographers, Hospital Administrators, Clinical Preceptors, other industry partners, and RT students. The committee cooperates with the faculty and college administrators in continuous assessment and program revision to ensure “state-of-the-art” training in medical imaging.

This manual has been prepared to assist you in assuming the obligations and privileges to study in the Los Angeles City College Radiologic Technology Department.

## **Mission Statement**

The mission of the Radiologic Technology program at Los Angeles City College is to provide an accessible and equitable learning environment to promote our radiologic technology students with the technical and interpersonal skills necessary to provide our diverse local and global communities with high-quality diagnostic medical images and patient care as professional diagnostic medical radiographers.

## **Vision Statement**

Transforming our students and graduates with effective skills and opportunities to grow in all innovative modalities of medical imaging to serve our communities.

## **Core Values**

In carrying our mission, vision, and goals, we maintain our core values of

- Compassionate Caregivers
- Excellence in Quality
- Inclusivity – Collegiality and Collaboration
- Commitment to Integrity and Accountability

## **Program Goals and Student Learning Outcomes**

**Goal 1:** Prepare students to be ethical, professional, and clinically competent entry-level Radiologic Technologists.

Student Learning Outcomes:

- Students will perform routine radiographic examinations.
- Students will possess knowledge of radiographic procedures and patient care.
- Students will employ radiation protection to patients, themselves and others.
- Students will use ethical practices in health care delivery.

**Goal 2:** Cultivate Radiologic Technology students who utilize effective interpersonal skills with patients, peers, instructors, clinical partners, and the communities they serve.

Student Learning Outcomes:

- Students will communicate, both verbally and nonverbally in a professional manner with the patient.
- Students will discuss effective communication in the clinical environment.

**Goal 3:** Educate Radiologic Technology students to demonstrate critical thinking and problem-solving skills to adapt and perform job-related functions.

Student Learning Outcomes:

- Students will alter their approach to complete examinations for patients of different age groups.
- Students will evaluate radiographic images for adequate positioning, density/brightness, contrast, and recorded detail/spatial resolution.

**Goal 4:** Empower Radiologic Technology students to grow, develop, and become members of professional organizations that foster career growth.

Student Learning Outcomes:

- Students will evaluate career opportunities and advancement for the radiographer.
- Students will analyze the career growth opportunities gained from being involved in a professional medical imaging organization.
- Students will create a professional portfolio that illustrates growth with their careers.

## **The Joint Review Committee on Education in Radiologic Technology (JRCERT)**

The Los Angeles City College Radiologic Technology program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT)

20 N Wacker Drive  
Suite 2850  
Chicago, IL 60606  
Phone  
(312) 704-5300

The [Joint Review Committee on Education in Radiologic Technology Standards](https://www.jrcert.org/accreditation-information/accreditation-standards-2021/) can be found at the following website [https://www.jrcert.org/accreditation-information/accreditation-standards- 2021/](https://www.jrcert.org/accreditation-information/accreditation-standards-2021/)

Additionally, students can report allegations that an accredited program is not in compliance with JRCERT accreditation standards using the [Allegations Form](#).

## **LACCD Board of Trustees**

**Nichelle Henderson**, President (Seat No. 5)  
**Kelsey K. Iino**, 1st Vice President (Seat No. 7)  
**Sara Hernandez**, 2nd Vice President (Seat No. 4)  
**David Vela**, Member of the Board (Seat No. 3)  
**Gabriel Buelna**, Ph.D., Member of the Board (Seat No. 6)  
**Steven F. Veres**, Member of the Board (Seat No. 2)  
**Ambyr C. Baham**, Student Trustee

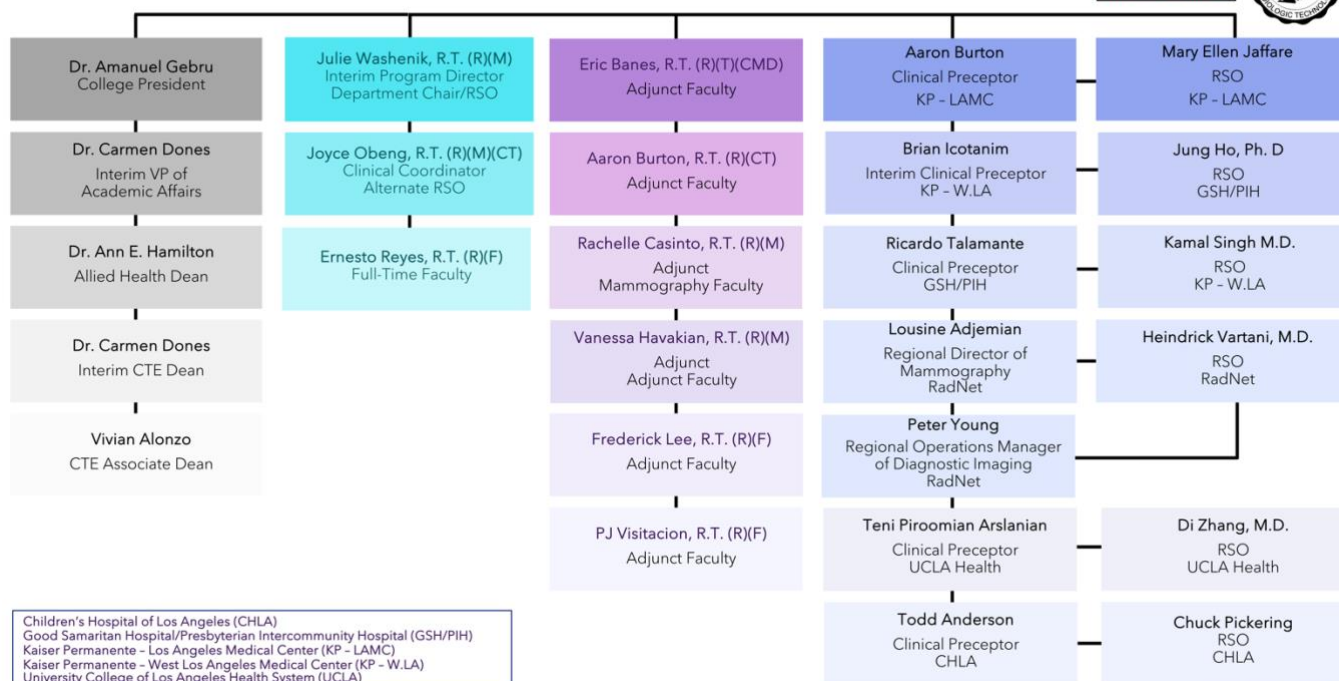
## **LACCD Executive Administration Staff**

Dr. Francisco C. Rodriguez, Ph.D. (Chancellor)  
Dr. Kathleen Burke Interim (Deputy Chancellor)  
Dr. Nicole Albo-Lopez, Ed.D. (Vice Chancellor, Educational Programs and Institutional Effectiveness)  
Carmen V. Lidz, MS (Vice Chancellor & Chief Information Officer)  
Maribel S. Medina, J.D. (General Counsel)  
Jeanette L. Gordon (Vice Chancellor & Chief Financial Officer)  
Teyanna Williams, J.D. (Vice Chancellor, Human Resources)  
Dr. Rueben C. Smith, D.C.Sc. (Vice Chancellor & Chief Facilities Executive )  
Dr. Jim Lancaster, Ed.D. (Vice Chancellor, Workforce and Economic Development)

## **LACC Administration**

Dr. Amanuel Gebru, President  
Dr. Carmen Dones, Interim VP Academic Affairs  
Dr. Joe Dominguez, VP Administrative Services  
Dr. Ann E. Hamilton, Dean of Allied Health  
\*Vacant, Dean of Economic and Workforce Education  
\*Vacant, VP Student Services  
\*Vacant, VP Economic Social Mobility & Innovation  
Dr. Anna Badalyan, Dean of Institutional Advancement  
Dr. Saadia Legarda Porche, Dean of Access  
Dr. Armineh Dereghishian, Acting Dean of Outreach and Student Life  
Dr. Niki Dixon Harrison, Associate Dean of Student Services, EOPS and Foster Youth  
Dr. Dan Wanner, Associate Dean of Pathways and Curriculum  
Dr. Imelda Perez, Assistant Dean of Adult Education  
Dr. Carol Kozeracki, Dean of Liberal Arts  
Dr. Vi Ly, Dean of Performing and Visual Arts  
Angelica Ramirez, Dean of Non-credit Programs  
Darren Grosch, Associate Dean of the International Student Program  
\*Vacant, Dean of Student Services, Retention  
Shaena Engle, Public Relations Manager  
Kahlil Harrington, Director of Facilities

# Los Angeles City College's RT Organizational Chart



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<p>Julie Washenik, R.T.(R)(F)(M), CRT, MHA Associate Professor Rad Tech Department Chair Acting Program Director Radiation Safety Officer (RSO) <a href="mailto:washenja@laccd.edu">washenja@laccd.edu</a> (323) 953-4000; 2941</p>	<p>Joyce Obeng, R.T.(R)(F)(M)(CIIP)(CT), CRT, MSHI Adjunct Instructor Clinical Coordinator Alternate RSO <a href="mailto:obengjb@laccd.edu">obengjb@laccd.edu</a> (323) 953-4000; 2942</p>
<p>Ernesto Reyes, R.T.(R)(T), CRT Full Time Instructor <a href="mailto:reyesea@laccd.edu">reyesea@laccd.edu</a> (323) 953-4000; 2943</p>	<p>Eric Banes, R.T.(R)(T), CRT, (CMD) Adjunct Instructor Medical Dosimeter (KP-LAMC) <a href="mailto:baneser@laccd.edu">baneser@laccd.edu</a> (323) 953-4000; 2940</p>
<p>Aaron Burton, R.T.(R)(F), CRT Adjunct Instructor Supervisor (KP-LAMC) <a href="mailto:burtonam@laccd.edu">burtonam@laccd.edu</a> (323) 953-4000; 2940</p>	<p>Rachelle Casinto R.T.(R)(F)(M), CRT Adjunct Instructor – Mammography Mammographer Lead – (KP-LAMC) <a href="mailto:casintr@laccd.edu">casintr@laccd.edu</a> (323) 953-4000; 2940</p>
<p>Vanessa Havakian, R.T.(R)(F)(M), CRT Adjunct Instructor Rad Tech (Henry Mayo Newhall Hospital) <a href="mailto:havakiv@laccd.edu">havakiv@laccd.edu</a> (323) 953-4000; 2940</p>	<p>Dr. Fredrick Lee, R.T.(R)(F), CRT, MBA, MPA, CRA, FACHE Adjunct Instructor Regional Assistant Director of Imaging (Kaiser Permanente-SoCal) Certified Positive Psychology Health &amp; Wellness Coach <a href="mailto:leefd@laccd.edu">leefd@laccd.edu</a> (323) 953-4000; 2940</p>

# LACC Radiologic Technology Department's Clinical Education Centers

<u>Clinical Education Centers</u>	<u>Radiologist</u>	<u>Clinical Preceptors &amp; Administrators</u>
<p>Children's Hospital of Los Angeles (CHLA)</p> <p>4400 Sunset Blvd., MS #182 Los Angeles, CA 90027 (323) 361-5686</p>	<p>Fariba Goodarzian, MD (Vice Chair, Dept of Imaging Services)</p>	<p>Todd Anderson Clinical Preceptor <a href="mailto:tanderson@chla.usc.edu">tanderson@chla.usc.edu</a></p> <p>Salvador Ramirez Clinical Preceptor <a href="mailto:sramirez@chla.usc.edu">sramirez@chla.usc.edu</a></p> <p>Mario Pistilli Administrative Director, Imaging Services <a href="mailto:mpistilli@chla.usc.edu">mpistilli@chla.usc.edu</a></p>
<p>Kaiser Permanente Hospital West LA Department of Radiology 6041 Cadillac Avenue Los Angeles, CA 90034 (323) 857-4373</p>	<p>Christopher Hsu, MD (Chief Radiologist)</p> <p>Merrick Schneider, MD (Medical Advisor)</p>	<p>Brian Icotanim Interim Clinical Preceptor <a href="mailto:brian.icotanim@kp.org">brian.icotanim@kp.org</a></p> <p>Helen O. Hien Assistant Director, Diagnostic Imaging <a href="mailto:helen.o.hien@kp.org">helen.o.hien@kp.org</a></p> <p>Julian Walsh Interim Director of Radiology <a href="mailto:julian.a.walsh@kp.org">julian.a.walsh@kp.org</a></p>
<p>Kaiser Permanente Hospital Los Angeles (LAMC/Sunset) Department of Radiology 4867 Sunset Blvd. Los Angeles, CA 90027 (323) 783-7604</p>	<p>Anne Kosco, MD (Chief Radiologist)</p>	<p>Aaron Burton Clinical Preceptor, Assistant Director <a href="mailto:Aaron.M.Burton@kp.org">Aaron.M.Burton@kp.org</a></p> <p>Arely Alfaro Assistant Director, Diagnostic Imaging <a href="mailto:Arely.Alfaro@kp.org">Arely.Alfaro@kp.org</a></p> <p>James Powell Director of Radiology <a href="mailto:james.r.powell@kp.org">james.r.powell@kp.org</a></p>



<p>Presbyterian Intercommunity Hospital (PIH)/Good Samaritan Hospital Department of Radiology 1225 Wilshire Blvd. Los Angeles, CA 90017 (213) 977-2121 Ext. 5229</p>	<p>Eugene Choi , MD (Chief Radiologist)</p>	<p>Victor Landeberde Clinical Preceptor, Assistant Manager <a href="mailto:victor.landaberde@pihhealth.org">victor.landaberde@pihhealth.org</a></p> <p>Ricardo Talamante Clinical Preceptor, Manager <a href="mailto:ricardo.talamante@pihhealth.org">ricardo.talamante@pihhealth.org</a></p> <p>Stacy Johnson (VP of Radiology Services)</p>
<p>Radnet Wilshire Advanced Imaging (BreastLink) AKA Tower Imaging Wilshire 8750 Wilshire Blvd., Ste. 100 Beverly Hills, CA 90211</p> <p>Westchester Advanced Imaging Center 8540 Sepulveda Blvd Unit 101 &amp; 111 Los Angeles, CA 90045</p>	<p>Omid Bendavid, MD (Medical Director)</p>	<p>Lousine Adjemian Regional Director of Mammography Training <a href="mailto:lousine.adjemian@radnet.com">lousine.adjemian@radnet.com</a></p> <p>Peter Young Regional Operations Manager (Los Angeles) <a href="mailto:Peter.Young@RadNet.com">Peter.Young@RadNet.com</a></p> <p>Alec Stepansov, VP of Operations SoCal South Coastal Division <a href="mailto:aleksey.stepansov@radnet.com">aleksey.stepansov@radnet.com</a></p>
<p>UCLA Health System – Los Angeles Regents 924 Westwood Blvd, Ste 805 Los Angeles, CA 90095</p>	<p>Dieter Enzmann, MD 310-481-7512 <a href="mailto:DEnzmann@mednet.ucla.edu">DEnzmann@mednet.ucla.edu</a></p>	<p>Teni Piroomian Clinical Coordinator (UCLA) <a href="mailto:tpiroomian@mednet.ucla.edu">tpiroomian@mednet.ucla.edu</a></p> <p>Cecilia O. Ortiz Interim Director, Acute Care Imaging (Radiology) <a href="mailto:cortiz@mednet.ucla.edu">cortiz@mednet.ucla.edu</a></p> <p>Brenda Izzi, RN, MBA Senior Director of clinical operations in the Department of Radiology at UCLA Health <a href="mailto:brael@mednet.ucla.edu">brael@mednet.ucla.edu</a></p>
<p><b>*When calling Clinical Education Centers please ask for the Clinical Preceptors.</b></p>		

### Grading System (See also Appendix III – Grading System)

Students must maintain a minimum grade of “C” (75%) in each course. All Clinical Education courses (RT 260, 280, 281, 282, 283) are graded as “Pass or No Pass” with a passing grade of 85% or higher. Courses in the Radiologic Technology Program are scheduled in sequence and offered only once per academic year. All courses must be completed in the semester attempted to remain in the program. Students not able to maintain a grade of “C” or better in their courses will be dismissed from the program.

