

Moorpark College

Radiologic Technology

Student Handbook

Summer 2021



Name _____

Radiologic Technology Student Handbook

Table of Contents

Introduction

Mission Statement.....	5
Program Effectiveness Goals.....	5
Benchmarks	5
Student Learning Outcome Goals.....	5
Program Effectiveness Data	6
Accreditation and Agencies	6
Graduation requirements	6
Faculty and Affiliates Contact Information.....	7
Welcome and History.....	9

Section I Curriculum

Curriculum Guide.....	10
Curriculum Sequence Level I First Year.....	11
Curriculum Sequence Level II Second Year	12
Cost of Program	12
Philosophy	13
General Program Design	13
Program Course Sequence Level I Students.....	14
Program Course Sequence Level II Students	15

Section II Policies and Procedures

Concurrent Enrollment	16
Transfer of Courses	16
Transportation	16
Admission, readmission, and denial of admission.....	16
Suspension/Dismissal for Unsafe Behavior.....	17
Clinical Probation.....	17
Probation for clinical unsafe behavior.....	17
Course Repetition.....	17
Withdrawal/Failure.....	17
Advancement	18
Grading	18
Transfer-Advanced Placement.....	18
Advanced Placement Limited Permit X-ray Technician.....	18
ARRT Pre Application	19
Ethical Conduct for Radiologic Technologist	19
ARRT Code of Ethics	20
Faculty Expectations of Student Performance.....	21

Section III Clinical Policies

Attendance Policy	22
Make-up Exam/quiz Policy	23
Suspension/Dismissal	23
Program Grievance Policy	23
Requirements for Clinical Experience	24
Sites	25
Transportation	25
Confidentiality	25
Radiation Safety Policy	26
Pregnancy Policy.....	27
MRI Safety Policy.....	28
Mammography Policy	28
Communicable Disease Infection Control Policy	29
Unsafe Practice/Progress Notification.....	32
Student Complaint- Clinical Practicum.....	33
Non-Compliance JRCERT Standards	34
Complaint of Non-Compliant	34
Moorpark College Grievance Policy.....	35
Cheating, dishonesty, plagiarism	37
Recorders	37
Insurance-Health Accident	38
Workers Compensation	38
Injury during Clinical Practicum.....	38
Clinical Competency Requirements.....	39
Competency Evaluation.....	40
Clinical Progress Evaluation.....	40
Clinical Required Materials	40
Uniforms	40
Liability Insurance	41
Grooming	41
Physical/ Immunizations	41
CPR and Fire Card	41
Clinical Exam Log	42
Clinical Attendance Policy	42
Clinical Tardy Policy.....	43
Bereavement Policy.....	44
Clinical lab cancellation emergency or disaster.....	44
Direct Supervision Policy	45
Indirect Supervision Policy.....	45
Repeat Radiography Policy	45
Clinical Unsafe or Unacceptable Practice Act.....	45
Marker Policy.....	45

Section IV Support Services/Additional Opportunities

Class representatives (Student Reps)	46
Curriculum Committee	46
Advisory Committee	47
Evaluations and surveys by students	47
Student activities	48
Student Services	49
Disabled Students ACCESS	50
Library Electronic Resources	50
Employment	50
Graduation	50
Pictures, Pins, Invitations	50
Financial Aid	51
Sexual Harassment	51
Written assignments	52
Alcohol, Drugs, Emotional Illness, Smoking	52

Faculty Job Descriptions

Program Director	54
Clinical Coordinator	54
Clinical Preceptor	55

Appendix

Agreement to Abide by the Polices	58
Student Confidentiality Statement	59
Repeat Log Policy	59
Direct/indirect Supervision Policy	60
Marker Policy	61
Substance Abuse Testing Policy	62
Declaration of Pregnancy	63
Radiation Safety Policy	65
MRI Safety Policy	65
Moorpark College Energized Lab Policy	66
Moorpark College Mammography Policy	66
UPA documentation Form	67
Clinical Progress Evaluation Form	68
Clinical Progress Evaluation Explanation Form	70
Competency Exams Per Semester	73
ARRT Competency Requirements	73
General Diagnostic Competency Evaluation	77
MRI Protocol and Screening	78
JRCERT Standards	80
Student Injury Forms	96

Moorpark College Radiologic Technology Program

Goals Mission Statement

The mission of the Moorpark College Radiologic Technology Program is to prepare the student to graduate as a qualified, competent, compassionate radiographer and member of the health care team.

