



School of Radiologic Technology

Student Handbook 2025-2026

Handbook of Policies, Procedures and Guidelines

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**AVERA MCKENNA HOSPITAL & UNIVERSITY HEALTH CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY**

Student Handbook

The purpose of this handbook is to inform students and prospective students of their responsibilities and to provide the policies and procedures for the Avera McKenna School of Radiologic Technology.

This handbook replaces and supersedes all prior student information materials that were provided by Avera McKenna School of Radiologic Technology and/or Avera McKenna Hospital and University Health Center. The school and/or the hospital reserve the right to withdraw or amend the handbook, prospectively or retrospectively, at any time, without notice.

Any changes that occur will be communicated to students both orally and in writing with students required to sign a new acknowledgement of any revised policy.

Enrollment in the School of Radiologic Technology implies willingness on the part of the student to comply with the rules and regulations printed in the Student Handbook and with official communications from the School of Radiologic Technology provided prior to the time of admission.

WELCOME TO OUR PROFESSION

The profession of Radiologic Technology, the Art and Science of applying ionizing radiation to patients for diagnostic purposes, is a dynamic and challenging health profession which combines interpersonal and technology skills. The radiographer works with a diverse group of expert professionals all of whom participate in providing care for the patient. The successful radiographer has excellent communication skills, is able to adapt ever-changing employment demands, and recognizes that growth within the profession is achieved through continuing education.

Radiologic technologists, or radiographers, are key members of the healthcare team who create images used to diagnose patient injury or illness. The radiographer assists a physician, called a Radiologist, by performing examinations with the use of ionizing radiation for the diagnosis of diseases. The radiographer uses sophisticated equipment to produce radiographic images, or x-rays, of the human body at the request of a physician. The role of the radiographer is to position the patient, operate the equipment, determine optimum radiographic quality at the lowest possible dose, and recognize emergency patient care situations to institute life-saving first aid when necessary. Radiographers are certified through the American Registry of Radiologic Technologists

PROGRAM INTRODUCTION

GENERAL PROGRAM INFORMATION

The School of Radiologic Technology was organized in 1947. It is a twenty-four month program fully accredited by the following:

- Joint Review Committee on Education in Radiologic Technology (JRCERT)
20 N. Wacker Drive
Suite 2850
Chicago, IL 60606-3182
312-704-5300
<http://www.jrcert.org>

Avera McKennan Hospital & University Health Center is accredited by the following:

- The Joint Commission
<http://www.jointcommission.org>

The program is designed to prepare health care professionals who are skilled in the use of ionizing radiation for diagnostic purposes. To this end, a course of study is offered that will develop the skills necessary for working with patients and imaging equipment.

The program begins the Tuesday after Labor Day each year. Graduation of successful second year students is on the third Friday in August. Throughout the program, the student spends 40 hours (or less) each week in the hospital and radiology department. The curriculum consists of lectures, demonstrations, and supervised experience.

The day-to-day schedule of the student varies depending on the time frame of the program. The schedule includes weekend and evening clinical experience. All students are full-time students, and the program involves study and class preparation beyond the 40-hour week.

Following successful completion of the program, and after meeting all degree requirements from their affiliated university (if applicable), graduates are eligible to take the Registry Examination prepared by the American Registry of Radiologic Technologists. The student upon passing the registry becomes a Registered Radiologic Technologist and is entitled to enjoy all the rights, honor, and privileges pertaining to that title/profession.

Effective January 1, 2015, graduates must have earned a minimum of an Associate's Degree to be eligible to take the national certification exam administered by the American Registry of Radiologic Technologists (ARRT). The degree does not have to be in the radiologic sciences. Students must provide proof they meet the academic requirements by one of the following:

- Earned a minimum of an Associate's Degree by an accredited agency recognized by the ARRT. A list of these agencies is provided on the ARRT website, www.arrt.org.
- Be enrolled in an affiliated college or university and complete all requirements prior to starting in the Avera McKennan program in September. A list of college/universities with established affiliation/articulation agreements is listed on our website, <http://www.avera.org/mckennan/medical-education/radiologic-tech-school/about/>

AVERA HEALTH

- **Mission Statement**
Avera Health is a health ministry rooted in the Gospel. Our mission is to make a positive impact in the lives and health of persons and communities by providing quality services guided by Christian Values.
- **Vision**
Working with its Partners, Avera Health shall provide a quality, cost-effective health ministry, which reflects Gospel values. We shall improve the health care of the people we serve through a regionally integrated network of persons and institutions.
- **Values**
In caring together for life, the Avera Community is guided by the gospel values of compassion, hospitality, and stewardship.
- **About Avera**
Avera, the health ministry of the Benedictine and Presentation Sisters, is a regional partnership of health professionals who share support services to maintain excellent care at more than 315 locations in eastern South Dakota and surrounding states.

Our caregivers are supported by the resources and expertise of the region's largest health system. Management and other support services are provided through the Avera Central Office in Sioux Falls, S.D., and its five regional centers: Avera St. Luke's in Aberdeen, S.D.; Avera Queen of Peace in Mitchell, S.D.; Avera McKennan in Sioux Falls, S.D.; Avera Sacred Heart in Yankton, S.D.; and Avera Marshall in Marshall, MN.

Avera partner-facilities that are sponsored by the Benedictine and Presentation Sisters are separately incorporated non-profit legal entities, governed by local boards and returning all revenues to their local communities. Other Avera partner-facilities are owned by communities, physicians, and other owners.

Avera Health was formerly known as the Presentation Health System. The name was changed in 2000 because the system now includes many partners other than the Presentation Sisters.

For more information, visit the Avera web site at www.avera.org.

AVERA MCKENNAN & UNIVERSITY HEALTH CENTER

The will of Helen Gale McKennan left \$25,000 in trust to start a new hospital in Sioux Falls. The trustees of her will became the first hospital Board of Trustees. When the Presentation Sisters agreed to manage the hospital, work began. A block of land was purchased, plans were drawn and construction started in 1910. McKennan Hospital was finished in 1911, offering 55 patient beds and living quarters for 20 nurses and Sisters. The hospital was conveniently located on the street car line and represented the latest in modern medicine for its time. Dr. Thomas J. Billion, Sr. was the first staff president.

McKenna's first addition was completed in 1919, expanding the patient capacity to 131 beds. The second addition, a new chapel, was completed in 1931. During the 20's and 30's, McKenna served as a hub for regional medical activity. It was the first hospital in South Dakota designated as a "Class A" institution by the American College of Surgeons and was home to the first public clinic for children. McKenna also housed the Presentation School of Nursing, which became known for excellence in education and training.

The hospital continued to grow to meet the needs of the community. In 1943, the top floor was remodeled, increasing capacity to 171 beds. New operating rooms, lab facilities and an expanded pediatrics department were also added. Major expansions also were made in 1957 and 1967. Additions in 1976 and 1983 brought the number of inpatient beds to 407.

In 2000, McKenna Hospital became Avera McKenna Hospital to identify more closely with Avera Health. Avera McKenna is a member of Avera Health system, comprised of 315 locations including hospitals, clinics, long-term care facilities, retirement communities, home medical equipment outlets, and research centers in the five-state region of South Dakota, North Dakota, Minnesota, Iowa and Nebraska. Avera serves a population of 1 million throughout a geographical footprint of 72,000 square miles.

Today, Avera McKenna Hospital and University Health Center in Sioux Falls is a Magnet regional medical facility that has played an important role in molding the area's reputation for excellence in health care and recognized through the Magnet Recognition Program by the American Nurses Credentialing Center. Out of 6,000 U.S. hospitals, Avera McKenna is among fewer than 25 hospitals to earn a fifth Magnet recognition. Avera McKenna is one of about 500 national and international sites to earn Magnet recognition. In 2001, Avera McKenna was the 37th health care organization in the nation to earn Magnet status, and the 36th acute-care facility. Re-designation was earned in 2005, 2010, 2014, 2019 and 2025.

Avera earned the highest level of recognition as a Level 10 "Most Wired" health care organization from the College of Healthcare Information Management Executives (CHIME) in its 2021 program. The recognition marks the 22nd time Avera was included in the survey as a top performer.

Becker's Healthcare 2024 list of "100 great hospitals in America" and *IBM Watson Health* "100 Top Hospitals in 2021" based on quality and patient satisfaction data included Avera McKenna.

The multi-campus facilities of Avera McKenna Hospital and University Health Center include its 545-bed tertiary care hospital, the Avera Behavioral Health Center, primary and specialty care clinics, long-term care and more. Avera McKenna is recognized for excellence in cancer care, critical care, emergency medicine and trauma, air ambulance services, behavioral health, gastroenterology, endocrinology and diabetes care, hospice, imaging, medical education and research, brain and spine care, women's health care, pediatrics, neonatology, orthopedics, rehabilitation, and a full range of wellness services. We are also home to the region's longest-standing solid organ transplant program, the region's only bone marrow transplant program and medical research. Avera McKenna partners with the Avera Heart Hospital of South Dakota to offer award winning cardiac care.

One of the more recent Avera building projects include the Avera on Louise Health Campus and the Dawley Farm Health Center in Sioux Falls, SD. The Louise Health Campus opened in late

2019 and is a walkable, consumer-friendly campus at an easy-to-access location on Sioux Falls' growing southwest side. The 82-acre project includes the Avera Specialty Hospital (ASH), Avera Medical Group Clinics, the Avera Addiction Center and the Avera Performance Center. The first phase of the project encompasses 260,000 square feet of health care space. Dawley Farm Health Center opened in early 2023 and is similar in design and services offered at the Avera Family Health Center on Marion Road in southwest Sioux Falls. The \$34 million 86,000 square foot building offers a variety of health care services including a 24/7 emergency department, urgent care, imaging, and laboratory services.

In March 2024, Avera announced plans to build a six-story tower addition to Avera McKennan Hospital & University Health Center and a three-story building on the Avera on Louise Health Campus. Combined, the projects will be the largest building project in Avera's history at a total cost of \$245 million. It will also be the largest expansion of hospital patient care space in Sioux Falls' history at 350,000 square feet.

The new tower will allow Avera to create dedicated and centralized space for women's and children's acute care and expand areas for the unique hospital needs these two populations require: labor and delivery, postpartum care, newborn nursery, neonatal intensive care unit, pediatric hospital care and pediatric intensive care.

At the Avera on Louise Health Campus, Avera will build a three-story building for digestive health services. Gastroenterology services are currently in the Avera Specialty Hospital and attached medical building. Space vacated within the Avera Specialty Hospital by digestive health services will be converted to space for Avera's growing orthopedic services.

Construction is expected to begin in mid to late summer at both campuses. Estimated completion date is early 2026 for the Avera on Louise project, and early 2027 for the main hospital campus project.

Avera McKennan is an organization which strives to provide the best education and service which a progressive hospital can render to the people who utilize its facilities. The effectiveness of the hospital depends upon the cooperation of all the personnel within the organization. As representatives of this institution, we are judged by the general public not only by the services we render, but by the students we graduate. Whatever the contribution may be, each individual involved is an important factor in the success of the hospital.

AVERA MCKENNAN SCHOOL OF RADIOLOGIC TECHNOLOGY

- **History**

The first Radiologist in Sioux Falls and South Dakota was Dr. Nessa in 1920. He was joined later by Dr. Breit who set up the School of Radiologic Technology in 1947. Accreditation was received the following year from the Council on Medical Education of the American Medical Association. Accreditation has been maintained ever since with the Joint Review Committee on Education in Radiologic Technology. The program was re-accredited in 2023, and received the full eight year accreditation through the year 2031.

- **Mission Statement**

The mission of Avera McKennan's School of Radiologic Technology is to educate and empower future radiologic technologists through high-quality academic and clinical experiences, guided by Christian values. We are committed to developing compassionate, skilled professionals who provide responsible, patient-centered care and positively impact the health of individuals and communities.

- **Goals**

Fulfillment of the program's mission will be assessed by the following goals:

- 1.0 Students will demonstrate critical thinking abilities and problem solving skills.
- 2.0 Students will communicate effectively.
- 3.0 Students will demonstrate clinical competency.
- 4.0 Students will demonstrate professional growth and development.

- **Outcomes**

- 1.1 Students will perform non-routine procedures.
- 1.2 Students will evaluate images for image quality.
- 1.3 Students will be self-confident and use good judgment in decision-making.
- 2.1 Students will demonstrate oral communication skills.
- 2.2 Students will demonstrate written communication skills.
- 2.3 Students will demonstrate patient communication skills.
- 3.1 Students will demonstrate proper radiographic positioning skills.
- 3.2 Students will demonstrate radiation protection.
- 3.3 Students will demonstrate selection of proper technical factors.
- 4.1 Students will develop and demonstrate professionalism.
- 4.2 Students will demonstrate dependable performance.
- 4.3 Students will demonstrate ethical decision-making.

- **Program Effectiveness Measures**

1. Students will pass the national certification examination on the first attempt.
2. Of those pursuing employment, students will be gainfully employed within 12 months post-graduation.
3. Students will complete the program within 150% of program length.
4. Graduates will be satisfied with the education they received.
5. Employers will be satisfied with the performance of newly hired technologist.

FACULTY ROSTER

Susan Pritchard, MBA, RT(R)(CT)

Program Director

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Judy Mitchell

School Support Specialist

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Clinical Preceptors

Campus Location

Sara Gallagher, RT(R)(CT)

Avera McKennan Hospital

Zachary Delvaux, RT(R)(CT)

Avera McKennan Hospital

Sarah Howard, RT(R)

Avera McKennan Hospital

Amy Balsdon, RT(R)(BD)

Avera Specialty Hospital

Ruth Odens, RT(R)(M)(QM)

Avera McGreevy Clinic

Jason Schmidt, RT(R)(CT)

Avera Heart Hospital

Amy Oglesby, RT(R)(CT)

Avera Medical Group Orthopedics

Hailey Johnson, RT(R)(CT)

Avera Medical Group Family Health Center

Amy Balsdon, RT(R)(BD)

Avera Medical Group Family Health Center
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TECHNICAL STANDARDS

POLICY 2.3

Effective: 7/94
Reviewed: Annually
Revised: 6/20

Individuals admitted to Avera McKennan School of Radiologic Technology must be capable of completing the entire curriculum. The curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative, and interpersonal skills. Applicants must review the following standards to determine their ability and compatibility with the skill and ability requirements of radiographers.

For acceptance into the School of Radiologic Technology, the student must be able to meet these standards:

Communication Skills

- Provide effective written and oral communication with patients and healthcare professionals.
- Students must maintain confidentiality.

Visual/Auditory Requirements

- Report visual observations of patients and equipment functions as well as to read applicable patient history and medical information relevant to the procedure being performed.
- Vision must be adequate to monitor patients, properly align equipment, and center ray beam location on patients in a dimmed light environment.
- Possess the ability to view computer screens or image display monitors for an extended period of time.
- Hearing ability to be able to respond to the needs of patients and healthcare professionals.

Physical/Motor Abilities

- Possess the ability to lift, push, and pull up to 50 lbs. routinely.
- Demonstrate adequate strength, motor coordination, and manual dexterity to properly lift and transport patients, manually position patients, manipulate a variety of radiographic equipment, and effectively operate portable imaging equipment.
- Possess the ability to stand for long periods of time.
- Possess the ability to wear a 10-15 lb. lead apron while performing the duties of the profession.

Cognitive/Interpersonal Skills

- Demonstrate the ability to adequately apply instructions located on computer monitors, examination orders, and medical records.
- Understand and apply clinical instructions given by supervising professionals.
- Possess sufficient problem-solving skills to include measuring, calculating, reasoning, analyzing, and evaluating with the ability to perform the necessary skills in a timely fashion.
- Interact compassionately and empathetically with patients.
- Possess the mental and emotional stability to effectively handle stressful situations.

Student understands and acknowledges that participating in clinical education at any healthcare site, entails risks that could result in illness or injury. By continuing in this program and participating in clinical experience, student acknowledges and accepts these risks, and pledges to strictly comply with all health and safety laws, regulations, rules, and protocols specific to Avera McKennan Hospital and University Health Center, and any clinical site at which they are assigned.

COMPLAINT RESOLUTION

POLICY 8.20

Effective: 7/98
Reviewed: Annually
Revised: 3/24

Avera McKennan and the School of Radiologic Technology encourages the use of this policy in order to solve any complaints and other allegations relating to non-compliance with the JRCERT Standards.

1. Before submitting allegations, students must first attempt to resolve the complaint directly with the Program Director and follow the program's grievance procedure policy.
2. If the student's complaint cannot be resolved, the student may inform the Medical Director of the program. Within ten working days, the Medical Director will review and evaluate the student's complaint and determine if the program is or is not compliant with JRCERT Standards. If he/she determines the program is compliant, no further actions will be taken. If he/she determines the program is non-compliant, action will be taken to resolve the student's complaint within five working days.
3. If the student is unable to resolve the complaint with program officials and would like to further address allegations about the radiologic technology program's failure to comply with program accreditation standards, they should visit this link [Joint Review Committee on Education in Radiologic Technology](#).

Chief Executive Officer
Joint Review Committee on Education in Radiologic Technology
20 N. Wacker Dr., Suite 2850
Chicago, IL 60606-3182
PH: (312) 704 – 5300
Email: mail@jrcert.org

4. In the case the JRCERT is notified, and the program is determined to be noncompliant with the standards, the Advisory Committee will meet to resolve the issue. This will occur within ten working days of the JRCERT notification to the program.
5. The JRCERT and the student will be notified of the outcome within five working days of the resolution by the Advisory Committee.

REQUIRED COMMITTEES

POLICY 8.8

Effective: 3/91
Reviewed: Annually
Revised: 6/24

There are two main Committees the School/Program Director is responsible for maintaining; The Education Advisory Committee and the Admission's Committee.

These committees comply with the requirements of the Joint Review Committee on Education in Radiologic Technology.

The Advisory committee has been established to ascertain the needs and the future of the School and to advise in the decisions regarding the school and its students regarding changes, needs, and meeting the standards of an accredited program. Members of the Advisory Committee are: Asst. VP of Imaging Services, Director of Imaging, Medical Director, Program Director, Clinical Coordinator, various imaging supervisors, and Academic Advisors from USF, NDSU, SDSU, and St. Cloud State.

The Admissions Committee, which is a subcommittee of the Advisory Committee, assists the Program Director in determining the acceptance and non-acceptance of applicants who apply to the School of Radiologic Technology. Members of the Admissions Committee are: Asst. VP of Imaging Services, Program Director, Clinical Coordinator, and Director of Radiology.

ADMISSION PROCEDURE AND COST

ADMISSION REQUIREMENTS

POLICY 2.2

Effective: 7/94
Reviewed: Annually
Revised: 6/22

Avera McKennan is an equal opportunity hospital and does not discriminate on the basis of race, color, age, sex, creed, or handicap individuals. All applicants must meet the academic and technical standards required for admission. Technical Standards are defined as all non academic criteria used to, and to participate in the program or activity, needed to become a competent technologist. This policy is in compliance with Section 504 of the Rehabilitation Act of 1973.

Applications for admission are accepted from September 1 until January 15. No application materials will be accepted after January 15th. Applicants who do not have all of their information submitted by January 15th will not be considered for admission to the school. No exceptions will be allowed.

Requirements for Admission:

1. Be in good health and meet "technical standards" appropriate to radiologic technology as set forth by the school.
2. The applicant must be a High School graduate or have a High School equivalency certificate.
3. Applicants should submit American College Testing Program (ACT) or SAT scores, if available.
4. Applicants should show emphasis in the following: Physics, Chemistry, Biology, Math (College Algebra), and English Composition.
5. Applicants overall Grade Point Average (GPA) should be 2.5 or above on a 4.0 scale.
6. Applicant should participate in a job shadow experience in a radiology department. A shadow program has been developed to introduce prospective students to Radiologic Technology. This program allows for individuals to visit the radiology department and obtain first hand experience about the field of Radiologic Technology.

During the 3-4 hour visit, you will be assigned a guide to take you around the department. Your guide, a member of our radiology department, will explain the various procedures being performed and answer any questions you may have about the profession.

Shadow program visits are scheduled Monday through Friday, typically in the mornings. You can apply for a shadow position by reviewing our shadow program information and submitting the appropriate forms found on our website, www.avera.org under careers.

Visitors should be neatly dressed in professional attire. No shorts, t-shirts, or other clothing not representative of a professional appearance are allowed.

7. Three Avera McKennan School of Radiologic Technology reference forms. These forms must be signed by both the applicant and their reference to be considered valid. The reference forms must be in a sealed envelope with the reference's signature across the flap or sent via e-mail from the reference to the school e-mail address. In this case, an electronic signature is acceptable.
8. If the following courses are not required for the student's degree program at their respective college/university, they must successfully complete the following prerequisite courses from an accredited college by June 1st of their acceptance year with a letter grade of a C or higher:
 - A college level Medical Terminology course
 - A college level Anatomy and Physiology course (one semester each) *or* Anatomy and Physiology I and Anatomy and Physiology II
 - College Algebra or higher
 - English Composition
9. Eligibility requirements for ARRT certification and registration in Radiography, Nuclear Medicine Technology, Radiation Therapy and for the primary pathway to Magnetic Resonance Imaging and Sonography will—effective January 1, 2015—call for candidates to

have earned an associate (or more advanced) degree from an institution accredited by an agency recognized by ARRT.

ARRT believes that the general education courses required for an academic degree will provide a firm foundation to support the evolving role of the technologist and the lifelong learning necessitated by the increasing rate of technological change. Quantitative and communication skills and understanding of human behavior that are acquired through general education classes are believed by the ARRT to have value in continuing to shape professionalism and advancement of a Registered Technologist's role in healthcare.

The degree will not need to be in radiologic sciences, and it can be earned before entering the educational program or after graduation from the program. The degree requirement applies to graduates on or after January 1, 2015.

It must be granted by an institution accredited by a mechanism recognized by ARRT. A list of accrediting agencies currently recognized is available on the ARRT website, www.arrt.org. Individuals who complete a recognized non-degree granting program prior to that date will not be subject to the degree requirement.

Learn more from the [degree requirement FAQs on the ARRT website](#)

10. In the event an applicant is accepted into the program and has not yet completed the prerequisite courses by the time of acceptance, they will be sent a conditional letter of acceptance. They will be required to send an official transcript by July 1st demonstrating the successful completion of these credits to retain their spot in the program. Failure to comply will result in loss of acceptance to program and an alternate will be accepted into the program.
11. A background check is required upon final acceptance into the program and will be done through Avera Human Resources. Prior to enrolling in a radiology program, students are advised to review the applicable licensure/certification procedures and state laws of the profession to ensure that they are eligible to receive a license/certification following completion of the program at Avera McKennan Hospital and University Center. A conviction of a felony or a misdemeanor is considered to be a violation of the Standards of Ethics. Eligibility for certification may be limited by the results of a criminal background investigation. Information about this can be obtained from the American Registry of Radiologic Technologists. www.ARRT.org Students will participate in clinicals at the Veterans Administration Hospital in Sioux Falls and will be required to undergo a background check provided by them. Avera McKennan also requires a background check on all students entering the program. If the student does not pass the background check he/she will be asked to leave the program.