## Attendance (LACC Catalog)

Only students who have been admitted to the College and selected for the radiology program may attend classes. Students must participate in every meeting of all courses for which they register. Students must contact the instructor when absent to avoid being dropped from the class, and absences should be for emergency reasons only.

In addition, the instructor will consider whether there are mitigating circumstances that may justify the absence. If the instructor determines that such circumstances do not exist, the instructor may exclude a student from the class. Students are responsible for officially dropping a course that they stop attending.

\*NOTE: Any missed time (tardy, left early, absence) during your clinical education (theory) classes must be made up at your clinical site. Your clinical instructors will be notified. You must submit proof of absence. (doctor's note, dentist's note, etc.).

## Attendance (Clinical Sites)

The Radiology program has a Monday through Friday (possibly Saturday) schedule during the fall, winter, spring, and summer semesters. This means students are obligated to be in class/clinic and attend all coursework these days, regardless of any commitments that students may have. In addition, once students start their full-time clinical training in their RT 280 Clinical Education I course, their schedule may include weekends and evening shifts (swing shift). The length of the evening shifts is at the discretion of the clinical site or Clinical Coordinator. Students are allowed to divide the evening rotation weekly at the discretion of the Clinical Preceptor/ Clinical Coordinator. Schedule change requests will be granted only for jury duty (if necessary) or court dates.

Hospitals operate on a 24-hour/seven-day schedule. As a clinical student, it may be required to participate in training at any hours requested by the clinical coordinator in order to develop competencies in all areas of the radiology training. Once the student starts their clinical education full-time, the clinical hours and any course(s) scheduled will add up to 40 hours per week. Please note that JRCERT does not limit programs to a 40-hour week since the new 2021 Standards took effect on January 1, 2021.

Students are to report to your clinical site according to the schedule provided by your Clinical Preceptor. Students must stay the entire duration of their designated clinical rotation. Students must clock in and out of their shift and for lunch breaks. (Appendix II Timekeeping Policy using Trajecsyst). see If you are tardy, must leave early, or are absent, you must use the absence link on *Trajecsyst* and notify your Clinical Preceptor and Clinical Coordinator via email. Before a student may return to the program, a written release from their doctor must be provided prior to returning to the program. The time missed must be made up with the approval of your Clinical Preceptor and Clinical Coordinator. Students who miss clinical time for any reason must make up the hours within two weeks of returning. Please use the *Make-up Time* form *Trajecsyst*. If any students' absences exceed **more than two weeks**, the time **cannot be made up**, and the student will be asked to withdraw from the program and reapply the following year.

Students must follow the college's academic calendar. When the campus is closed on holidays or Sundays, students cannot be at their clinical sites or use those days to make up hours. If you are to take a personal or religious holiday off that is not observed by the college, you must make up the time.

Students who have a ***pre-existing disability*** must provide a doctor's statement that they have no physical limitations (e.g., lifting 50 lbs.) and that they are able to lift or push patients and handle the portable radiography equipment.

Whether the student has satisfied the CA DPH RHB clinical hours, the Radiology Technology program requires all students to continue attending their clinical education as scheduled until the last day of the Spring 2-year semester. Students who fail to follow this requirement will not be permitted to take their ARRT Board Exam.

## **Make-Up Hours Process**

Make-up hours are based on clinical site policy and the LACC Academic Calendar. “Hard Holidays” require the campus to be closed with no staff and administrators (i.e., Independence Day, Christmas). “Soft Holidays” are holidays that consist of students and faculty are off campus, but staff and administrators are on campus (i.e., Spring Break). Students are allowed to make up hours on “Soft Holidays.” Weekend make-up hours are at the discretion of the clinical site. Please note that not all our clinical affiliates allow weekend make-up hours. Students are not allowed to make up hours at a different clinical site to accommodate their personal needs.

Make-Up Hours Process:

1. Report absence on *Trajecys* on the day of absences.
2. Request make-up hours with (date & time) via an email to clinical preceptors, cc the Clinical Coordinator and Program Director.
3. The Clinical Preceptor must identify the lead technologist or department supervisor who will be present on the student’s make-up date.
4. The Clinical Coordinator will confirm if the requested date(s) chosen by students are “Hard Holidays” or “Soft Holidays” before finalizing the make-up request.

## **Notification of Absence (Didactic/Theory education)**

Students must notify their course instructors via email if they cannot attend class on the day of your absence.

Before a student returns to the program, they must submit appropriate documentation to the Program Director before returning to class. The medical or other valid documentation must state that the student is physically and mentally able to continue in the program.

## **Pregnancy Policy**

It is recommended that any female student enrolled in the program report immediately to the Program Director and/or Clinical Instructor if she becomes pregnant for her own protection and that of the embryo/fetus. A copy of the Declaration of Pregnancy will be given to each female student who must sign as receiving the policy and a copy is placed in the student file. See Addendum to Pregnancy Policy in the Appendix V. (Declaration of Pregnancy)

The student will be informed that she has the option to temporarily withdraw from the program when the pregnancy interferes with her abilities to safely perform the required duties of a student

radiographer. Additionally, **the student has the option to continue in the education program without modification. If the student elects to temporarily withdraw from the program the student can return to the program and complete the requirements of the program without modification within a three month period post-partum {No Exceptions}.** If a student does not return or notify the program within the three-month time period (needs to be in writing) the student will be excluded from the program. A formal letter of resignation will be required, and the student must go through the entire application process again.

## **Physical Examination**

A physical examination must be performed by a licensed physician to determine physical and mental fitness of the student. The Program Director is authorized to require that records of such examinations are released to the college. These records will be used only to determine fitness for the program, and except for such use, the confidentiality of such records shall be maintained.

Students must be free from communicable diseases, infection, psychological disorders, and other conditions that could prevent the successful performance of the responsibilities and tasks required in the program. Any health condition described above, which is developed by the student after admission to the program, may be considered sufficient cause for suspension from the program.

### **1. Physical Examination**

The student shall bear all the cost of such an examination.

### **2. Laboratory Tests**

The laboratory tests will include complete blood count. TB test or chest x-ray and urinalysis. These tests may be obtained from laboratories of student's choice. The student shall bear all the cost of such tests.

### **3. Immunization**

COVID-19 screening and booster, as well as other immunizations or testing such as for Hepatitis B, TB, and Flu vaccine are required by the respective Clinical Education Centers. The student shall bear all the cost of such tests. The list of required immunizations will be provided during the orientation. Immunizations must be current within 10 years.

**Final or "official" acceptance to the Radiologic Technology Program is contingent upon the completion and documentation of the physical examination, laboratory tests, and immunizations.**

### **4. Teeth**

Students' teeth should be in good condition; all dental health deficiencies must be corrected. The student shall bear the cost of examination and treatment.

## **Physician Statement**

Any medical problem which requires hospitalization or long-term care from a Physician must be disclosed. A written statement/release from the doctor must be provided prior to returning to the assigned clinical training centers. Failure to comply with this recommendation will forfeit the right of the student to disability and malpractice claims.

## Communicable Disease Policy

All students enter the Radiography program free from communicable disease, as evidenced on their medical forms. However, during the two-year program a student may contract a communicable disease from a patient or the general public.

To protect patients, staff, and other students, the following rules must be adhered to:

1. Students must notify the Clinical Instructor and Program Director/Clinical Coordinator immediately upon being diagnosed with a communicable disease.
2. The student must submit written documentation from the diagnosing physician indicating how their contact with patients, staff and students should be limited.
3. The faculty will remove the student from the clinical and classroom instruction in accordance with the recommendation of the diagnosing physician.
4. The student may return to the clinic and/or classroom when they have received a written release from the physician.
5. Classroom and clinical absences will be handled according to the previously described attendance policies.

In recognition of the possibility of coming into contact with patients who carry a communicable disease capable of being spread by blood or bodily fluids, Radiography students at Los Angeles City College should follow these guidelines:

1. Hands should be properly washed before and after each patient contact.
2. Gloves:
  - Should be worn when the possibility of exposure to blood, mucous membrane, body fluids, or secretions exists.
  - Should also be worn when handling items soiled with blood or equipment
  - Should be changed if there is a break in the glove either by needle stick or tear
  - Must be changed between patients
3. Needles, scalpel blades and other sharp instruments should be:
  - Considered as potentially infectious and handled with extraordinary care to prevent accidental injuries.
  - Should be disposed of in biohazard, puncture resistant containers located in designated areas at each clinical affiliate.
  - Should NOT be re-capped, bent, broken, and/or removed from disposable syringes, or otherwise manipulated by hand.

4. When performing procedures involving any contact with blood or body fluids, gloves, gowns, masks, and goggles should be worn in accordance with affiliate procedure.
5. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-to-mouth masks should be used in accordance with affiliate procedure.
6. When performing procedures involving any contact with blood or body fluids, gloves, gowns, masks, and goggles should be worn in accordance with affiliate procedure.
7. To minimize the need for emergency mouth-to-mouth resuscitation, mouth-to-mouth masks should be used in accordance with affiliate procedure.
8. Blood, body fluid spills, contaminated surfaces, and re-usable items should be cleaned with a 1:10 Clorox solution and other appropriate disinfectant.
9. When obtaining specimens, gloves should be worn. Soiled containers should be placed in plastic bags and properly labeled with blood and fluid precautions before sending them to the lab.
10. Proper isolation procedures for specific instances will be covered in detail during RT 207 Patient Care Management in Radiologic Technology course during the first semester.
11. All students will be required to obtain their immunization records before official acceptance into the RT Program. Students must also receive all mandatory immunizations or vaccines that are required by the clinical training sites before clinical training will start.

## **Electronic Device and Social Media Policy**

Electronic Device Usage in the Clinical and Education Settings

**Electronic devices:** (cell phones, tablets, laptops, smart watches)

1. Devices must be turned off once entering the clinical/didactic education center;
2. Devices shall not be used during clinical time or during class or lab;
3. Devices are restricted to breaks & lunchtime;
4. Devices shall not be used in restricted areas;
5. No video or voice recording is allowed, and no photos of radiographs at the clinical site are permitted.  
Please keep in mind that medical images contain protected sensitive patient data.

If you must make an emergency cell phone call in an unrestricted area, please notify your clinical instructor, technologist, or supervisor before leaving the Imaging Department. Excessive cell phone/text messaging usage will not be tolerated.

## **LACC Department of Radiologic Technology Social Media Policy**

Social Media are powerful communication tools that have a significant impact on organizational and professional reputations. Because the lines are blurred between personal voice and institutional voice, Los Angeles Community College has created a policy to help clarify how to enhance and protect personal and professional reputations when participating in social media.

Social media are defined as media designed to be disseminated through social interaction, creating highly accessible and scalable publishing techniques. Examples include but are not limited to LinkedIn, Twitter, Facebook, YouTube, Instagram, Snapchat.

Both in professional and institutional roles, employees, staff and students need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting apply online as in the real world. Employees, staff, and students are liable for anything they post to social media sites and may be subject to litigation.

### **Policies for All Social Media Sites, Including Personal Sites Protect confidential and proprietary information:**

Do not post ANY confidential, disrespectful, or unprofessional information about clinical affiliates, clients/patients, faculty, staff, or students. You must still follow the applicable federal requirements such as Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), etc.

- Adhere to all applicable privacy and confidentiality policies. Any confidentiality violation is at the risk of [disciplinary action](#) or dismissal from your respective program. Also subject to discipline from respective licensure Boards. You can be held liable for any postings and may be subject to litigation.
- Do not post any content that might place Los Angeles City College, the program or clinical agencies in a bad light or incite litigation.
- Respect copyright and fair use.
- Do Not use LACC or Respective Clinical Affiliate logos for endorsement.
- Respect College/Clinical Affiliate property.
- Do not utilize or access social media platforms during clinical hours. Do not utilize cell phones during clinical hours.

### **Best Practices:**

- Think twice before posting.
- Once you post, you relinquish control of its proliferation forever.
- Be respectful.
- Remember who the audience is.
- Do not share your password or other personal information.

### **Post Modalities Opportunity Policy**

Upon completing all ARRT clinical competencies and California State requirements for radiography certification, cohorts in the Los Angeles City College Radiology program are not guaranteed post-modality training. However, if a cohort is interested in post-modality training, the clinical site where the student is training must have a post-modality (i.e., CT, MRI, NM, Mammography, Radiation Therapy, DEXA, etc.) in operational mode.

For a senior cohort to qualify for a post-modality opportunity training, he or she **must** complete all ARRT and California State requirements for radiography certification and **must** have no disciplinary incidents in the

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college or clinical sites:

- a. Written warning
- b. Pending Investigation
- c. Suspension

At no point should the clinical site or program leaders deviate from this policy. All opportunities **must** be equitable to meet JRCERT standards.

## Clinical Site Misconduct Report Procedure

Purpose: To ensure all cohorts are treated equally with respect, all student misconduct at the clinical sites must be investigated by the clinical preceptors, managers, and clinical coordinator.

Types of misconduct:

- I. Violation of Los Angeles City College Student Misconduct Codes:  
[LACC Student Misconduct Codes](#)
- II. Violation of ASRT/ARRT Code of Ethics:  
[ARRT-Code of Ethics.pdf](#) & [ARRT Standards of Ethics.pdf](#)
- III. Violation of Hospital (Radiology Department & Volunteer Service) Policy & Procedure:  
**Hospital dependent**
- IV. The Hippocratic Oath for Radiologic Technologists:  
[The Hippocratic Oath for Radiologic Technologists](#)
- V. Violation of ISRRT Code of Ethics:  
[International Society of Radiographers & Radiological Technologists](#)

## Procedures:

1. All reports must be documented using the [Student Disciplinary Action forms](#) (see Appendix VIII). Please include the dates and full names of those involved. Please attach all supporting documentation pertaining to the misconduct (i.e., emails, text messages, written statements, pictures, etc.). **Please share only facts that violate any of our policies, rules, or standards. Do not include any subjective data.**
2. The clinical preceptor and clinical coordinator **must** notify the student of the investigation and offer an opportunity to provide detailed information on the event/incidences that occurred.
3. The clinical preceptor and clinical coordinator **must** investigate and document any findings regardless of any misconduct that violates any of the violate any of our policies, rules, or standards, or not.
4. The clinical preceptor and clinical coordinator **must** present all collective documents to the imaging department director at the clinical site, the program chair, the clinical coordinator, the Dean of Allied Health, and the Dean of Student Conduct.



5. Based on the evidence gathered, the violation, and the repetition of the (same or similar) offense(s), the clinical site is obligated to take immediate disciplinary action based on the program and clinical policies and procedures.
6. If misconduct continues, the program must follow the program policies and procedures for dismissal.

## **Prohibited Discrimination and Harassment**

### **Policy Statement:**

It is the policy of the Los Angeles Community College District to provide an educational, employment, and business environment free from Prohibited Discrimination. Employees, students or other persons acting on behalf of the District who engage in Prohibited Discrimination as defined in this policy or by state or federal law shall be subject to discipline, up to and including discharge, expulsion, or termination of the contract.

### **Academic Freedom:**

The Board of Trustees reaffirms its commitment to academic freedom, but recognizes that academic freedom does not allow Prohibited Discrimination. The discussion of ideas, taboos, behavior, or language which is an intrinsic part of the course content shall in no event constitute Prohibited Discrimination, though such ideas may cause some student's discomfort. It is recognized that academic freedom ensures the faculty's right to teach and the student's right to learn.

### **Prohibited Discrimination is defined as:**

Prohibited Discrimination or harassment in violation of state or federal law on the basis of actual or perceived ethnic group religion, creed, sex (including gender-based sexual harassment), pregnancy, marital status, cancer-related medical condition of an employee, sexual orientation, age, physical or mental disability, or veteran status.

### **Definition of Sexual Harassment:**

Sexual harassment is unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature, made by someone from or in the workplace or in the educational setting.

### **Retaliation:**

Retaliation means adverse personal, employment, or academic decisions made against anyone who makes a complaint, refers a matter for investigation, participates in an investigation, represents, or serves as an advocate for a complaint or alleged offender.

### **False Allegations:**

Anyone who files a complaint in which he/she knowingly makes false allegations of fact shall also have violated this policy and shall be subject to [disciplinary action](#).