Program Effectiveness Goals

The program faculty will guide the student in the acquisition of the following skills, knowledge and values:

- G1. The graduate will be prepared for employment as a competent entry-level Radiologic Technologist who possesses the technical, anatomical, physiological and theoretical knowledge and cognitive skills required by the American Registry of Radiologic Technologists (ARRT).
- G2. The graduate will be prepared to pass the national (ARRT) certification examination for full licensure as a Radiologic Technologist.
- G3. The graduate will communicate effectively; with clients, health care team, and others in the health care setting with sensitivity to age, gender and cultural diversity.
- G4. The graduate will demonstrate critical thinking and problem-solving skills needed to provide safe, high quality client care.
- G5. The graduate will demonstrate professionalism and will be encouraged to pursue lifelong learning and membership in professional organizations.

Benchmarks

- ARRT pass rate of not less than 85% on first attempt within six months of graduation.
- Average program graduation and completion of not less than 70% per year.
- 75% of the sampled graduates, who seek employment, will obtain employment within one year of graduation.
- 90% of sampled employers will report satisfaction with entry level skills Moorpark College Radiologic Technology graduates.
- 90% of sampled employers will report satisfaction with communication skills of Moorpark College Radiologic Technology graduates.
- 90% of sampled employers will report satisfaction with critical thinking skills of Moorpark College Radiologic Technology graduates.
- 90% of the sampled graduates will rate the overall program as good to excellent.

Student Learning Outcome Goals

- G1. Students will demonstrate clinical competence when performing radiological procedures.
- G2. Students will communicate effectively with patients, health care team and others with sensitivity to age, gender and cultural diversity.
- G3. The student will demonstrate critical thinking and problem-solving skills needed to provide safe, high quality patient care.
- G4. The student will demonstrate professionalism and will be encouraged to pursue lifelong learning.
- G5. The student will graduate and be prepared for employment as a competent entry-level Radiologic Technologist.

Program Effectiveness Data

All program effectiveness data is posted on the college website:

Program effectiveness data is also in the attachments p.80

Graduation Requirements

Graduation is a certification that the program standards and curriculum requirements have been met and that the student has committed no act, which, if committed by a licensed person, would be grounds for disciplinary action. The requirements for graduation are:

1. All required general education courses are completed.
2. All required program courses have been completed with a grade of 75% or better.
3. All clinical competencies required by the American Registry of Radiologic Technology (ARRT) are completed.
4. The programs required number of clinical hours are completed.

Accreditation Agencies

- California Department of Public Health- Radiological Health Branch (RHB) 916-327-5106
- Joint Review Committee on Education in Radiological Technology (JRCERT) (JRCERT) 312-704-5300

Testing Agency:

- American Registry of Radiologic Technologists (ARRT) 651-687-0048

Moorpark College/Clinical Affiliates Address & Phone Numbers

Clinical Affiliate	Clinical Preceptor	Director/Manager
Los Robles Regional Medical Center 215 West Janss Road Thousand Oaks, CA 91360	Omar Zavala, RT (R) Omar.zavala@hcahealthcare.com 805-370-4282 FAX 370-4590	TBD 805-370-4282
Kaiser Permanente Medical Center 13652 Cantara Panorama City, CA 91402	Karen Ruballo, BSRT (M) karen.m.ruballo@kp.org 818-375-4207 FAX 818-815-5611	Michael Flores 818-375-3507
Kaiser Permanente Medical Center 5601 DeSoto Ave Woodland Hills, CA 91367	Julie Maggio, RT (R) juliack@roadrunner.com 818-719-2700	Mike Bruce 818-719-2525
Simi Valley Adventist Hospital 2975 N. Sycamore Dr. Simi Valley, CA 93063	Coleen Warn, RT (R) QuickCM@ah.org 805-955- 6360 FAX 579-6041	Katherine Hillard 805-955-6360
Providence Holy Cross Medical Center 15031 Rinaldi St. Mission Hills, 91345	Andrew Diehl, RT (R) Andrew.Diehl@providence.org 818-898-4530 FAX 898-4451	Gisho Tatsutani 818-496-4490
Providence St. Joseph Medical Center 501 S Buena Vista St. Burbank, CA 91505	Divij Sachdeva, RT (R) Divij.Sachdeva@providence.org 818-847-6960 FAX 818-843-4924	TBD 818-847-4101
St John -Pleasant Valley Hospital 2309 Antonio Ave Camarillo, CA 93010	Shelly Gadbois, RT (R) Shelly.gadbois @chw.edu 805-389-5655 FAX 389-5671	Kim Spencer 805-988-2700
St John Regional Medical Center 1600 N Rose Ave Oxnard, CA 93030	Roxie Baca, RT (R) roxie.baca@chw.edu 805-988-2760 FAX 981-4438	Kim Spencer 805-988-2700
Valley Presbyterian Hospital 15017 Vanowen Street Van Nuys, CA 91405	Humberto (Tiddo) Payan, RT humberto.payan@valleypres.org 818-	Bryan Henderson 818-902-2951
Henry Mayo Newhall Hospital 23845 McBean Parkway Valencia, CA 91355	Doug Sprague, RT spraguedk@henrymayo.com 661-200-2000	Nancy Von Borzestowski 661-200-2000