HEALTH REQUIREMENTS

POLICY 8.38

Effective: 2/90
Reviewed: Annually
Revised: 6/24

The radiology student, may be exposed to a variety of substances within the work environment and clinical sites. Students can expect exposure to blood, body tissues, and fluids. There is the potential of exposure to electrical hazards, hazardous waste materials, radiation, poisonous substances, chemicals, loud or unpleasant noises and high stress emergency situations.

Students are given instruction about OSHA Blood-Borne Pathogen and Universal Precautions prior to starting clinical rotations.

Pre-Training:

A health history is mailed to the student during the summer prior to enrollment. Students will complete the following:

- Baseline Tuberculosis Assessment and Symptom Screen
- Respirator Medical Evaluation
- Varicella History
- Infection prevention new student education and test questions

The student will also need to review their requirements with the Employee Health nurse via phone or in person by the first week in August.

Documentation of vaccinations must be provided prior to the start of the program.

- Proof of two MMR's (measles, mumps, rubella) immunizations or proof of positive titers for measles, mumps, and rubella.
- Proof of an adult Tdap (tetanus, diphtheria, pertussis) immunization.
- Proof of Hepatitis B immunization series or a signed declination form.
- Proof of two chickenpox (Varicella) immunizations or proof of positive titer for Varicella in the absence of history of the Varicella.
- Influenza immunization is required for students from October 1st through April 1st.
- If the student has a known history of a POSITIVE TB test, you must provide a copy of a chest x-ray completed within the last year and treatment information if applicable.
- TB Quantiferon lab testing will be ordered and completed by each student the first week of school.
- Physical examination report or completion of student physical exam form (*instructions on form*) completed within the last year. If the student has not had a physical exam, one should be scheduled with your personal physician.
- Standard 10 Panel Urine Drug Screen completed within 60 days of Program starting date.
- Complete new orientation education that includes reading and reviewing infection prevention new student education, completing infection prevention test questions, and reviewing student injury and exposure guidelines.

Health care services, while the student is enrolled in the program, are the responsibility of the student. Students must show proof of medical coverage upon admittance into the program.

Infection Control/Communicable Disease Exposure and Injuries

Student health records will be maintained in the Employee Health department.

Any student involved in an accident and/or sustaining an injury during clinical hours will report to the Program Director.

It is the student's responsibility to report all suspected body fluid exposures by:

1. Reporting exposure immediately to the program faculty and
2. Completing a *non-employee notification* in Meditech Expanse. The Program Director will be able to assist the student in completing the proper documentation.

All puncture wounds, blood or body substance exposures to an open wound, in the mouth or eye, or unprotected mouth-to-mouth resuscitation will be reported promptly and an investigation made to determine the possibility of a blood-borne disease exposure. If it is determined that an exposure has occurred, you should be seen in the Emergency Department.

What Constitutes an Exposure

In order for there to be an exposure, bloody or infected body fluids (blood, semen, amniotic fluid, vaginal secretions, cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial fluid) must either break the skin (needlesticks, sharps, bite, etc.) or enter through the mucous membranes (eyes, nose, or mouth). Unless visibly contaminated with blood, the following body substances do not constitute an exposure: urine, saliva, non-purulent sputum, stool, emesis, nasal discharge, tears, or sweat.

Insurance Coverage

All exposures, accidents/injuries occurring while participating during school hours will be covered by the student's own health insurance.

Students are responsible for obtaining their health insurance and the student is responsible for any charges that occur.

Work-related Injuries

If hired by Avera as a paid Employee, injuries occurring during paid working hours will be covered by the hospital worker compensation insurance.

If you are injured while working as an employee, you must complete an *Employee Notification* in Meditech.

APPLICATION PROCESS

POLICY 2.1

Effective: 3/91
Reviewed: Annually
Revised: 12/23

Avera McKennan is an equal opportunity hospital and does not discriminate on the basis of race, color, age sex, creed, or handicap individuals. All applicants must meet the academic and technical standards required for admission. Technical Standards are defined as all non-academic criteria used to, and to participate in the program or activity, needed to become a radiologic technologist.

One class of approximately fourteen students is enrolled each academic year beginning the day after Labor Day.

1. *To apply to the program:*
 - Submit a completed **Application** form.
 - Submit a \$30.00 nonrefundable processing fee along with the application form.
 - Submit both high school and college OFFICIAL transcripts.
 - Submit American College Testing Program (ACT) or SAT scores, if available. Oftentimes, the ACT score is included on the high school transcript. If they are NOT included on the high school transcript, contact ACT to have official scores sent.
 - Submit three Avera McKennan School of Radiologic Technology reference forms. These forms must be signed by both the applicant and their reference to be considered valid. The reference forms must be in a sealed envelope with the reference's signature across the flap or sent via e-mail directly to the school.
2. All application materials must be received by January 15th.
3. Upon receiving all of the above materials, the Program Director will determine if academic admission requirements have been met. A personal interview will be arranged with those applicants meeting the admission requirements. If you do not meet the requirements, you will receive a written explanation.
4. After the interview process, the Admissions Committee considers all aspects of each applicant's record and offers admission to the best-qualified individuals.
 - Positive applicant attributes include maturity, knowledge of and motivation toward a career in radiologic technology, and an aptitude for academic achievement.
5. Applicants are accepted to the School based on a point system. The School Admission's Committee considers each applicant based upon a documented point scale and in doing so assigns specific values to certain applicant characteristics and qualifications.

6. The Admission's Committee will select from the pool of top ranking applicants. It is the admissions committee's right to use their discretion in selecting applicants from this pool.
7. A written notice of acceptance or rejection will be sent to all applicants no later than March 15th.
8. Selected applicants must reply to confirm their intention within 10 days of receiving notification. A \$200.00 non-refundable acceptance fee is required and will be applied to the first year tuition.
9. Applicants are required to contact Employment Health to set up a health assessment prior to the first day of class. Accepted students will provide immunization documentation and complete health history form. A medical/physical exam within the last year is required. The health assessment and immunization forms are reviewed by the employee health nurse, and any additional documentation will be requested and completed prior to the beginning of class.
10. All accepted applicants will require a background check.

TUITION AND FEES

POLICY 6.1

Effective: 4/95
Reviewed: Annually
Revised: 5/24

ACCEPTANCE FEE: \$200.00 *(Paid at the time of acceptance into the program and applied to the first year tuition)*

TUITION¹

	FIRST YEAR		SECOND YEAR		TOTAL
Tuition	\$ 3,000.00		\$3,000.00		\$6,000.00
TOTALS:	\$3000.00	+	\$ 3,000.00	=	\$6,000.00

OTHER COSTS: (approximate)

Uniforms/shoes ²	\$250.00		\$250.00		\$500.00
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1. Tuition Includes:
 - Program tuition
 - Textbooks
 - All books are purchased through Avera McKennan Hospital and are included in the tuition and fees. No refund is given for unused textbooks.
 - ASRT/SDSRT Memberships
 - Trajecsys—Clinical Evaluation Tracking Program
 - ARRT Exam Fee
 - SDSRT Annual Conference (second year students)
 - 1 set of radiopaque (lead) markers—(if a replacement set is needed due to lost markers, the student will be required to pay for the additional set of markers)
2. Uniforms/shoes
 - Estimated cost. To be purchased by the student, prior to the beginning of school.

The school, in conjunction with hospital administration, reserves the right to alter its fees at the end of each year.

FINANCIAL AID

POLICY 6.3

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Avera McKennan School of Radiologic Technology is eligible to participate and works with our affiliates to provide federal student financial aid. Students who are not receiving financial aid through their respective university may look at other funding options.

Note: NDSU, Jamestown College, USF, Mount Marty, St. Cloud State, SDSU (bachelor's only) and Minot State students' financial aid status and documentation will remain with the Financial Aid office at NDSU, Jamestown, USF, Mount Marty, St. Cloud State, or Minot State.

All students who receive aid must maintain an 80% or a G.P.A. of 2.0 in each course and satisfactorily complete all assigned curriculum whether it be clinical or didactic to receive aid/certificate of diploma. Any student placed on probation may automatically lose benefits until that student satisfactorily meets the standards set by the School. The following is a list of the available Financial-Aid at Avera McKennan:

- Social Security Benefits
- Vocational Rehabilitation Program
- Myrabo Fund (Hospital Sponsored and subject to availability)
- GI Bill

Scholarship opportunities are also available through Avera McKennan and professional organizations such as the American Society of Radiologic Technologists and South Dakota Society of Radiologic Technologists.

REFUND POLICY

POLICY 6.2

Effective: 12/90
Reviewed: Annually
Revised: 6/24

In the event the student withdraws from the Program, whether it be for medical or personal reasons, or is dismissed, they will be required to give written notice to the Program Director. Any tuition refund due to the student will be calculated from the date that the notice of withdrawal was received to the Program Director. Students who voluntarily leave the Program or are dismissed from the Program and have paid tuition are entitled to a refund according to the following schedule:

If tuition is paid in full (per year) and student withdraws after:

1 - 3 months	75% refund
4 - 6 months	50% refund
7 - 9 months	25% refund
10 – 12 months	no refund

If tuition is paid by semester and the student withdraws after:

1 – 3 months	50% refund
4 – 6 months	no refund

The following fees are non-refundable:

1. Acceptance fee. This fee is due upon acceptance into the school.
2. Trajecsyst fees.
3. Books are purchased through the hospital and are non-refundable.
4. SDSRT and ASRT Membership fees.

READMISSION TO PROGRAM

POLICY 8.51

Effective: 5/02
Reviewed: Annually
Revised: 8/12

The purpose of the student re-admission policy is to allow re-admission of a student who has withdrawn in good standing. In order to graduate, a student must complete 24 months of training and complete all competency examinations clinical rotations, and course work. To be eligible for re-admission, the student must have withdrawn in good standing.

PROCEDURE:

1. If a student requests to be re-admitted after withdrawing from school, the student will be required to make up all time missed.
2. Students will be required to repeat courses that were not completed and will be required to pass competency tests.

3. If the student withdraws from the school for longer than one year, the full 24 months of training must be completed.
4. The student will be billed for the remaining part of their training if they are out of school for longer than a one year period of time. This cost will include current rates of tuition, fees, textbooks, etc.
5. Re-admission into the school may be delayed if it will put the school over maximum capacity.
6. The student will abide by all school procedures and policies. Failure to comply with these procedures and policies may result in probation and/or dismissal from school.

I, _____ wish to re-enroll into Avera McKennan School
(Student's Name)

of Radiologic Technology. I understand that my academic standing in school is subject to satisfactory completion of competency testing, completion of classroom and clinical studies, and payment of all tuition, fees, textbooks, etc. I understand that I must adhere to all rules and regulations of the school and Avera McKennan Hospital and University Health Center. If I meet all the requirements for graduation from the School of Radiologic Technology, my graduation date will be _____

Student Signature

Date

Program Director

Date

Medical Director

Date

Clinical Coordinator

Date

REASONABLE ACCOMODATION (ADA)

POLICY 9.2

Effective: 1/24
Reviewed: Annually
Revised:

The Avera McKennan School of Radiologic Technology is committed to maintaining a learning environment where all individuals are treated with dignity and respect. The Avera McKennan School of Radiologic Technology will make reasonable accommodations for known physical or mental limitations of a qualified applicant/student with a disability unless the requested accommodation will cause undue hardship for the Avera McKennan School of Radiologic Technology.

Qualified students/applicants should contact the Program Director with any questions or requests for accommodation. The Program Director is responsible for implementing this policy, including engaging in the interactive process, resolution of reasonable accommodation, safety/direct threat, and undue hardship issues. The Program Director will consult with Avera Human Resources as necessary.

Process:

1. The student/applicant may initiate the accommodation request verbally or in writing to the Program Director.
2. The student/applicant may be required to provide additional documentation from a medical provider to assist with the request.
3. The Program Director will work with the student/applicant, their medical provider, and/or other subject matter experts throughout the process to determine the best course of action in response to the request.
4. The Program Director will make a final determination whether or not a reasonable accommodation request can be granted.
5. Once an accommodation is approved, the Program Director will schedule a meeting with the student, as part of the on-going interactive process, to review the terms and conditions of the accommodation and take the appropriate steps to implement the agreed upon accommodation. The Avera McKennan School of Radiologic Technology reserves the right to suggest or modify an accommodation request as long as the needs of the request are met. The Avera McKennan School of Radiologic Technology reserves the right to deny a request if such a request creates undue hardship.
6. All documentation pertaining to the accommodation requests will be kept in separate confidential ADA file.
7. There are a number of reasonable accommodations that the Avera McKennan School of Radiologic Technology may be able to implement based on the student's request.

Examples of proper requests include:

- a. Additional testing time;
- b. Adapting type of fonts used on tests and learning materials; or
- c. Alternate places to test.

Examples of improper requests because of undue hardship include:

- a. Changing admission standards;
- b. Lowering the grading scale; or
- c. Changing clinical rotations.

8. A student may file a complaint of discrimination with the Program Director as soon as practical. The Avera McKennan School of Radiologic Technology will thoroughly and promptly investigate all complaints and reports of unlawful discrimination.

CURRICULUM

COURSE OUTLINE

The curriculum for Radiologic Technology exceeds the requirements set forth by the JRCERT and ASRT. The program includes two years of study beginning the first day after Labor Day in September.

Course Number Title

First Year - First Semester

1102	Introduction to Radiologic Technology
1111	Professional Ethics
1122	Image Evaluation I
1132	Patient Care and Nursing Procedures
1141	Medical Terminology Review
1153	Image Acquisition and Technical Evaluation
1166	Imaging Procedures I
1174	Applied Clinical Radiology I

First Year - Second Semester

1206	Imaging Procedures II
1213	Radiation Physics I
1222	Image Evaluation II
1232	Digital Imaging
1247	Applied Clinical Radiology II

Second Year - First Semester

2102	Indpt. Study and Research
2111	Quality Assurance
2121	Image Evaluation III
2132	Imaging Modalities I
2142	Radiographic Anatomy and Pathology I
2156	Applied Clinical Radiology III
2161	Imaging Procedures III
2172	Radiation Physics II

Second Year - Second Semester

2201	Imaging Modalities II
2212	Computed Tomography

2223	Radiographic Anatomy and Pathology II
2235	Applied Clinical Radiography IV
2241	Image Evaluation IV
2251	Cross-Sectional Anatomy
2264	Rad Biology & Protection
2277	Radiologic Technology Review

COURSE NUMBER AND COURSE DESCRIPTIONS

The program consists of a total of 3521 clock hours: 2620 clinical hours and 901 classroom hours for a total of 82.0 credit hours.

Course No. Title

1102 Introduction to Radiologic Technology

This course will introduce the student to basic principles of radiology technology, radiation protection, equipment manipulation, and technique selection. The student will become familiar with the goals, philosophies, and organization of the radiography program and radiology department. An appreciation will be established through an understanding of medical history, the evolution of radiologic technology, and the professional and accrediting organizations.

1111 Professional Ethics

This course provides the student with moral and ethical principles which will enhance communication and empathy for the patient. Considerations regarding ethical principles and legal responsibilities are also presented. Students will examine a variety of ethical and legal issues found in clinical practice.

1122 Image Evaluation I & II

1222

These courses will complement the radiographic procedures courses presented the first year, first and second semesters. The student will identify anatomy and use critical thinking skills to evaluate images for proper quality, including positioning, selection of technical factors, and artifact identification. Corrections for repeat images are presented.

1132 Patient Care and Nursing Procedures

A course which discusses such topics as body mechanics, emergency care, first-aid, vital signs, aseptic technique, IV applications, and other subject matter pertinent to the physical and psychological needs of patient and family. The course includes the procedures and application of basic cardiac life support. The student will participate in practical application and become a certified basic cardiac life support rescuer.

1141 Medical Terminology Review

This didactic course deals with vocabulary training involved with medical nomenclature, abbreviations, and definitions of medical terms used in radiology and other health professions.

1153 Image Acquisition and Technical Evaluation

The general principles of radiographic technique and the underlying principles regarding the practical application of the x-ray equipment and accessory devices are presented. Emphasis is placed on the factors affecting image quality.

1166 Imaging Procedures I & II

1206

This course includes lectures, classroom demonstrations, and laboratory work concerning skeletal anatomy, anatomical positioning of the chest, abdomen, thorax, upper and lower extremities, shoulder girdle, vertebral column, and pelvic girdle.

1174 Applied Clinical Radiography I & II

1247

These clinical rotations offer supervised clinical application of radiographic principles by the student technologist in their performance of general radiographic, fluoroscopic, surgical and trauma procedures. The student will participate in a radiation therapy rotation and a night rotation in Applied Clinical II.

1213 Radiation Physics I & II

2172

This course will introduce the fundamentals of radiation physics and the principles of production, characteristics, and control of radiation applicable to diagnostic radiology. The content establishes a knowledge base in radiographic, fluoroscopic, and mobile equipment requirements and design.

1232 Digital Imaging

This course will introduce the student to basic principles of computer technology in the radiologic sciences. Computer nomenclature, abbreviations, and definitions will be discussed along with computer concepts. Content includes the components, principles, and operation of digital imaging systems found in diagnostic radiology. Factors that impact image acquisition, display, and archiving and retrieval are discussed. Computerized Radiography and Digital Radiography instrumentation and operation are the key focus areas.

2102 Independent Study and Research

In this unit the student will prepare a scientific project and research paper pertaining to the field of radiologic technology.

2111 Quality Assurance

The elements of a quality improvement program will be discussed in this unit. Emphasis is placed on the evaluation of radiographic systems to assure consistency in the production of quality images. Principles of digital system quality assurance and maintenance are presented. Students will perform quality control tests in the clinical setting.

2121 Image Evaluation III & IV

2241

Image Evaluation III will complement the spine and skull radiographic procedures. The student will identify anatomy and use critical thinking skills to evaluate images for proper quality, including positioning, selection of technical factors, and artifact identification. Corrections for repeat images are presented. Image Evaluation IV will include a comprehensive review of anatomy and evaluation of repeat images for radiographic quality.

2132 Imaging Modalities I & II

2201

These courses introduce the student to several special imaging areas, including special fluoroscopic procedures, interventional radiology, ultrasonography, magnetic resonance imaging, DEXA, PET/CT, and mammography. Equipment operation, computer functions, routine procedures, and image evaluation will be presented. These courses are designed to provide a basic foundation to the special imaging modalities.

2142 Radiographic Anatomy & Pathology I & II

2223

This course includes a review of radiographic anatomy, the various pathologic conditions of the body and the impact on radiographic imaging. The basic knowledge of the disease process will enable the student to produce optimal radiographs and ensure effective patient care.

Radiographic anatomy and pathology of the respiratory, urinary, digestive, cardiovascular, skeletal, endocrine, and neurological systems are discussed. Student will prepare and present case studies in these courses.

2156 Applied Clinical Radiography III & IV

2235

The clinical aspects of computed tomography, magnetic resonance imaging, PET/CT, mammography, sonography, interventional procedures, and diagnostic radiography are stressed in these clinical rotations. The student rotates through the various areas to become more proficient in all areas of radiology. Significant emphasis is placed upon developing the ability to think and act independently in various situations.

2161 Imaging Procedures III

This course includes lectures, class demonstrations, and laboratory work concerning specialized anatomical positioning of the skull.

2212 Computed Tomography

This course will introduce the student to the fundamentals of computerized tomography. This includes areas of cross-sectional anatomy, instrumentation, computer functions, and routine scanning procedures. Normal and abnormal anatomy will be identified as well as the evolution of CT imaging.

2251 Cross-Sectional Anatomy

The course includes a review of gross anatomy of the body and the relationship to other structures. Gross anatomical structures are located and identified in axial (transverse), sagittal, and coronal planes. The characteristic appearance of anatomical structures as they appear on a CT and MR image will be included.

2264 Radiation Biology and Protection

This course provides the student with knowledge pertaining to the area of radiation biology and protection. Principles and concepts explaining basic interactions of radiation with matter, the effect of exposure factors on radiation dose, biological effects, units of measurement, dose equivalent limits, and exposure monitoring will be presented.

2277 Radiologic Technology Review

This course offers a comprehensive review intended to serve as preparation for the National Registry Examination administered by the American Registry of Radiologic Technologists. Selected topics will be taught by the students and several comprehensive review tests will be taken throughout the summer.

Students are graded at the end of each academic course. Students must maintain a grade point average of 2.0 or 80%, or in a pass/fail course, to be eligible for graduation. Attendance of all scheduled classes is mandatory.

SATISFACTORY ACADEMIC POLICY

POLICY 8.2

Effective: 10/14
Reviewed: Annually
Revised: 6/24

Purpose

The School requires and constantly strives for academic excellence. Evaluation of student learning is a vital part of the School's function. In order to maintain student progress, teacher effectiveness, and program accountability and integrity, evaluation and grading of students is necessary on a periodic basis. All students are expected to achieve the minimum standards of the School and to strive for academic excellence.

Academic Standards

According to regulations governing the federal financial aid programs, a student must be enrolled in a program of study leading to a degree or certificate and must be making satisfactory academic progress according to the standards and practices of the institution in order to continue to be eligible for the federal programs (Federal Pell Grants, Federal Stafford, Federal PLUS), as well all state and institutional programs. All students enrolled in the School of Radiology Technology, and those participating in federal aid programs must comply with the standards of Satisfactory Academic Progress as outlined in this policy.

Qualitative Measure

Satisfactory Academic Progress is defined as progressing in a positive manner toward fulfilling requirements for a Certificate in Radiologic Technology. Satisfactory progress is the measurement of a student's success in meeting the program requirements. The academic records of all students will be monitored to ensure compliance with the requirements outlined in this policy. Failure to meet these standards could result in financial aid suspension of eligibility for federal aid.

To meet satisfactory academic standards toward a certificate, students must attend full time and maintain a GPA of 2.0, or 80% in all courses. Students who do not achieve a 2.0, or 80% in all didactic and clinical courses will be dismissed from the program. Each student's Satisfactory Academic Progress will be evaluated throughout each course with a formal review at the end of each six month semester. Cumulative GPA is calculated for only those courses taken while in the program. Credits acquired from prior post-secondary institutions are not calculated in the cumulative GPA for the program. Students will be notified within 2 weeks (in person and a formal notice) if he/she does not make satisfactory academic progress and will be dismissed from

the program. Repeat courses are not allowed and students not meeting the 2.0, 80% minimum grade will be dismissed from the program.

Grading System:

Letter		Percentage	Points
A	=	93 - 100	3.5 - 4.0
B	=	85 - 92	2.5 - 3.4
C	=	76 - 84	1.6 - 2.4
D	=	70 - 75	.5 - 1.5
F	=	Below 70	0

Quantitative Measure:

To meet satisfactory academic standards, all students must attend full-time and must complete the program within 150% of the program length. The length of the program is 24 months and the student must complete the program within 150% (36 months) of the beginning of the program. This includes any approved transfer credits. If at any time it is determined that a student will not be able to finish the program within the 150% time frame, financial aid eligibility will be suspended immediately. If the suspension is the result of unusual circumstances, the student may appeal the decision based on unusual or extenuating circumstances, such as: a) the injury or illness of the student; b) the death of a relative of the student; or c) other special circumstances.