### **Confidentiality:**

All persons involved in an investigation of complaints shall have a duty to maintain the confidentiality of the matters discussed, except as may be required or permitted by law, which includes the rules and regulations of the District. A complete record of each complaint and investigation shall be kept by the Director of Diversity Programs. The Written Decision or any Settlement Agreement regarding the results

of the investigation shall be placed in the personnel file of each employee involved as an alleged offender or complainant.

## **Complaint Procedure General**

### **Provisions:**

All Supervisors shall be responsible for maintaining a work environment consistent with this policy. Any supervisor who becomes aware of a situation that could be reasonably perceived to be a violation of this policy must report it to the Office of Diversity Programs. All employees are responsible for maintaining an educational environment consistent with this policy. Any employee who becomes aware of a situation that could reasonably be perceived as a violation of this policy should refer it to the Office of Diversity Programs.

### **Investigation:**

A Compliance Officer shall promptly investigate all potential violations of this policy of which he or she becomes aware. A Compliance Officer shall receive the complaint and notify the complainant, the alleged offender, the College President or District administrator, and the Director of Diversity Programs within 5 business days of a potential violation of this policy. During the process of the investigation, the alleged offender has the right to be represented.

### **Informal Procedure:**

A Compliance Officer shall undertake efforts to informally resolve and investigate the charges. This process is limited to 30 days. If a resolution is reached, a Compliance Officer shall draft a Settlement Agreement to be signed by the complainant and the alleged offender. A Compliance Officer shall monitor the situation to ensure that the resolution is properly implemented and maintain records.

### **Complaint Procedure:**

A written complaint must be filed on the prescribed Los Angeles Community College Complaint form. Employment-based complaints shall be filed within 180 days. Non-employment-based complaints shall be filed no later than one year from the date when the complainant knew or reasonably should have known the facts underlying the complaint.

### **Compliance Office Report:**

Within 60 days after becoming aware of a potential violation of this policy, a Compliance Officer shall complete the investigation and make a written report to the College President or Deputy Chancellor. The College President, or Deputy Chancellor, shall independently assess whether the “preponderance of the evidence” establishes a violation and shall determine what action is to be taken, if any. Prior to making the decision, the alleged offender and complainant shall have the opportunity to make an oral statement within 15 days from the receipt of the Compliance Officer’s report. Within 90 days from the start of the investigation, a Written Decision shall be mailed to the complainant and the alleged offender.

### **Disciplinary Action:**

If appropriate, the College President, Deputy Chancellor, or the Chancellor shall initiate the applicable disciplinary process within 10 business days of receiving the Written Decision. Disciplinary action shall include, without limitation, verbal warning, probation, suspension, expulsion, letters of reprimand, Notices of Unsatisfactory Service, suspension, demotion, or dismissal.

## **Prohibited Discrimination and Harassment (continued)**

### **Appeals:**

If the complainant is not satisfied with the Written Decision, he/she may appeal to the District's Board of Trustees by submitting a written appeal to the Chancellor's office within 15 days. The Chancellor shall present the written appeal, the Written Decision and the investigative report to the Board of Trustees in closed session. If the 45 days elapse without further action, the Written Decision shall be the final decision of the District. In non-employment cases, the complainant has the right to file an appeal with the State Chancellor's Office within 30 days after the Board decision is issued, or the 45 days have elapsed whichever comes first.

### **Additional Remedies:**

The complainant may pursue independent civil law remedies, including but not limited to injunctions, restraining orders, or other orders. An individual who believes that he/she is the victim of Prohibited Discrimination may also file a complaint with the Department of Fair Employment & Housing at (800) 884-1684, the Equal Employment Opportunity Commission at (213) 894-1000, for employment based complaints; and the Department of Education, Office for Civil Rights at (415) 556-4275, for non-employment complaints whether or not the complainant chooses to utilize the District's internal procedure. Complaints may also be filled with the State Chancellor's Office.

**The specific rules and procedures for reporting charges of Prohibited Discrimination and for pursuing available remedies are incorporated in the Board Rules in Chapter 15, Board Rules 1501-1522 located at:**

**<https://www.laccd.edu/FacultyStaff/diversity/Pages/Discrimination.aspx#harassment>**

## **Student Grievance Policy and Procedure**

The purpose of the grievance policy and procedures (S-9) are to provide a prompt and equitable means for resolving student(s) grievances. In the pursuit of academic goals, the student should be free of unfair or improper action by any member of the academic community. The grievance procedure may be initiated by one or more students who reasonably believe he/she/they have been subject to unjust action or denied rights involving their status or privileges as students. It is the responsibility of the student(s) to submit proof of alleged unfair or improper action. Grievances pertaining to grades are subject to the California Education Code Section 76224(a) which states: When grades are given for any course of instruction taught in a community college district, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student's grade by the instructor, in the absence of mistake, fraud, bad faith\*, or incompetency, shall be final. (\* In general, there is no definitive definition of bad faith. However, bad faith may exist if there is neglect or refusal to fulfill some duty or obligation (e.g., ignoring student evaluation standards published in the course syllabus), not prompted by an honest mistake.)

Complete student grievance procedure and forms located on the LACC website: [Student Grievance](#)

## **Student Grievance Policy and Procedure (cond.)**

Student Grievance Process: Students who meet the criteria for filing a student grievance as described above should complete the following steps:

**Step 1:** Complete the [Student Grievance Checklist Form](#).

**Step 2:** Submit the completed Student Grievance Checklist form to Dr. Saadia Lagarde Porché in Admission and Records or via [email](#).

For questions about the student grievance procedures, please contact the campus ombudspersons:

**Dr. Saadia Lagarde Porché, Dean of Student Services**

Phone: (323) 953-4000 Ext. 2011 | Student Services Bldg., Admissions and Records

Email: [ombudsperson@lacitycollege.edu](mailto:ombudsperson@lacitycollege.edu)

## **Incident Reporting - Emergencies**

The priority would be to seek medical attention if necessary, and if on campus, contact the Sheriff's office at (323) 953-2911 to receive medical assistance. For student injuries on or off campus during a campus-sanctioned event, including classes, labs, or Clinical Sites, the students must report any incidents to the sheriff's office and the Rad. Tech. Department as soon as they are able to file a campus injury report. The student will be asked for their student ID (Cub Card) or ID number, California DL/ID if they have one, as well as a description of what occurred. The officer will also mark down any injuries they observe and take photos of the injuries to attach to the report. This report will be used to document the incident and sent to senior leadership. Please note, the Radiologic Technology department follows the clinical training facility's injury reporting policies (if applicable) and all county, state, and national guidelines, regulations, and reporting. Please refer to our current campus [emergency plans and procedures](#).

## **Liability Insurance**

Each student is required to purchase Liability Insurance. The premium is approximately \$68.00 for two years. The insurance is purchased through <http://www.proliability.com/> A copy of your liability insurance policy must be turned in to the Radiology Department immediately upon receipt.

## **Accommodations Statement**

Students with a verified disability who may need a reasonable accommodation(s) for any class are encouraged to notify the instructor(s) and contact the Office of Special Services as soon as possible. All information will remain confidential.

Student Services Building, 1st Floor, (323) 953-4000 ext. 2270, [oss@lacitycollege.edu](mailto:oss@lacitycollege.edu)

## **Uniforms**

Students are required to wear scrub uniforms to RT 103, RT 104, RT 207, lab courses, and at the Clinical Education Centers.

- Students will purchase uniforms and accessories as determined by the program.
- All students must have the LACC RT logo on the top left side of their scrub top uniforms.
- Scrub colors are clinical site dependent:

- UCLA requires students to wear black scrub **pants** and a **navy blue top** scrub.
- Kaiser LAMC, Kaiser West LA, CHLA, GSH-PIH require students to wear **navy scrub top & down**.
- Students are not permitted to wear jeans.
- See Uniform Policy

## **Appearance**

**Professional appearance at all times is a reflection of your attitude toward your chosen profession.**

\*Please refer to the Uniform Policy

1. All uniforms must be clean and pressed at all times.
2. Shoes must be clean and polished at all times.
3. Hair is clean, neat, conservatively trimmed, and pulled up and off the shoulders at all times.
4. Nails must be clean at all times. No longer than .25 inch (.635 cm)
5. In the interest of personal and patient safety, jewelry will be limited to a watch, wedding rings, and stud earrings.
6. Name tags/ID badges must be worn when in uniform. The student shall bear all the costs of the name tag.
7. Radiation dosimeter badges (USB) must be worn (on the left side, collar level) at the Clinical Education Centers and when working the laboratory x-ray equipment on campus. Dosimeter badges are provided by the College and the clinical affiliates. (See *Appendix I – Radiation Safety Rules for Campus Laboratory Classes and Clinical Education Centers*.)

## **Personal Hygiene**

As a professional, your personal hygiene is of utmost importance when working with other people at close range. Please consider the following:

1. Oral and dental hygiene.
2. Perspiration odor.
3. Perfumes, colognes, and smoking odors.

## **Change of Address**

The student must notify, via email, the Program Director of any address, email, or telephone number changes as soon as possible.

## **Food**

*Students are not permitted to eat or drink in any class or labs.* If students violate this rule, the instructor may ask them to leave the class.

## **Smoking**

Smoking and vaping are not permitted in any room of the Radiologic Technology Department. LACC is a non-smoking campus.

## **R.T. Facility Maintenance**

*Proper care and cleanliness of all classrooms, radiographic equipment, and accessories is the responsibility of the student.* Improper care and cleanliness of the classroom may result in physical

injury to a student and/or faculty member. Failure to comply may result in disciplinary action.

## **Standards of Student Conduct – LACC Catalog**

Students shall respect and obey civil and criminal law and shall be subject to legal penalties for violation of laws of the City, County, State, and Country. Student conduct in all the Los Angeles Community Colleges must conform to District and College rules and regulations. Violations of such rules and regulations, for which students are subject to disciplinary action, include, but are not limited to the following:

### ***Board Rule 9803.10***

Willful disobedience to directions of College officials acting in the performance of their duties.

### ***Board Rule 9803.11***

Violation of College rules and regulations including those concerning student organizations, the use of College facilities, or the time, place, and manner of public expression or distribution of materials.

### ***Board Rule 9803.12***

Dishonesty, such as cheating or knowingly furnishing false information to the College.

### ***Board Rule 9803.13***

Unauthorized entry to or use of the College facilities.

### ***Board Rule 9803.14***

Forgery, alteration, or misuse of College documents, records, or identification.

### ***Board Rule 9803.15***

Obstruction or disruption of classes, administration, disciplinary procedures, or authorized College activities.

### ***Board Rule 9803.16***

Theft of or damage to property belonging to the College, a member of the College Community, or a campus visitor.

### ***Board Rule 9803.17***

Disorderly, lewd, indecent, obscene, or offensive conduct or expression, which interferes with the College's primary educational responsibility or adversely affects a student's standing as a responsible member of the college community.

### ***Board Rule 9803.18***

Assault or battery, abuse, or any threat of force or violence directed toward any member of the College Community or campus visitor engaged in authorized activities.

**Board Rule 9803.19**

Use, possession, distribution, or presence on a campus or at any college sponsored function while under the influence of alcoholic beverages, narcotics, or other dangerous drugs, such as marijuana and lysergic acid diethylamide (LSD), except as expressly permitted by law.

**Board Rule 9803.20**

Possession, while on a college campus or at a college-sponsored function, of any object that might be used as a lethal weapon, is forbidden by all persons except members of faculty-sponsored, National Rifle Association affiliated clubs, while participating in sanctioned club activities, sworn peace officers, police officers, and other governmental employees charged with policing responsibilities.

Note: Enrollment in a class may be terminated by the instructor for two class sessions (students are allowed to make-up missed work) due to unsatisfactory student conduct, undue disrespect toward an instructor or administrator, or academic dishonesty.

**LACC Radiology Technology Contingency/Crisis Plan**

The contingency and crisis planning applies to all Los Angeles City College Radiologic Technology cohorts (i.e., students enrolled in prerequisites, students enrolled in the program).

The Los Angeles City Radiology Technology program has never been a Distance Education program. Upon unforeseen catastrophe circumstances (i.e., mass casualty event, interruption of utility services, pandemics, natural or catastrophic disasters (i.e., Earthquakes in California), civil disorders, and war, etc.) impact the program and our clinical sites operations, it is mandated to effectively change or migrate to Distance Education.

In light of the COVID-19 pandemic or any crisis, all traditional courses have been moved to Canvas/Zoom. Additionally, students are asked to be flexible if any emergent situations arise. Students who are enrolled in Distance Education must have internet access and Wi-Fi service in order to participate in the courses.

Unless the clinical sites have different requirements for those who have not been vaccinated, it is a requirement to have been vaccinated in order to register for classes and beginning clinical rotations. Clinic sites may limit the number of students they accept due to COVID-19.

To ensure the safety of program students and instructors, the Radiologic Technology program may take the following procedures or measures. All graduates will complete graduation requirements, including ARRT necessary competencies and successful completion of all curricula with a "C" or better.

**Clinical changes are as follows:**

- Assigned clinical site changes along with the schedule (date & time)
- Changes to the expectations for student participation involvement with Isolation Patients
- Extension of clinical course requirements beyond the expected completion date

**Didactic changes are as follows:**

- Class meeting location, schedule (date and time) changes



- Temporary utilization of distance education tools (i.e., Canvas and Zoom Collaborate) for class meetings typically delivered face-to-face
- A limited number of students in the lab on campus (4-8 students; two per x-ray table)
- Extension of course requirements beyond the expected completion date

We are committed to ensuring you graduate on time from the LACC Radiology Technology program. However, extenuating circumstances may cause the program requirements to extend beyond the expected graduation date.

### **Expectations from Program Leadership:**

- Timely communication via email with all of our faculties and clinical sites.
- Prioritization of students and faculty safety.
- Commitment to student professional development.
- Assurance that all students in the program successfully meet graduation requirements.

### **Background, Drug & Health Requirements**

Upon conditional acceptance into the Radiologic Technology Program, the student must have a physical examination performed by a licensed physician at the student's expense. Documentation must be submitted to prove the student is free from communicable diseases, infection, psychological disorders, or other conditions that prevent the successful performance of the responsibilities and tasks required in the program.

Immunization records must be current, including MMR, Tdap vaccines and booster shots (if over 10 years), annual flu vaccine, Hepatitis B vaccine, and negative TB test. Each clinical site may have additional required vaccinations and requirements.

New students must also have CPR-BLS certification approved by the American Heart Association (AHA) before starting their clinical site rotations. An American Red Cross CPR card obtained prior to acceptance will not be accepted.

Upon acceptance into the program, all background and immunization records must be current, immunizations older than 10 years, and requires titers blood test and booster vaccine(s). If your clinical site requires a COVID-19 vaccine, you must include two series and at least one booster, flu vaccine, Hepatitis B vaccine, and a negative TB test (test must be within one year). Drug and health screening must be completed by the orientation date (date TBD). There are no exceptions and no exemptions.

### **Substance Abuse Policy**

The clinical education affiliate may require a drug screening test. The student must comply with the clinical affiliate's drug screening policy.

The radiography Program has zero tolerance for drug and alcohol use while the student is in any clinical site.

If a faculty or clinical staff member has a reasonable suspicion of drug or alcohol use, they may request or require the student to undergo immediate drug and alcohol testing. Such testing will be at the student's expense and will carry no liability for the facility or clinical site member. In the instance of such reasonable suspicion, the student will be immediately dismissed from the campus, program, and clinical activities. If



the results of such testing are negative for drugs or alcohol, the student will be reinstated, and no punitive action will be taken. The clinical affiliate's policy will be enforced if the testing is positive. The student will be subject to appropriate disciplinary action, up to and including termination from the Los Angeles City College Radiology program.

## **Grounds for Dismissal**

1. Academic Requirements: Students unable to maintain a final grade of “C” (75%) or better in any didactic courses, including the 85% threshold for Pass/No Pass in any RT Clinical Education classes, will be dismissed from the program.
2. Student Conduct: Students who violate the Los Angeles Community College Standards of Student Conduct, including furnishing false college and program documents, Violation of Los Angeles City College Student Misconduct Codes, LACCD Board Rules, Violation of ASRT/ARRT Code of Ethics, The Hippocratic Oath for Radiologic Technologist, Violation of ISRRT
3. will be dismissed from the program and cannot reapply for entry.
4. Clinical Education Center: Students who violate policies and procedures governing the operation of the radiology department will be dismissed. Violation of Hospital (Radiology Department & Volunteer Service) Policy & Procedure:
5. Performance of Required Tasks: Grounds for dismissal will develop when a student is able to master didactic knowledge but is unable to perform the required tasks at the clinical education centers. This includes passing all Clinical Education classes assigned during your clinical education experience.