Moorpark College Health Science/Radiologic Technology Faculty
805-378-1433 FAX 805-378-1548

Carol Higashida	Dean	805-378-1400 ext 4719	chigashida@vcccd.edu
Christina Lee MSRN	Nursing Coordinator	805-378-1433	clee@vcccd.edu
Bob Darwin, MS, BSRT	Program Director	805-553-4777	rdarwin@vcccd.edu
Armine Torabyan, MS, BSRT	Clinical Coordinator	805-553-4778	atorabyan@vcccd.edu
Kristy McCormick, MBA, BSRT	Part Time Faculty	805-378-1433	kristy.mccormick@hcahealthcare.com
Lydia Basmajian	Health Science Counselor	805-378-1400 ext 4604	lbasmajian@vcccd.edu

Accreditation Agencies

California Dept. of Public Health, Radiological Health Branch (RHB)	916-327-5106
Joint Review Committee of Education in Radiologic Technology (JRCERT)	312-704-5300
American Registry of Radiologic Technologists (ARRT)	651-687-0048

WELCOME

Congratulations and welcome to the Moorpark College Health Sciences Associate Degree Radiologic Technology Program. You have worked hard to get here, and your efforts have paid off. During the next two years you will be learning the concepts and skills necessary in your chosen career. This will be a busy, yet rewarding time and we look forward to working with you.

History of the Health Science Department

The Associate Degree in Nursing Program began in 1981 at Moorpark College and was awarded accreditation in 1983. In 1990 the Associate Degree in Radiologic Technology Program was initiated, with the help of a generous donation of funds and equipment from Kaiser Permanente. Professor Jo Ann Moore, the Program Director of Radiologic Technology at that time, developed the curriculum for the new program under the guidance of Professor Brenda Shubert, the Health Sciences Coordinator. In March 1992, the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the CA Dept of Public Health awarded accreditation to the Associate Degree in Radiologic Technology Program. The Department of Health Sciences at Moorpark College was established with the addition of the Radiologic Technology Program.

The Health Science Department now includes degrees in Health Information Management, Nursing, Radiologic Technology, certificates in Emergency Medicine Technician (EMT), Optical Technician, Nutrition, and Nuclear Medicine. The Health Sciences Department also serves the health-care professional community by offering courses in continuing education. These programs are recognized for their commitment to excellence and their innovative leadership in education.

The faculty, students and graduates are responsible for the excellent reputation of the Moorpark College Health Sciences Department.

This Student Handbook explains the policies/procedures, and your responsibilities while in the program. Please read this Student Handbook and continue to utilize it as a reference throughout your 2 years in the program.

Again Welcome to the RadTech Program.

Bob Darwin, MS, BSRT – Program Director

Section I

Curriculum Guide Associate Degree in Radiologic Technology

Admission Process

- This 24-month Radiography Program prepares the graduate to perform all diagnostic procedures in an X-ray department, as well as in other health care settings.
- Overall minimum 2.5 GPA in ALL attempted college coursework.
- The application period for this program is **February 1st to February 28th** yearly.
- Applications must be submitted to the Health Sciences Department (HSC 120) with official sealed transcripts from **ALL** colleges attended including Moorpark, Ventura and Oxnard.
- Radiologic Tech. website:
http://www.moorparkcollege.edu/departments/academic/radiologic_technology.shtml

STEP 1:

Prerequisite Courses for Application to the Radiologic Technology Program

Students must complete these courses with a grade of “C” or better by the time of their application. Meet with the Health Sciences Counselor for a transcript evaluation.