Appeal Process:

If a student receives a final grade below a 2.0 or 80% in a course, the student may choose to appeal. There is no option to repeat a course. The steps for the appeal process can be found in Policy 8.21.

Financial Aid:

If the student is found to be ineligible for Federal Student Financial Aid because satisfactory progress academic requirements were not met due to unusual or extenuating circumstances, the student may appeal the decision in writing to the School's Financial Aid Director stating why the requirements were not met and why financial aid should not be terminated. The Financial Aid Director will review the appeal and determine whether the suspension is justified. The student will be advised, in writing of the decision. A student whose appeal is not approved will no longer be eligible to participate in the program.

Suspension/Regaining Eligibility:

If a student has a disciplinary action due to a violation of program policy, the student may be placed on probation and Federal Student Aid may be suspended. He/she must meet all requirements for satisfactory academic progress as outlined in the Avera McKennan School of Radiologic Technology student handbook to be eligible by the end of the next semester for financial aid eligibility to be reinstated.

Withdrawals:

If a student withdraws from the program, Avera McKennan School of Radiologic Technology policies will be followed and the Tuition Refund Policy and Return to Title IV Policy will be implemented.

Transfer Credits:

Transfer students are accepted from another Radiography program if they meet the following criteria:

1. Have attended a program that is fully accredited by the JRCERT, with a lapse in attendance of the prior program being no more than 3 months.
2. Meet the standard for acceptance set forth by Avera McKennan School of Radiologic Technology.
3. The combined length of the training in both previous and present programs, including all transferred credit, must be equal to and not less than 24 months.
4. An agreement between the student and the Program Director which specifies the classes whether it be Didactic/Clinical in order to fulfill the requirements for graduation from Avera McKennan Hospital School of Radiologic Technology.
5. Students must forward all transcripts and documentation of competency completion to the school directly from their previous program of attendance.
6. Student must have or obtain a minimum of an Associate's Degree upon completion of the Radiologic Technology Program.

Remedial Coursework:

Non-credit remedial coursework does not count toward quantitative or qualitative standards. For-credit remedial coursework does count toward quantitative and qualitative standards.

Course Incompletes:

All courses must be completed to successfully graduate from the Avera McKennan School of Radiologic Technology. If a student does not complete a course, he/she will be dismissed from the program. The Tuition Refund and Return to Title IV Policy will be implemented.

CLASS SCHEDULES, CLASS HOURS, AND CLASSROOMS**POLICY 8.6**

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Each student is given a printed class schedule at the beginning of each class year in September. Changes in the class schedule will be communicated to the students and didactic faculty through Outlook E-mail, phone, or in class.

Class hours or contact hours have been designated as fifty minutes in length unless otherwise specified.

Classrooms contain a seating and writing surface for each student in the class and have sufficient space to conduct demonstrations of procedures and to use audiovisual resources appropriate to teaching radiography; be equipped with proper lighting, temperature control, ventilation, safety requirements, and reasonably accessible so that travel time does not disrupt or negatively affect the education process.

CLINICAL EDUCATION

POLICY 8.32

Effective: 3/91
Reviewed: Annually
Revised: 6/24

The student must not attend more than 40 hrs/wk combined didactic and clinical hours in the program.

Generally, clinical and didactic schedules are as follows:

1st Year Students		
Monday	Clinicals 7:30am-12pm	Class 12:30-4pm
Tuesday	Class 8-11:30am	Clinicals 12-4pm
Wednesday	Class 8-11:30am	Clinicals 12-4pm
Thursday	Clinicals 7:30am-12pm	Class 12:30-4pm
Friday	Clinicals 7:30am-4pm	

2nd Year Students		
Monday	Clinicals 7:30am-4pm	
Tuesday	Clinicals 7:30am-12pm	Class 12:30-4pm
Wednesday	Clinicals 7:30am-12pm	Class 12:30-4pm
Thursday	Class 8-11:30am	Clinicals 12-4pm
Friday	Clinicals 7:30am-4pm	

Rotations with variant schedules are described as follows:

5 a.m. Avera Heart Hospital of South Dakota Clinical Rotations:

Monday & Thursday	Clinicals 5:00am-11:30am	Class 12:30pm-4:00pm
Tuesday & Wednesday	Clinicals 12:30pm – 4:00pm	Class 8:00am-11:30am
Friday	No Clinicals	

**When early AM portables have been completed, the student should observe/perform procedures within the radiology department (i.e. chest x-rays, CT, etc.). If the radiology

department is not busy, the student should go to Cardiac Cath Lab, Nuclear Medicine, or Echo to observe.

Weekend Shifts:

First year students will begin rotations on weekend clinical shifts in December. These shifts will be 7:00 a.m. – 3:30 p.m. and will transition to 6:30 am. – 3:00 p.m. in August. Students will be given one weekday off the week prior to the weekend rotation and one weekday off the week after the weekend rotation to maintain clinical hours. Students will have seven weekend rotations during their time in the program.

First year students will begin 3:00 p.m. – 11:00 p.m. weekend shifts in April of their first year. They will continue these rotations until June of their second year. The shifts will begin as Saturday and Sunday shifts only and then transition to Friday-Sunday. Students will be given one weekday off the week prior to the weekend rotation and weekday off the week after the 3-11 rotation to maintain clinical hours. Students will have five 3-11 p.m. rotations during their time in the Program.

9pm-7am Overnight Shift:

Each student is scheduled for four consecutive overnight shifts. This rotation occurs when the students do not have class in order to absorb the true value of the shift.

11am-9pm Evening Rotation:

1st Year Students (January-May)	
Monday, Thursday, Friday	11am-9pm
Tuesday & Wednesday	Class Only 8-11:30am

1st Year Students (June-August)	
Monday-Thursday	11am-9pm
Friday	Off

2nd Year Students (September-May)	
Monday, Tuesday, Wednesday	11am-9pm
Thursday	8am-6pm
Friday	Off

Lunch Break: 30 minutes

To be taken at the time when your supervisor feels is appropriate. On class days, the student will take lunch in the allocated time slot. In a situation where the student was not allowed an uninterrupted lunch break of 30 minutes, he/she will be allowed to leave 30 minutes early if it does not interfere with class time. If the 30 minutes is taken the same day, a comp form does not need to be completed. If it must be taken on another day, a form will need to be completed and take back time will be taken another day that week. Students who have clinical assignments not located on the Avera McKennan campus will be allowed an additional ½ hour over their lunch break for travel time to and from class and clinicals.

Comp Time:

On occasion, a student may stay to complete a radiographic procedure and an Attendance Tracking Form must be completed. The form is to be signed by the staff tech on duty and then given to the Program Director or Clinical Coordinator for awarding the appropriate time back so as not to exceed the 40 hr. maximum per week. Students are not allowed to stay more than one hour past the end of their clinical shift.

It is the student's responsibility to hand the form in immediately so that comp time may be awarded within that week in those cases when the 40 hour time limit is exceeded. No comp time will be awarded for forms that are handed in more than one week late.

If there are any other exceptions to this policy, arrangements must be made with the Program Director.

Clinical Attendance Record:

All clinical time is logged using the online tracking system, Trajecsys. All students will be required to clock in and out of their shift on the computer at their designated clinical site. Clocking in and out on cell phones is prohibited and will result in the deduction of a clinical point.

Additionally, students must avoid clocking errors and will be allowed 10 time exceptions each semester. Beyond that, the deductions are as follows:

- 11-20 time exceptions; deduction of 2 clinical points
- 21-30 time exceptions; deduction of an additional 2 clinical points

CLINICAL ROTATIONS

POLICY 8.53

Effective: 3/91
Reviewed: Annually
Revised: 6/23

Students will rotate through various clinical rotations and must complete the objectives in each of their clinical assignments. Clinical rotations are on the Avera McKennan campus or other locations within the city. Students are responsible for their own travel to off campus clinical rotations.

Students must also complete an evaluation of competency of pre-selected clinical exams. These competencies must be completed within a certain time frame as outlined in the clinical education handbook.

Students must maintain clinical standards set forth by the administrative faculty throughout the entire training period.

Factors that affect these standards will include motivation, judgment, professional attitude, appearance, cooperation, technical skill, concern for patient care, use and care of equipment, radiation protection, and initiative as determined by the student evaluation tools or personal interviews.

Clinical assessment tools will vary depending on the standard being measured. Every student will obtain grades as they are assessed and these will be compiled into a final grade for Applied Clinical Radiography.

Clinical Radiography takes place whenever the student is not in class.

TRADING OF CLINICAL SHIFTS

POLICY 8.45

Effective: 7/94
Reviewed: Annually
Revised: 6/24

The purpose of this policy is to establish a protocol for the trading of clinical shifts. The following guidelines must be followed for a trade to be approved.

1. Students shall be scheduled for no more than 40 hours of combined clinical and academic time per week.
2. Trading clinical shifts is permitted only with faculty approval. A trade slip must be completed 7 days prior to the date of the trade.
3. Trading between classes (1st and 2nd year) is not permitted unless special authorization is given by the Program Director or Clinical Coordinator.
4. **Trading clinical shifts will be limited to 3 trades per semester.**
 - The student initiating the trade will be charged with the trade.
 - The semester in which the trade dates occur, will be the semester the trade is counted towards.
 - Trades must be made for a whole shift, not partial.
 - Trades must be equal (student must exchange the exact shift that the student was scheduled. Example: If student was scheduled for a 3-11 evening shift, student must exchange for another 3-11 evening shift.

A trade form (salmon colored) must be filled out and signed by both students, and must indicate who initiated the trade.

SUPERVISION OF STUDENTS

POLICY 8.40

Effective: 12/90
Reviewed: Annually
Revised: 6/15; 3/21

The Program Director is responsible for establishing and maintaining standards of decorum to be observed by all students during their course of training. The Program Director and the Clinical Coordinator shall be responsible for clinical experience, didactic training and disciplinary actions related to the students. Registered technologists are assigned to the operation and supervision of the x-ray rooms. Students who are assigned to these areas are responsible to the staff technologist in charge of that particular area/room assignment. Students shall keep the technologist advised of their whereabouts at all times. Any problems shall be reported to the Program Director, Clinical Coordinator, or Diagnostic Imaging Manager as they arise.

Appropriate supervision assures patient safety and proper educational practices.

The JRCERT defines **direct** supervision as student supervision by a qualified radiographer who:

1. Reviews the procedure in relation to the student's level of achievement,
2. Evaluates the condition of the patient in relation to the student's knowledge,
3. Is physically present during the conduct of the procedure, and
4. Reviews and approves the procedure and/or image.

Students must be **directly** supervised until competency is achieved. Once students have achieved competency, they may work under **indirect** supervision. The JRCERT defines indirect supervision as student supervision provided by a qualified radiographer who is immediately available to assist students regardless of student achievement.

Repeat images must be completed under **direct** supervision. The presence of a qualified radiographer during the repeat of an unsatisfactory image assures patient safety and proper educational practices.

Students must be **directly** supervised during surgical and all mobile, including mobile fluoroscopy, procedures regardless of the level of competency.

TEACHING FILE IMAGES

POLICY 8.42

Effective: 3/91
Reviewed: Annually
Revised: 7/22

The School of Radiologic Technology has established a teaching file of radiographs for the purpose of cognitive learning and developing critical thinking skills when assessing radiographs. The following is the criteria for the selection of films:

1. Images are first selected of all known radiographic procedures that are normal in regards to anatomy, positioning and proper technical factors of exposure, processing and detail.
2. Images are then selected of all known radiographic procedures that are abnormal in regards to positioning, technical factors of exposure, processing or any other factor

- that may produce a sub-quality radiograph.
3. A pathology file is maintained in the Program Director's office. These films may be checked out and utilized by the students.

Critiquing radiographs for quality will enhance the student's ability to employ critical thinking skills in correcting any and all errors exhibited on the radiographic image, but more importantly to prevent them. The student must be able to describe all radiographic anatomy seen.

CLINICAL STAFF EVALUATIONS

POLICY 8.50A

Effective: 7/99
Reviewed: Annually
Revised: 7/23

The information you provide on the evaluations will help the technologists make improvements so they may better help you during your clinical rotations. When completing the evaluation forms, the student should remain as objective as possible and keep personalities out of their responses. The student should concentrate on how each technologist teaches in the clinical setting, and what specific things could they do to help the student learn better, or make things more understandable for them.

When completing an individual technologist's evaluation, the student should not make general comments on all the technologists on one person's evaluation form (i.e. by saying that all techs could be better at explaining procedures). The goal is to provide each technologist with specific feedback, which will hopefully improve the overall value of the students' clinical education.

Students should complete technologist evaluations on a weekly basis and will be required to complete a **minimum** of twenty technologist evaluations for each semester. The students' names, comments and scoring will be kept confidential and only authorized personnel shall have access. The evaluation will be typed and points averaged and will be shared with the technologist throughout the semester and/or periodically at their annual performance evaluation. Students may complete up to 3 evaluations per rotation on technologists.

STUDENT EVALUATION

POLICY 8.37

Effective: 1/91
Reviewed: Annually
Revised: 6/24

Students will be evaluated periodically and just prior to or at the end of the semester.

I. Performance

- A. Students are able to view clinical evaluations completed by the technologists in Trajecsys on a weekly basis.

- B. A one-on-one evaluation with faculty is done every six months or as required in cases of low performance. The following topics are covered:
 - 1. Clinical performance composite and grades
 - 2. Transcripts
 - 3. Dosimetry report
- C. In evaluating their performance the evaluator should keep in mind the following:
 - 1. No personal conflict in regards to personality, indifferences, etc.
 - 2. These should be objective without bias or prejudice.
 - 3. They should be aimed at a goal that the student is to achieve, and that goal is to provide the up most quality of patient care and to obtain high quality radiographs.
 - 4. The evaluation should help the student see his/her weak areas, progress and what they should do to meet those goals set in the above statement.
- D. Students will be required to request, to the Clinical Coordinator, a performance evaluation from a technologist that has knowledge of their performance for that rotation. No more than 3 evaluations may be requested per rotation. There is an option to request an additional 5 evaluations each semester that will go towards the student's grade. More information on this is found in the clinical syllabus.
- E. First semester: 15 evaluation forms required
 Second semester: 18 evaluation forms required
 Third semester: 20 evaluation forms required
 Fourth semester: 18 evaluation forms required

II. Comments and Grading System

- A. The performance evaluating form allows for objective data to be documented. The school encourages the use of these emphasized areas in order to help the student become aware of his/her strengths or weakness. The data will be used in providing more individualized training as well as making adjustments to their competency based curriculum.
- B. All objective data will be transferred to a composite form and discussed with the student during their scheduled counseling session.
- C. Grading of their performance will occur as follows:
 - 1. A rating scale of 1, 2, 3, 4, 5 has been established with 1 being the lowest and 5 being the highest.
 - 2. The clinical coordinator will determine the maximum number of points possible during this evaluation period and then total up the maximum number of points the student received in each section by the designated evaluator. This will be transferred to a composite form for the student to inspect. A percentage grade from each evaluator will then be calculated by dividing the number of points received by the total number possible.
 - 3. The final clinical evaluation grade will then be calculated by the total points received by all evaluators divided by the total number of points possible for the required number of evaluations.

4. If the required number of evaluations is not met, the student will be given a zero for each evaluation they were short. This will significantly impact their performance evaluation grade and Applied Clinical Radiography grade.
 - a. In the event that a student has concerns about completing the required number of evaluations, they need to bring the concern to the Clinical Coordinator.
5. Lastly, a composite form to break down each stem statement will be completed in order to specifically see strength or weakness in detail. (see form)

D. Comments should be directed as to quality, progress, attitude and aptitude and that personal conflicts should be resolved as they happen and not as they are evaluated. A composite of all comments or data concerning specific areas will be discussed and documented with the student at progress review time.

All rebuttal, suggestions, comments, etc., will be documented on appropriate forms and maintained in the student's permanent file. All evaluations must be signed by the student and faculty.

DIDACTIC COURSE AND FACULTY EVALUATIONS

POLICY 8.12

Effective: 3/91
Reviewed: Annually
Revised: 6/23

Upon completion of each didactic course, the students will have the opportunity to evaluate the course and faculty member teaching the course. The forms are collected and submitted to the school office for further processing. These evaluations will remain confidential.

The evaluation forms will be tallied and reviewed by the Program Director. A summary that includes both instructor and course evaluation scores, comments, and suggestions will be returned to the instructor for their review.

ATTENDANCE POLICIES

ATTENDANCE POLICY

POLICY 8.5

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Students enrolled in the School of Radiologic Technology are required to attend all classes and clinical rotations.

Class Attendance:

If a student calls in sick for clinical, **he/she will NOT be allowed to attend class that day** to prevent the spread of infection to his/her classmates.

- The student is responsible for obtaining the information missed from any didactic class. Any test/quiz that was missed by the student **must** be scheduled with the Program Director or Clinical Coordinator. Make-up test/quizzes will be taken after class.

Clinical Attendance:

If a student calls in sick for class, **he/she will NOT be allowed to attend clinical that day** to prevent the spread of infection to patients and clinical staff.

- The student will phone the Clinical Coordinator **and** the Program Director who will call his/her scheduled clinical site, informing them of their absence.

Any time missed will be deducted from the student's personal time off bank. Failure to adhere to this policy **will** result in corrective action.

TARDINESS

POLICY 8.43

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Class Tardiness:

If a student is late (more than five minutes past scheduled start time) to class (unless previously excused), he/she will have a classroom conduct point deducted from their final grade. The time that the student missed will be deducted from their personal leave bank. In addition to that, we will follow the procedure below.

Clinical Tardiness:

If a student is late (more than five minutes past scheduled start time) arriving for his/her clinical assignment (unless previously excused), the following action will take place. The time that the student missed will be deducted from the personal leave bank. Each occurrence will have a significant effect upon the Clinical Performance grade (one point deduction for each occurrence). In addition to that, we will follow the procedure below.

PROCEDURE:

1. Three occurrences per semester – documented counseling
2. Four occurrences per semester - written corrective action on student counseling form.
3. Five occurrences per semester – suspension or final written corrective action
4. Six occurrences per semester - dismissal from program

TRUANCY

POLICY 8.46

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Students will be considered truant if they do not report to their scheduled clinical rotation/class or if they leave their clinical site during their assigned clinical rotation/class without prior approval from the Program Director or Clinical Coordinator. If this occurs, the following action will be taken:

1. First time offenders will be given a verbal warning and clinical hours missed will be deducted from personal leave off. A clinical point/classroom point will be deducted.
2. Second time offenders will be given a written warning and clinical hours missed will be deducted from personal time off. A clinical point/classroom point will be deducted.
3. Third time offenders-- dismissal from program per the Code of Conduct, Category III

In some cases, a student may be assigned to an alternate clinical rotation, but it must be pre-approved by either the Program Director or Clinical Coordinator.

VACATION/PERSONAL LEAVE/ILLNESS BANK

POLICY 8.48

Effective: 11/92
Reviewed: Annually
Revised: 6/24

1. Students will be allowed a total of 80 hours of vacation/illness/personal time per year. First year students must use their 80 hours before the completion of the second semester as any remaining hours will not be rolled over to the second year. Personal time cannot be saved up from year to year or used to shorten the length of the program.
2. Personal time off includes, but is not limited to; vacation, illness, doctor appointments, interviews, and bereavement leave not included in the bereavement leave policy.
3. Students will be allowed vacation time during the summer to be scheduled at their discretion per the guidelines below:
 - Summer vacation for the first year students will be scheduled by the student and taken preferably June through August.

- Summer vacation for the second year students will preferably be taken during the week of Memorial Day.

The above vacation times are scheduled so the student will not miss any class. Students are allowed to take their vacation at an alternate time with prior approval from the Program Director. The students are instructed not to make vacation plans prior to approval.

4. **Vacation/Personal time off other than illness MUST be scheduled 24 hours in advance by completing an attendance tracking form. Notice not given within 24 hours will result in a one point deduction of the clinical performance standards.**
5. Vacation/personal time off cannot be taken during the 11-9 p.m., 3-11 p.m., weekend, or overnight clinical assignments. This will ensure that all students have equal clinical time in those limited clinical shifts.
6. The student is responsible for obtaining all didactic course material during vacation/personal time off.
7. Time off in excess of 80 hours per year **must be made up at the end of the 24 month program**, and students are advised to use their time wisely and plan their time off. The only exceptions to this policy are in the cases of make-up time for a maternity leave, an extended illness of more than one week, or surgery.
8. An attendance tracking form must be filled out for any vacation, illness, or personal time off taken.
9. All students are on winter break over the Christmas and New Year holidays, December 22 – January 2 of each year. This time off is given to them and not deducted from their personal leave bank of time.
10. If a student receives notification to appear for jury duty, the Program Director should be informed. Time lost for jury duty need not be made up.

HOLIDAYS

POLICY 8.14

Effective: 9/94
Reviewed: Annually
Revised: 7/1/25

The Avera McKennan School of Radiology observes seven major holidays; New Year's Day, Easter Sunday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and the Friday after, and Christmas Eve and Christmas Day. Students will not have clinicals or class on any of the seven major holidays observed by Avera McKennan. This time off is given to them and not deducted from their personal leave bank of time. Additionally, students may not make up time or use switches on holidays.

Spring Break

Spring break dates are listed on the academic calendar. The same rules apply to this break as any of the major holidays: students may not make up time or use any switches on these days.

BEREAVEMENT LEAVE

POLICY 8.3

Effective: 6/95
Reviewed: Annually
Revised: 6/24

For purposes of this policy, immediate family is defined as a student's spouse, children (including in-laws and step), parents (including in-laws and step), siblings (including in-laws and step), grandparents (including great, in-laws and step), and grandchildren.

In the circumstance of a death of a member of the immediate family, the student will be allowed three days of time off. This time will not have to be made up, but all class work missed must be completed. Any time taken off beyond this time may be taken out of their personal leave/sick time bank.

For funerals other than the above mentioned relatives (i.e., aunts, uncles, cousins, etc.), the student may take one day off, and this time will not have to be made up, but all class work missed must be completed. Any time taken beyond this time may be taken out of their personal leave/sick time bank.

Bereavement leave must be arranged with the Program Director.

PREGNANCY POLICY/MATERNITY LEAVE

POLICY 8.25

Effective: 3/91
Reviewed: Annually
Revised: 1/24

The Avera McKennan School of Radiologic Technology follows Avera McKennan's '[Declared Pregnant Worker](#)' Policy. The pregnant student has the choice of whether or not to inform program officials of her pregnancy. Per federal regulations, the dose to an embryo/fetus, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (.5 rem) during the entire pregnancy. The monthly fetal dose equivalent should not exceed .5 mSv (.05 rem) per month over the course of the pregnancy.

Students who follow proper radiation safety practices are unlikely to exceed .5 mSv (.05 rem) to the abdomen in one month. The pregnant student should always:

- a. Wear a 0.5 mm lead equivalent apron (preferably a wrap-around) during fluoroscopy, special procedures and portable radiography.
- b. Maintain as much distance as possible between the radiation source and your person.

- c. Make sure your body is well within the control booth during radiographic procedures.