**\*NOTE: The program will not guarantee placement in the same or a different clinical site.**

## **Reinstatement to the Program**

**Didactic and Clinical Education Courses:** A student who fails any didactic or clinical portion of the Radiologic Technology Program must follow the procedure stated below for potential readmission to the RT Program.

### **RT Program Policy for Reinstatement:**

Students can be reinstated if:

- An appeal committee approves through the grievance process. (See Grievance policy).

Students can reapply for reinstatement into the radiology technology program:

- They failed only one course. (must reapply for the program)

Students cannot reapply for reinstatement into the radiology technology program:

- They failed more than one course.

Upon reinstatement, the student must audit all courses passed in previous semesters. Students do not have to retake quizzes and tests for those courses. However, we strongly encourage students to come to class and participate in all activities to prepare them for their ARRT board exam.

**NOTE:** LACCD Board Policy 4225, allows a student to repeat a course in which a substandard grade was earned. Limitations to course repetition are described in LACCD AP 4225.

Procedure:

1. A formal grievance must be filed with the LACC Ombudsperson. (See Student Grievance Policy & Procedure)
2. An informal resolution must be agreed upon by the Ombudsperson, student, and RT Program (Director and Department Chair) for readmission into the program.
3. The initial informal resolution to retake the course is contingent upon the decision of the clinical site to allow the return of the student.
4. There is no guarantee that the RT program can place you in the same or a different clinical site.

**Clinical Education Performance:** Students dismissed due to lack of clinical performance will not be eligible for readmission into the program.

**\*NOTE: The program will not place you in another clinical site once you are dismissed from your assigned site.**

**Attendance Requirement:** Students who withdraw because of failure to meet the attendance requirement are not eligible for readmission into the Radiologic Technology program. (See Attendance policy)

## **Employment**

Students assigned to Clinical Education Centers are not permitted to perform radiologic procedures in the department other than those that are required under the scope of the educational guidelines set forth by the program. However, a student may be employed on a part-time basis in positions at the facility other than that of a student technologist under supervision. Please check the clinical site policy to see whether a dual role as student and employee is allowed. Regardless, students are prohibited from being used as a substitute for regular radiology department staffing.

## **Counseling**

Counseling is provided by the Program Director, Faculty, and Clinical Instructors of the respective clinical education centers. Areas of deficiencies and a plan for improvement are discussed with the student. The student is encouraged and given a reasonable amount of time to improve which may involve satisfying an “action plan” outlining areas of improvement and expected outcomes. Counseling and evaluation will continue to assess the student’s progress. A student who fails to meet the basic requisites of the plan will be dismissed from the program.

## **Library – L.A.C.C. Learning Resource Center**

Radiologic Technology books are available in the Radiologic Technology Department and the LACC library. Students should contact the library for a scheduled tour of the facilities and resources available to them.

## **Radiologic Technology Department – Resource Center**

The Radiologic Technology Department maintains audiovisual and resource materials. Students should contact an instructor if they wish to use the available materials. Audiovisual and resource materials are only available for use in the Radiologic Technology Department.

### **Student Representative to Advisory Board**

The class will elect a representative and alternate to the Los Angeles City College Radiologic Technology Advisory Board. The class representative will attend each meeting and are the means of communication between the class and the Advisory Board. In the event the elected representative cannot attend a meeting, an alternate will attend.

### **Student Placement in Clinical Education Centers**

A lottery selection process conducted by the Radiologic Technology Program is used to place students in their respective clinical training sites. This process ensures each student has an equal opportunity to be selected to train at one of our affiliated sites.

In addition, a student intake process will be conducted prior to being assigned to a clinical education site. The purpose of this intake is for the prospective students to become acquainted with the clinical staff and for the clinical preceptors and staff to outline clinical performance expectations.

When program students (Juniors) begin their clinical training (RT 260) at their assigned clinical site, the attendance policy will be strictly enforced.

### **Graduation**

All Radiologic Technology students must receive the Associate Degree of Science in Radiologic Technology.

- Students are to refer to the current college catalog for graduation requirements. Graduation counseling is available in the Counseling Office. Additional counseling is available in the Radiologic Technology office.
- Application for graduation must be filed with the Graduation Clerk in the Admissions Office prior to the end of the ninth week of the Fall semester (date will vary).
- At the beginning of the Spring semester you are graduating, you must petition to graduate through LACC's Admissions & Records department.
- A copy of the graduation evaluation must be turned in to the Program Director no later than the second week of December (date will vary). Failure to comply may result in the student not being able to take the American Registry of Radiologic Technology Examination.

All Radiologic Technology students must:

- Pass and complete all didactic RT program courses, and general education courses needed to graduate with an A.S. Degree. (please check with the counseling department).
- Complete 1850 clinical hours (CA State) and meet all required mandatory and elective competencies (ARRT)
- Complete all Patient Care competency sign-offs required by the ARRT.

## Trajecys Competency Process

Students will begin competency during their RT 280 Clinical Education I (Summer) course. All competencies must be based on the ARRT Clinical and Didactic, CA DPH RHB, and program requirements. Instructions to get competency approved and validated by the clinical preceptor and clinical coordinator as follows:

### Trajecys Resources for Students

Register Tutorial: Trajecys [Registration](#)

Student Navigation: [Navigation](#)

Student Role: [Tutorial](#)

## Competency Steps:

Please utilize the LACC Radiology Competency Form

1. The student will take the form to a technologist (2yrs working in x-ray & an employee of the facility)
2. The technologist will observe the student for the procedure and or radiography exam.
  - a. Technologists **must** in no way, shape, or form assist the student when they are ready to be comped.
  - b. Students **cannot** get competency if there is a repeat during the procedure/radiography exam.
  - c. Technologists **must** score the students appropriately and sign the form.
3. Students will log into *Trajecys* to alert the Clinical Preceptor to approve the competency form.
4. Then, the student must deliver the competency form to the nearest LACC Competency Box.
5. The Clinical Preceptor will utilize *Trajecys* to approve the competency.
6. The Clinical Coordinator will validate and finalize the competency form on *Trajecys*'.
7. The form is returned to the student to file it into their binder.
8. All students **must earn 3 points or greater** under each technical category.

## Policy on Pre-Application of Eligibility for A.R.R.T. Certification and Registration (<https://www.arrt.org/>)

An individual who has been involved in a criminal proceeding or who has been charged with or convicted of a crime may file a pre-application with the ARRT to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of a plea of guilty to, or a plea of nolo contendere (no contest) to, an offense that is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication or suspended or withheld sentence. This procedure may enable the individual who has been involved in a criminal proceeding or has a criminal conviction to avoid any delays or possible ineligibility in processing an Application for Examination that is made at the time of graduation from an approved program.

## Certification

Students who complete the curriculum in Radiologic Technology, including the clinical education phase, will be eligible to sit for examinations prepared by the American Registry of Radiologic Technologists (ARRT) and Radiologic Health Section of the California Department of Public Health (CRT).

## Professional Organizations

The LACC radiology program requires all cohort students to become members of professional societies.

### **American Society of Radiologic Technologists (ASRT):**

The American Society of Radiologic Technologists is the premier professional association for the medical imaging and radiation therapy community through education, advocacy, research, and innovation.

ASRT will help you prepare for your future and succeed in school. Members get access to study tools, practice exams, career planning tools, and much more.

### **California Society of Radiologic Technologists (CSRT):**

The California Society of Radiologic Technologists is the only full-service professional organization representing the interests of more than 22,000 registered radiologic technologists and medical imaging professionals in California. The CSRT delivers valuable member benefits that assist and protect you as a member of the medical imaging community in California. Benefits feature a wide range of educational and career tools. In addition, your membership will allow the CSRT and its members to be a catalyst for healthcare improvement by fostering communication and networking among its members and the greater healthcare community.

## Estimated Financial Cost

Legal residents of the State of California are required to pay nominal enrollment fees. Non-resident students are required by State law to pay non-resident tuition fees. Consult Los Angeles City College Admissions and Records for current fees. (Fees are subject to change per the State Legislature.) In addition, students may expect other fees and expenses during the length of the program.

Enrollment Fee	\$ 46 per unit (74.5 credits = \$3,427)
Associated Student Body Membership (optional)	\$28 (\$7 Fall/Spring) \$6 (\$3 Winter/Summer)
Health Fee	\$76 (\$19 Fall/Spring) \$32 (\$16 Winter/Summer)
Parking Fee	\$27
Identification Badge	\$8
Pre-entrance medical examination	\$200
Immunizations	\$200
Liability/Malpractice insurance	\$136 (\$68 annually)
Drug Testing and Background Check	\$100
Textbooks and supplies (entire program)	\$800
Professional organizations: student membership	
1. CSRT	\$60 (\$30 annually x 2)
2. ASRT	\$70 (\$35 annually x 2)
Uniforms	\$280 (est.)
OSL Dose Badges (replacement)	\$80
Trajecsyst (Cloud-based clinical reporting system)	\$200
Rad Review subscription	\$250
Cloverleaf Learning Rad Tech Bootcamp	\$225
Kettering Board Review Seminar	\$200
Graduation fees & expenses	\$200
Graduation sashes	\$35
Graduation pins	\$25
Certification Examinations:	
1. ARRT Radiography Exam fee	\$225
2. CA DPH-RHB CRT permit – Radiography	\$112
3. CA DPH-RHB CRT permit – Fluoroscopy	\$112
<b>Total</b>	<b>\$7,114</b>

# Equitable Educational Opportunity - Conflict of Interest

## I. Introduction

All JRCERT accredited education programs must ensure that the institution provides equitable learning opportunities for all students. This policy will aid our clinical locations and the LACC Radiologic Technology program in preventing, detecting, and correcting inequitable didactic and clinical training practices. The LACC RT Program must ensure that all students receive the same educational opportunities. To this end, students may receive an extra benefit if they have an instructor, Clinical Preceptor, or clinical staff employee who is a relative. Students must disclose any familial relationships that they have with LACC RT Program faculty, clinical training staff, or any employee in any of our clinical affiliates. Students' clinical competency forms and timesheets shall not be signed by relatives in all our approved Clinical Sites. The following outlines the procedure when such a situation exists.

## II. Policy Statement

To ensure equitable learning opportunities for all our students in the RT Program, students will not be allowed to rotate at the same clinical site with any relative or family member, as this may be perceived by other students as an unfair advantage or possible “favoritism” when it comes to the clinical experience and evaluations. Other students may perceive they may not receive an equitable level of training or the same learning opportunities.

The LACC RT Program requires that **students MUST disclose the nature of the relationship directly to the LACC RT program.** Once disclosed, employees at any of our clinical sites are prohibited from directly supervising or evaluating their relatives and family friends.

## III. Purpose of Policy

This policy is in support of the *JRCERT Standard 1.1: “...Policies and procedures must be fair, equitably applied, and readily available.”*

All students must receive the same didactic and clinical training opportunities. Therefore, it is necessary to outline the limits of a potential student-relative relationship in the didactic and clinical settings. Favoritism must be eliminated as a potentially unfair advantage, as other students may rightfully perceive they are not receiving the same teaching, clinical training, or other possible opportunities in an equitable manner.

## IV. Definitions of Relative

This policy applies to ALL STUDENTS in the Los Angeles City College Radiologic Technology program as described by any of the following familial relationships.

A member of the immediate family of a student or a member of the immediate family of an employee's spouse/domestic partner, including but not limited to:

1. spouse/domestic partner
2. parent/step parent/parent in-law/step parent in-law/in loco parentis
3. child/stepchild/legal ward/foster child/adopted child
4. daughter/step daughter/daughter in-law/step daughter in-law
5. son/step son/son in-law/step son in-law
6. nephew/ niece/ first cousin
7. sister/step-sister/sister-in-law/step sister-in-law

**Definition of Non-relatives:**

A family member who is not connected to the student by blood, marriage, or adoption, e.g., a friend or acquaintance.

**V. Reporting Procedure**

Students must disclose the nature of the relationship in writing directly to the LACC RT Program. If applicable, this form must be completed and submitted to the Program Director or Department Chair at the same time as the [Student Affirmation Form](#) prior to the start of your first Fall semester in the Program.

**This policy requires students to disclose a potential conflict of interest. If you have a family member who may be providing didactic or clinical instruction and training, this familial relationship must be disclosed. Please disclose a list of relatives' names and the clinical site/institution of employment. Violation of this policy is non-disclosure and could be grounds for discipline up to and including dismissal from the LACC Radiologic Technology Program.**

**Student Name:** \_\_\_\_\_

**Name of family member / significant other:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Assigned Clinical Site:** \_\_\_\_\_



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# Appendix I

## LACC Administrative Organizational Chart

ACADEMIC AFFAIRS LEADERSHIP DIRECTORY (EFFECTIVE FALL 2024)			
<b>CARMEN DONES (AD 208 / EXT. 1056)</b> VICE PRESIDENT OF ACADEMIC AFFAIRS, INTERIM Also the following Programs: Athletics, RESJ and Staff & Organizational Development			
<b>ANNA BADALYAN (AD 209 / EXT. 2372)</b> DEAN OF INSTITUTIONAL EFFECTIVENESS AND ADVANCEMENT Also the following Programs: Institutional Research, Scheduling, Catalog, Strategic Planning, Accreditation, SLO, and Instructional Technology			
<b>ARMINEH DEREGHSHIAN (SSB WINDOW 33 / EXT. 2452)</b> DEAN OF STUDENT SERVICES			
Name of Department	Name of Specialist	Ext.	Location
Dual Enrollment Specialist	Michelle Ceja	1334	SSB WINDOW 33
<b>ANN HAMILTON (SCI TECH 222B / EXT. 2052 / CELL PHONE 562-394-8972)</b> DEAN OF ALLIED HEALTH, FAMILY SCIENCES AND KINESIOLOGY / HEALTH / DANCE			
Name of Department	Name of Chairperson / Director	Ext.	Location
Child Development / Dietetics	Keli Miller	2299	CD 202
Dental Technology	Olga Ramadan	2501 2503	SCI TECH 324 A
Kinesiology / Health / Dance	Aykanush Gevanyan	2663	KINN 216
Nursing	Christine Sloat, Director	2533	SCI TECH 222 C
Nutrition & Dietetics	Gayle Stafsky, Director	2291	AD 200
Radiologic Technology	Julie Washenik	2941	RT 4
<b>CAROL KOZERACKI (HH 200J / EXT. 2061)</b> DEAN OF SCHOOL OF HUMANITIES AND BEHAVIORIAL AND SOCIAL SCIENCES Also the following Programs: Break It to Make It and RBS/Honors			
Name of Department	Name of Chairperson	Ext.	Location
Communication Studies	Sarah Crachiolo-Garcia	2969	JH 312
English / ESL	Jeffrey Nishimura	2706	JH 301 A
Law / Administration of Justice	Wilhelm Vargas	2754	HH 200 H
Library	George Martinez	1395	MLK 324
Modern Languages / Civilizations	Yelgy Parada	2735	JH 111 D
Philosophy	Julio Torres	2763	HH 200 C
Psychology	David Seghi	2935	HH 100 G
Social Sciences	Carlos Guerrero	2506	FH 219 E
<b>VI LY (CC 217/ EXT. 2060)</b> DEAN OF PERFORMING AND VISUAL ARTS / BUSINESS ADMINISTRATION			
Name of Department	Name of Chairperson	Ext.	Location
Business Administration	Raymond (Britt) Haste	2547	AD 304
Cinema / Television	Krystle Klein	2632	CC 187
Music	Christine Park	2887	CH 146
Theatre Arts	John Bledsoe	2982	TA 208 A
Visual & Media Arts	Amarpal Khanna	1518	DH 202
<b>ANGELICA RAMIREZ (CHEM 209 / EXT. 2588)</b> DEAN OF NONCREDIT, ADULT EDUCATION, BASIC SKILLS Also the following Programs: WIOA/AEFL (Districtwide) and Calif Adult Education Program			
Name of Department	Name of Chairperson	Ext.	Location
Non-Credit	Martha Clayton	1233	CHEM 111 B
<b>DAN WANNER (FH 306 / EXT. 2892)</b> DEAN OF STEM Also the following Programs: STEM Grants, Curriculum, Online Education and MESA			
Name of Department	Name of Chairperson	Ext.	Location
Chemistry	Baghdasarian Glenn	2600	SCI TEC 324 B
CSISA	Shawki Dakduk	2689	FH 203 B
Earth Sciences	Nathaniel (Nate) Lorentz	2691	SCI TECH 324 F
Life Sciences	Gregory Gonsalves	2796	SCI TEC 222 E
Math	Kee Lam	2811	FH 101 O
Physics / Engineering / Astronomy	Jayesh Bhakta	2923	SCI TEC 222 D
<b>VIVIAN ALONZO (LS 208, EXT. 1521)</b> ASSOCIATE DEAN OF PERKINS/WSP REGIONAL/LOCAL, CONTRACT EDUCATION, CO-OP AND MESA			
<b>DARREN GROSCHE (AD 109, EXT. 1471)</b> ASSOCIATE DEAN OF INTERNATIONAL STUDENTS PROGRAM, EXTENSION, LANGUAGE ACADEMY AND STUDY ABROAD			

## Appendix II

### Timekeeping Policy and Student Evaluations using Trajecsys

Los Angeles City College  
Radiology Technology Program  
Mammography Program  
**Trajecsys (Cloud-based Record Timekeeping) Policies**

**Policy:** The California State Department of Public Health – Radiologic Health Branch (CA DPH RHB) requires that all students in the Radiology Technology program complete at least 1850 hours of clinical training to qualify for the ARRT board exam and CA DPH RHB certification. Thus, students are mandated to utilize **Trajecys** electronic timekeeping, evaluations, and competencies requirements. These hours and documentation are recorded in **Trajecys** (an Internet-accessible hosted educational and clinical management system). Cohort(s) may not clock in or out for another person. The individual student is responsible for Trajectory accuracy. **Falsification of timesheets, competencies, and evaluations are strictly prohibited and will result in an immediate dismissal from the program.**

**Purpose:** To establish guidelines for cohorts to have an accurate record of hours trained, competencies completed and verified, and evaluations on performance and skills for each semester of their clinical training, using **Trajecys**, a web-based timekeeping system.