Courses	Units
NS M19 Medical Terminology, previously named HS M19	3
ANPH M01 Human Anatomy and Physiology or ANAT M01 And PHSO M01 (Prerequisite: 1 year of H.S. Chemistry or Chem. M11 or M12 and ANAT M01 (or concurrent enrollment)	6 or 8
MATH M03 Intermediate Algebra or higher (MATH M07 required for Bachelor’s degree articulation with CSUN)	5
ENGL M01A English Composition	4
NS M17 or RADT M17 Health Care Ethics, previously named HS M17	3

Note: An active CPR for the Healthcare Provider from the American Heart Association must be presented before enrollment in RADT M10A.

Admission to the program is dependent on clearance of: Health Appraisal, Background Check and Drug Screen.

Technology/Computer Expectations

Medicine, health care, and radiologic technology are highly technical fields requiring technology/computer skills. It is highly recommended that students are comfortable using a computer, have basic word processing, e-mail, and Internet navigation skills, and be familiar with chat rooms.

STEP 2:

Required General Education Courses

These courses are necessary for the Associate Degree and must be completed prior to graduation. Please refer to General Education list for appropriate courses to fulfill these areas. All General Education courses must be completed in order to sit for the licensure exam.

Biological Science-(Recommended BIOL M01 or M02A)	3
*Physical Science - Course of Choice	3
American History/Institutions - Course of Choice	3
Social Science-Course of Choice (Highly Recommend - COMM M04)	3
Fine/Performing Arts - Course of Choice	3
Humanities - Course of Choice	3
English Composition - ENGL M01A	4
Communication/Analytical Thinking – MATH M03 or higher	3
Physical Education (Kin. Or Dance)....Course of choice	1

*Note: for bachelor's degree articulation with CSUN, take **PHYS M10A** and **M10B** with labs.
(Highly recommend **COMM M04** even if Social Science requirement is completed by taking another course)

Radiography Course Sequence Level I First Year

Summer Semester #1 (9 weeks)

Course	Clinical Hours per week	Units
RADT M09 Basic Patient Care Skills in Radiology		0.5
RADT M10A Intro to Radiographic Technology		2
RADT M10B Intro to Radiographic Technique		2
RADT M10AL Lab 5 hrs/week for 6 weeks at campus lab	35 hrs. (five 7-hour days per week for 3 weeks at a clinical site)	2.5

Fall Semester #1 (18 weeks)

RADT M01A Radiographic Practice I		3
RADT M01AL Radiographic Clinical Lab I	14 hrs. (two 7-hour days per week for 18 weeks)	4.5
RADT M01B Radiographic Technique I		3
RADT M01BL Radiographic Technique Lab I		1
RADT M11 Radiographic Lab I		1

Spring Semester #1 (18 weeks)

RADT M02A Radiographic Practice II		3
RADT M2AL Radiographic Clinical Lab II	14 hrs. (two 7-hour days per week for 18 weeks)	4.5
RADT M02B Radiographic Technique II		3
RADT M02BL Radiographic Technique Lab II		1
RADT M12 Radiographic Lab II		1
RADT M15 Venipuncture	12 hrs. (two 6-hour Saturdays in April)	0.5

Radiography Course Sequence Level II Second Year

Summer Session #2 (11 weeks)

RADT M49 Radiographic Practicum	28 hrs. (four 7-hour days per week for 10 weeks)	4.5
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Fall Semester #2 (18 weeks)

RADT M03B Radiographic Pathology		2
RADT M03 Advanced Radiographic Technique		4
RADT M03L Radiographic Clinical Lab III	32 hrs. (four 8-hour days per week for 18 weeks)	10.5

Spring Semester #2 (18 weeks)

RADT M04 Radiographic Fluoroscopy		1
RADT M04L Radiographic Clinical Lab IV	32 hrs (four 8-hour days per week for 18 weeks)	10.5
RADT M14 Radiographic Film Critique Lab		1

Estimated Costs -Two Year Radiography Program

(Does not include living expenses)