Adherence to these rules will enable the pregnant radiation worker to continue present duties with the assurance that the fetus is well protected from radiation effects.

A student who becomes pregnant during enrollment in the program must decide whether or not to declare her pregnancy so that appropriate radiation protection measures can be taken.

Declaration of pregnancy is voluntary. If the student chooses to declare her pregnancy, she must complete the form found in Avera McKennan's '[Declared Pregnant Worker](#)' Policy and provide it to the Program Director. The student has the right to withdraw her declaration of pregnancy at any time, but must do so in writing.

Options available to the student include:

1. The student may resign from the Program.
2. The student may continue in the Program without modification or interruption.
 - a. The student would be allowed to take a short LOA if needed, and return to school with her class.
 - b. A written pregnancy plan will be developed along with the Program Director. The plan will include make-up course work to be completed before and/or after the period of anticipated delivery. The plan will include make-up for both classroom and clinical objectives.

For concerns on exposures to communicable diseases or infection, pregnant students should contact Employee Health and follow the Avera Employee Policy (Policy number 8889.09).

Pregnant students who have declared their pregnancy will be issued a second dosimeter to be worn at the waist level, under the lead apron.

The student may attend classes and clinical training during the pregnancy and maternity leave of absence. The length of the leave of absence will be determined on a case-by-case basis. A mutual, acceptable agreement will be made between the student and Program Director for make-up time missed beyond the time the student has in her vacation/personal leave/illness bank.

PROGRAM POLICIES AND PROCEDURES

The faculty has established the Program Policies and Procedures primarily to protect, not restrict the individual's rights. It is the student's responsibility to be knowledgeable regarding the contents of the Program's Policies and Procedures and to abide by them.

CLASS YEAR DESIGNATION

POLICY 8.7

Effective: 3/91
Reviewed: Annually
Revised: 8/12

The school program is divided into two twelve month periods, each having two semesters. Students in the first twelve months are designated as first year students. Students in their second twelve months are designated as second year students. Those students who have completed their two year training period and are waiting to write the registry examination are identified as Post-graduates and Alumni of the School of Radiologic Technology and will be designated as such upon receiving a certificate in Radiologic Technology from Avera McKennan.

STUDENT REPRESENTATIVES

POLICY 8.39

Effective: 3/91
Reviewed: Annually
Revised: 12/23

First year students will nominate 2 representatives who will act as a liaisons for the class. This term will be for two years.

Duties of the class representative include:

1. Coordinating Foundation and fundraising activities.
2. Speaking at the graduation ceremony.

ACCESS TO STUDENT RECORDS

POLICY 8.1

Effective: 3/91
Reviewed: Annually
Revised: 6/24

In compliance with the Family Educational Rights and Privacy Act (FERPA), eligible students have certain rights with respect to their educational records. An eligible student under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution. It is the duty of the program to inform all of its students of these rights upon entrance into the program.

Transcripts: If a student would like his/her transcripts sent to other parties/institutions, they must request this in writing with the precise location and to whom they are to be sent. There will be no charge for the processing of their transcripts. In the event the student contacts the school for a copy of transcripts some years after completion of training a letter/e-mail indicating to whom they wish their transcripts be sent will be sufficient as to the waiver of access to those records.

The following procedure applies to those students who wish to inspect/review their records:

1. The student has the right to inspect his/her record by making an appointment with the School of Radiologic Technology Program Director. Requests to see their cumulative record must be in writing, signed and dated and must include the reason for inspection.
2. The time span between the request and production of the record shall not exceed 30 days.
3. The Program Director, or someone appointed by him/her will be with the student while reviewing his/her record.
4. Information in the record that would violate the rights of another (such as a letter of recommendation, clinical evaluation) will not be shown to a student.
5. Students' records are confidential and release of personally identifiable data requires written consent from the student.
6. A student may challenge parts of the records he/she feels are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA

A student who requests an amendment to a record should do so in writing to the Program Director, and must clearly identify the record they want changed and specify why it should be changed.

The school will notify the student in writing of the decision to amend or not to amend the requested change. The student has the right to a hearing should he/she not agree with the decision and will be notified of the process at that time. Decision of the hearing panel would be final, will be based solely on the evidence presented at the hearing, and will consist of written statements summarizing the evidence and stating the reasons for the decisions, and will be delivered to all parties concerned.

The student has the right to provide written consent before the Radiologic Technology Program Director discloses personally identifiable information (PII) from the student's academic record, except to the extent that FERPA authorizes disclosure without consent:

1. The school may disclose education records without a student's prior written consent under the FERPA exception for disclosure to school officials with legitimate educational interests to fulfill his/her professional responsibilities for the Radiologic Technology program.
2. A school official is employed by Avera McKennan, and would include person's employed in one of these roles: administrative, supervisory, academic, or support staff position, law enforcement, health staff, and grievance committee members.

The student has the right to file a complaint with the United States Department of Education concerning alleged failures with the requirements of FERPA. The name and address of the office that administers FERPA is:

Family Policy Compliance Office
U.S. Dept. of Education
400 Maryland Avenue SW
Washington, DC 20202

For additional information on FERPA, students can visit the USDE's website through the following link:

<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

To review or download the complete document from the Department of Education, CFR Part 99, Family Education Rights and Privacy; Final Rule from the National Archives and Records Administration for the Federal Register, go to:

<https://www.federalregister.gov/documents/2011/12/02/2011-30683/family-educational-rights-and-privacy>

In accordance with FERPA, the following student records will be maintained in a secure and confidential location:

1. Application and admission records
2. Didactic and clinical transcripts/documentation
3. Attendance record
4. Radiation dosimetry record

RECORD MAINTENANCE/STUDENT FILE

POLICY 8.30

Effective: 3/91
Reviewed: Annually
Revised: 11/23

The School of Radiologic Technology shall maintain the following records on each student enrolled. The records are secured and maintained in the Program Director's office.

- A. Transcripts/Grade Reports – High School/College (including copy of Certificate)
- B. Dosimetry Record (maintained in Radiology Department master dosimetry binder)
- C. Attendance
- D. Myrabo Loan information (if applicable)
- E. Counseling/Guidance and Correspondence
- F. Post-graduate Internship Documentation (if applicable)
- G. Copy of certificate
- H. Tally sheet

** All other information maintained in the student file will be purged from the file one year following graduation.

NATIONAL CONFERENCE/SEMINAR

POLICY 8.35A

Effective: 2/10
Reviewed: Annually
Revised: 6/24

Second year students have the option of attending a national conference or seminar. The conference/seminar that the class chooses to attend must be approved by school faculty. The funds for this trip come from student fundraising and the Avera Foundation will match the funds up to \$3500.00. Student fundraising should be done outside of Avera McKennan. Students are welcome to post lists in the lounge (unpaid work areas) but no pressure is to be put upon employees.

Students are expected to act as ambassadors of Avera McKennan Hospital and the School of Radiologic Technology. Students will be required to attend at least 75% of the courses offered throughout the seminar. Upon registration for the conference, the students will receive a continuing education (CE) documentation form which will be stamped at every seminar session the student attends and will record the CE credits and the hours earned. Students will need to present this documentation to the Program Director upon return to school the following week.

If a student fails to comply by not attending the required seminar hours, or fails to show the Program Director their continuing education documentation, they will be responsible for reimbursing the Foundation for the registration conference fee. The student will also be responsible for making up any hours that were missed from the seminar. The student will be required to complete eight clinical hours for each hour of seminar missed. This time will be made up after graduation from the program.

Students are not required to attend a conference. If a student does not wish to attend a conference they will be required to complete clinicals during that time. One day is given to the students going to the conference for a travel day (depending on location), so a student who does not go to the conference will be allowed to take one of the days off during the conference time frame. This day **must** be used during the conference time and will not be carried over.

If a student initially commits to attending the conference (flight tickets bought, registration paid, hotel booked, etc) and chooses to rescind their commitment for personal reasons, they will be responsible for reimbursement of those expenses incurred.

PROFESSIONAL ASSOCIATIONS AND MEMBERSHIP

POLICY 8.35

Effective: 3/91
Reviewed: Annually
Revised: 6/25

American Society of Radiologic Technologists (ASRT)

The ASRT is the only nationally recognized professional society representing all radiologic technologist in the United States. The purpose of this Society is to advance the professions of radiation and imaging specialties, maintain high standards of education, to enhance the quality of patient care and to further the welfare and socioeconomics of radiologic technologists. Students

will be members of the ASRT for both years of the program and membership fees are included in the student tuition.

South Dakota Society of Radiologic Technologists (SDSRT)

The ASRT maintains its involvement locally through state societies. Each state society is considered an affiliate of the ASRT. Most states, including South Dakota, conduct an annual educational meeting. The purpose of the SDSRT is to advance the profession of medical imaging and radiation therapy, to maintain high standards of education, to enhance the quality of patient care, and to further the welfare and socioeconomics of radiologic technologists in the state of South Dakota. Students will be members of the SDSRT for both years of the program and membership fees are included in the student tuition.

Second year students will attend the annual educational meeting of the SDSRT. This is mandatory as the student will be presenting the project or paper that they completed for the Independent Study and Research class. Students are required to attend all educational sessions and business meetings at the annual meeting, unless prior arrangements have been made with the Program Director. Any sessions missed must be made-up by writing a two page paper over the program content for each session missed.

Lambda Nu National Honor Society for Radiologic and Imaging Sciences

Lambda Nu is a national honor society for the radiologic and imaging sciences with over 256 chapters across 47 states. Lambda Nu fosters academic excellence, promotes research in the radiologic and imaging sciences, and recognizes outstanding scholarly achievement.

Students are eligible to be inducted into the Lambda Nu Honor Society by meeting specific GPA requirements after one full time semester.

MANDATORY IN-SERVICES

POLICY 8.24

Effective: 3/94
Reviewed: Annually
Revised: 6/24

There are several hospital and department in-services/trainings that students are required to attend during the course of the program. They are as follows:

1. Hospital Orientation
2. Computer Based Orientation
3. Annual Education
4. Radiology Department In-services if designated as mandatory by department administration

All students will be notified by the Program Director or Clinical Coordinator when they should attend, and the following protocol will be followed:

1. If the student is scheduled to be in clinical and is then scheduled to attend a mandatory in-service/training, they will attend the required in-service/training as part of their clinical education requirements.

2. If the student has a scheduled day off or is scheduled on evenings, he/she will be required to attend the training, but will be given compensation time off on another day by arrangement with the Clinical Coordinator. If the student has other obligations the day of the mandatory training, he/she may be excused and rescheduled with prior approval by the Program Director.

PROFESSIONAL DEVELOPMENT

Policy 8.55

Effective: 9/17
Reviewed: Annually
Revised: 6/21; 5/22; 6/24

In order to enhance and promote professional development, all students, as part of their clinical experience, will be required to document 6 CE credits during each of the following semesters:

- 1st year, 2nd semester
- 2nd year, 1st semester
- 2nd year, 2nd semester

Continuing education credits can be acquired from the following, but are not limited to:

ASRT:

Directed Reading Journals: The students must read the journal article and take the online quiz and pass satisfactorily for the CE credit(s) to apply. The student must submit the completed quiz with the clinical rotation objectives as stated in their clinical education handbook.

Live or Recorded Webinars: The students may access and watch the live or recorded webinars offered by the ASRT for the appropriate CE credit.

ASRT credit will be recorded in the student's ASRT account online.

GE TiP-Ed Online: All imaging professionals (including students) at Avera McKennan have access to continuing education credits available through GE. There are a variety of topics the students can select from. After completing an educational course, a quiz is taken, and the student must pass the quiz and print the certificate of completion. This certificate must be submitted to the clinical coordinator for CE documentation.

The second year students attend the SDSRT annual conference and these credits are excluded from the 6 CE credits the students must obtain.

RADIATION PROTECTION

POLICY 8.29

Effective: 8/91
Reviewed: Annually
Revised: 6/24

- A. The student will not willfully expose him/herself or any other person to x-ray or gamma rays unless such exposure is for diagnosis or treatment.
- B. Collimators, cones and shielding must always be utilized when performing x-ray examinations.
- C. Technologists/students shall not be in the x-ray room proper when an x-ray tube is being energized except in times of necessity, such as; special procedures, fluoroscopy, portables, surgical procedures or when it becomes necessary to assist the doctor and/or patient.
 - Protective clothing must be worn by any doctor/technologist/ student who must be present in the x-ray room when radiation is being used. (ie: lead gloves, lead aprons and shields.)
- D. Student radiation exposure is measured by a body dosimeter. The dosimeter must be worn at all times during clinical hours only. If the student is employed in the radiology department by Avera outside of scheduled clinical hours, the student will be issued a separate dosimeter to wear while they are working. The badge is to be worn at the collar level outside of the lead apron when applicable.
- E. The students are counseled on when to wear each dosimeter. The dosimeter they wear during clinical education hours is clearly labeled “**MCK STUDENT**” across the front of it. The dosimeter they wear when working as an employee is labeled as “**RAD.**”
- F. Pregnant students will be issued a second badge to be worn at waist level, under the lead apron when appropriate, which will be sent in to Landauer monthly.
- G. Film badge monitoring reports are evaluated each quarter and students are required to review and initial the report. They review their student report as well as their employee report. In the case of a lost, damaged or accidentally exposed dosimeter, the imaging manager & program director should be notified as soon as possible. During extended absences, such as vacations or long illnesses, leave the dosimeter with the program director.
- H. The annual dose equivalent limit is 50 mSv (5 rem). Cumulative occupational exposure is determined by the individual's age in years multiplied by 10 mSv (1 rem).
- I. Radiation is potentially harmful to the fetus and the maximum dose to the fetus during the entire gestational period is 5 mSv (.5 rem), monthly fetal dose equivalent shouldn't exceed .5 mSv (.05 rem) per month over the course of the pregnancy.

The following information is taken from the Avera McKennan Policy: Program for Maintaining Occupational Radiation Exposures ALARA, and applies to all Radiation Workers in the Hospital, including the School of Radiologic Technology.

J. Management Commitment:

1. The management of this Avera facility, are committed to keeping radiation exposures (individual and collective) as low as is reasonably achievable (ALARA). In accord with this commitment, we have set forth an administrative organization for radiation safety to develop the necessary written policy, procedures and instructions to foster the ALARA concept within our institution. This organization will include a Radiation Safety Committee (RSC) and Radiation Safety Officer (RSO).

K. Radiation Safety Committee:

1. The Radiation Safety Committee (RSC) will perform a quarterly review of occupational radiation exposures with particular attention to instances where investigation levels outlined in Table 2 below are exceeded. The principal purpose of this review is to assess trends in occupational exposure as an index of the ALARA program quality and to decide if action is warranted when investigational levels are exceeded.
2. The RSC will evaluate our institution's overall efforts for maintaining exposures ALARA on an annual basis; this review will include the efforts of the RSO, authorized users, and workers as well as those of management.

L. Radiation Safety Officer:

1. The RSO will perform a formal annual review of the radiation safety program for which they are responsible. Upon completion, the documented review will be provided to the RSC. This review shall include reviews of operating procedures, past exposure record, inspections, consultations with the radiation safety staff or outside consultants and ALARA considerations. Review of specific procedures may be conducted on a more frequent basis.
2. The RSO will review at least quarterly the external radiation (dosimetry reports) of occupational workers to determine that their exposures are ALARA.
3. The RSO will review at least quarterly radiation levels in restricted and unrestricted areas to determine that they were at ALARA.

M. Investigational Levels:

Avera McKennan has established Investigational Levels for occupational external radiation exposure which, when exceeded, will initiate review or investigation by the RSC and/or the RSO. The Investigational Levels that have been adopted are listed in table 0-1 below. These levels apply to the exposure of individual workers, which will include students enrolled in the School of Radiologic Technology.

TABLE 2**Investigational Levels**

	LEVEL I	LEVEL II
	mrem / quarter	mrem / quarter
Effective dose equivalent (EDE)	300	400
Lens dose equivalent (LDE)	900	1200
Shallow dose equivalent (SDE)	3000	4000

1. Quarterly exposure of individuals to less than Investigational Level I:
 - Except when deemed appropriate by the RSO, no further action will be taken in those cases where an individual's exposure is less than Table 0-1 values.
2. Personnel exposures equal to or greater than Investigational Level I, but less than Investigational Level II:
 - a. The RSO will review the exposure of each individual whose quarterly exposure equals or exceeds Investigational Level I and will report the results of the reviews at the first RSC meeting following the quarter when the exposure was recorded. If the exposure does not equal or exceed Investigational Level II, no action related specifically to the exposure is required, unless deemed appropriate by the Committee. The Committee will, however, consider each such exposure in comparison with those of others performing similar tasks as an index of ALARA program quality and will record the review in the Committee minutes.
3. Exposure Equal to or Greater than Investigational Level II:
 - a. The RSO will investigate in a timely manner the cause(s) of all personnel exposures equaling or exceeding Investigational Level II and, if warranted, will take action. A report of the investigation, actions taken, if any, and a copy of the individual's Form NRC-5 or its equivalent will be presented to the RSC at the first RSC meeting following completion of the investigation. The details of these reports will be recorded in the RSC minutes. Committee minutes will be sent to the management of this institution for review. The minutes containing details of the investigation, will be made available to NRC inspectors for review at the time of the next inspection.

PATIENT HOLDING**POLICY 8.28**

Effective: 3/91
Reviewed: Annually
Revised: 7/23

This policy is in compliance with NCRP Report No. 105 Section 8.4.4.

Individual medical personnel should not have the responsibility of routinely holding patients during diagnostic radiology procedures. In particular, this should not be a practice routinely

demand of individuals who are designated as radiation workers (i.e. the radiologic technologist/student). Patients should be held only after it is determined that available restraining devices are inadequate. Individuals holding patients for x-ray procedures will be provided with lead aprons and lead gloves and should be positioned so that no part of their body is exposed to the direct radiation beam. To assist in minimizing exposure, it is important for the radiologic technologist/student to collimate carefully to the area of clinical interest. Pregnant women or persons under the age of 18 years will not be permitted to hold patients.

Per JRCERT Standard 5, Objective 5.3, students *must* not hold image receptor during any radiographic procedure. Students *should not* hold patients during any radiographic procedure when an immobilization method is the appropriate standard of care.

If the patient must be held during the x-ray exposure, aides, nurses, or members of the patient's family should be enlisted to assist in holding the patient. The principle of having other non-occupational personnel hold patients is to spread the dose out among many individuals instead of those who are employed to perform radiography, and spend a lifetime working with radiation as diagnostic/therapeutic tool.

MAGNETIC RESONANCE SAFETY

POLICY 8.29A

Effective: 12/14
Reviewed: Annually
Revised: 3/24

To assure students are safe to participate in clinical rotations in Magnetic Resonance Imaging, the following guidelines will be followed for all students enrolled in the program.

A. Complete Patient Screening Form:

1. All students will complete the patient screening form. Students are instructed to inform the Program Director of any changes in their health that would affect their responses on the screening form.
2. The screening form will be placed in each student's file in the Program Director's office.
3. Each student will be given a copy of the screening form for reference.
4. The MRI Supervisor will review each student's form and sign at the bottom if the student is cleared to participate in MRI rotations.

B. Complete Magnet Safety Module:

1. Each student will be assigned the MRI Magnet Safety module on the Avera e-learning connection.
2. This module will be completed on an annual basis and a record is maintained on their transcript in the e-learning connection.

It is imperative for the student to notify the Program Director should their MRI screening status change during the program.

BREAST IMAGING POLICY

POLICY 8.29B

Effective: 11/23
Reviewed: Annually
Revised:

The radiography program sponsored by Avera McKennan Hospital and University Health Center will make every effort to place students in the elective breast health rotation (denoted as ‘mammo’ on clinical schedule) during their clinical education if requested; however, the program is not in a position to override clinical setting policies that restrict clinical experiences in breast imaging to students. Students are advised that placement in a breast imaging rotation is not guaranteed and is at the discretion of a clinical setting.

The decision regarding student clinical rotations in breast imaging is based on the sound rationale presented in a position statement on breast imaging clinical rotations adopted by the Board of Directors of the Joint Review Committee on Education in Radiologic Technology (JRCERT) in October 2021. The JRCERT position statement is available on the JRCERT Web site, www.jrcert.org, Program Faculty, Program Resources

ENERGIZED LAB POLICY

POLICY 8.29C

Effective: 1/24
Reviewed: Annually
Revised:

RADIATION PROTECTION WHEN USING DEPARTMENT RADIOGRAPHIC EQUIPMENT AS AN ENERGIZED LABORATORY

The energized lab will be utilized for the laboratory components in all three positioning courses (1166, 1206, 2161) as well as the first two principles courses (1102 and 1153). The energized lab will also be used to evaluate proficiency for the procedures’ courses. Practical problem-solving experience, including the use of critical thinking, is reinforced during the completion of the weekly principles’ experiments. Any “live” exposures made during the completion of laboratory assignments must be made under the direct supervision of a member of the Radiologic Technology program faculty. Only inanimate objects can be used during radiographic exposures required to explore didactic theory. Laboratory activities will allow students to operate the equipment and make radiographic exposures for the sole purpose of exploring didactic theories and radiographic positioning presented in the above listed courses.

Under NO circumstances is a student permitted to expose a fellow student, family member, member of the public or any other living entity to ionizing radiation using the radiographic equipment owned by Avera McKennan for any reason other than laboratory purposes. Students must not use radiation producing equipment without adequate supervision. Students who fail to follow the guidelines mentioned above, will be subject to corrective action according to the Code of Conduct Policy in the student handbook.

Each student is responsible for practicing appropriate radiation safety practices. This includes:

- a. Making radiographic exposures only under the direct supervision of program faculty.

- b. Assuring that the laboratory room door is closed PRIOR to making radiographic exposures.
- c. Utilizing proper radiation beam restriction (collimation) techniques.
- d. Assuring that all room occupants are fully shielded behind the control booth barrier and the door is fully closed prior to making radiographic exposures.
- e. Making “sensible” exposure technique selections PRIOR to making every radiographic exposure, reducing the need for repeat exposures, and minimizing unnecessary equipment wear.
- f. Wearing a dosimeter when taking radiographic exposures.
- g. Assuring x-ray exposures will be made only for reasons consistent with a class assignment. Assignments will be limited to the number of radiographic images necessary to fulfill the educational objectives.
- h. During any energized laboratory procedure, radiation monitoring badges shall be worn by students.

RESIGNATION/TERMINATION OF TRAINING

POLICY 8.31

Effective: 12/90
Reviewed: Annually
Revised: 8/12

If a student decides to terminate his/her training the resignation must be submitted in writing to the Program Director, and an exit interview with the Program Director is mandatory.

A student will be considered to have resigned and will be dropped from the program on that basis if he/she is absent for a period of (3) consecutive days without notification to the Program Director.

INCLEMENT WEATHER

POLICY 8.41

Effective: 3/91
Reviewed: Annually
Revised: 12/23

In the event of inclement weather, considered snow, ice, or flooding, that creates dangerous driving conditions, the Avera McKennan School of Radiologic Technology will follow the following policy:

- 1. If the Sioux Falls School District (SFSFSD) is closed because of inclement weather, Avera McKennan School of Radiologic Technology will also cancel class/clinical. For late starts, students are to report to class/clinical at the same scheduled start time as the Sioux Falls School District.