**Registration:** The cost of the Trajecsys account is a one-time fee of \$200.00 paid directly to Trajecsys via their website: [Trajecys](#)

#### **Procedures:**

The following regulations will apply:

1. Cohorts are required to clock in prior to their assigned start time and must clock out at the end of their daily rotation.
2. Cohorts are required to clock out any time they leave the work site for any reason other than assigned work duties.
3. **No cohort may clock in more than 5 minutes prior to, or 5 minutes after, the start of their shift.**
4. **Cohorts should remain clocked in for weekly, biweekly, or monthly mandatory meetings and studying time (one hour) at their clinical site.**
5. Cohorts are not prohibited from exceeding 40 hours per week. Additional time past 40hrs are voluntary hours. **It will not be counted towards the CA DPH RHB graduation requirements.**
6. All make-up hours requests **must** be approved by the clinical preceptor and clinical coordinator.
7. If a student chooses to use a cell phone for recording clinical time, geolocation services must be activated and utilized within 10 feet of the location. If a student does not activate this service on their phone, clock-in will not be displayed, generating an error. Cohorts will not gain credit for the clinical hours during the time the geolocation services are not used and will be required to clock in/out using an onsite computer.
8. Students must record time from the facility's radiology department or appropriate department (such as clinic or OR). Students found recording time in other areas (including the parking lot) will no longer be allowed to use a cell phone for recording of time. Counseling will also occur. If a student fails to record their time properly at any point in the program after counseling, the student will be dismissed from the program.
9. Inaccuracies in documentation will result in an investigation, a warning, and then a write-up, and if this behavior continues, it will lead to suspension or dismissal from the RT program.

### **Habitual Tardiness and Clocking Out Early Disciplinary Action:**

1-minute late after your assigned schedule is considered late.

1-10 minutes late = cohort owes timekeeping system 10 minutes

16-30 minutes late = cohort owes timekeeping system 30 minutes

31-45 minutes late = cohort owes timekeeping system 45 minutes

46-59 minutes late = cohort owes timekeeping system 1 hour

Violations of these procedures will result in disciplinary actions, including oral or written warnings, suspension, and/or termination. Under no circumstance may one cohort clock in or out for another employee. Any cohort(s) participating in this type of violation will face immediate dismissal.

All make-up time must be requested and approved on Trejacys.

## **Student & Clinical Preceptor Evaluation**

Every semester, Clinical Evaluations are utilized as a tool for assessing the clinical performance of each student. It is the responsibility of each student to remind them to remind their clinical preceptors/technologists a week prior to the end of the semester to submit their evaluation. Students must electronically sign their clinical faculty evaluation within 7 days of the evaluation being completed by the technologists. Students may communicate with the technologists verbally, as well as send a follow-up email via Trajecsys. Weekly evaluations are due by the second week to the last week (Sunday) of each semester by the Technologist by 5:00 pm. Any evaluation received after the 5:00 pm deadline will result in a deduction of points based on the rubric scale below.

Each Clinical preceptor/technologist is required to maintain and respect the confidentiality of each student's performance with the use of Trajecsys. Clinical preceptors/Technologists are not to share evaluation information and competency information with fellow technologists or students. This information is protected by the Family Educational Rights and Protection Act (FERPA). Clinical preceptors/Technologists are expected to discuss the student's progress and performance throughout the week before the submission of the weekly evaluation - no evaluation should be a surprise from the technologists. These conversations should take place in a quiet and private location. If the student's performance is unsatisfactory, the Clinical preceptor/Technologists may request a conference with the program faculty and the student to discuss any concerns regarding performance and progression in the clinical setting. It is at the discretion of the LACC Radiologic Technology Program faculty to request a meeting with the Clinical preceptor/technologist if the program faculty feels it is necessary or for the benefit of the student/clinical site. If time does not permit in the clinical setting, students will review and sign their weekly evaluations in private.

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix III**  
**Uniform Policy**

## **Uniform Policy for Lab & Clinical Physical Appearance/Proper Attire**

Students shall be in full uniform during lab and clinical assignments. This includes wearing a name badge and radiation-monitoring device (collar level, left side, outside of lead apron).

In keeping with established practices of proper hygiene, safety, moral, professional, and social values, and to provide minimum disruption to patient care, the following guidelines will be followed:

1. Only navy blue scrubs (NOT light blue, teal blue, etc.) Uniforms/scrubs should be clean, not faded, and **wrinkle-free**. Scrubs with LACC RT logos can be bought at the college bookstore. However, if purchasing logo patches, they must be placed on the left side of the top/shirt scrub. Uniforms should not be low-cut. Black leather shoes with rubber soles are recommended. However, black, navy blue or gray sneakers are acceptable. Please note that the purpose of leather shoes is to protect your feet from sharp instruments if dropped.

Note: Students rotating at UCLA must wear a navy blue top with the LACC RT Logo and black scrub bottoms. The manufacturer's logo is not to be visible.

2. When at the lab or clinical site, long hair should be confined or pulled back and **off your shoulders** (tied up in a bun) so it does not fall forward.
3. Beards and mustaches (facial hair) are acceptable if neatly trimmed. At the clinical site, it is strongly suggested to have a clean-shaven face. Otherwise, N95 masks may be ill-fitting when working with isolation patients. The respirator masks (N95) will not seal properly due to the beard and be less effective.
4. Observe personal hygiene carefully, including brushing teeth, bathing daily, using deodorant, and washing hair.
5. NO perfumes or colognes at clinical sites. Some patients may become nauseous from strong perfumes/colognes, especially for cancer patients receiving treatment (chemotherapy).
6. No pierced body parts (with the exception of pierced ears) shall be visible.
7. Gang-related clothing is not permitted at school or clinical sites.
8. Visible tattoos are not permitted at the clinical site. Please wear long sleeve shirts to cover tattoos on your arms.
9. Make-up must be worn in moderation.
10. Fingernails must be trimmed to a length that will not puncture gloves (no more than 1/4"). No false fingernails (Gel, acrylic nails) are allowed due to the possible spread of pathogenic bacteria. No colored nail polish for clinical rotations.
11. NO gum chewing during class, lab, or clinical rotations.

## Appendix IV Grading System

To standardize our grading system, all instructors will use the following grading scale:

A = 100-94%

B = 93-83%

C = 82-75%

D = 74-61%

F = 60% & below

Students must maintain a minimum grade of “C” (75%) in each course. All clinical education classes (RT 260, 280, 281, 282, 283) are “PASS or NO PASS” with a passing score of 85% or higher.

**There are NO makeup quizzes, presentations, Midterm, or Final exams. There is NO repeat of any failed exam in any of the RT courses.**

- **There is NO rounding up on any quiz, exam, lab practicum or final grade.**
- **Instructors will NOT throw out your lowest quiz grade.**
- **There is no reviewing of any exams taken. This includes the midterm and final exam after the student submits their exam and is graded.**
- **Students are NOT allowed to screen capture any quiz/exam questions posted on Canvas, it is a violation of publication rights and the college’s dishonesty policy.**

**Exceptions for quizzes ONLY: Doctor’s note, court note, police report, towing slip.**

- 10% of your grade will be deducted for any make-up quizzes.
- Exams that meet makeup requirements must be made the day following the missed scheduled examination for instructors to administer and grade a make-up examination. Failure to do so will result in a grade of zero (0) for that examination.
- This includes being tardy for quizzes.

If you are tardy or absent for your Midterms or Final Exams/Practicums, there are **NO** make-up test(s). **The program is simulating the same environment and requirements as the ARRT Board examination testing centers.** All quizzes and examinations will be timed. In addition, it is very distracting to your classmates that showed up on time.



## Appendix V

### **Radiation Safety Rules for Campus Laboratory Classes and Clinical 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 without exception.

1. A Radiation Dosimeter (OSL) is provided to each student during the entire course of their training. Monitors must be properly oriented and must be worn at all times during labs and during their training at their assigned clinical sites. If protective aprons are used, the OSL monitor must be worn outside the apron, left side, at collar level 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 at any time during activation of the tube (when x-rays are being generated). The three exceptions are **surgery, portables, and fluoroscopic work**, which are discussed below.
3. Students must not hold image receptors during any radiographic procedure. Nor will students hold or support a patient during exposure.
4. During activation of the tube, you must not be in direct line with either the tube or the 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 or through a crack between the door and the 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:
  - A lead apron must be worn at all times, or you must remain behind a lead protective screen.
  - The OSL badge will be worn as noted above.
  - You must stand as far from the patient and tube as possible, preferably at a right angle (90°), consistent with the conduct of the examination.
8. Do not, during the observation period (RT 260), make exposures on patients. You may assist in helping patients onto tables, etc., but only under the direct supervision of a staff technologist.

9. With the permission of the technologist, you may make test exposures on inanimate objects such as phantoms. In doing so, all radiation safety rules must be followed.
10. When assisting and/or performing radiographic procedures in surgery and/or at the bedside the following will prevail:
- A lead apron will be worn.
  - A OSL badge will be worn (see #1 above).
  - Stand as far from the patient and tube as possible.
  - Stand so that the central ray is pointing away from your body.
  - Observe all regulations which apply to work in surgery, such as preserving sterile fields, wearing surgical garments, etc.
11. **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 a student being supervised 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.

Four areas that require direct supervision regardless of the level of competency:

1. Repeat x-rays
2. Portables
3. Fluoroscopy procedures
4. OR surgery procedures

12. **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.

Per JRCERT requirement, students, Clinical Preceptors, and qualified radiologic technologists must sign the indirect & direct supervision policy by the school **annually**.

13. Repeat radiographic examinations: All radiologic technology students, regardless of the student's level of competency and in support of professional responsibility for the provision of quality patient care and radiation protection, **NON-DIAGNOSTIC RADIOGRAPHS SHALL BE REPEATED ONLY IN THE PRESENCE OF A QUALIFIED RADIOGRAPHER.**
14. FAILURE TO COMPLY WITH THIS POLICY WILL BE GROUNDS FOR [DISCIPLINARY ACTION](#). CONTINUED ABUSE WILL RESULT IN TERMINATION FROM THE PROGRAM.



**Appendix VI**  
**Addendum for High Exposure Dose (ALARA)**

Annual Radiation Exposure Limits			
Whole Body (Annual) Dose for Occupational Workers	50 mSv/yr. (5,000 mrem/ year) Stochastic Effects		
Lens of the Eye	15 mSv/yr. (15,000 mrem/ year) Non-Stochastic Effects		
Extremities and Skin	500 mSv/yr. (50,000 mrem/year) Non-Stochastic Effects		
Fetal Entire Gestation	5 mSv/gestation (500 mrem/gestation)		
Fetal Monthly Dose Limit	0.5 mSv/month (50 mrem/month)		
General Population	1 mSv/yr. (100 mrem/year)		
Dosimeter (Monthly)	ALARA Level I 30% Limit Fraction	ALARA Level II 60% Limit Fraction	ALARA Level III 90 % Limit Fraction
Whole Body (Monthly)	1.25 mSv (125 mRem)	2.5 mSv (250 mRem)	3.75 mSv (375 mRem)
Whole Body (Quarterly)	1.25 mSv (125 mRem)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)
Extremity (Monthly)	3.75 mSv (375 mRem)	7.5 mSv (750 mRem)	11.25 mSv (1,125 mRem)
Extremity (Quarterly)	3.75 mSv (375 mRem)	11.25 mSv (1,125 mRem)	22.5 mSv (2,250 mRem)
Declared Pregnant Worker (Monthly)*	0.0125 mSv (1.25 mRem)	0.025 mSv (2.5 mRem)	0.0375 mSv (3.75 mRem)
<b>ALARA I</b>	Radiation Safety Officer Notified. Report kept on file.		
<b>ALARA II</b>	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
<b>ALARA III</b>	Badged Radiation Employee/Student receives a Report of Unusual Radiation Exposure (RURE)		
	RSO performs a Review of a Worker Exposure Conditions and Procedures		

\*The calculations used for the declared pregnant female's monthly gestation was 12 months instead of 9 months as a prudent measure.

**What are the ALARA Investigation Levels?**

There are two types of ALARA investigation levels for external occupational radiation exposure as indicate 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.

**How the LACC RT Department Determined and Calculated the ALARA Levels:**

The ALARA Levels were based on a percentage fraction per monthly and quarterly dose readings for the various maximum permissible doses.

For **monthly** dose readings:

ALARA Level I was based on a 30% fraction.

ALARA Level II was based on a 60% fraction.

ALARA Level III was based on a 90% fraction.

For **quarterly** dose readings:

ALARA Level I was based on a 10% fraction.

ALARA Level II was based on a 30% fraction.

ALARA Level III was based on a 60% fraction.

\*Lower percentages were used based on the quarterly readings.

Calculation:

Level = (percent x dose limit) / monthly or quarterly

For example:

ALARA I for Whole Body (monthly) =  $(.30 \times 5000 \text{ mrem}) / 12 \text{ months}$   
= 1500 mrem/12 months  
= 125 mrem or (1.25 mSv)

## **Appendix VII**

### **Radiation Protection Program – Policies and Procedures** (Excerpts from the Radiation Protection Plan (RPP))

#### **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.

#### **Policy:**

1. Regarding dosimetry badges and reports while enrolled in the program: No charge will be required to cover the cost of providing radiation dosimetry services for the student (including fetal badge).
  - 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, left side.
  - c) It is the student's responsibility to submit the OSL radiation monitoring badge to your Clinical Coordinator or Clinical Education instructor by the 1<sup>st</sup> day of each new quarter. 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 dose readings are available to students provided by Landauer's reports, and each student must adhere to FERPA privacy rules.
  - e) The most current dosimetry report will be available at the school on a quarterly basis.
  - f) 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.
  - g) Immediately inform the Program Director/RSO if you lost, washed, accidentally expose, or otherwise damaged your dosimetry badge. In addition, a "Radiation Dosimetry Questionnaire" must be completed 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 *LACC's District Supervisor's Report of Injury* to the Program Director to ascertain what factors might have contributed 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 be 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.