<i>Uniform</i>		\$250
<i>Radiation Monitor (TLD)</i>	Included in lab fees RADT M10L, RADT M49	\$100
<i>Registration \$46 per unit (subject to change)</i>	66 units	\$3036
<i>Books</i>	Approximately	\$2000
<i>Other registration fees</i>		\$150
<i>Physical Exam, vaccinations, CPR and Fire card</i>	Approximately	\$200
<i>Background ck/drug screening</i>		\$150
<i>Licensure Fees</i>	State and National Certifications	\$500
<i>Graduation Fees</i>		\$50
<i>Graduation Photos</i>		\$60
TOTAL (approximately):		\$6500

Associate Degree Radiologic Technology Philosophy

The Associate Degree Radiologic Technology Program is an integral part of the Health Science Department of Moorpark College. The Philosophy, curriculum, and objectives of the program are designed to develop the intellectual, social and cultural potential of each student in accordance with Moorpark College's stated mission.

The philosophy of the radiography program is based upon a set of beliefs shared by the faculty. The faculty believes that radiography is a helping service, dedicated to the diagnosis and treatment of clients. As members of the health care team, we value caring, integrity, ethical practice, diversity, education, service and quality. It is of utmost importance that the radiographer is compassionate, sensitive to cultural diversity and age differences and able to communicate with the client, the health care team and others. The radiographer must be competent in performing radiographic procedures and proficient in critical thinking and problem-solving skills to safely manage client care.

It is the intention of the faculty to provide an atmosphere of learning and role modeling. Learning activities and clinical practicum experiences are organized to enable students to become competent and compassionate radiographers. Students and graduates are encouraged to make education a lifelong process and to stay current by participating in continuing education and to join professional medical imaging organizations.

General Radiography Program Design

The program curriculum is designed to include the knowledge and cognitive skills as defined by the American Society of Radiologic Technologists (ASRT). The program complies with The Standards as defined by the Joint Review Committee on Education in Radiologic Technology (JRCERT) and the Department of Public Health in the State of California. The program is twenty-four months long and includes approximately 2000 clinical practicum hours. The program is also competency based as required by the American Registry of Radiologic Technologists (ARRT), meaning that the student must demonstrate competency in Radiologic Procedures during the clinical practicum. Upon successful completion, the student will be awarded an Associate in Science Degree in Radiologic Technology and will be eligible to sit for the ARRT Exam (American Registry in Radiologic Technology) and apply to the California Department of Public Health for a California license in Radiography (C.R.T)

During the two-year program, each student will participate in two major clinical education assignments. Both major rotations have been portioned so that each one contains approximately the same number of clinical education hours. Minor rotations for observation in other advanced imaging areas will be scheduled during the second year. Clinical practicum participation is during the day shift only not earlier than 6:00 AM and not later than 7:00 PM. The time is assigned by the clinical affiliate

First Year -Level I Students Overview

Summer Semester I: The first summer is an introduction to Radiography and is nine weeks long. It begins with six weeks of lecture and lab on campus and concludes with an additional 3 weeks of clinical orientation at the clinical site.

Fall and Spring Semesters I: Students participate in two clinical days per week, Monday and Friday for 17 weeks, 7 hour days during the Fall and Spring semesters. Students also attend lecture and lab classes Tuesday through Thursday on campus.

Second Year - Level II Students Overview

Summer Semester II: Students participate in four clinical days per week; Monday through Thursday for 10 weeks, 7 hour days. Students are permitted to make arrangements for some evening shift clinical work experience if desired. (No later than 10 PM and not as a permanent rotation)

At the end of this semester, the first major clinical rotation is concluded and the student will be assigned to their second major clinical rotation to begin with the Fall Semester.

Fall and Spring Semesters II: Students participate in four clinical days per week; Monday, Tuesday, Wednesday and Thursday for 17 weeks, 8 hours per day during Fall and Spring semesters. Students are permitted to participate in some evening shift clinical practicum as needed for their education. (No later than 10 PM and not as a permanent rotation) Students also attend lecture and lab classes on campus Friday.

Program Course Sequence

First Year - Level I

Summer Semester I:

RADT M10A/10B/10AL Introduction to Radiologic Technology and Radiologic Technique. Introduction to the medical imaging profession, radiology department, radiation safety and protection, equipment manipulation, and basic electricity and magnetism. Radiographic positions and procedures of the cardiopulmonary system and abdominal cavity.