2. In the event that the SFSD is already closed for reasons other than inclement weather *or* for weekend rotations, Avera McKennan School of Radiologic Technology will cancel class/clinical rotations if there is a “no travel advised” issued in the city of Sioux Falls.

If the announcement is made while the students are in class/clinical rotations, students will be dismissed. When class/clinical rotations are cancelled because of inclement weather, students will not be charged with vacation time nor will they need to make up the time. If a student was originally scheduled to have the day off or traded to have a day off and class/clinical rotations are cancelled, no time will be given back. If a student took vacation time and class/clinical rotations are cancelled, the student will be given that time back.

The most important aspect of the inclement weather policy is that the student uses their own discretion to insure their safety. If the student makes the decision not to attend class or clinical rotations because of inclement weather, vacation time will be used for that shift. Students will not be allowed to go to another clinical site for that day.

If you are unable to come to the hospital for your assigned shift because of a snow emergency, you should contact the Program Director and Clinical Coordinator, notifying them of your absence.

- Susan Pritchard 322-1720
- Jenna Vavra 322-1719

CATASTROPHIC EVENT/PANDEMIC RESPONSE

POLICY 9.0

Effective: 7/20
Reviewed: Annually
Revised: 9/23

In the event of a catastrophic event that affects normal program operations, the following policy has been developed to provide guidance on procedures that will be implemented. The primary goal will be to assure the safety of program faculty, patients, and students, while maintaining the JRCERT standards for accreditation.

Didactic Courses:

Every effort will be made to continue didactic courses, and depending on the event, they will be offered live, via Cisco Webex, or on campus.

- If they are not allowed on campus because of, and not limited to: PPE conservation, social distancing, facility policy, etc, classes will continue as scheduled via Cisco Webex.
 - All students are required to have a lap top computer with a webcam so class attendance can be monitored (students must attend all classes as if they were on campus).
 - Quizzes/Tests will be on-line utilizing Canvas
 - Tests will be monitored with video and each student must show their desktop to the instructor prior to taking the exam to assure their desk is clean and free

- of notebooks, phones, etc. In the event the test involves math calculations, a clean piece of scratch paper, pencil, and calculator may be used.
- Assignments will need to be completed and may need to be sent via e-mail, fax, or USPS mail.
- If students are allowed on campus and can comply with all safety requirements, such as social distancing and PPE requirements, classes will be held on campus. When required, PPE will be provided to the students for wear during class, as recommended by Avera McKennan to meet facility guidelines:
 - Masks
 - Face shields
 - Gloves
 - Hand sanitizer
 - Sanitizer wipes

Clinical Experience:

An educationally valid clinical experience that is fair and equitable for all students will be maintained. In the event a clinical site does not allow students for clinical experience, every effort will be made to reassign students to alternate clinical sites or rotations, while maintaining supervision policies and assuring there is adequate PPE for student safety.

Clinical rotations may be suspended if these requirements may not be achieved. It is imperative students return to clinical as soon as facilities allow.

Graduation:

All graduation requirements must be completed prior to graduating from the program. If all graduation requirements have been achieved, including didactic and clinical courses, and clinical competencies, the student will be allowed to graduate on time. An extension will be provided until students can fulfill their didactic and clinical courses. There is no contingency for early release.

The number of clock hours will be adjusted on the final transcript if the number of clinical hours has been reduced.

Student Full-Time Status:

Students will still be considered full-time if only didactic instruction continues and clinical hours are suspended. The requirements for full-time student status are met with the continuation of didactic courses only.

There will be no reimbursement of tuition. In the unlikely event that the program is suspended for an entire year, the students will resume the program one year later with no additional tuition payment.

Student Safety Training:

All students will be required to complete training/safety modules as required by the facility. Students will sign an attestation that documents their understanding of the potential risks associated with clinical experience for pandemics or any communicable disease.

The following attestation is included in the programmatic technical standards.

"I understand and acknowledge that participating in clinical education at any healthcare site, entails risks that could result in illness or injury. By continuing in this program and participating

in clinical experience, I acknowledge and accept these risks, and pledge to strictly comply with all health and safety laws, regulations, rules, and protocols specific to Avera McKennan Hospital and University Health Center, and any clinical site at which I am assigned."

Resuming Normal Operations:

All program faculty will follow the catastrophic event/pandemic response policy until it is determined that normal program operations can be resumed.

- Administration will communicate with the program director when normal operations can be resumed.
- The program director will communicate with program faculty and students when the program will be transitioning back into normal operation. All program faculty will communicate and work together to determine the best plan of action to transition back to normal procedures.
- The clinical coordinator or program director will communicate with clinical setting supervisors and students regarding any adjustments that may be made to course schedules. The clinical setting supervisors will share this information with the clinical preceptors and clinical staff if relevant.
- Didactic course instructors will communicate with students on how to best transition each individual course.
- The program director will oversee the transition back to normal operations and will communicate regularly as needed.

Once the catastrophic event/pandemic response policy has been implemented and normal operations are resumed, the policy will be reviewed by program faculty and improvements will be implemented based on experience.

GRADUATION REQUIREMENTS

POLICY 4.3

Effective: 3/91
Reviewed: Annually
Revised: 8/12

A certificate of Graduation will be granted from Avera McKennan to those candidates who have met the following criteria:

1. Cumulative grade point average is not less than 2.0.
2. Satisfactory completion of all required didactic and clinical courses.
3. Financial obligations are met regarding didactic and clinical courses.
4. All unexcused time has been made up.
5. All reference material has been returned to either the School or Hospital library.

GRADUATION FESTIVITIES

POLICY 8.54

Effective: 3/91
Reviewed: Annually
Revised: 6/20

The graduation ceremony will be held on the third Friday in August. The ceremony will be held in the Auditorium of the Avera Doctor's Plaza 5. The Program Director is responsible for making and confirming reservations for use of the facility each year. The School will furnish (for each student) the graduation announcements and ceremony programs. At the graduation ceremony, the Medical Director, Clinical Coordinator, and Program Director will present the graduate certificates to each student. A reception will be provided for graduates and guests following the ceremony.

STUDENTS AWARDS

POLICY 4.5

Effective: 3/91
Reviewed: Annually
Revised: 7/18

There are two awards presented to the students who have achieved outstanding academic and clinical progress in their two years of training. The awards are sponsored by Braco Diagnostics for outstanding academic progress and the SDSRT (South Dakota Society of Radiologic Technologists) for the outstanding performance clinically in the School of Radiologic Technology.

These awards will be presented to the recipients at the graduation ceremony which is held the third Friday in August each year. The following is the criteria for the selection of a student to receive these awards.

- **Highest Academic Achievement:**
Sponsored By: Braco Diagnostics
 1. Maintains full time status as a student for two full years.
 2. Maintains and achieves the highest grade point average based on twenty-four months.
 3. Meets all obligations to graduate as set forth by the School of Radiologic Technology.

- **Outstanding Performance Clinically:**
Sponsored by: SD Society of Radiologic Technologists
 1. Maintains full time status as a student for two full years.
 2. Meets all obligations to graduate as set forth by the School of Radiologic Technology.
 3. This award is selected by a vote. The staff of registered technologists and second year students are the eligible voters. Those who are considered clerical or management will not vote. This award comes from the peers who have the best knowledge of which student has performed above average clinically.

Both award recipients will be selected in August of each year, prior to graduation.

CLINICAL STAFF AWARD

POLICY 4.4

Effective: 3/91
Reviewed: Annually
Revised: 8/14

This award is presented to a technologist who has consistently exhibited outstanding clinical teaching skills throughout the year. This technologist is a good role model regarding attitude, skill, and professionalism, as well as showing their knowledge in order to create a more productive environment for the students' clinical education.

The recipient of the award is selected by the second year students. The top three clinical teachers are determined and voted upon by the second year students. The award is presented at graduation.

POST GRADUATE INTERNSHIP PROGRAM

POLICY 8.19

Effective: 9/94
Reviewed: Annually
Revised: 7/25

An internship program exists to allow current graduates of Avera McKennan School of Radiologic Technology additional clinical training in a radiologic imaging specialty area which is of primary interest to them. The imaging areas the student may choose for the internship program will be limited to the areas of Mammography, Computed Tomography, Magnetic Resonance Imaging, Interventional Radiology, or Surgery.

1. Each internship program will be 320 hours in length, with the start date beginning upon mutual agreement of the radiology manager and the graduate intern.
2. The internship should start within two weeks of graduation from Avera McKennan School of Radiologic Technology.
3. Internship hours will be scheduled upon mutual agreement of the radiology manager and graduate intern. All hours for the internship must be documented by the intern on the appropriate form with the technologist signing off and verifying the internship hours each day.
4. Students may apply for the internship program by obtaining an application form from the Program Director.
5. Applications must be received by the Program Director no later than **July 1st**.
6. If more than one student is interested in participating in the internship program of a particular area, selection will be made by the respective manager and school Program Director. The Department of Imaging Services reserves the right to not accept an intern for a particular modality.

7. To obtain a passing grade, the intern must complete pre-stated objectives during the internship program and complete all 320 hours. Upon completion of these requirements, the intern will receive a certificate of completion and a pass/fail grade will be documented on the final school of radiologic final transcript. Three credit hours will be awarded for the internship training program.
8. No coursework is required during the internship program.
9. The student will be assessed \$100.00 in tuition.
10. Students will be notified of their acceptance/rejection no later than July 20th.

LOST AND FOUND

POLICY 8.13

Effective: 3/91
Reviewed: Annually
Revised: 7/20

The lost and found department is located on ground floor in the Security office. Items which are found should be taken to the Lost and Found Department. Lost items should be reported to the Lost and Found Department.

CONDUCT & DISCIPLINE

CODE OF CONDUCT

POLICY 9.1

Effective: 9/20
Reviewed: Annually
Revised: 6/25

Students enrolled in the Radiologic Technology program must conduct themselves in an appropriate and professional manner and must adhere to the rules and regulations of the program and all clinical sites. Student must comply with the American Registry of Radiologic Technologists' Code of Ethics, which is provided to the student in their student handbook. This policy provides standards and rules for governing performance and a procedure for consistent, non-discriminatory application of the rules in the interest of maintaining the highest quality patient care and educational environment.

When it becomes necessary to discipline a student, reference may be made to the categories below which relate the severity of the offenses to the corrective action. However, it is important to note that categories are not all-inclusive and students may be disciplined for actions not specifically identified.

Students who disagree with the action taken may proceed through steps outlined in the Grievance Procedure Policy. If a student is dismissed from the program, utilizes the Grievance Procedure Policy, and is denied re-acceptance, that student will not be permitted to reapply to the program.

CATEGORY I: Immediate Dismissal; 1st Offense

1. Threat of or actual physical or verbal abuse of patients, visitors, staff, employees or students.
2. Falsification of any official hospital or school record.
3. Any other serious failure of good behavior or gross neglect of duty.
4. Willful damage to or theft of property of the school, hospitals, patients, visitors, employees, or students.
5. Absence from classes or clinical experience without justifiable reason or without reporting off for 3 consecutive clinical and/or class days, or 3 incidents of no-call/no-show in a 12 month period.
6. Possession of firearms or other weapons on school/hospital premises.
7. Conduct seriously detrimental to patient care, fellow students, employees or school or hospital.
8. Unauthorized or improper use of any type of time, including leave of absence (LOA), suspension time, vacation time, or personal time.
9. Conviction of a felony.
10. Solicitations and/or distribution of literature in violation of hospital policy.
11. Failure to maintain a "C" or above in all classes (as stated in Policy 8.2 – Academic Progress).
12. Intentional exposure to staff or student dosimeter.

CATEGORY II: 1. Suspension or Final Written Corrective Action; 2. Dismissal

1. Possession, use, or sale of alcohol, narcotics, or controlled substances on hospital premises or reporting to school of clinical experiences under the influence of alcohol or narcotic as evidenced by:
 - a. Inability to perform assigned duties or participate in class
 - b. Demonstration of undesirable characteristics (i.e., breath, attitude, uncooperativeness toward patients, staff, students, visitors, or others).
2. Insubordination or refusal to perform a reasonable assignment after having been instructed to.
3. Disorderly or outrageous conduct (i.e., fighting, malicious practical joking, gambling), on school of hospital property.
4. Any act of dishonesty, including cheating or copying another person's work (plagiarism).
5. Recording of lectures or conversations without prior consent from all parties involved.
6. Failure to conform to professional ethics.
7. Any serious failure of good behavior or serious neglect of duty.
8. Inappropriate disclosure of or accessing patient information, (HIPAA violations).

CATEGORY III: 1. Written Corrective Action; 2. Suspension or Final Written Corrective Action, 3. Dismissal

1. Unexcused absence from assigned area during clinical hours without permission.
2. Failing to call in to the school regarding absence when unscheduled (no call/no show).
3. Misrepresenting your attendance by falsifying your time attendance report.
4. Careless or indifferent job performance which includes causing or contributing to unsanitary or unsafe conditions and performing unsafe procedures.
5. Careless neglect or improper or unauthorized use of hospital and/or school property or equipment.
6. Collecting funds or accepting gratuities.
7. Any other failure of good behavior or neglect of duty.
8. Repeated or chronic infractions of hospital and/or school rules with no evident improvement in performance or conduct.
9. Failure to observe school policies regarding required supervision and on repeat radiographs.
10. Unnecessary radiation exposure to patients, visitors, staff, employees, or students.
11. Inefficiency, incompetence or negligence in performance of duties.
12. Failure to perform duties at minimally acceptable standards after counseling and guidance.
13. Profane or unprofessional language.
14. Violation of copyright infringement policy.
15. Violation of hospital parking regulations.

CATEGORY IV: 1. Documented counseling; 2. written Corrective Action; 3. Suspension or Final Written Corrective Action; 4. Dismissal

1. Unauthorized extended lunch or breaks.
2. Eating or drinking in unauthorized areas.
3. Improper attire or appearance (dress code violations).
4. Sleeping during class/clinical.
5. Attendance policy infractions including tardiness
6. Violation of hospital smoking policy.
7. Failure to get approval from program officials for clinical schedule changes.

8. Failure to perform in a courteous, conscientious, and caring manner in responding to the needs of patients, visitors, fellow students, or employees.
9. Unauthorized use of telephone, internet, or cell phone during class, lab, or clinical experience.
10. Malicious gossip or derogatory attacks concerning anyone associated with the program or hospital.

RECORD OF DISCIPLINARY ACTONS

1. Records of disciplinary action remain active in the student's record for the two year period the student is enrolled. If any further infractions occur within the two year period, they will be used as a basis for further progressive discipline. Records of disciplinary actions within the two year period may be reviewed in a matter relating to employment.
2. Any student receiving a second disciplinary suspension within the 2 years, whether the two suspensions are for related or unrelated conduct, shall be dismissed from the program.

DEFINITION OF TERMS:

- **Documented Counseling:** For rules considered less serious, a documented counseling action may be the first step in the discipline procedures. It consists of a verbal warning and will be documented in writing and placed in the student's personal file. The counseling will be documented on the student counseling/guidance form.
- **Written Corrective Action:** The written corrective action is a document summarizing a performance problem or incident. The document and situation will be reviewed with the student outlining the specific problem (s)/incident and warning the student that further behavior will result in further disciplinary action.
- **Final Written Corrective Action or Suspension:** A suspension/final written corrective action may occur when a problem or incident continues. Depending on the seriousness of the incident or behavior, the student may receive a suspension as the first step of the disciplinary process. A suspension is for a 3 day period, however, a greater or lesser number may be determined after review of the particular situation. Suspensions will be scheduled as close to the infraction as possible and in a manner that minimizes disruption to the learning process and maintains continuity. Time missed due to a suspension must be made up after graduation. Vacation time cannot be used to cover suspension-related absences. The Program Director has the final decision on whether a final written corrective action or suspension is in the best interest of the student, based on the type of disciplinary infraction.
- **Dismissal:** Dismissal will occur as the final step in the disciplinary process. Dismissal may occur serious offenses relating to customer/patient satisfaction or for continued performance problems.

GRIEVANCE/APPEAL PROCEDURE

POLICY 8.21

Effective: 12/90
Reviewed: Annually
Revised: 6/25

Students have the right to appeal an unfavorable decision resulting from the application of a policy or program decision. Concerns may be formally addressed through the program's grievance/appeal process. Reasons for a filing a grievance/appeal may include an unfavorable evaluation, didactic coursework, suspension, or dismissal from the program. It is the student's responsibility to bring this concern forward promptly and in a respectful, non-disruptive manner. The following process should be followed:

1. The student may begin the grievance/appeal process by providing a written statement to the Program Director and Medical Director of the School within 5 working days of the incident. The written statement should include a description of the incident and the requested resolution to the incident.
2. The Medical Director will review and evaluate the conditions for the appeal. Within 5 working days, the Medical Director of the School will determine whether the unfavorable evaluation, suspension, or dismissal, etc. should be enforced or removed. Once the decision is made, the student will receive a written notification.
3. If the student is not satisfied with the Medical Director's decision, he/she may submit a written statement to the Vice President of Diagnostic and Therapeutic Services within 5 working days after receiving the determination by the Medical Director of the School.
4. The Vice President of Diagnostic and Therapeutic Services will investigate the incident and involve any necessary parties to fully understand the incident and the requested outcome. The Vice President of Diagnostic and Therapeutic Services will have 5 working days, after receiving the request, to make a decision and disseminate a written response to the student and Program Director.
5. The Vice President of Diagnostic and Therapeutic Service's decision is final.

If the student believes that his/her concerns have not been properly addressed, he/she may submit allegations on non-compliance to the SD Office of the Attorney General. This is in accordance with State Statute #13-48-40, Complaints-Enforcement by attorney general concerning post-secondary institutions.

SD Office of the Attorney General
Division of Consumer Protection
1302 E. Highway 14, Suite 3
Pierre, SD 57501
605-773-4400

** Working days are defined as days Monday through Friday.

HARASSMENT FREE WORK ENVIRONMENT

POLICY 8.52

Effective: 5/02
Reviewed: Annually
Revised: 6/20

The School of Radiologic Technology promotes an environment that is free from harassment, discrimination, and retaliation. Avera is committed to providing an environment where all students are treated with respect and dignity.

It is the policy of Avera McKennan School of Radiologic Technology to ensure an educational experience without discrimination or harassment on the basis of any protected characteristic, including: race, color, religion, sex, sexual orientation, gender identity, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic prohibited by law. Any such discrimination or harassment is prohibited and students are encouraged to report all perceived incidents of discrimination or harassment. It is the policy of the program to promptly and thoroughly investigate such reports. The program prohibits retaliation against any individual who reports discrimination or harassment, or participates in an investigation of such reports.

Sexual harassment constitutes discrimination and is illegal under federal, state, and local laws. For the purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors and other verbal or physical conducts of a sexual nature when, for example: a) submission to such conducts is made either explicitly or implicitly a term or condition of the student's education, or b) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment may include subtle or not-so-subtle behaviors and may involve individuals of the same or different gender. These behaviors may include unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering, whistling or touching; insulting or obscene comments or gestures; display in the workplace of sexually suggestive objects or pictures; and other physical, verbal, or visual conduct of a sexual nature.

Harassment on the basis of any other protected characteristic is also strictly prohibited. Harassment can be verbal, written, or physical conduct that denigrates or shows hostility or aversion toward an individual. Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on hospital premises or circulated in the workplace, on company time or using company equipment by e-mail, phone (including voice messages), text messages, social networking sites or other means.

PROCEDURE:

1. A student should report any harassment complaint to the Program Director for a proper investigation to occur.
2. The grievance procedure will be followed and the committee will be involved in any harassment investigation which may include: interviewing the complainant, interviewing the

accused, interviewing any identified witnesses, and if any employee is involved, identifying if corrective action is necessary.

3. The outcome of the investigation will be explained to the student who reported the incident(s) within the timeline stated in the grievance procedure policy.

ETHICS

POLICY 8.11

Effective: 3/91
Reviewed: Annually
Revised: 7/18

All students are responsible to practice good professional ethics. The following statements do not stress all the concepts of ethics, but do apply strongly in regards to how the student should act or conform.

1. Students shall address physicians by their title (i.e., Dr. Johnson).
2. Students shall be careful to address patients by their correct, proper name and/or title.
3. Students are reminded to maintain the patient's modesty when performing specific examinations.
4. Students must uphold and follow all HIPAA regulations.
5. Student personal problems should be shared only with the Program Director or Clinical Coordinator, and not be made burdensome to patients or other personnel.
6. Students should also refrain from discussing their social activities and/or studying in front of patients or other personnel. Extra-curricular activities and didactic preparation have nothing to do with clinic performance or good patient care.

STUDENT EMPLOYMENT

POLICY 8.36

Effective: 12/90
Reviewed: Annually
Revised: 6/24

Student employment will be allowed if there is no conflict with their school schedule. There will be no exceptions given in regards to classroom or clinical scheduling. If dismissed early from class/clinical, students must not clock in to work until after their normally scheduled class/clinical rotation.

Those students who are academically having trouble and are employed whether it be at Avera McKennan or elsewhere will be counseled as to it being a detriment to their educational responsibilities of their career.

TELEPHONE

POLICY 8.44

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Use good telephone etiquette when answering the phone. Identify the department; give your name and your position (i.e. Radiology, Joe Miller, Student).

Hospital telephones must be kept open at all times for hospital business. You should not use hospital phones for personal calls unless absolutely necessary. You are requested to discourage friends and relatives from calling you while at school except in an emergency.

If a family member needs to contact you in cases of emergency during your scheduled shift, they can reach you by calling:

- 322-1700 (Imaging Services Administrative Assistant) or
- 322-1720 (Program Director).

Those students who have cell phones should not wear them during their scheduled clinical shift. **No cell phones in class or in clinicals.**

During class, cell phones must be kept in the cupboards in the classroom. Cell phone usage is limited to breaks between classes.

Non-compliance with this will result in:

- | | |
|---------------------------|---|
| • 1 st Offense | Documented counseling |
| • 2 nd Offense | Written corrective action |
| • 3 rd Offense | Suspension or final written corrective action |
| • 4 th Offense | Dismissal from program |

COMMUNICATION

POLICY 8.44B

Effective: 7/98
Reviewed: Annually
Revised: 6/24

Additions or revisions to school policies or procedures will be communicated to all interested parties in an appropriate manner.

1. The Program's offerings are communicated to prospective students and the general public via the school's website. The website is reviewed annually for revision.
2. Program policies are published in the student handbook. Each student receives a copy of the student handbook upon entrance into the program, and it is also available at any time via the website and on Trajecsys.
3. All policy or procedure changes will be communicated to the appropriate faculty, staff, and students via the Outlook E-mail system. This method provides immediate access by all

involved parties as revisions or additions take place. All faculty, staff, and students have access to the Outlook E-mail system.

4. Students will have access to updated policies via the student handbook posted on Trajecsys, and it will be documented that they have been counsel on the revised policy.