- h) Past dosimetry badge reports are filed indefinitely in the RT file room or the RSO/Program Director's office.
  - i) Upon graduation, students will receive one free copy of his/her termination dosimetry report. Copy and file this final dosimetry report for future reference.
  - j) Landauer OSL badges are the school's dosimetry provider. Student radiation exposures are monitored quarterly throughout the program and are maintained by the College as part of the student's permanent file.
2. When an X-ray exposure is about to be made, you MUST:
    - a) Leave the room, or
    - b) Stand behind the lead shield, or
    - c) Stand at least 6' away from the source, or
    - d) Otherwise, be 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 "peek" around a door nor through a crack between the 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 dosimetry badge must be worn left side, above the lead apron at collar level.
  9. Do not, during the observation periods, make exposures on patients. You may assist by helping patients onto tables, etc., but only under direct supervision of a staff technologist.
  10. With permission of the principal staff technologist, you may make test exposures on inanimate objects. In so doing, all radiation safety rules must be followed as well as tube safety factors, etc.

11. When observing radiologic procedures in the operating room and bedsides portables:
  - a. A lead apron must be worn.
  - b. A dosimetry badge must be worn above the lead apron at collar level, left side.
  - c. Stand as far from the patient and tube as allowable.
  - 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 staff technologist will provide details.
  - f. In addition, when observing, you must step outside the room, if you cannot stand at least 10 feet from the patient or stand behind the staff technologist during actual exposure.
12. Permission to make actual exposure on patients will be determined by:
  - a. The opinions of the Radiologist/Department Manager/Clinical Instructor.
  - b. The opinions of the Program Director/Clinical Coordinator/Clinical Supervisor.
  - c. Your own feeling of security and competence.
13. Items pertinent to patient radiation safety include:
  - a. Make sure careful collimation is used to restrict the X-ray beam to the area of clinical interest only. (The X-ray field may **never** be larger than the size of the image receptor used.)
  - b. Use gonadal shielding where and when appropriate. Review your clinical facility's policies regarding the use of gonadal shielding.
  - c. Make sure the X-ray room is cleared of all nonessential persons before an exposure is made.
  - d. If an individual is needed to hold a patient, use appropriate protective apparel such as a leaded apron (at least 0.5 mm of Pb equivalence) and lead gloves or lead shields.
14. Items pertinent to the technical aspects of the radiographic procedure and radiation protection (if applicable)
  - a. Use the best image receptor/grid combination for the lowest dose practicable and commensurate with the objectives of the radiographic procedure.
  - b. Know exactly what examination and which view or views are to be taken
  - c. Position the patient correctly for the required examination/position and view before making the actual exposure.
  - d. Use high (optimum) kilovolt peak (kVp) and low milliamperage-seconds (mAs) techniques for low dose radiography, consistent with obtaining a diagnostic quality image unless otherwise indicated by facility protocol.
  - e. Take steps to avoid patient motion by clearly instructing patients not to move, by using appropriate immobilization positioning aids, and by keeping the patient comfortable and under constant observation.
  - f. Help keep image receptors clean.
  - g. Place positioning markers correctly on the image receptor.
  - h. No eating or drinking in the working area of the department.
15. Failure to obtain diagnostic quality radiographs with the least exposure to the patient for the radiographic procedure required means failure to meet the accepted standard of care. A copy of the Department of Public Health's NOTICE TO EMPLOYEES (RH 2364) is posted in the lab. Current copies of Title 17

“California Radiation Control Regulations” as well as 10 CFR Part 20 “Standards for Protection Against Ionizing Radiation” can be retrieved online. Steps on how to access Title 17 are posted in the hallway.

16. Energized Labs- supervision: student utilization of energized laboratories **MUST** be under the guidance of a qualified practitioner; otherwise, the radiations exposures mechanism must be disabled.
  - a. If ionizing radiation is being utilized during laboratory sessions, a radiation warning sign indicating one is entering a potential radiation area.
  - b. The entrance to each x-ray lab suite is posted with an acceptable radiation warning sign indicating one is entering a potential radiation area.
17. The school’s designated Radiation Safety Officer (RSO) is Julie Washenik, R.T. (R)(M). The Alternate Radiation Safety Officer (RSO) is Joyce Obeng, R.T.(R)(M)(CT).
18. Procedures for ensuring that the combined occupational total effective dose equivalent (TEDE) to any student/employee receiving occupational exposure at your facility and at other facilities does not exceed 5 rem (50 mSv) per year.
19. Students and faculty dosimetry reports are monitored frequently to ensure their combined occupational total effective dose equivalent does not exceed 5 rem (50 mSv) per year and are below the ALARA Levels set by the LACC RT Program. A student’s exposure is investigated further if their quarterly deep dose equivalent is greater than 125 mRem (1.25 mSv).

## Appendix VIII

### Declaration of Pregnancy

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. This declaration is VOLUNTARY. You do not have to declare your pregnancy unless you choose to do so. By declaring your pregnancy Los Angeles City College, Radiologic Technology Program and the clinical affiliates will take all precautions necessary to keep the radiation dose to the embryo/fetus at or below the legal limits in accordance with the Nuclear Regulatory Commission, 10 CFR 20. 1208. **Additionally, you have the right to withdraw your declaration (must do so in writing).**
2. The student was informed on \_\_\_\_\_ of the risks of occupational exposure of a fetus and fertile women as outlined in the appendix to Regulatory Guide 8.13 of the U.S. Nuclear Regulatory Commission, entitled Possible Health Risks to Children of Women Who Are Exposed to Radiation During Pregnancy. **Students initial:** \_\_\_\_\_
3. Los Angeles City College and the Clinical Affiliate agree to furnish the student with an additional dosimeter badge for embryo/fetal monitoring during the gestational period. The student will wear one dosimeter badge on the collar of the uniform and the additional dosimeter badge at waist level to measure fetal dose. When wearing a lead apron, the second badge will be worn at the waist level under the lead apron. The radiation monitoring company will be informed, in writing, that the second dosimeter badge report is for fetal monitoring and a separate report from the mother's dose record will be recorded.
4. Pregnancy does not preclude a student's continuation in the program. The student's clinical activities may be changed within the radiography curriculum to minimize the radiation exposure to the embryo/fetus.
5. The student will be advised to consult with her personal physician to help her decide whether she should continue or withdraw from the Radiologic Technology Program. **A written statement from the physician as to their determination of the student's ability to continue in the program will be requested and discussed with the student.**
6. The student will be informed that she has the option to temporarily withdraw from the program when the pregnancy interferes with her abilities to safely perform the required duties of a student radiographer. Additionally, **the student has the option to continue in the education program without modification. If the student elects to temporarily withdraw from the program the student can return to the program and complete the requirements of the program without modification within a three month period post- partum {No Exceptions}.** If a student does not return or notify the program within the three-month time period (needs to be in writing) the student will be excluded from the program.

A formal letter of resignation will be required, and the student must go through the entire application process again.



7. The student's signature indicates a written notice of **"Voluntary Declaration of Pregnancy"** **(Page 37 of the Student Manual)** and or a written notice of **"Voluntary Declaration Revocation of Pregnancy"** **(Page 39 of the Student Manual)**

In order to qualify for graduation, the student must satisfactorily complete all of the classroom and externship (clinical) requirements and credits necessary to fulfill the Los Angeles City College Radiologic Technology Program graduation requirements.

Student Initials: \_\_\_\_\_

**Declaration of Pregnancy Form**  
**Voluntary Declaration of Pregnancy**

Student Name: \_\_\_\_\_ LACC ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am submitting this Declaration of Pregnancy to inform the Radiation Safety Officer (RSO) that I am pregnant. The estimated date of delivery is \_\_\_\_\_. I have made the decision to permit application of the embryo/fetal dose limits specified by the Nuclear Regulatory Commission (NRC) in Title 10 Code of Federal Regulations Part 20.1208 (10 CFR 20.1208) or the State of California Ionizing Radiation Rules as applicable.

**Declarant must choose one of the following options:**

I prefer that dosimeters issued to me for fetal monitoring and corresponding reports of results be:

- \_\_\_\_\_ held at the RSO office where I will arrange to personally collect and exchange them at the start of each wear period.
- \_\_\_\_\_ sent to me via the contact person of the Dosimeter series assigned to the authorized user or facility where I carry out my Clinical Training, at the start of each wear period.

I have read and understand the written material regarding the potential health effects from exposure to ionizing radiation published in Regulatory Guide 8.13 by the Nuclear Regulatory Commission and distributed by RSO. I also have read and understand the written explanatory information on the reverse side of this form. The decision to declare my pregnancy to the Radiation Safety Service is a personal choice which I have made freely.

I understand that by making this declaration:

1. The fetal dose limits specified in 10 CFR 20.1208 (NRC) will become applicable for the entire period of gestation and can result in RSO placing restrictions on work I perform using radioactive materials or other sources of ionizing radiation for the sole purpose of ensuring compliance with the embryo/fetal dose limits specified in 10 CFR 20.1208 (NRC) and that such restrictions might otherwise not be imposed absent this declaration.
2. I may revoke this declaration at any time without explanation by submitting a signed and dated Revocation of Declaration of Pregnancy to RSO.
3. Stipulation Regarding Didactic Training
  - a) While enrolled in the program, I agree to attend and complete all classes in which I have registered and complete all class assignments in a manner consistent with my peers within the guidelines set forth by the individual instructor and LA City College. I understand that at the instructor's option, I am not to be given any allowances regarding absenteeism or quality or quantity of didactic work as required for the individual courses.
  - b) Regarding my participation during experiments utilizing the live lab on campus or any experiment requiring an ionizing radiation source, I understand, agree with, and shall adhere to the provision set forth in the following section of this policy.

- c) While enrolled in the program, I agree to attend and complete all classes in which I have registered and complete all class assignments in a manner consistent with my peers within the guidelines set forth by the individual instructor and LA City College. I understand that at the instructor's option, I am not to be given any allowances regarding absenteeism or quality or quantity of didactic work as required for the individual courses.
- d) Regarding my participation during experiments utilizing the live lab on campus or any experiment requiring an ionizing radiation source, I understand, agree with, and shall adhere to the provision set forth in the following section of this policy.
- e) **Accommodation:** In the event that I am unable to successfully complete the course objectives and requirements, I understand that I may be dropped from the program at the completion of the semester. I also understand that once my pregnancy is over, reinstatement to the program will be set for the first available opening at my level of training. After this period of time has elapsed, I may be required to remediate before being formally accepted back into the program at the appropriate level of training.

## 2. Stipulation Regarding Clinical Training

- a) I have read the following publications that have been provided:
  - U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Regulatory Guide 8.13 - Instruction Concerning Prenatal Radiation Exposure, revision 3, June 1999.
  - U.S. Nuclear Regulatory Commission - Regulatory Guide - Office of Nuclear Regulatory Research: Appendix VI: Questions & Answers Concerning Prenatal Radiation Exposure.

Student Signature \_\_\_\_\_

Date\_\_\_\_\_

Program Director Signature \_\_\_\_\_

Date\_\_\_\_\_

RSO Signature\_\_\_\_\_

Date\_\_\_\_\_

**Appendix IX**  
**Revocation of Pregnancy Form**  
**Voluntary Pregnancy Declaration Revocation Form**

Student Name: \_\_\_\_\_ LACC ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Declaration of Pregnancy to RSO: \_\_\_\_\_

I wish to formally notify the Radiation Safety Officer (RSO) that, as of this date, **I am revoking the Declaration of Pregnancy** I filed with RSO on the date shown above. Included with this notice are any unreturned pregnancy monitor dosimeters that were still in my possession. Please arrange to end the issuance of any additional pregnancy monitor dosimeters.

I have read and understand the written material regarding the potential health effects from exposure to ionizing radiation published in Regulatory Guide 8.13 by the Nuclear Regulatory Commission and distributed by RSO. The decision to revoke my prior declaration of pregnancy to Radiation Safety Service is a personal choice which I have made freely.

I understand that by making this declaration, the fetal dose limits specified in 10 CFR 20.1208 will no longer be applicable for any remaining period of gestation. This revocation terminates any previous restrictions on work I perform using radioactive materials or other sources of ionizing radiation, that had been imposed by RSO, for the sole purpose of ensuring compliance with the embryo/fetal dose limits specified in 10 CFR 20.1208.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Program Director Signature \_\_\_\_\_ Date \_\_\_\_\_

RSO Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Appendix X**

### **Questions and Answers Concerning Prenatal Radiation Exposure (Addendum to Pregnancy Policy)**

**1. Why am I receiving this information?**

The NRC's regulations (in 10 CFR 19.12, "Instructions to Workers") require that licensees instruct individuals working with licensed radioactive materials in radiation protection as appropriate for the situation. The instruction below describes information that occupational workers and their supervisors should know about the radiation exposure of the embryo/fetus of pregnant women. The regulations allow a pregnant woman to decide whether she wants to formally declare her pregnancy to take advantage of lower dose limits for the embryo/fetus. This instruction provides information to help women make an informed decision whether to declare a pregnancy.

**2. If I become pregnant, am I required to declare my pregnancy?**

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

**3. If I declare my pregnancy in writing, what happens?**

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

**4. Why do the regulations have a lower dose limit for the embryo/fetus of a declared pregnant woman than for a pregnant worker who has not declared?**

A lower dose limit for the embryo/fetus of a declared pregnant woman is based on a consideration of greater sensitivity to radiation of the embryo/fetus and the involuntary nature of the exposure. Several scientific advisory groups have recommended (References 1 and 2) that the dose to the embryo/fetus be limited to a fraction of the occupational dose limit.

**5. What are the potentially harmful effects of radiation exposure to my embryo/fetus?**

The occurrence and severity of health effects caused by ionizing radiation are dependent upon the type and total dose of radiation received, as well as the time period over which the exposure was received. See Regulatory Guide 8.29, "Instruction Concerning Risks from Occupational Exposure"

(Ref. 3), for more information. The main concern is embryo/fetal susceptibility to the harmful effects of radiation such as cancer.

**6. Are there any risks of genetic defects?**

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

**7. What if I decide that I do not want any radiation exposure at all during my pregnancy?**

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

**8. What effect will formally declaring my pregnancy have on my job status?**

Only the licensee can tell you what effect a written declaration of pregnancy will have on your job status. As part of your radiation safety training, the licensee should tell you the company's policies with respect to the job status of declared pregnant women. In addition, before you declare your pregnancy, you may want to talk to your supervisor or your radiation safety officer and ask what a declaration of pregnancy would mean specifically for you and your job status.

In many cases, you can continue in your present job with no change and still meet the dose limit for the embryo/fetus. For example, most commercial power reactor workers (approximately 93%) receive, in 12 months, occupational radiation doses that are less than 0.5 rem (5 mSv) (Ref. 11). The licensee may also consider the likelihood of increased radiation exposures from accidents and abnormal events before making a decision to allow you to continue in your present job. If your current work might cause the dose to your embryo/fetus to exceed 0.5 rem (5 mSv), the licensee has various options. It is possible that the licensee can and will make a reasonable accommodation that will allow you to continue performing your current job, for example, by having another qualified employee do a small part of the job that accounts for some of your radiation exposure.

**9. What information must I provide in my written declaration of pregnancy?**

You should provide in writing your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need to be given), and the date that you give the letter to the licensee. You may use a form letter the licensee has provided to you or write your own letter.

**10. What information must I provide in my written declaration of pregnancy?**

You should provide in writing your name, a declaration that you are pregnant, the estimated date of conception (only the month and year need to be given), and the date that you give the letter to the licensee. You may use a form letter the licensee has provided to you or write your own letter.

**11. To declare my pregnancy, do I have to have documented medical proof that I am pregnant?**

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

**12. Can I tell the licensee orally rather than in writing that I am pregnant?**

No. The regulations require that the declaration must be in writing.

**13. If I have not declared my pregnancy in writing, but the licensee suspects that I am pregnant, do the lower dose limits apply?**

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

**14. If I am planning to become pregnant but am not yet pregnant and I inform the licensee of that in writing, do the lower dose limits apply?**

No. The requirement for lower limits applies only if you declare in writing that you are already pregnant.