RADT M09 Basic Skills for the health care provider

Basic client care including but not limited to vital signs, universal precautions, body mechanics, client transfer, aseptic technique, etc.

Fall Semester I:

RADT M01A/M11/01AL. Lecture, Skills Lab, Clinical Practicum Lab

Radiographic positions and procedures of the cardiopulmonary system, bony thorax, abdominal cavity, upper and lower extremities and related joints and procedures of the complete spinal column. Clinical training is Monday and Friday, 7 hour day.

RADT M01B/10BL

Principles of Radiation Interaction and Radiographic Technique I

Intro to the role of the radiographer, function and manipulation of CR and DR equipment, production of radiation, interactions with matter, image quality factors, technical factors used in the production of x-rays and radiation protection.

Spring Semester I

RADT M02A/M12/2AL Lecture, Skills Lab, Clinical Practicum Lab

Radiographic positions of the skull and sinuses as well as contrast media and fluoroscopic studies of the spine, joints, urinary, gastrointestinal and biliary tracts and the radiographer's role during fluoroscopy. An introduction to C-arm procedures and other imaging modalities is also included. Clinical training is Monday and Friday, 7 hour day.

RADT M2B/2BL Principles of Radiation Interaction and Radiographic Technique II

Basic principles of radiation protection and radiobiology. It also includes problem solving, quality assurance, digital systems, state and national radiation usage regulations.

RADT M15 Venipuncture for Diagnostic Imaging.

Provides practice of basic venipuncture techniques in upper extremity for the sole administration of contrast media plus an introduction to EKG. Successfully completing course and performing 10 venipunctures, at a clinical site under direct supervision of physician will comply with state regulations for venipuncture for medical imaging certification.

Program Course Sequence

Second Year Level II

Summer Semester II

RADT M49. Radiographic Practicum.

Ten weeks summer intersession course; four days per week, 7 hours per day Monday through Thursday. Provides clinical experience in a pre-assigned clinical affiliate. Focuses on improvement and reinforcement of clinical competencies and cognitive skills.

Fall Semester II

RADT M03/03L. Lecture, Clinical Practicum Lab

Introduces the advanced radiography student to advanced imaging specializations in the radiation sciences. Students will participate in four clinical days per week, Monday through Thursday for 17 weeks, 8 hour days, for continual refinement of the competencies already achieved in previous semesters. Computed Tomography (CT) and cross sectional anatomy are included. Students will be able to start rotating to CT.

RADT M03B Radiographic Pathology.

Introduces the radiography student to various types of disease processes seen radiographically.

Spring Semester II

RADT M04/14/04L). Lecture, Skills Lab, Clinical Practicum Lab

Introduction to radiographic fluoroscopy, image critique and a review of the boards. Students will participate in four clinical days per week, Monday through Thursday for 17 weeks, 8 hour

Revised March 2021

days, for continual refinement of the competencies already achieved in previous semesters. Students will be rotating through CT.

As a final compliment to clinical assignments, the student will observe the following advanced imaging areas: Ultrasound, Special procedures, Heart Cath Lab, Radiation Therapy, Nuclear Medicine and Magnetic Resonance.

Section II

Policies and Procedures

Associate Degree in Radiologic Technology (ADRT)

The following policies and procedures developed by the Health Sciences faculty at Moorpark College are designed to assist the student in making progress toward realistic academic, career and personal goals. You are responsible for familiarizing yourself with and adhering to these policies and procedures while you are a student in this program.

Concurrent enrollment in theory and clinical courses

Courses are taken on campus concurrently with supervised clinical practicum lab at the clinical education sites. It is necessary to pass the classroom lecture/lab courses and any concurrent clinical laboratory course in order to advance to the next semester. For successful completion of a Health Sciences program a minimum grade of C is necessary in all courses required for the major. The student must maintain an overall GPA of 2.0 to continue in this program.

Transfer of Courses

Many of the courses assigned to the Radiography Program are transferable to bachelor degree programs. The courses may be applied as a foundation for advanced work at the discretion of the accepting institution. Please check articulation agreements with surrounding colleges and universities for more detailed information.