OUTLOOK E-MAIL/TRAJECSYS

POLICY 8.44B

Effective: 3/91
Reviewed: Annually
Revised: 7/20

Students should check the Outlook e-mail and Trajecsys web page for up-to-date information. Information regarding the School, Department, or Hospital pertinent to the students will be relayed via Outlook E-Mail or on Trajecsys. **The school faculty will not tolerate student excuses for not being informed. Outlook and Trajecsys should be checked daily for changes/information concerning the students.**

SOCIAL MEDIA

POLICY 8.44A Avera Administrative Policy Number 755

Effective: 4/10
Reviewed: Annually
Revised: 2/20; 12/21; 4/23

Purpose:

Avera established this policy to caution employees, contract staff, providers, students and volunteers (collectively "Healthcare Staff") about the risk of inappropriate use of social media.

Policy Statement:

The use of social media by Healthcare Staff must be consistent with Avera's mission, values, policies, and other guiding principles as described in this policy.

Policy Scope:

This policy applies to all Avera owned and leased entities.

Definitions:

1. **Social media:** includes all forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).
2. **Protected Health Information (PHI):** Individually identifiable health information that is created by or received, including demographic information, which identifies an individual, or provides a reasonable basis to believe the information can be used to identify an individual, and relates to:
 - Past, present or future physical or mental health or condition of an individual;
 - The provision of health care to an individual; and

- The past, present, or future payment for the provision of health care to an individual.

Policy Implementation:

A. Know and Follow the Rules:

1. The same principles and guidelines found in Avera's policies apply to activities online. Healthcare Staff are solely responsible for what is posted online. Before creating online content, consider the risks and rewards that are involved. Conduct that adversely affects Avera's business interests, including but not limited to, an employee's job performance, the performance of co-workers, patients, visitors, customers, vendors, or those who work on behalf of Avera, may result in disciplinary action.
2. Inappropriate postings that include discriminatory remarks, inappropriate disclosures of PHI, harassment, threats of violence, or similar inappropriate or unlawful conduct, will not be tolerated and may result in disciplinary action.

B. Be Respectful:

Be fair and courteous to co-workers, patients, visitors, customers, vendors, or those who work on behalf of Avera. Work-related complaints are more likely resolved by speaking directly with the individual involved rather than posting complaints to a social media outlet. Avoid using statements, photographs, video, or audio that reasonably could be viewed as malicious, obscene, threatening, intimidating, harassment or bullying. Examples of such conduct may include offensive posts meant to harm someone's reputation or posts that would contribute to a hostile work environment on the basis of race, sex, age, ethnicity, disability, religion or any other status protected by law or Avera's policies.

C. Be Honest and Accurate:

1. Ensure postings are honest and accurate, and correct mistakes.
2. The Internet archives almost everything and deleted postings can be searched. Never post any information or rumors that are known to be false about Avera's business interests, including but not limited to, co-workers, patients, visitors, customers, vendors, or those who work on behalf of Avera or competitors.

D. Patient Confidentiality:

1. Do not post or share information that may contain PHI or may potentially identify a patient. This may include, but is not limited to, name, diagnosis, age, room number, photographs, injuries, or treatment. Posting PHI is a federal offense in which civil or criminal penalties may be imposed.
2. No communication related to a patient's medical treatment may be posted without approval from Avera staff and a signed Avera authorization form. This includes responding to a patient's posting.

E. Report Inappropriate Activity:

Users who encounter any social media post(s) that may harm the reputation or operations of Avera should immediately contact Avera Marketing or Avera Human Resources.

F. Guidelines for Avera Hosted Social Media Sites:

1. All Avera Healthcare Staff shall obtain the approval of Avera Marketing before creating a social media account on behalf of Avera that includes, but is not limited to, open and closed groups, business listings, video storage accounts, etc. The Social Media Account Request form and the Social Media Contract can be found on Avera's KnowledgeNet under Marketing and Public Relations Resources. Both documents shall be completed and returned to Avera Marketing for review and approval before an account is created. If approved, Avera Marketing will set up the official account and administrative settings, then provide access to the requesting individuals. If an employee has already created an Avera social media account (Facebook Page, Facebook Group, Instagram, Twitter, LinkedIn, TikTok, Snapchat, etc.), the account must be removed or made private until Avera Marketing reviews it and is provided full administrative access. If a location page is created automatically on any social media channel (Facebook location page, LinkedIn Business Page, etc.), then Avera Marketing must be informed. Avera reserves the right to prohibit, block, suspend, terminate, delete, or discontinue an individual's access to any Avera-related social media site at any time for any reason.
2. Avera Marketing determines publication and promotion of content that includes, but is not limited to, facility news and information, events, blogs, etc. Avera Marketing is authorized to close accounts on behalf of or related to Avera that become inactive (fewer than six (6) non-weather or holiday related posts per quarter and/or reach/impressions under 3,000) and that are not in compliance with this policy. Avera Marketing will review pages on a bi-annual basis.

G. Guidelines for non-Avera (Personal) Social Media Sites:

1. Maintain the confidentiality of Avera's trade secrets and private or confidential information. Trades secrets may include information regarding the development of systems, processes, products, know-how and technology. Do not post internal reports, policies, procedures or other internal business-related confidential communications. See Avera's Evaluation of Alleged Inappropriate Disclosures of Confidential Information Policy (#734).
2. Express only personal opinions. Healthcare Staff may not represent themselves as a spokesperson for Avera. If Avera is a subject of the content being created, be clear and open about the fact that you are an employee and make it clear that your views do not represent those of Avera, co-workers, patients, visitors, customers, vendors, or those who work on behalf of Avera. If you do publish a blog or post online related to the work you do or subjects associated with Avera, make it clear that you are not speaking on behalf of Avera. Include a disclaimer such as the following:

The postings on this site are my own and do not necessarily reflect the views of Avera.

3. Healthcare Staff shall not communicate with the media on Avera's behalf. All media inquiries shall be directed to Avera Marketing.
4. Do not create a link from your blog, website or other social networking site to an Avera website without identifying yourself as an employee of Avera.
5. Fully comply with federal copyright laws and Avera rules, policies and guidance regarding copyright. "Fair Use" may allow portions of certain works to be used without consent under specific situations, but the safest option is to receive permission from the copyright owner before using copyrighted material, including images, videos and music. Consequences of copyright infringement may include disciplinary actions by Avera and legal action for copyright infringement.
6. An employee's social media name, handle, or URL should not include a variation of Avera's name, logo, or likeness unless approved by Avera Marketing. An employee's social media profile picture(s) or cover photo(s) should not include any variation of Avera's logo unless specifically approved by Avera Marketing.
7. Healthcare Staff should use their own personal email addresses, not official Avera work email addresses, when registering for personal social media sites.
8. Private groups established for social media purposes among Avera Healthcare Staff should not include Avera's logos or images of any Avera facility. An Avera leader must be a member of any group created using the Avera name.

H. Using Social Media at Work:

Refrain from using social media while on work time or on equipment Avera provides, unless it is work-related as authorized by your leader.

I. Cell Phones and Texting:

Avera Healthcare Staff are expected to use personal cell phones, including texting, only during designated lunch and break times. Healthcare Staff must not use cell phones/texting to disclose patient information, photograph, harass, bully, or intimidate other colleagues. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to age, race, national origin, religion, gender, marital status, color, or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another colleague. Avera policies, such as Disruptive Conduct in the Workplace, Harassment-Free Work Environment, and Mobile Device Acceptable Use, provide guidance on this topic.

J. Social Media Monitoring

Avera Marketing provides 24/7 social media monitoring to review comments and respond to questions on behalf of Avera on any of its social media sites.

K. For More Information:

Contact the Avera Marketing or Avera Human Resources for further information or guidance.

L. Violations:

Violations of this policy may result in corrective action up to and including termination of employment.

This policy was developed as a guide and is not intended to define any employment standard and does not suggest or provide contractual rights of employment. Unless otherwise prevented by law, Avera leaders may deviate from this guide to respond to individual circumstances.

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

TOBACCO FREE CAMPUS

POLICY 8.34 Avera Administrative Policy Number 725

Effective: 5/06
Reviewed: Annually
Revised: 7/23

Policy Purpose:

Avera, including its hospitals, clinics, nursing homes, as well as all associated business entities, is dedicated to encouraging a healthy lifestyle. Avera advocates an atmosphere conducive to physical and mental well-being and the provision of services including preventive programs for a healthy and safe environment. In accordance with this philosophy, the following policy and procedure is established regarding use of tobacco and smoking type products.

Policy Statement:

This policy supports a tobacco free campus to benefit the health, safety, and well-being of all who visit and work at our facilities. This includes e-cigarette vapor that is released from a device potentially exposing others to nicotine as well as ethylene glycol (antifreeze) and some carcinogens as tested by the FDA.

Policy Scope:

This Policy applies to all owned and leased Avera entities' entire geographic area composing the entire campus and off-site properties. This includes buildings, walkways, parking lots/ramps, and any public sidewalk or street that falls within campus boundaries. This includes, but not limited to, hospitals, clinics, nursing homes, hospice, and home medical equipment. This policy also applies to all company owned vehicles. This policy applies to employees, physicians, contractors, vendors, visitors, and patients. Use of tobacco or smoking type products in vehicles parked on Avera property is not permitted. This includes Avera parking lots and parking ramps

Policy Implementation:

Avera supports a tobacco free campus to benefit the health, safety, and well-being of all who visit and work at all Avera facilities. The following guidelines will be enforced:

1. Communication/Signage:
 - a. Tobacco-Free signs are posted in appropriate places to inform medical staff, patients, and visitors of this policy.
 - b. Employees are informed of this policy at the time of hire and orientation.
2. Anyone who uses tobacco or smoking type products must leave Avera property.
3. Each Avera facility is also committed to being a “good neighbor”. This means that tobacco products will not be used on the properties surrounding the Avera facility and tobacco waste will not be left on the properties.
4. Employees must follow the policy for meals and breaks if leaving the premises.
5. The odor of smoke on an employee’s breath or clothing or the appearance of smokeless tobacco use (out pouching of lower lip/tobacco remnants in teeth) is offensive. Smoke odor will be addressed pursuant to the Work Attire and Appearance Policy (#764) relating to other odors, such as perfume and appearance.
6. Quit Tobacco Support: Employees who use tobacco products are encouraged to work through the S.D. Department of Health Quit Line at 1-866-737-8487 or other state resources as available.
7. All employees are authorized to enforce this policy with courtesy, respect, and diplomacy, especially with regard to patients and visitors. If any difficulty arises with non-compliance, employees should notify their leaders for assistance.
8. Violations of this policy may result in corrective action up to and including termination of employment. See Avera’s Corrective Action Policy (#736).

DRUG AND ALCOHOL FREE SCHOOL

POLICY 8.10

Effective: 6/90
Reviewed: Annually
Revised: 6/24

The purpose of this policy is to comply with all local, state, and federal laws, including The Drug Free Schools and Communities Act Amendments of 1989 Public Law 101-226 mandates that this institution adopts and implements a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees in order for the students to receive Federal Financial assistance.

Avera McKennan School of Radiologic Technology is committed in maintaining an environment which is free of drugs and alcohol to assure the safety for all students, employees, patients, and visitors. Upon admission to the program and annually thereafter, the student will receive the

Avera McKennan Hospital & University Health Center Drug and Alcohol Free Workplace Policy and will sign off that they have read and agree to abide by the terms of the policy while enrolled in the program or as an employee within our hospital.

Prohibited Conduct: The unlawful manufacture, distribution, dispensation, possession or use of alcohol or a controlled substance is prohibited by students and employees on the premises of Avera McKennan or as any part of this institution activities. If a student is found to have engaged in any of the above activities, he/she will be subject to disciplinary action per the program's Code of Conduct.

As a condition of remaining as a student of Avera McKennan Hospital, all students must;

1. Abide by the terms of the Policy, including the "prohibited conduct" section
2. Notify the program director, in writing of any criminal drug statue conviction for a violation occurring on or off campus within 5 days of the conviction
3. Violations of this rule will result in automatic termination of their training without notice. Students may be referred for drug/alcohol assessment if their performance warrants such action.
4. Students seeking assistance in a chemical dependency program are encouraged to confidentially seek assistance by contacting the Avera Student Assistance Program (ASAP) at 605-322-4069. The school will grant a leave for up to 30 calendar days to students seeking assistance. If such a program is accepted by the student, the student must satisfactorily participate in the program as a condition of continued program attendance. The student is responsible for any didactic or clinical time missed and will be made up at the end of the program, after graduation. The Program Director or Clinical Coordinator will determine the make-up days. Avera McKennan and the School of Radiologic Technology is required to notify federal contracting agencies of such convictions and/or withhold financial aid for the period of enrollment.

The faculty/employees of Avera McKennan will adhere to the Drug and Alcohol Free Workplace Policy as a part of their commitment to higher education and the enrolled students.

The student hereby certifies that he/she reviewed and read Avera McKennan Hospital's Drug and Alcohol Free Schools Policies set forth above, understands its contents and agrees to abide by this policy as a condition of enrollment with Avera McKennan School of Radiologic Technology.

CAMPUS PARKING AND VEHICLE REGISTRATION

POLICY 8.27

Effective: 9/90
Reviewed: Annually
Revised: 6/24

Campus Parking

If your shift starts in the morning, Monday - Friday from 5:00 a.m. to 1:00 p.m., you will need to park in the:

- North 40 (this lot is north of the North Ramp)

If your shift starts between 1:00 p.m. to 9:00 p.m., you can park in the:

- North Ramp, levels 4 and above

If you are assigned an **overnight shift** you can park in the:

- South Ramp

There are no parking restrictions on weekends and you may park on any level of the north or south parking ramps.

There is no parking in the Emergency lot or under the east or west towers at any time.

Street parking may be utilized; however, it is the student's responsibility to watch for restrictions on street parking. Many streets have two hour parking restrictions. The student should be alert for snow emergencies. Vehicles parked on emergency snow routes will be ticketed and towed by the city.

The student may contact the Security Office at 322-7490 for any questions regarding campus parking.

Abuse of the above parking policy will result in the following:

1. Issue of a parking violation issued by Avera Security.
2. Upon a second parking violation, the vehicle which the employee/student is operating will be immobilized with a wheel immobilizer (wheel boot) by Avera Security. The employee/student will then need to notify security and pay a \$25.00 fine prior to the immobilizer being removed.
3. Parking violations issued by faculty will result in the following corrective action:
 - Students will be deducted a clinical point for a parking violation
 - Three violations will lead to suspension for three days and this time will be made up after graduation
 - Fourth violation will lead to dismissal from the program.

Vehicle Registration

All employees/students are required to register all vehicles they drive to work with the security office. If you are driving a vehicle that does not have a parking sticker, you may NOT park in the ramp. You must still park in the north lot. Any employee/student parking in a prohibited area, for any reason, will be deducted one clinical point. The employee/student will be issued a permit for each vehicle registered. Red permits are issued to employees/students who do not have parking privileges in the ramps while white permits will be issued to employees/students who do have parking privileges in the north ramp. The permit must be displayed on the inside lower left corner (driver side) of the front windshield.

DRESS CODE

POLICY 8.47

Effective: 3/91
Reviewed: Annually
Revised: 6/24

The School of Radiography uniform is representative of Avera McKennan and of the medical profession. The purpose of this standard is to provide consistency, pride, and a uniform look for each department. Appearance of students makes an impact on the perception of our patients and customers, and consequently an overall impression of Avera McKennan.

General Standards for All Avera McKennan Employees, Students, and Volunteers:

GROOMING/ HYGIENE/JEWELRY

- Acceptable:
 - Clean and neat appearance, not offensive, clothes tailored and properly fitted
 - Conservative use of cosmetics, colognes, perfumes
 - Conservative hair color and style; styles that will not interfere with work duties
 - Fingernails shall be clean and neatly trimmed. Artificial nails (including gel nails) are not recommended
 - Visible tattoos should not be offensive to patients, visitors, and co-workers
 - Jewelry and accessories are to be limited and provide a simple, conservative, and professional appearance
- Unacceptable:
 - Offensive body and/or breath odor
 - Excessive use of scents that have a negative effect on patients, co-workers, customers
 - Tattoos that do not meet the guidelines above must be covered during work hours

IDENTIFICATION BADGES

- Acceptable:
 - Required at all times while in an Avera facility
 - Must be easily visible, worn at eye level
 - Lanyards are acceptable to wear in areas where appropriate
- Unacceptable:
 - Damaged or illegible, not visible, covered or obstructed with stickers, pins, etc.
 - Worn backwards, picture not visible

CLOTHING/FOOTWEAR

- Acceptable:
 - Scrub tops and pants
 - Color of Avera green (hunter)
 - Green wrist cuff on jacket
 - Avera Logo wear
 - Avera half or full zip jackets can be worn with the green scrub pants
 - Avera long-sleeved or short sleeved shirts and Avera crewneck sweatshirts in any color may be worn with hunter green scrub pants
 - Shirts

- White, hunter green, gray, or black and professional in appearance. Examples may include: Polo, turtleneck/mock turtleneck under Hunter Green scrub top, vest or jacket that matches designated scrub brand.
 - Shoes
 - Shoes must be clean, in good condition
 - Uniform shoes or tennis shoes, rubber soles
 - Closed-toe shoes are required
 - Socks/hosiery
 - White/green/black/gray
- Unacceptable:
 - Denim (of any color), leggings, split skirts/skorts, shorts, tight-fitting, low-cut, spandex, lacy, sheer, leather, spaghetti straps, or unwashed clothes.
 - Anything excessively worn, frayed, wrinkled, or is more suitable for the gym, beach, or nightclub
 - Printed scrub tops or jackets
 - Apparel featuring any other healthcare logo
 - Sandals, flip flops, open-toed or shoes with holes (cros with holes)
 - No socks

HOSPITAL OWNED SCRUBWEAR; PANTS, SHIRTS, JACKETS, COATS

- Acceptable:
 - Protective jacket to be worn when outside immediate work area
- Unacceptable:
 - Scrub wear worn outside of Avera McKennan/outdoors
 - Worn by unauthorized personnel
 - No socks; shoes worn outside of the hospital may not be worn into surgical/sterile environments without shoe covers.

STUDENT SERVICES

Services provided to students while in the radiology program:

- **Parking**
- **Security escort**
- **Career planning and resume class**
- **Initial set of radiographic markers**
- **Student counseling (see Student Counseling Services Policy)**

LIBRARY FACILITIES

POLICY 3.2

Effective: 3/91
Reviewed: Annually
Revised: 7/18

The medical library of Avera McKennan Hospital moved from a physical resource to a virtual electronic resource.

The Departmental Library/AV materials are available to students for study or checking out on a monthly basis. If such materials are lost or damaged, the student will be billed/be denied a certificate until the expenses for replacement of such property has been paid.

The department library is located in the Radiology Conference Room, and other reference materials are available in the Radiologist Reading Rooms.

LOCKER FACILITIES

POLICY 8.23

Effective: 3/91
Reviewed: Annually
Revised: 6/22

Classrooms are to be locked at night and one door to each classroom has a key punch access. Students are advised not to leave valuables in the classrooms overnight.

Lockers are available for all students. Locker assignments will be made through the Radiology Department. You will be assigned that locker for your entire educational term.

The loss of any personal property is not the responsibility of Avera McKennan, Department, or School. Each student must provide their own padlock for their lockers and maintain the security of their own personal items. In case of theft, please notify Hospital Security at 322-7497.

HOUSING AND BOARD

POLICY 8.16

Effective: 3/91
Reviewed: Annually
Revised: 6/24

Housing is the responsibility of the student. There is available housing in the Avera McKennan area. Various companies in the city can be utilized for assistance in seeking available housing. Students accepted into the program will be notified by the Program Director of the names and addresses of the accepted students who may be seeking a roommate or someone to help share expenses during their enrollment at Avera McKennan Hospital.

The student must also provide his/her own meals. Café 1325 is located on ground floor at the hospital and students receive a discount on purchases when they show their identification badge if they are employed here.

IDENTIFICATION BADGES

POLICY 8.17

Effective: 3/91
Reviewed: Annually
Revised: 6/15; 7/23

All students are required to wear an approved hospital identification badge while on duty. This identification badge must also be kept with them in case a disaster has occurred, and a mass casualties plan has been put into effect. This badge allows entry into the institution if such a plan has been implemented.

The identification badge is provided by Security at no cost to the students. However, if lost, a \$10.00 charge will be assessed for a replacement badge.

The Veteran's Administration Hospital distributes their own ID badge and students are required to wear the badge while in clinical rotations at the VA.

STUDENT COUNSELING SERVICES

POLICY 9.3

Effective: 1/24
Reviewed: Annually
Revised:

Students seeking help will confer with the Program Director or Clinical Coordinator to answer any questions or problems that arise concerning their duties, the program or the profession. If there are any problems the School cannot handle, or if the problems are extremely personal in nature, the student will be referred to the student EAP services listed below. In any case, the School encourages the students to take advantage of any guidance/tutoring that is offered.

1. EAP Counseling Sessions:
 - EAP Assessments, Consultations & Referrals (telephonic, unlimited) – Students may call to obtain free and confidential consultations for any issue(s) that may impact their work and/or personal life situation. Callers participate in a brief EAP intake/assessment process, after which they may be referred to one or more resources appropriate for their circumstances. Participants may receive help with clarifying the issue(s), defining goals relating to stated issues, exploring options, and constructing an action plan. When appropriate, referrals are made to other helping professionals and/or agencies. Issues that may be addressed include issues such as managing stress, family problems, workplace issues, and substance abuse.
 - EAP Counseling Sessions – Participants may be referred for up to (3) 50-minute EAP counseling sessions per issue/per occurrence with a licensed mental health professional for the purpose of addressing EAP-appropriate issues. EAP sessions occur in-person/face-to-face, either in the counselor’s office or via virtual technology. EAP counseling sessions are intended to address general life issues that can be addressed within a Short-Term Problem Resolution (S-TPR) or “brief counseling” framework. During EAP sessions mental health issues are not diagnosed or treated, and EAP sessions are not part of the individual’s medical record. EAP sessions may lead to additional referrals via the individual’s insurance (as applicable) for diagnosis and treatment of long-term issues and/or issues requiring specialized mental health services.
2. The students will have 24/7 access to Avera EAP by calling 605-322-4069 (has confidential voicemail when not answered).
3. Additional EAP Sessions – Avera HR may preauthorize up to 2 additional EAP sessions (i.e., beyond the standard three sessions) for a student to address an EAP-appropriate issue.

APPENDICES

APPENDIX A

ORGANIZATIONS

- **THE JOINT REVIEW COMMITTEE ON EDUCATION IN RADIOLOGIC TECHNOLOGY (JRCERT)**

The JRCERT provides consultation and guidance to educational programs and administers the voluntary, peer review accreditation process in Radiologic Technology, Radiation Therapy, and Magnetic Resonance Imaging. The JRCERT is dedicated to excellence in education and to quality patient care through the accreditation of educational programs in radiation and imaging sciences.