**15. What if I have a miscarriage or find out that I am not pregnant?**

If you have declared your pregnancy in writing, you should promptly inform the licensee in writing that you are no longer pregnant. However, if you have not formally declared your pregnancy in writing, you do not need to inform the licensee of your nonpregnant status.

**16. How long is the lower dose limit in effect?**

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

**16. If I have declared my pregnancy in writing, can I revoke my declaration of pregnancy even if I am still pregnant?**



Yes, you may. The choice is entirely yours. If you revoke your declaration of pregnancy, the lower dose limit for the embryo/fetus no longer applies.

**17. What if I work under contract at a licensed facility?**

The regulations state that you should formally declare your pregnancy to the licensee in writing. The licensee has the responsibility to limit the dose to the embryo/fetus.

**18. Where can I get additional information?**

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

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

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

You may also telephone the NRC Regional Offices at the following numbers: Region 1, (610) 337-5000; Region II, (404) 562-4400; Region III, (630) 829-9500; and Region IV, (817) 860-8100. Legal questions should be directed to the Regional Counsel, and technical questions should be directed to the [Division of Nuclear Materials Material Safety and Safeguards](#).



**Appendix XI**  
**Los Angeles City College**  
**Radiologic Technology Program**



**MAGNETIC RESONANCE IMAGING (MRI) AND FERROMAGNETIC SAFETY POLICY**

Students may be given the opportunity to tour, observe, or assist in transporting a patient to the Magnetic Resonance Imaging (MRI) department. Students must always adhere to the following policies of the college and clinical training site while in the MRI environment to safeguard patients, themselves, and hospital employees in the department:

1. All RT cohort students must attend the clinical orientation as part of your RT 260 Introduction to Clinical Education course. Your Clinical Coordinator or Program Director will thoroughly review the LACC Radiologic Technology's MRI Safety Policy during the clinical orientation. Students must review and sign the MRI Safety Acknowledgement Form before starting their clinical education. The form must be kept in the student's competency binder.
2. In addition to reviewing the LACC Radiologic Technology's MRI Safety Policy, students must review the clinical safety rules and screening requirements at each training facility they are assigned to prior to starting their clinical education.
3. All RT students must comply with each clinical site's policy and procedures pertaining to ferromagnetic or metallic objects in the MRI suite to avoid ferromagnetic projectiles from entering the MRI suite.
4. RT Students must be cleared and be accompanied by an MRI technologist prior to entering the MRI department.
5. Students must be aware that the magnet is always on.
6. Most magnetic (ferrous metallic) objects, including oxygen tanks, wheelchairs, carts, monitors, IV poles, laundry hampers, tools, and furniture, are strictly prohibited. These objects become projectiles, causing significant damage or death and/or equipment failure.
  - The MRI department has MRI-compliant medical equipment accessible for use; do not borrow or use this equipment in other areas outside of the MRI department.
7. Before entering the MRI room, all ferromagnetic materials must be removed.
  - Examples: purses, wallets, money clips, credit cards or other cards with magnetic strips (Hospital ID/key card), electronic devices such as pagers or cell phones, hearing aids, metallic jewelry (including all piercings), watches, pens, paper clips, keys, nail clippers, coins, pocket knives, hair barrettes, hairpins, shoes, belt buckles, safety pins, and any article of clothing with a metallic zipper, buttons, snaps, hooks, or underwires.
8. Disclose or ask the supervising MRI technologist or program faculty about any known indwelling metallic device(s) or fragment(s) the RT student may have prior to entering the MRI suite to prevent internal injury.

- Aside from the personal items listed, students are advised that any metallic implants, bullets, shrapnel, or similar metallic fragments in the body pose an injury risk in the MRI suite. These items could change position in response to the magnetic field, possibly causing injury.
- In addition, the magnetic field of the scanner can damage an external hearing aid or cause a heart pacemaker/defibrillator to malfunction.

**Items that could pose a health risk or cause other issues in the MRI examination room include:**

- Cardiac pacemaker, wires, heart valve(s) or implanted cardioverter defibrillator (ICD)
- Neurostimulator system
- Aneurysm clip(s)
- Surgical metal, such as metallic implant(s) or prostheses
- Implanted drug infusion device
- History of welding, grinding, or metal injuries of or near the eye
- Shrapnel, bullet(s), BBs, or pellets
- Permanent cosmetics and tattoos (if being scanned), including magnetic eyelashes
- Dentures/implants with ferrous metal
- Eye, ear/cochlear, or other implants
- Medication patches that contain metal foil (i.e., transdermal patch)

**The following items are permitted in the MRI suite and do not constitute harm to the RT student or others include:**

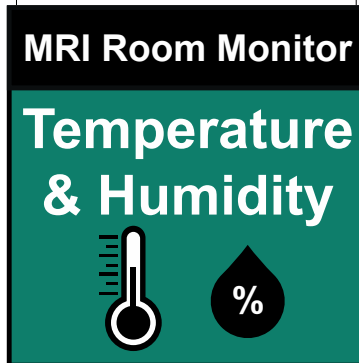
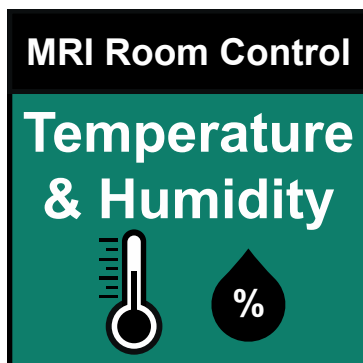
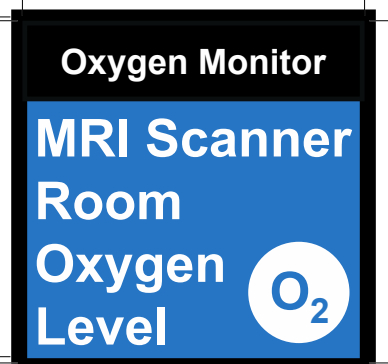
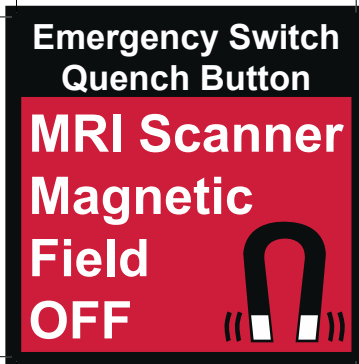
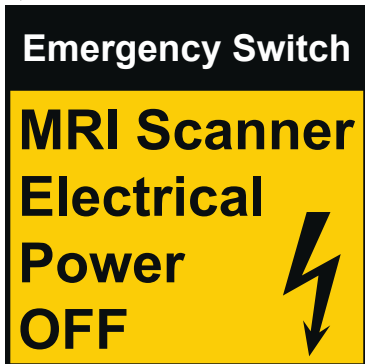
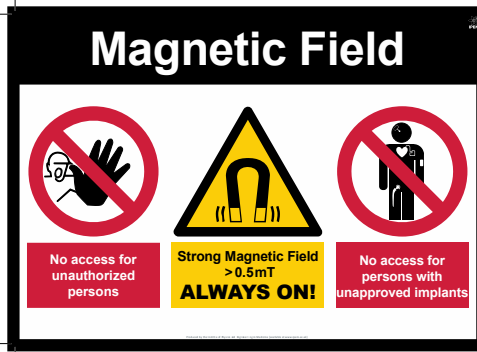
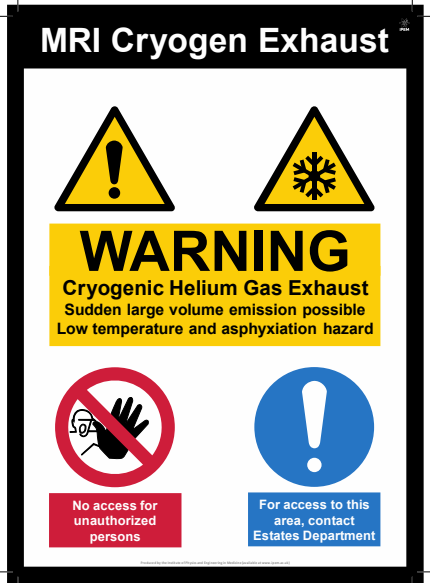
- Intrauterine devices (IUDs)
- Gastric bypass devices (lap bands)
- Most cerebrospinal fluid (CSF) shunts.

Please review the [American College of Radiology's Manual on MR Safety](https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf):

<https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>

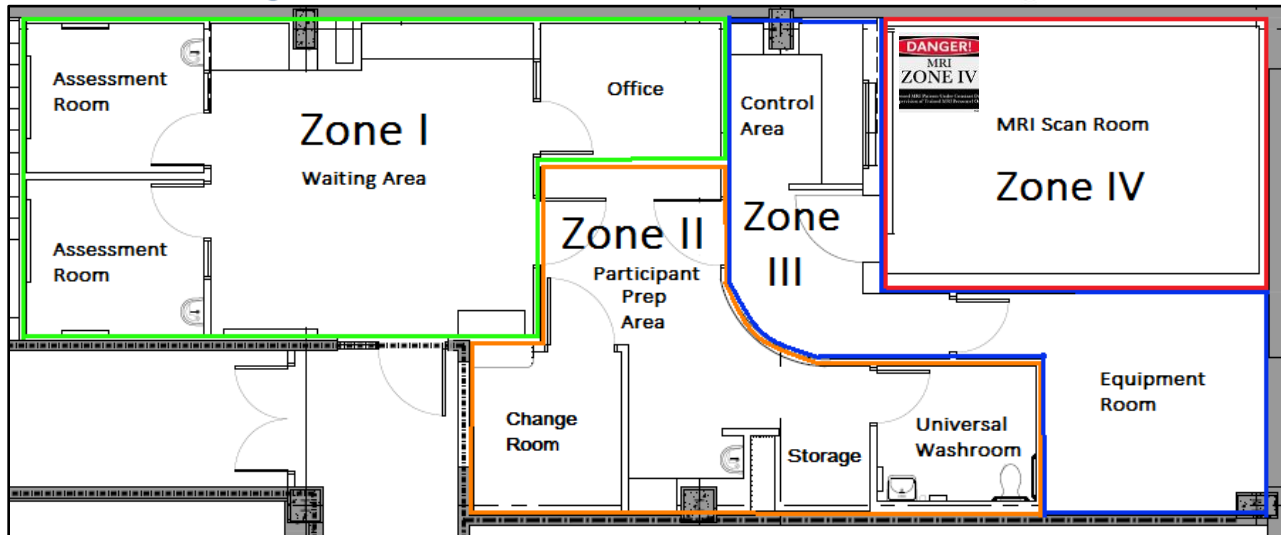
# MRI Safety Symbols

RT Students must be able to recognize various MRI signs and symbols.





# MRI Safety Zones



**Zone 1:** Reception area for the public

**Zone 2:** Screening area for patients and family

**Zone 3:** Control area outside the scanner room door

**Zone 4:** Inside the MRI scan room **(The magnet is always ON)**

## TWO SAFETY ISSUES

Any ferromagnetic substance taken into the MRI scanner room will be subjected to:

1. **Missile Effect:** launching of loose objects into the bore of the magnet.
2. **Torque Effect:** moving of the object inside of a patient's body due to the magnetic field.

**MRI Field Strength:** 0.5 Tesla-3 Tesla

## MRI Safety Technology:

- MRI Safe (**green**): safe for all conditions inside any MRI scanner **powered down**
- MRI Conditional (**yellow**): only safe under certain conditions, **not inside the room**
- MRI Unsafe (**red**): **not safe in MRI under any circumstances**

## How RT Students can be safe in the MRI Department:

- You will be screened just the same as a patient would be before entering a scanner room.
- Take all belongings out of pockets and remove badges prior to entering.
- As a student, you will not bring patients into the scan room or open either scan room door unless supervised by MRI staff.
- If you have a question or concern, please ask.

**Los Angeles City College**  
**Radiologic Technology**  
**MRI Safety Screening Form for Students**

Magnetic Resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves. This magnetic field could potentially be hazardous to students entering the environment if they have ferrous metals in any electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

**Date:** \_\_\_\_\_

**Student Name (first, middle, last):** \_\_\_\_\_

**Gender:** • Male • Female      **Age:** \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_

**List current medications:**

- None
- \_\_\_\_\_

**List all allergies:**

- None
- \_\_\_\_\_

**Date of last menstrual period** \_\_\_\_\_

- Yes      • No    Is there a possibility that you are pregnant?
- Yes      • No    Are you breast feeding?
- Yes      • No    Are you post-menopausal?

**Please indicate if you have or have not had any of the following:**

Surgery or medical procedure of any kind

- Yes      • No

If yes, list all prior surgeries and approximate dates:

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Injury by a metal object or foreign body (e.g., bullet, BB, shrapnel)

- Yes
- No

If yes, explain: \_\_\_\_\_

Injury to your eye from any metal object.

- Yes
- No

If yes, did you seek medical assistance?

- Yes
- No

If yes, describe what was found: \_\_\_\_\_

Foreign body removed from the eye(s).

- Yes
- No

If yes, describe what was taken out: \_\_\_\_\_

Asthma or other allergic respiratory disease

- Yes
- No

Kidney disease

- Yes
- No

Diabetes

- Yes
- No

Hypertension

- Yes
- No

Previously received contrast agent (dye) for a CT, MRI, or X-ray procedure

- Yes
- No

Allergic reaction to CT, MRI, or X-ray contrast agent (dye)

- Yes
- No

If yes, explain: \_\_\_\_\_

Spinal fusion procedure

- Yes
- No

Endoscopy or colonoscopy in the last 3 months

- Yes
- No

**Please indicate if you CURRENTLY HAVE or EVER HAD any of the following:**

Surgically implanted medical devices

- Yes
- No

Revised Sept. 2024 (JW, JO)



Any type of electronic, mechanical, or magnetic implants

- Yes
- No

If yes, list type: \_\_\_\_\_

Cardiac pacemaker, defibrillator, or other cardiac implant (in place or removed)

- Yes
- No

Aneurysm Clip(s)

- Yes
- No

Neurostimulator, diaphragmatic stimulator, deep brain stimulator, vagus nerves stimulator, bone growth stimulator, spinal cord stimulator, or any bio stimulator (in-place or removed)

- Yes
- No

If yes, list type: \_\_\_\_\_

Any type of internal electrodes or wires

- Yes
- No

Cochlear implant

- Yes
- No

Implanted drug pump (e.g., insulin, baclofen, chemotherapy, pain medicine)

- Yes
- No

Spinal fixation device

- Yes
- No

Any type of coil, filter, or stent

- Yes
- No

If yes, list type: \_\_\_\_\_

Artificial heart valve

- Yes
- No

Any type of ear implant

- Yes
- No

Penile implant

- Yes
- No

Artificial eye

- Yes
- No

Eyelid spring and/or eyelid weight

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

Any type of surgical clip or staple

- Yes
- No

Any IV access port (e.g., Broviac, Port-a-Cath, Hickman, PICC line)

- Yes
- No

Shunt

- Yes
- No

If yes, list type: \_\_\_\_\_

Artificial limb

- Yes
- No

If yes, what and where: \_\_\_\_\_

Tissue Expander (e.g., breast)

- Yes
- No

Intrauterine Device (IUD)

- Yes
- No

If yes, type: \_\_\_\_\_

Surgical mesh

- Yes
- No

If yes, location: \_\_\_\_\_

Implanted radiation seeds

- Yes
- No

Any implanted items (e.g., pins, rods, screws, nails, plates, wires)

- Yes
- No

**Removable medical devices:**

Hearing aid

- Yes
- No

Removable drug pump (e.g., insulin, Baclofen, Neulasta)

- Yes
- No

Artificial eye

- Yes
- No

Any type of implant held in place by a magnet

- Yes
- No

Medicated transdermal patch (e.g., nitroglycerine, nicotine)

- Yes
- No

Artificial limb

- Yes
- No

If yes, what and where: \_\_\_\_\_

Removable dentures or partial plate

- Yes
- No

Diaphragm, pessary device

- Yes
- No

If yes, type: \_\_\_\_\_

Have you recently ingested a “pill cam?”

- Yes
- No

If yes, what was the date the “pill cam” was injected? \_\_\_\_\_

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

- The student has not identified any contraindications to entering MR Zone III or IV.
- The student has identified contraindications to entering MR Zones III or IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical site.

Reviewed By (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Student Initials: \_\_\_\_\_

Please review the American College of Radiology's Manual on MR Safety:

<https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>

**REMEMBER, THE MAGNET IS ALWAYS ON**



**Los Angeles City College  
Radiologic Technology Program  
MRI Safety Acknowledgement Form**



As a student in the Los Angeles City College Radiology Technology Program, I \_\_\_\_\_  
\_\_\_\_\_ acknowledges that I have read and comprehended the MRI Safety Policy. It is  
my responsibility to exercise the policy and procedures within the document.

In order to ensure that you are fully aware, read, and comprehended the LACC Radiologic Technology Program's MRI Safety Policies and Procedures, you are required to sign at the bottom of this statement prior to onboarding your assigned clinical site. By your signature below, you are acknowledging that you are aware of and are accountable for compliance with the MRI Safety Policy and Procedures.

Student Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Class of (cohort year): \_\_\_\_\_

## Appendix XII

### LOS ANGELES CITY COLLEGE STUDENT CONDUCT FORM

Please complete this form whenever you take action against a student for violating the Standards of Student Conduct. Please send it to your department chair/supervisor and Acting Dean Juan Alvarez ( [alvarezjf@laccd.edu](mailto:alvarezjf@laccd.edu) ) This form will be filed in a general folder for reference in the case of repeat violations. The student may receive notification of alleged violations or be contacted to make an appointment with the college disciplinarian.

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Student ID # \_\_\_\_\_ Program/Service \_\_\_\_\_ Location \_\_\_\_\_

Course # \_\_\_\_\_ Section # \_\_\_\_\_ Who is the Area Dean? \_\_\_\_\_

See other side of this form and place a check by the appropriate codes of conduct that you believe were violated. Explain below the facts and details substantiating this charge.

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Indicate action taken:      ☐ Warning:   ☐ Verbal    ☐ Written  
   ☐ Suspended from class/activity in progress  
   ☐ Suspended from class/activity in progress and next class/activity  
Please explain \_\_\_\_\_

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Sheriff's report filed?   Yes    No                      Referred to Student Health Center for counseling?   Yes    No

Instructor's/Supervisor's Name (Print)                      Instructor's/Supervisor's Signature                      Date

----- Give lower portion to student if possible ----- X -----

### LACC STUDENT CONDUCT FORM

Student's Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Program/Service \_\_\_\_\_ Location \_\_\_\_\_

Course \_\_\_\_\_ Section # \_\_\_\_\_

You are charged with violation(s) of the Standards of Student Conduct. The Standards are listed in the Student Handbook, the Class Schedule and the College Catalog. You can see the Board Policy 5500 on [the Los Angeles Community College District's website](#)

You have been issued a warning or suspended from a college class, program, or activity for 1 - 2 days. This will be reported to the College Disciplinarian, Dean of Special Programs. This violation or another violation of the Code of Conduct may lead to more severe discipline which will become a part of your college record.

Indicate action taken:      ☐ Warning:   ☐ Verbal    ☐ Written  
   ☐ Suspended from class/activity in progress  
   ☐ Suspended from class/activity in progress and next class/activity  
Please explain \_\_\_\_\_

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Instructor's/Supervisor's Name (Print)                      Instructor's/Supervisor's Signature                      Date

StudentConductForm5-11 (2)

9/11/19



## STANDARDS OF STUDENT CONDUCT

- 5500.1 Willful Disobedience.** Willful disobedience to directions of college officials acting in the performance of their duties.
- 5500.2 Violation of College Rules and Regulations.** Violation of college rules and regulations, including those concerning student organizations, the use of college facilities, or the time, place, and manner of public expression or distribution of materials.
- 5500.3 Dishonesty.** Dishonesty, such as cheating, or knowingly furnishing false information to colleges.
- 5500.4 Unauthorized Entry.** Unauthorized entry to or use of the college facilities.
- 5500.5 College Documents.** Forgery, alteration, or misuse of college documents, records or identification.
- 5500.6 Disruption of Classes or College Activities.** Obstruction or disruption of classes, administration, disciplinary procedures, or authorized college activities.
- 5500.7 Theft of or Damage to Property.** Theft of or damage to property belonging to the college, a member of the college community or a campus visitor.
- 5500.8 Interference with Peace of College.** The malicious or willful disturbance of the peace or quiet of any of the Los Angeles Community Colleges by loud or unusual noise, or any threat, challenge to fight, fight, or violation of any rules of conduct as set forth in this Article. Any person whose conduct violates this section shall be considered to have interfered with the peaceful conduct of the activities of the college where such acts are committed.
- 5500.9 Assault or Battery.** Assault or battery, abuse, or any threat of force or violence directed toward any member of the college community or campus visitor engaged in authorized activities.
- 5500.10 Alcohol and Drugs.** Any possession of controlled substances which would constitute a violation of Health and Safety Code section 11350 or Business and Professions Code section 4230, any use of controlled substances the possession of which are prohibited by the same, or any possession or use of alcoholic beverages while on any property owned or used by the District or colleges of the District or while participating in any District or college-sponsored function or field trip. "Controlled substances," as used in this section, include but are not limited to the following drugs and narcotics: a) opiates, opium, and opium derivatives, b) mescaline, c) hallucinogenic substances, d) peyote, e) marijuana, f) stimulants and depressants, g) cocaine.
- 5500.11 Lethal Weapons.** Possession, while on a college campus or at a college-sponsored function, of any object that might be used as a lethal weapon is forbidden all persons except sworn peace officers, police officers and other governmental employees charged with policing responsibilities.
- 5500.12 Discriminatory Behavior.** Behavior while on a college campus or at a college-sponsored function, inconsistent with the District's non-discrimination policy, which requires that all programs and activities of the Los Angeles Community College District be operated in a manner which is free of discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, pregnancy, marital status, sexual orientation, age, handicap or veterans status.
- 5500.13 Unlawful Assembly.** Any assemblage of two or more persons to 1) do an unlawful act, or 2) do a lawful act in a violent, boisterous or tumultuous manner.
- 5500.14 Conspiring to Perform Illegal Acts.** Any agreement between two or more persons to perform illegal acts.
- 5500.15 Threatening Behavior.** A direct or implied expression of intent to inflict physical or mental/emotional harm and/or actions, such as stalking, which a reasonable person would perceive as a threat to personal safety or property. Threats may include verbal statement, written statements, telephone threats or physical threats.
- 5500.16 Disorderly Conduct.** Conduct which may be considered disorderly includes; lewd or indecent attire or behavior that disrupts classes or college activities; breach of the peace of the college; aiding, or inciting another person to breach the peace of college premises or functions.
- 5500.17 Theft or Abuse of Computer Resources.** Theft or abuse of computer resources including but not limited to:
- Unauthorized entry into a file to use, read, or change the contents, or for any other purpose.
  - Unauthorized transfer of a file.
  - Unauthorized use of another individual's identification and password.
  - Use of computing facilities to interfere with the work of a student faculty member or college official, or to alter college or district records.
  - Use of unlicensed software.
  - Unauthorized copying of software.
  - Use of computing facilities to access, send or engage in messages which are obscene, threatening, defamatory, present a clear and present danger, violate a lawful regulation and/or substantially disrupt the orderly operation of a college campus.
  - Use of computing facilities to interfere with the regular operation of the college or district computing system.
- 5500.18 Performance of an Illegal Act.** Conduct while present on a college campus or at a location operated and/or controlled by the District or at a District-sponsored event, which is prohibited by local, State, or federal law.
- 5500.19 Academic Integrity.** Violations of Academic Integrity include, but are not limited to, the following actions: cheating on an exam, plagiarism, working together on an assignment, paper or project when the instructor has specifically stated students should not do so, submitting the same term paper to more than one instructor, or allowing another individual to assume one's identity for the purpose of enhancing one's grade.
- 5500.20 Interference with Classes.** Every person who, by physical force, willfully obstructs, or attempts to obstruct, any student or teacher seeking to attend or instruct classes at any of the campuses or facilities owned, controlled or administered by the Board of Trustees of Los Angeles Community College District, is punishable by a fine not exceeding five hundred dollars (\$500) or imprisonment in a county jail not exceed one year, or by both such fine and imprisonment. As used in this section, "physical force" includes, but is not limited to, use of one's person, individually or in concert with others, to impede access to or movement within or otherwise to obstruct the students or teachers of the classes to which the premises are devoted.
- 5500.21 Interference with Performance of Duties of Employees.** Every person who attempts to cause, or causes, any officer or employee of the Los Angeles Community Colleges or any public officer or employee to do, or refrain from doing, any act in the performance of his/her duties, by means of a threat to inflict any injury upon any person or property, is guilty of a public offense.
- 5500.22 Assault or Abuse of an Instructor.** Every parent, guardian, or other person who assaults or abuses any instructor employed by the District in the presence or hearing of a community college student or in the presence of other community college personnel or students and at a place which is on District premises or public sidewalks, streets, or other public ways adjacent to school premises, or at some other place where the instructor is required to be in connection with assigned college activities is guilty of a misdemeanor.
- 5500.23 Unsafe Conduct.** Conduct which poses a threat of harm to the individual and/or to others. This includes, but is not limited to, the following types of conduct: Unsafe conduct in connection with a Health Services Program (e.g. Nursing, Dental Hygiene, etc.); failure to follow safety directions of District and/or College staff; willful disregard to safety rules as adopted by the District and/or College; negligent behavior which creates an unsafe environment.





**Required behaviors to successfully meet objectives/recommendations for remediation:**

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**Student's plan to successfully complete objectives/improve:**

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**Timeframe for improvements:**

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Follow-up on improvements/evidence of improvements: (please provide dates if possible)**

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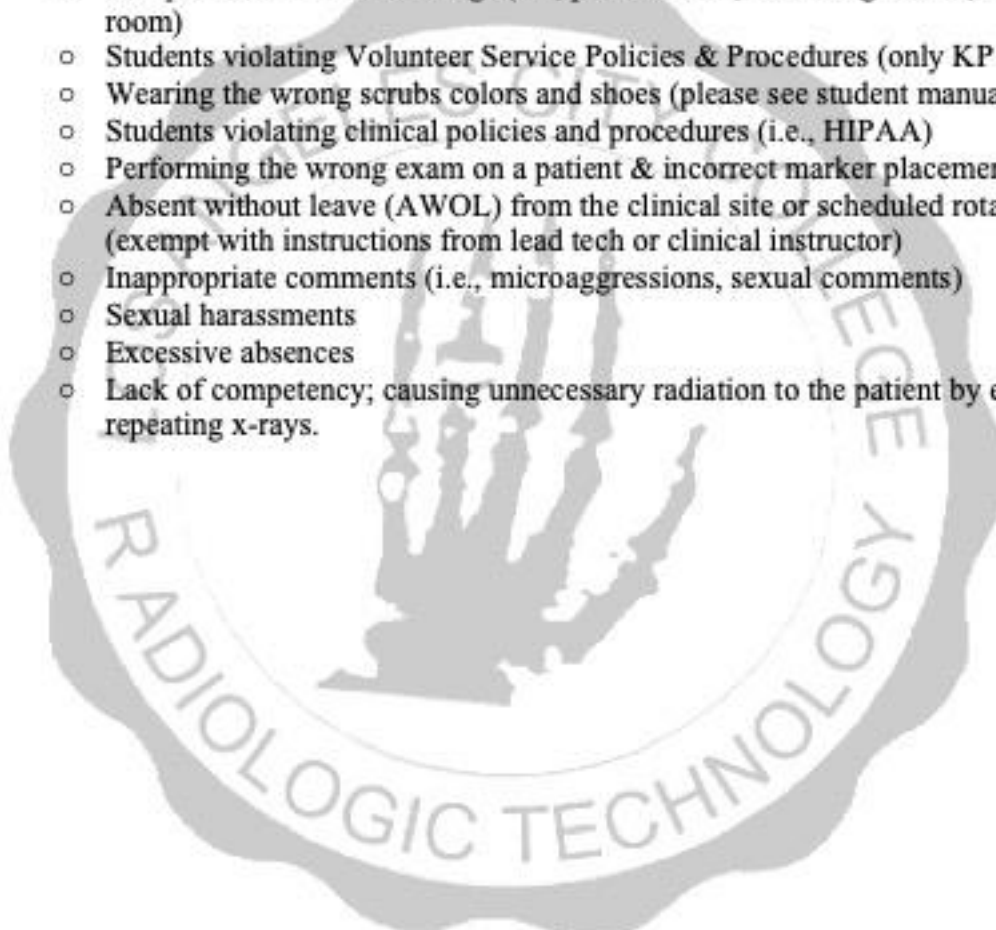
**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructor/CC signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Example of Actions/Behavior requiring student disciplinary or dismissal action form:**

- What constitutes Write up/dismissals?
  - Chronic absenteeism/tardiness, taking long breaks, or unscheduled/unapproved breaks
  - The communication barrier that impacts patient care (i.e., disrespectful behavior, unprofessional, argumentative with patients, technologists, radiologists, and clinical instructors)
  - Not following technologist/Radiologist instructions
  - Violations of school, program, and clinical policies
  - Cell phones in clinical settings (i.e., patient room, technologist area, operating room)
  - Students violating Volunteer Service Policies & Procedures (only KP WLA)
  - Wearing the wrong scrubs colors and shoes (please see student manual)
  - Students violating clinical policies and procedures (i.e., HIPAA)
  - Performing the wrong exam on a patient & incorrect marker placement
  - Absent without leave (AWOL) from the clinical site or scheduled rotation (exempt with instructions from lead tech or clinical instructor)
  - Inappropriate comments (i.e., microaggressions, sexual comments)
  - Sexual harassments
  - Excessive absences
  - Lack of competency; causing unnecessary radiation to the patient by excessively repeating x-rays.



## References for Appendices

1. National Council on Radiation Protection and Measurements, *Limitations of Exposure to Ionizing Radiation*, NCRP Report No. 116, Bethesda, MD, 1993.
2. International Commission on Radiological Protection, *1990 Recommendations of the International Commission on Radiological Protection*, ICRP Publication 60, Ann. ICRP 21: No. 1-3, Pergamon Press, Oxford, UK, 1991.
3. USNRC, “*Instruction Concerning Risks from Occupational Radiation Exposure*”, Regulatory Guide 8.29, Revision 1, February 1996. (Electronically available at [www.nrc.gov/NRC/RG/index.html](http://www.nrc.gov/NRC/RG/index.html))
4. Committee on the Biological Effects of Ionizing Radiations, National Research Council, *Health Effects of Exposure to Low Levels of Ionizing Radiation* (BEIR V), National Academy Press, Washington, DC, 1990.
5. United Nations Scientific Committee on the Effects of Atomic Radiation, *Sources and Effects of Ionizing Radiation*, United Nations, New York, 1993.
6. R. Doll and R. Wakeford, “*Risk of Childhood Cancer for Fetal Irradiation*,” *The British Journal of Radiology*, 70, 130-139, 1997.
7. David Wiedis, Donald E. Jose, and Timm O. Phoebe, “*The Rock and the Hard Place: Employer Liability to Fertile or Pregnant Employees and Their Unborn Children—What Can the Employer Do?*” *Radiation Protection Management*, 11, 41-49, January/February 1994.
8. National Council on Radiation Protection and Measurements, *Considerations Regarding the Unintended Radiation Exposure of the Embryo, Fetus, or Nursing Child*, NCRP Commentary No. 9, Bethesda, MD, 1994.
9. National Council on Radiation Protection and Measurements, *Risk Estimates for Radiation Protection*, NCRP Report No. 115, Bethesda, MD, 1993.
10. National Radiological Protection Board, *Advice on Exposure to Ionizing Radiation During Pregnancy*, National Radiological Protection Board, Chilton, Didcot, UK, 1998.

**Los Angeles City College**  
**Radiologic Technology Department**  
**Student Manual Acknowledgement Form**

I, the undersigned, have read the Policies and Procedures in the Radiologic Technology Student Manual and acknowledge that I am responsible for understanding its contents. Failure to comply may be grounds for dismissal from the program.

Student's name (printed): \_\_\_\_\_

Student's signature: \_\_\_\_\_

Student's ID: \_\_\_\_\_

Date: \_\_\_\_\_

\*Upon completion, keep a copy of this page in your competency binder.