Address: 20 N. Wacker Drive, Suite 2850

Chicago, IL 60606-3182

Phone: 312-704-5300

Web Site: www.JRCERT.org

- **THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT)**

The ASRT is a professional membership organization representing the interests of radiographers, radiation therapy technologists, and nuclear medicine technologists according to the purpose and goals stated in the by-laws. The ASRT sponsors numerous educational programs for all ranks of technologists and holds an annual meeting with a wide range of professional and continuing education offerings. The ASRT developed and publishes the CURRICULUM GUIDE FOR EDUCATIONAL PROGRAMS IN RADIOLOGIC TECHNOLOGY and provides for periodic review of curricula in Radiologic Technology.

Address: 15000 Central Avenue SE

Albuquerque, New Mexico 87123.

Phone: 1-800-444-2778

Web Site: www.asrt.org

- **THE AMERICAN COLLEGE OF RADIOLOGY (ACR)**

The ACR was founded in 1923, ACR has 54 chapters (50 states, DC, Canada, Puerto Rico and CARROS — Council of Affiliated Regional Radiation Oncology Societies). The ACR is at the forefront of radiology evolution, representing nearly 41,000 diagnostic radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians and medical physicists. Its core functional areas — advocacy, economics, education, quality and safety, research, and membership value — are improving,

promoting and protecting the practice of radiology. Through its Imaging 3.0™ initiative.

The ACR is leading the transition to value-based radiology treatment and care. The ACR Career Center is the premier recruitment resource for radiologists.

Its core purpose is to serve patients and society by empowering members to advance the practice, science and professions of radiological care.

- **THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS (ARRT)**

The American Registry of Radiologic Technologists (ARRT) is the world's largest organization offering credentials in medical imaging, interventional procedures, and radiation therapy. The ARRT certifies and registers technologists in a range of disciplines by overseeing and administering education, ethics, and examination requirements.

ARRT supports 15 credentials, available in a range of disciplines and through different pathways. Although all pathways share the same ethics and examination requirements, they have different education requirements

Primary Eligibility Pathway Requirements:

- The primary pathway is how the majority of people earn their first ARRT credential. It includes completing an ARRT-approved educational program. You can earn credentials in the following disciplines using this pathway:
 - Magnetic Resonance Imaging*
 - Nuclear Medicine Technology
 - Radiation Therapy
 - Radiography
 - Sonography
 - Vascular Sonography*

Post primary Eligibility Pathway Requirements:

- The post primary pathway is for those are currently certified and registered with ARRT and would like to pursue an additional credential. The post primary pathway may also be used by those who hold a credential from ARDMS or NMTCB.
 - Bone Densitometry
 - Breast Sonography
 - Cardiac Interventional Radiography
 - Computed Tomography
 - Magnetic Resonance Imaging*
 - Mammography
 - Vascular Interventional Radiography
 - Vascular Sonography
- **You can earn an MRI or Vascular Sonography credential using the primary or post primary eligibility pathway.*

Address: 1255 Northland Drive
St. Paul, Minnesota, 55120-1155
Phone: (651) 687-0048
Web Site: www.arrt.org

APPENDIX B

Ethical professional conduct is expected of every member of the American Society of Radiologic Technologists and every individual registered by the American Registry of Radiologic Technologists. As a guide, the ASRT and the ARRT have issued a code of ethics for their members and registrants. By following the principles embodied in this code, radiologic technologists will protect the integrity of the profession and enhance the delivery of patient care.

Adherence to the code of ethics is only one component of each radiologic technologist's obligation to advance the values and standard of their profession. Technologists also should take advantage of activities that provide opportunities for personal growth while enhancing their competence as caregivers. These activities may include participating in research projects, volunteering in the community, sharing knowledge with colleagues through professional meetings and conferences, serving as an advocate for the profession on legislative issues and participating in other professional development activities.

By exhibiting high standards of ethics and pursuing professional development opportunities, radiologic technologists will demonstrate their commitment to quality patient care.

ARRT STANDARDS OF ETHICS

Last Revised: September 1, 2023

Published: September 1, 2023

PREAMBLE

The *Standards of Ethics* of The American Registry of Radiologic Technologists (ARRT) shall apply solely to persons that are either currently certified and registered by ARRT or that were formerly certified and registered by ARRT, and to persons applying for certification and registration by ARRT (including persons who submit an Ethics Review Preapplication) in order to become Candidates. Radiologic Technology is an umbrella term that is inclusive of the disciplines of radiography, nuclear medicine technology, radiation therapy, cardiovascular-interventional radiography, mammography, computed tomography, magnetic resonance imaging, quality management, sonography, bone densitometry, vascular sonography, cardiac-interventional radiography, vascular-interventional radiography, breast sonography, and radiologist assistant. The Standards of Ethics are intended to be consistent with the Mission Statement of ARRT, and to promote the goals set forth in the Mission Statement.

STATEMENT OF PURPOSE

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

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

A. ARRT & ASRT CODE OF ETHICS

The Code of Ethics forms the first part of the *Standards of Ethics*. The Code of Ethics shall serve as a guide by which Registered Technologists and Candidates may evaluate their professional conduct as it relates to patients, healthcare consumers, employers, colleagues, and other members of the healthcare team. The Code of Ethics is intended to assist Registered Technologists and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

- **PRINCIPLE 1:**
The Registered Technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
- **PRINCIPLE 2:**
The Registered Technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
- **PRINCIPLE 3:**
The Registered Technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, familial status, disability, sexual orientation, gender identity, veteran status, age, or any other legally protected basis.
- **PRINCIPLE 4:**
The Registered Technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
- **PRINCIPLE 5:**
The Registered Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.

- **PRINCIPLE 6:**
The Registered Technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
- **PRINCIPLE 7:**
The Registered Technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
- **PRINCIPLE 8:**
The Registered Technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
- **PRINCIPLE 9:**
The Registered Technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
- **PRINCIPLE 10:**
The Registered Technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.
- **PRINCIPLE 11:**
The Registered Technologist refrains from the use of illegal drugs and/or any legally controlled substances which result in impairment of professional judgment and/or ability to practice radiologic technology with reasonable skill and safety to patients.

B. RULES OF ETHICS

The Rules of Ethics form the second part of the *Standards of Ethics*. They are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and Candidates. ARRT certification and registration demonstrates to the medical community and the public that an individual is qualified to practice within the profession. The Rules of Ethics are intended to promote the protection, safety, and comfort of patients. Accordingly, it is essential that Registered Technologists and Candidates act consistently with these Rules.

The Rules of Ethics are enforceable. Registered Technologists are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence or during their annual renewal of certification and registration, whichever comes first. Applicants for certification and registration are required to notify ARRT of any ethics violation, including state licensing issues and criminal charges and convictions, within 30 days of the occurrence.

Registered Technologists and Candidates engaging in any of the following conduct or activities, or who permit the occurrence of the following conduct or activities with respect to them, have violated the Rules of Ethics and are subject to sanctions as described hereunder:

The titles and headings are for convenience only, and shall not be used to limit, alter or interpret the language of any Rule.

Fraud or Deceptive Practices

Fraud Involving Certification and Registration

1. Employing fraud or deceit in procuring or attempting to procure, maintain, renew, or obtain or reinstate certification and registration as issued by ARRT; employment in radiologic technology; or a state permit, license, or registration certificate to practice radiologic technology. This includes altering in any respect any document issued by ARRT or any state or federal agency, or by indicating in writing certification and registration with ARRT when that is not the case.

Fraudulent Communication Regarding Credentials

2. Engaging in false, fraudulent, deceptive, or misleading communications to any person regarding any individual's education, training, credentials, experience, or qualifications, or the status of any individual's state permit, license, or registration certificate in radiologic technology or certification and registration with ARRT.

Fraudulent Billing Practices

3. Knowingly engaging or assisting any person to engage in, or otherwise participating in, abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

Subversion

Examination / CQR Subversion

4. Subverting or attempting to subvert ARRT's examination process, and/or ARRT's Education Requirements, including the Structured Self-Assessments (SSA) that are part of the Continuing Qualifications Requirements (CQR) process. Conduct that subverts or attempts to subvert ARRT's examination, Education Requirements and/or CQR or SSA processes, includes but is not limited to:
 - i. disclosing examination and/or CQR SSA information using language that is substantially similar to that used in questions and/ or answers from ARRT examinations and/or CQR SSA when such information is gained as a direct result of having been an examinee or a participant in a CQR SSA or having communicated with an examinee or a CQR participant; this includes, but is not limited to, disclosures to students in educational programs, graduates of

educational programs, educators, anyone else involved in the preparation of Candidates to sit for the examinations, or CQR participants; and/or

- ii. soliciting and/or receiving examination and/or CQR SSA information that uses language that is substantially similar to that used in questions and/or answers on ARRT examinations or CQR SSA from an examinee, or a CQR participant, whether requested or not; and/or
- iii. copying, publishing, reconstructing (whether by memory or otherwise), reproducing or transmitting any portion of examination and/or CQR SSA materials by any means, verbal or written, electronic or mechanical, without the prior express written permission of ARRT or using professional, paid or repeat examination takers and/or CQR SSA participants, or any other individual for the purpose of reconstructing any portion of examination and/or CQR SSA materials; and/or
- iv. using or purporting to use any portion of examination and/or CQR SSA materials that were obtained improperly or without authorization for the purpose of instructing or preparing any Candidate for examination or participant for CQR SSA; and/or
- v. selling or offering to sell, buying or offering to buy, or distributing or offering to distribute any portion of examination and/or CQR SSA materials without authorization; and/or
- vi. removing or attempting to remove examination and/or CQR SSA materials from an examination or SSA room; and/or
- vii. having unauthorized possession of any portion of or information concerning a future, current, or previously administered examination or CQR SSA of ARRT; and/or
- viii. disclosing what purports to be, or what you claim to be, or under all circumstances is likely to be understood by the recipient as, any portion of or “inside” information concerning any portion of a future, current, or previously administered examination or CQR SSA of ARRT; and/or
- ix. communicating with another individual during administration of the examination or CQR SSA for the purpose of giving or receiving help in answering examination or CQR SSA questions, copying another Candidate’s or CQR participant’s answers, permitting another Candidate or a CQR participant to copy one’s answers, or possessing or otherwise having access to unauthorized materials including, but not limited to, notes, books, mobile devices, computer and/or tablets during administration of the examination or CQR SSA; and/or

- x. impersonating a Candidate, or a CQR participant, or permitting an impersonator to take or attempt to take the examination or CQR SSA on one's own behalf; and/or
- xi. using any other means that potentially alters the results of the examination or CQR SSA such that the results may not accurately represent the professional knowledge base of a Candidate, or a CQR participant.

Education Requirements Subversion

- 5. Subverting, attempting to subvert, or aiding others to subvert or attempt to subvert *ARRT's Education Requirements for Obtaining and Maintaining Certification and Registration* ("Education Requirements"), including but not limited to, continuing education (CE), clinical experience and competency requirements, structured education activities, and/or Continuing Qualifications Requirements (CQR). Conduct that subverts or attempts to subvert ARRT's Education Requirements or CQR Requirements includes, but is not limited to:
 - i. providing false, inaccurate, altered, or deceptive information related to CE clinical experience or competency requirements, structured education or CQR activities to ARRT or an ARRT recognized record-keeper; and/or
 - ii. assisting others to provide false, inaccurate, altered, or deceptive information related to education requirements or CQR activities to ARRT or an ARRT recognized record-keeper; and/or
 - iii. conduct that results or could result in a false or deceptive report of CE, clinical experience or competency requirements, structured education activities or CQR completion; and/or
 - iv. conduct that in any way compromises the integrity of ARRT's education requirements, including, but not limited to, CE, clinical experience and competency requirements, structured education activities, or CQR Requirements such as sharing answers to the post-tests or self-learning activities, providing or using false certificates of participation, or verifying credits that were not earned or clinical procedures that were not performed.

Failure to Cooperate with ARRT Investigation

- 6. Subverting or attempting to subvert ARRT's certification and registration processes by:
 - i. making a false statement or knowingly providing false information to ARRT;
or
 - ii. failing to cooperate with any investigation by ARRT in full or in part.

Unprofessional Conduct

Failure to Conform to Minimal Acceptable Standards

7. Engaging in unprofessional conduct, including, but not limited to:
 - i. a departure from or failure to conform to applicable federal, state, or local governmental rules regarding radiologic technology practice or scope of practice; or, if no such rule exists, to the minimal standards of acceptable and prevailing radiologic technology practice.
 - ii. any radiologic technology practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient or the public need not be established under this clause.

Sexual Misconduct

9. Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient. This also applies to any unwanted sexual behavior, verbal or otherwise.

Unethical Conduct

10. Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public; or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

Scope of Practice

Technical Incompetence

11. Performing procedures which the individual is not competent to perform through appropriate training and/or education or experience unless assisted or personally supervised by someone who is competent (through training and/or education or experience).

Improper Supervision in Practice

12. Knowingly assisting, advising, or allowing a person without a current and appropriate state permit, license, registration, or ARRT certification and registration to engage in the practice of radiologic technology, in a jurisdiction that mandates such requirements.

Improper Delegation or Acceptance of a Function

13. Delegating or accepting the delegation of a radiologic technology function or any other prescribed healthcare function when the delegation or acceptance could reasonably be expected to create an unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

Fitness to Practice

Actual or Potential Inability to Practice

13. Actual or potential inability to practice radiologic technology with reasonable skill and safety to patients by reason of illness; use of alcohol, drugs, chemicals, or any other material; or as a result of any mental or physical condition.

Inability to Practice by Judicial Determination

14. Adjudication as mentally incompetent, mentally ill, chemically dependent, or dangerous to the public, by a court of competent jurisdiction.

Improper Management of Patient Records

False or Deceptive Entries

15. Improper management of records, including failure to maintain adequate patient records or to furnish a patient record or report required by law; or making, causing, or permitting anyone to make false, deceptive, or misleading entry in any patient record and/or any quality control record.

Failure to Protect Confidential Patient Information

16. Revealing a privileged communication from or relating to a former or current patient, except when otherwise required or permitted by law, or viewing, using, releasing, or otherwise failing to adequately protect the security or privacy of confidential patient information.

Knowingly Providing False Information

17. Knowingly providing false or misleading information that is directly related to the care of a former or current patient.

Violation of State or Federal Law or Regulatory Rule

Narcotics or Controlled Substances Law

18. Violating a state or federal narcotics or controlled substance law, even if not charged or convicted of a violation of law.

Regulatory Authority or Certification Board Rule

19. Violating a rule adopted by a state or federal regulatory authority or certification board resulting in the individual's professional license, permit, registration or certification being denied, revoked, suspended, placed on probation or a consent agreement or order, voluntarily surrendered, subjected to any conditions, or failing to report to ARRT any of the violations or actions identified in this Rule.

Criminal Proceedings

20. Convictions, criminal proceedings, or military courts-martial as described below:
 - i. conviction of a crime, including, but not limited to, a felony, a gross misdemeanor, or a misdemeanor; and/or
 - ii. criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld, deferred, or not entered or the sentence is suspended or stayed; or a criminal proceeding where the individual enters an Alford plea, a plea of guilty or nolo contendere (no contest); or where the individual enters into a pre-trial diversion activity; and/or
 - iii. military courts-martial related to any offense identified in these Rules of Ethics; and/or
 - iv. required sex offender registration.

Duty to Report

Failure to Report Violation

21. Knowing of a violation or a probable violation of any Rule of Ethics by any Registered Technologist or Candidate and failing to promptly report in writing the same to ARRT.

Failure to Report Error

22. Failing to immediately report to the Registered Technologist's or Candidate's supervisor information concerning an error made in connection with imaging, treating, or caring for a patient. For purposes of this rule, errors include any departure from the standard of care that reasonably may be considered to be

potentially harmful, unethical, or improper (commission). Errors also include behavior that is negligent or should have occurred in connection with a patient's care, but did not (omission). The duty to report under this rule exists whether or not the patient suffered any injury.

C. ADMINISTRATIVE PROCEDURES

These Administrative Procedures provide for the structure and operation of the Ethics Committee; they detail procedures followed by the Ethics Committee and by the Board of Trustees of ARRT in administering challenges raised under the Rules of Ethics, and in handling matters relating to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *Rules and Regulations of ARRT*, in which case, there is no right to a hearing) or the denial of renewal or reinstatement of certification and registration. All Registered Technologists and Candidates are required to comply with these Administrative Procedures. All Registered Technologists and Candidates are expected to conduct themselves in a professional and respectful manner in their interactions with the ARRT Board of Trustees, Ethics Committee and/or staff. Failure to cooperate with the Ethics Committee or the Board of Trustees may be considered by the Ethics Committee and by the Board of Trustees according to the same procedures and with the same sanctions as failure to observe the Rules of Ethics.

1. Ethics Committee

(a) Membership and Responsibilities of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints three Trustees to serve as members of the Ethics Committee, each such person to serve on the Committee until removed and replaced by the President, with the approval of the Board of Trustees, at any time, with or without cause. The President, with the approval of the Board of Trustees, will also appoint a fourth, alternate member to the Committee. In the event that the full Committee is not available for a meeting, an alternate member may participate on the Committee. If an alternate member is not available, the remaining members of the Committee will hold the meeting and act irrespective of the composition of the Committee. The Ethics Committee is responsible for: (1) investigating and reviewing each alleged violation of the Rules of Ethics and determining whether a Registered Technologist or Candidate has failed to observe the Rules of Ethics and determining an appropriate sanction; and (2) periodically assessing the Code of Ethics, Rules of Ethics, and Administrative Procedures and recommending any amendments to the Board of Trustees.

(b) The Chair of the Ethics Committee

The President, with the approval of the Board of Trustees, appoints one member of the Ethics Committee as the Committee's Chair to serve for a maximum term of two years as the principal administrative officer responsible for management of the promulgation, interpretation, and enforcement of the *Standards of Ethics*. In the event that the Chair is not available for a meeting, the Chair may appoint any remaining member to act as Chair. The President may remove and

replace the Chair of the Committee, with the approval of the Board of Trustees, at any time, with or without cause. The Chair presides at and participates in meetings of the Ethics Committee and is responsible directly and exclusively to the Board of Trustees, using staff, legal counsel, and other resources necessary to fulfill the responsibilities of administering the *Standards of Ethics*.

(c) Preliminary Screening of Potential Violations of the Rules of Ethics

The Chair of the Ethics Committee shall review each alleged violation of the Rules of Ethics that is brought to the attention of the Ethics Committee. If, in the sole discretion of the Chair: (1) there is insufficient information upon which to base a charge of a violation of the Rules of Ethics; or (2) the allegations against the Registered Technologist or Candidate are patently frivolous or inconsequential; or (3) the allegations, if true, would not constitute a violation of the Rules of Ethics, the Chair may summarily dismiss the matter. The Chair may be assisted by staff and/or legal counsel of ARRT. The Chair shall report each such summary dismissal to the Ethics Committee.

At the Chair's direction and upon request, the Chief Executive Officer of ARRT shall have the power to investigate allegations regarding the possible settlement of an alleged violation of the Rules of Ethics. The Chief Executive Officer may be assisted by staff members and/or legal counsel of ARRT. The Chief Executive Officer is not empowered to enter into a binding settlement, but rather may convey and/or recommend proposed settlements to the Ethics Committee. The Ethics Committee may accept the proposed settlement, make a counterproposal to the Certificate Holder or Candidate, or reject the proposed settlement and proceed under these Administrative Procedures.

2. Hearings

Whenever ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the *ARRT Rules and Regulations*, in which case there is no right to a hearing) or of an application for renewal or reinstatement of certification and registration, or in connection with the revocation or suspension of certification and registration, or the censure of a Registered Technologist or Candidate for an alleged violation of the Rules of Ethics, it shall give written notice thereof to such person, specifying the reasons for such proposed action. A Registered Technologist or Candidate to whom such notice is given shall have 30 days from the date the notice of such proposed action is mailed to make a written request for a hearing. The written request for a hearing must be accompanied by a nonrefundable hearing fee in an amount to be determined by ARRT. In rare cases, the hearing fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for a hearing and to remit the hearing fee (unless the hearing fee is waived in writing by ARRT) within such period or submission of a properly executed Hearing Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or the Board of Trustees pursuant to such notice. A Registered Technologist or Candidate who requests a hearing in the manner prescribed above shall advise the Ethics Committee of the intention to appear at the hearing. A Registered Technologist or Candidate who requests a hearing may elect to appear in person, via teleconference, videoconference, or by a written submission which shall be verified or acknowledged under oath.

A Registered Technologist or Candidate may waive the 30-day timeframe to request a hearing. To request a waiver of the 30-day timeframe, the Registered Technologist or Candidate must complete a Hearing Waiver form that is available on the ARRT website at www.rrt.org. The Hearing Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Hearing Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the hearing waiver is processed.

Failure to appear at the hearing in person or via teleconference, videoconference, or to supply a written submission in response to the charges shall be deemed a default on the merits and shall be deemed consent to whatever action or disciplinary measures that the Ethics Committee determines to take. Hearings shall be held at such date, time, and place as shall be designated by the Ethics Committee or the Chief Executive Officer. The Registered Technologist or Candidate shall be given at least 30 days' notice of the date, time, and place of the hearing. The hearing is conducted by Ethics Committee members other than any members of the Ethics Committee who believe for any reason that they would be unable to render an objective and unbiased decision. In the event of such disqualification, the President may appoint Trustees to serve on the Ethics Committee for the sole purpose of participating in the hearing and rendering a decision. At the hearing, ARRT shall present the charges against the Registered Technologist or Candidate in question, and the facts and evidence of ARRT in respect to the basis or bases for the proposed action or disciplinary measure. The Ethics Committee may be assisted by legal counsel. The Registered Technologist or Candidate in question, by legal counsel or other representative (at the sole expense of the Registered Technologist or Candidate in question), shall have up to 30 minutes to present testimony, and be heard in the Registered Technologist's or Candidate's own defense; to call witnesses; hear the testimony of and to cross-examine any witnesses appearing at such hearing; and to present such other evidence or testimony as the Ethics Committee shall deem appropriate to do substantial justice. Any information may be considered that is relevant or potentially relevant. The Ethics Committee will be afforded 15 minutes in addition to any unused time remaining from the Registered Technologist's or Candidate's time allotment, to ask questions and shall not be bound by any state or ARRT © September 2023 Standards of Ethics Page 8 of 11 federal rules of evidence. The Registered Technologist or Candidate in question shall have the right to make a closing statement before the close of the hearing. A transcript or an audio recording of the hearing testimony is made for in person, teleconference, and videoconference hearings only. Ethics Committee deliberations are not recorded.

In the case where ARRT proposes to take action in respect to the denial of an application for certification and registration (for reasons other than failure to meet the criteria as stated in Article II, Sections 2.03 and 2.04 of the Rules and Regulations of ARRT) or the denial of renewal or reinstatement of certification and registration, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter and request the Registered Technologist or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether grounds exist for the denial of an application for certification and registration or renewal or reinstatement of certification and registration, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

In the case of alleged violations of the Rules of Ethics by a Registered Technologist or Candidate, the Ethics Committee shall assess the evidence presented at the hearing, or continue the matter

and request the Certificate Holder or Candidate provide additional evidentiary information prior to making its decision, and shall subsequently prepare written findings of fact and its determination as to whether there has been a violation of the Rules of Ethics and, if so, the appropriate sanction, and shall promptly transmit the same to the Registered Technologist or Candidate in question and to the Board of Trustees at the next Board of Trustees meeting.

Potential actions available to the Ethics Committee are set forth in Section 4 (Range of Actions). Unless a timely appeal from any findings of fact and determination by the Ethics Committee is taken to the Board of Trustees in accordance with Section 3 below (Appeals), the Ethics Committee's findings of fact and determination in any matter (including the specified sanction) shall be final and binding upon the Registered Technologist or Candidate in question.

3. Appeals

Except as otherwise noted in these Administrative Procedures, the Registered Technologist or Candidate may appeal any decision of the Ethics Committee to the Board of Trustees by submitting a written request for an appeal within 30 days after the decision of the Ethics Committee is mailed. The written request for an appeal must be accompanied by a nonrefundable appeal fee in an amount to be determined by ARRT. In rare cases, the appeal fee may be waived, in whole or in part, at the sole discretion of ARRT.

Failure to make a written request for an appeal and to remit the appeal fee (unless the appeal fee is waived in writing by ARRT) within such period or submission of a properly executed Appeal Waiver form within such period shall constitute consent to the action taken by the Ethics Committee or Board of Trustees pursuant to such notice.

A Registered Technologist or Candidate may waive the 30-day timeframe to request an appeal. To request a waiver of the 30-day timeframe, the Registered Technologist or Candidate must complete an Appeal Waiver form that is available on the ARRT website at www.rrt.org. The Appeal Waiver form must be signed by the Registered Technologist or Candidate, notarized, and submitted to ARRT. The Chief Executive Officer of ARRT shall have the authority to receive, administer, and grant the Appeal Waiver form and may be assisted by staff members and/or legal counsel of ARRT. Any sanction proposed by the Ethics Committee would become effective on the date the appeal waiver is processed.

In the event of an appeal, those Trustees who participated in the hearing of the Ethics Committee shall not participate in the appeal. The remaining members of the Board of Trustees, other than any members who believe for any reason that they would be unable to render an objective and unbiased decision, shall consider the decision of the Ethics Committee, the files and records of ARRT applicable to the case at issue, and any written appellate submission of the Registered Technologist or Candidate in question, and shall determine whether to affirm or to modify the decision of the Ethics Committee or to remand the matter to the Ethics Committee for further consideration. In making such determination to affirm or to modify, findings of fact made by the Ethics Committee shall be conclusive if supported by any evidence. The Board of Trustees may grant re-hearings, hear additional evidence, or request that ARRT or the Registered Technologist or Candidate in question provide additional information in such manner, on such issues, and within such time as it may prescribe.

All hearings and appeals provided for herein shall be private at all stages. It shall be considered an act of professional misconduct for any Registered Technologist or Candidate to make an

unauthorized publication or revelation of the same, except to the Registered Technologist's or Candidate's attorney or other representative, immediate superior, or employer.

4. Range of Actions

(a) No Action

A determination of no action means that there is little or no evidence to substantiate that a violation even occurred. In a situation lacking even a preponderance of evidence, the complaint is determined to be unsubstantiated.

(b) Clear

A determination that there was a violation of the Rules of Ethics but that no further action will be taken against a person's eligibility for certification and registration or for continued certification and registration. The determination of cleared/eligible can be made administratively by staff, by the Chair, or by the Committee depending on the nature of the violation and existing policies addressing authority for taking action. After a violation has been cleared, the applicant or registrant will not be required to report the violation in the future.

(c) Private Reprimands

A private reprimand is a reprimand that is between the individual and ARRT and is not reported to the public. Private reprimands allow for continued certification and registration.

(d) Public Reprimands

A public reprimand is a sanction that is published on ARRT's website for a period of one year. Public reprimands allow for continued certification and registration.

(e) Conditional

Conditional status may be assigned administratively to Candidates and/or R.T.s in those cases where there are additional requirements that need to be met before the ethics file can be closed (e.g., conditions mandated by the court, regulatory authority and/or Ethics Committee). Conditional status is an administrative action and is not considered adverse.

(f) Suspensions

Suspension is the temporary removal of an individual's certification and registration in all categories for up to one year.

(g) Summary Suspensions

Summary suspension is an immediate suspension of an individual's certification and registration in all categories. If an alleged violation of the Rules of Ethics involves the occurrence, with respect to a Registered Technologist, of an event described in the Rules of Ethics, or any other event that the Ethics Committee determines would, if true, potentially pose harm to the health, safety, or well-being of any patient or the public, then, notwithstanding anything apparently or

expressly to the contrary contained in these Administrative Procedures, the Ethics Committee may, without prior notice to the Registered Technologist and without a prior hearing, summarily suspend the certification and registration of the individual pending a final determination under these Administrative Procedures with respect to whether the alleged violation of the Rules of Ethics in fact occurred. Within five working days after the Ethics Committee summarily suspends the certification and registration of an individual in accordance with this provision, the Ethics Committee shall, by expedited delivery or certified mail, return receipt requested, give to the individual written notice that describes: (1) the summary suspension; (2) the reason or reasons for it; and (3) the right of the individual to request a hearing with respect to the summary suspension by written notice to the Ethics Committee, which written notice must be received by the Ethics Committee not later than 15 days after the date of the written notice of summary suspension by the Ethics Committee to the individual. If the individual requests a hearing in a timely manner with respect to the summary suspension, the hearing shall be held before the Ethics Committee or a panel comprised of no fewer than two members of the Ethics Committee as promptly as practicable, but in any event within 30 days after the Ethics Committee's receipt of the individual's request for the hearing, unless both the individual and the Ethics Committee agree to a postponement beyond the 30-day period. The Ethics Committee has the absolute discretion to deny any request for a postponement and to proceed to a hearing with or without the participation of the individual. The applicable provisions of Section 2 (Hearings) of these Administrative Procedures shall govern all hearings with respect to summary suspensions, except that neither a determination of the Ethics Committee, in the absence of a timely ARRT © September 2023 Standards of Ethics Page 10 of 11 request for a hearing by the affected individual, nor a determination by the Ethics Committee or a panel, following a timely requested hearing, is appealable to the Board of Trustees.

(h) Ineligible

An individual may be determined ineligible to obtain or renew certification and registration or ineligible for reinstatement of certification and registration. The time frame may be time limited or permanent.

(i) Revocation

Revocation removes the individual's certification and registration in all categories. The time frame may be time limited or permanent.

(j) Alternative Dispositions

An Alternative Disposition ("AD") is a contract between an individual and the ARRT (as represented by the Ethics Committee) that allows for continued certification and registration in lieu of revocation, provided the individual performs certain requirements, including, but not limited to, providing documentation, attending counseling and/or submitting to random drug and/or alcohol screening. A Registered Technologist or Candidate who voluntarily enters into an Alternative Disposition Agreement agrees to waive all rights set forth in these Administrative Procedures.

(k) Deny Removal of a Sanction

After a predetermined time, an individual may request removal of a sanction that had been previously imposed by the Committee. Sufficient compelling evidence must be provided to convince the Committee the sanction should be removed or modified. If evidence is not provided, the Committee may deny removal of the sanction. Situations that may result in denial of a sanction removal request include: additional violations of the Rules of Ethics after the sanction was imposed, failure to demonstrate that there has been adequate rehabilitation, and/or continued denial of responsibility.

(l) Civil or Criminal Penalties

Conduct that violates ARRT's Rules of Ethics may also violate applicable state or federal law. In addition to the potential sanctions under the Standards of Ethics, ARRT may, without giving prior notice, pursue civil and/or criminal penalties.

5. Publication of Adverse Decisions

Summary suspensions and final decisions (other than private reprimands and Alternative Dispositions) that are adverse to a Registered Technologist or Candidate will be communicated to the appropriate authorities of certification organizations and state licensing agencies and provided in response to written inquiries into an individual's certification and registration status. The ARRT shall also have the right to publish any final adverse decisions and summary suspensions and the reasons therefore. For purposes of this paragraph, a "final decision" means and includes: a determination of the Ethics Committee relating to an adverse decision if the affected individual did not request a hearing in a timely manner; a non-appealable decision of the Ethics Committee; an appealable decision of the Ethics Committee from which no timely appeal is taken; and, the decision of the Board of Trustees in a case involving an appeal of an appealable decision of the Ethics Committee.

6. Procedure to Request Removal of a Sanction

A sanction imposed by ARRT, including a sanction specified in a Settlement Agreement, specifically provides a sanction time frame and it shall be presumed that a sanction may only be reconsidered after the time frame has elapsed. At any point after a sanction first becomes eligible for reconsideration, the individual may submit a written request ("Request") to ARRT asking the Ethics Committee to remove the sanction. The Request must be accompanied by a nonrefundable fee in an amount to be determined by ARRT. A Request that is not accompanied by the fee will be returned to the individual and will not be considered. In rare cases, the fee may be waived, in whole or in part, at the sole discretion of ARRT. The individual is not entitled to make a personal appearance before the Ethics Committee in connection with a Request to remove a sanction or to modify a Settlement Agreement.

Although there is no required format, Requests for both sanction removal and Settlement Agreement modification must include compelling reasons justifying the removal of the sanction or modification of the Settlement Agreement. It is recommended that the individual demonstrate at least the following: (1) an understanding of the reasons for the sanction; (2) an understanding of why the action ARRT © September 2023 Standards of Ethics Page 11 of 11 leading to the sanction was felt to warrant the sanction imposed; and (3) detailed information demonstrating that

the individual's behavior has improved and similar activities will not be repeated. Letters of recommendation from individuals, who are knowledgeable about the person's sanction imposed; and current character and behavior, including efforts at rehabilitation, are advised. If a letter of recommendation is not on original letterhead or is not duly notarized, the Ethics Committee shall have the discretion to ignore that letter of recommendation.

Removal of the sanction is a prerequisite to apply for certification and registration. If, at the sole discretion of the Ethics Committee, the sanction is removed, the individual will be allowed to pursue certification and registration via the policies and procedures in place at that time as stated in Section 6.05 of the ARRT Rules and Regulations.

If the Ethics Committee denies a Request for removal of the sanction or modification of a Settlement Agreement, the decision is not subject to a hearing or to an appeal, and the Committee will not reconsider removal of the sanction or modification of the Settlement Agreement for as long as is directed by the Committee.

7. Amendments to the Standards of Ethics

The ARRT reserves the right to amend the *Standards of Ethics* following the procedures under Article XII, Section 12.02 of the *ARRT Rules and Regulations*.

APPENDIX C

ADA Policy

Policy Number: 735

Purpose:

The Americans with Disabilities Act of 1990 and the Americans with Disabilities Act Amendments Act of 2008 (hereinafter "ADA") prohibit employers with 15 or more employees from discriminating against applicants and individuals with disabilities. The ADA also requires employers to provide reasonable accommodations to qualified individuals with disabilities who are employees or applicants for employment, except when such accommodations would cause an undue hardship. It is the policy of Avera to comply with all applicable provisions of the ADA.

Policy Statement:

Avera shall not discriminate against a qualified individual with a disability in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment. Avera specifically prohibits all forms of discrimination prohibited by the ADA, including but not limited to, failing or refusing to provide reasonable accommodations to qualified employees with a disability.

Policy Scope:

This Policy will apply to all owned and leased Avera entities.

Definitions:

The following terms have been defined according to the ADA:

"Disability": A physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.

"Major life activities": Include, but are not limited to: caring for oneself; performing manual tasks; seeing; hearing; eating; sleeping; walking; standing; sitting; reaching; lifting; bending; speaking; breathing; learning; reading; concentrating; thinking; communicating; interacting with others; and working. The ADA also includes the term "major bodily functions", which may include, but are not limited to: functions of the immune system, special sense organs, and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive functions. The operation of a major bodily function also includes the operation of an individual organ within a body system.

"Substantially limits": Unable to perform a major life activity as compared to most people in the general population. An impairment need not prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting. The determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it substantially limits a major life activity when active.

"Direct threat": A significant risk to the health or safety of individuals with disabilities or others that cannot be eliminated by reasonable accommodation.

"Employee": An individual who has been hired by any Avera owned or leased entity and includes temporary or contract employees.

"Essential functions of the job": Those job activities that are determined by Avera to be essential or core to performing the job. Essential functions are the basic job duties that an employee must be able to perform with or without reasonable accommodation. Essential functions of the job are defined for each position within an Avera Position Description.

"Qualified individual": An individual who, with or without reasonable accommodation, can perform the essential functions of the employment position that such individual holds or desires.

"Reasonable accommodations": Any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal employment opportunities. There are three categories of reasonable accommodation: (1) modifications or adjustments to a job application process that enable a qualified applicant with a disability to be considered for the position such qualified applicant desires; (2) modifications or adjustments to the work environment or to the manner or circumstances under which the position held or desired is customarily performed that enable a qualified individual with a disability to perform the essential functions of that position; or (3) modifications or adjustments that enabled an employee with a disability to enjoy equal benefits and privileges of employment as are enjoyed by its other similarly situated employees without disabilities. Avera is not required to offer or provide an accommodation when such accommodation would cause undue hardship to Avera. Avera is not

required to remove or alter a job's essential functions or lower production or performance standards to make an accommodation.

"Undue hardship": An action requiring significant difficulty or expense by Avera. Undue hardship means that an accommodation would be unduly costly, extensive, substantial, or disruptive, or would fundamentally alter the nature or operation of Avera's business. In determining whether an accommodation would impose an undue hardship on Avera, factors to be considered include, but are not limited to: the nature and cost of the accommodation; Avera's size and the nature and structure of its operation; the overall financial resources of Avera; and the impact of such accommodation upon Avera's operation. Undue hardship situations will be determined on a case-by-case basis by Avera Human Resources (HR) and/or Administration in consultation with the Avera Office of General Counsel (OGC).

Policy Implementation:

It is the policy of Avera to comply with all federal and state laws concerning the employment of persons with disabilities and act in accordance with regulations and guidance issued by the U.S. Equal Employment Opportunity Commission (EEOC). Furthermore, it is Avera's policy not to discriminate against qualified individuals with disabilities in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment.

When a qualified applicant with a disability requests an accommodation and can be reasonably accommodated without creating an undue hardship to Avera, he/she will be given the same consideration for employment as any other applicant. Qualified applicants (or their representatives) should contact HR with any questions or requests for accommodation.

Avera will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so creates an undue hardship to Avera and/or poses a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation. Qualified employees (or their representatives) should contact their leaders and/or HR with any questions or requests for accommodation.

All employees are required to comply with Avera's safety standards. Current employees who pose a direct threat to the health and/or safety of themselves or other individuals in the workplace will be placed on appropriate leave until an organizational decision has been made in regard to each employee's immediate employment situation.

Individuals who are currently using illegal drugs are excluded from coverage under this Policy.

HR is responsible for implementing this Policy, including resolution of reasonable accommodation, safety/direct threat, and undue hardship issues. HR shall consult with the OGC as necessary.

Procedure for Employees:

1. Requests for Accommodation:

If an employee, due to a disability, requires a reasonable accommodation in order to perform the essential functions of the position, he/she (or designated representative) should notify the leader and/or HR and provide a verbal or written statement indicating the nature of the claimed physical or mental disability and identify the abilities and limitations with respect to the claimed disability. This request should include the following information:

- a. The reason the employee believes he/she needs an accommodation including a statement of the limitations and restrictions imposed by the disability;
- b. The job duties or assignments the employee is having difficulty performing;
- c. A description of the accommodation requested by the employee; and
- d. A statement as to how the accommodation will help the employee perform the essential functions of the job. This requested information will be fully discussed during the Interactive Process as set forth below. An accommodation does not have to be requested at the beginning of employment and may be made at any time. However, an accommodation request will not cancel out any prior performance improvement or disciplinary actions.

2. Reasonable Accommodations:

Accommodations will be determined on a case-by-case basis. There are a number of possible reasonable accommodations that Avera may provide in connection with modifications to the work environment or adjustments in how and when a job is performed. Any of the following may constitute a reasonable accommodation depending upon the circumstances:

- a. Modified job duties;
 - b. Job restructuring;
 - c. Part-time or modified work schedules;
 - d. Use of accrued paid leave or unpaid leave;
 - e. Reassignment to a vacant position; and/or
 - f. Acquisition or modification of assistive devices or technologies.
- The examples provided above are not meant to be all-inclusive and should not be construed as such.

3. Documentation for Accommodations:

When the disability and/or the need for accommodation is not obvious, Avera may require the employee to provide reasonable documentation from an appropriate health care or rehabilitation professional sufficient to establish the existence of a disability, functional limitations, and the need for reasonable accommodation. When requested, the employee will provide this documentation to HR as soon as practicable. All documentation received will become the property of Avera and will be maintained confidentially by HR in a separate ADA file.

4. Interactive Process:

Once Avera receives a request for an accommodation, Avera and the employee will engage in an informal process (the "Interactive Process") to discuss and clarify the employee's needs and identify the reasonable accommodation, if appropriate. Avera may ask the employee relevant questions about the request for an accommodation to enable Avera to make an informed decision about the request. The employee's preference of accommodation will be considered. However, Avera has the right to select among the accommodations available, as long as the chosen accommodation is reasonable and effective. Selection and implementation of the effective reasonable accommodation by Avera will occur as soon as reasonably possible. HR

will continue to communicate with the employee to discuss timelines for implementing the accommodation and any possible delays.

5. Job Performance Standards:

All employees will be responsible for acceptable performance and behavior standards required for their positions in accordance with all Avera policies. If an employee is reassigned to a vacant position as an accommodation, he/she will receive the necessary orientation and training for the new work area.

Procedure for Applicants:

If an applicant requires some change or adjustment to the application/interviewing process because of a disability, he/she (or designated representative) should contact HR to request an accommodation either verbally or in writing. If the applicant's need for an accommodation is in question, Avera may request documentation concerning the applicant's functional limitations to support the request. Avera and the applicant will engage in the Interactive Process to discuss and clarify the applicant's needs and identify the reasonable accommodation, if appropriate.

Complaints:

Avera is committed to ensuring compliance with the ADA. If an applicant or an employee has a complaint or report of unlawful employment discrimination, he/she should notify his/her leader, HR, and/or Administration as soon as practicable. Any applicant or employee is also entitled to make a complaint or report of unlawful employment discrimination to the EEOC. Avera will thoroughly and promptly investigate all complaints and reports of unlawful employment discrimination.

The EEOC may be contacted by calling 1-800-669-4000. Information about the EEOC and the ADA is available at eeoc.gov.

Exceptions:

None

Attachments: None

This policy was developed as a guide and is not intended to define any employment standard and does not suggest or provide contractual rights of employment. Unless otherwise prevented by law, Avera leaders may deviate from this guide to respond to individualized circumstances.

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

Appendix D

DECLARED PREGNANT WORKER

Policy Number: RS-101

A *declared pregnant woman* is defined as a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. This declaration must be kept on file. The declared pregnant worker has the right to retract declaration at any time.

The employee will receive counseling on the dangers of radiation and the methods for protection of the fetus.

The hospital shall ensure that the dose to the fetus of a declared pregnant woman, does not exceed 0.5 rem (500 mRem) during the gestation period.

The dose to the fetus is the sum of the declared pregnant woman, and the dose to the fetus from radionuclides in the fetus and declared pregnant women.

Special provisions are conducted within the Nuclear Medicine department to help decrease the exposures for this individual during the gestation period.

Procedures of relatively high radiation exposure within the Nuclear Medicine department will be performed by other individuals within the department, when possible.

A continuing review of these individuals' exposure records will be done so that corrective action to decrease exposures can be taken, if necessary.

If the dose to the fetus is found to have exceeded 0.5rem (500mRem) by the time the woman declares the pregnancy, the hospital is deemed to be in compliance if the additional dose to the fetus does not exceed 0.05 rem (50mRem) during the remainder of the pregnancy.

Reference:

- U.S. NRC 10 CFR 20



Appendix E

Avera Facilities
Declaration of Pregnancy

I, _____, do hereby state that I am voluntarily declaring that I am pregnant and have thoroughly read and understand the “Policy for Declared Pregnant Workers.”

My estimated date of delivery is (month/year) _____.

My estimated date of conception was (month/year) _____.

I understand the health risks to my unborn child from occupational radiation exposure and I wish to voluntarily continue my job duties as a _____.

I understand the declaration of pregnancy is voluntary and that it can be withdrawn, in writing, for any reason at any time thereafter.

I understand that by declaring my pregnancy in writing, for the remainder of my pregnancy, this Avera Facility will make every effort to limit the occupational radiation exposure to my unborn child to as low as reasonably achievable. The dose to fetus may not exceed 0.5 rem (5 mSv).

If the dose to the embryo/fetus is found to have exceeded 0.5 rem (5 mSv), or is within 0.05 rem (0.5 mSv) of this dose, by the time the woman declares the pregnancy to the licensee, the licensee shall be deemed to be in compliance, if the additional dose to the embryo/fetus does not exceed 0.05 rem (0.5 mSv) during the remainder of the pregnancy.

The dose to embryo/fetus shall be taken as the sum of:

1. The deep-dose equivalent to the declared pregnant woman; and
2. The dose equivalent to the embryo/fetus resulting from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman. (Bioassay results)

Employee Signature

Date

Department Supervisor

Date

Radiation Safety Officer

Date

APPENDIX F

2025-2027 Academic Calendar

Date

First Semester 2025 – 2026

September 1	Labor Day
September 2	1 st day of class new students
September 9	1 st day of class returning students
September 29	1 st year students begin clinicals
November 27 - 28	Thanksgiving Holiday
December 6	1 st year students start weekend clinicals
December 22 - Jan. 2	Vacation – Christmas Break
February 28	Last day of semester

Second Semester 2026

March 1	First day of second semester
March 19-20	Spring break
May 21	Last day of didactic classes for 1 st year students
May 25	Memorial Day
July 3 - 4	4 th of July Holiday
August 13	End of semester for 2 nd year students
August 21	GRADUATION
August 31	End of semester for 1 st year students

Third Semester 2026-2027

September 7	Labor Day
September 8	1 st day of class new students
September 15	1 st day of class returning students
Oct. 5	1 st year students begin clinicals
November 26 - 27	Thanksgiving Holiday
December 12*	1 st year students start weekend clinicals
December 22 - Jan. 2	Vacation – Christmas Break
February 28	Last day of semester
	*tentative first weekend of clinicals

Fourth Semester 2027

March 1	First day of second semester
March 18-19	Spring break
May 27	Last day of didactic classes for 1 st year students
May 31	Memorial Day
July 4 - 5	4 th of July Holiday
August 12	End of semester for 2 nd year students
August 20	GRADUATION
August 31	End of semester for 1 st year students

Winter Break – From December 22 – January 2 each year, the students will be off from class and clinical during this time. This time does not come out of their personal leave bank of hours.

Summer break 2026 – From May 25, 2026 to August 21, 2026, it is recommended that the first year students take 40 hours of vacation during this time. It is recommended that second year students take their 40 hours of vacation May 25-May 29, 2026.

Summer break 2027– From May 31, 2027 to August 20, 2027 it is recommended that the first year students take 40 hours of vacation during this time. Second year students take their 40 hours of vacation May 31-June 4, 2027.

This calendar is subject to change at the discretion of the Radiology School

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