Transportation

Each student is responsible for his or her own reliable transportation to the extended campuses for clinical practicum laboratory experience. The clinical sites extend from Northern Ventura County to the North Eastern portions of the San Fernando Valley with an approximate 40-mile radius from Moorpark College.

Admission Procedure

In order to qualify for admission to the radiographic program, each student must satisfactorily complete the qualifying requirements specified in the Moorpark College Catalog. Please refer to a current catalog for the complete, detailed information.

Readmission

All requests for readmission are subject to review by the Advanced Placement Committee faculty. If a student's record indicates deficiencies in health and safety such that the faculty considers the student a risk to clients or others, s/he may be denied readmission.

Priority will be given to the applicant who has withdrawn in good standing from the Moorpark College Health Sciences Program. As space may be limited, a student who failed or withdrew and whose overall record makes it unlikely s/he can successfully complete the program may be denied readmission, upon recommendation of the Advanced Placement Committee. (Example: 2 program withdrawals)

Readmitted students must repeat all courses included in the semester of readmission.

Denial of Admission

Due to space limitations, the following factors may result in denial of admission:

Applicants who have failed or withdrawn from any Radiologic Technology Program and whose overall record makes it unlikely she or he can successfully complete the program may be denied initial or advance placement admission. Applicants whose record indicates deficiencies in health and safety such that the applicant is considered a risk to clients or others.

Suspension/Dismissal for Unsafe Behavior:

If the student is evaluated by the instructor to be unprofessional, unethical or unprepared and therefore unsafe in client care, the student may be suspended immediately from the clinical area in accordance with the Education Code, Article 3: 76031, 76032, 76033.

An instructor may suspend a student for five days pending a hearing arranged by the College President. During this period of suspension, the student shall not return to the class from which s/he was suspended without the concurrence of the instructor of the class.

A hearing committee makes a recommendation to the President to sustain or deny suspension. The President makes recommendations to the Chancellor who will recommend to the Board of Trustees if the student is to be expelled.

Clinical Probation

Clinical probation is the clinical status of a student radiographer who has accumulated five Unsafe or Unacceptable Practice Acts (UPA). After five UPAs, the student will meet with program officials to establish whether the student will be recommended for dismissal.

Probation for Clinical Unsafe Behavior

The student and faculty meet to develop a remediation plan and a behavioral contract. If the student fails to meet the terms of the contract, the student receives a Fail (F) for the course.

Course Repetition

If a student fails or withdraws from one of the concurrent courses, class, skills lab or clinical lab, upon readmission to the program, all courses must be repeated (Example RADT M01A, M11, M01AL, M01B and M01BL)

Withdrawal or Fail

If a student withdraws or fails, the student must attend an exit interview counseling session with the Program Director to document the problem, develop a remediation plan and determine future plans for readmission. Students who failed to attend an exit interview will have to apply to the program again and will not be considered for advance placement status. Enrollment space for readmission is limited and a student who has failed or withdrawn from a program whose overall

record makes it unlikely to successfully complete the program may be denied readmission. No student leaving the program is guaranteed readmission. All program materials must be turned in at the exit interview (TLD, hospital badge, hospital folder).

Advancement

Advancement or promotion from one course to another is based upon the successful completion of all course requirements within the previous course.

This includes

- Grade of C (75%) or better
- Satisfactory completion of all prerequisites and co requisites
- Satisfactory attendance record
- Personal qualities that meet the program standard for professional conduct identified in this Handbook

Grades

- The grading criteria are established in each class. The minimum passing grade in the Radiologic Technology Program is 75% = C. Any course grade of <75% will receive a transcript mark of “F”.
- The established grading scale is:
 - 90-100 = A
 - 80-89 = B
 - 75-79 = C
 - <75 = F
- Extra credit points may be given at the discretion of each radiography faculty. Extra credits point will not be given to raise a failing grade to passing

Transfer/Advanced Placement

Moorpark College does not take transfer or advance placement students from another college or program.

Denial of Admission

Due to space limitations, the following factors may result in denial of admission:

- Applicants who have failed or withdrawn from any Radiography Program and whose overall record makes it unlikely she or he can successfully complete the program may be denied admission.
- Applicants whose record indicates deficiencies in health and safety such that the applicant is considered a risk to clients or others.

Advanced Placement for Limited Permit X-Ray Technician

The advanced placement candidate must

- Hold a current California X-ray Technician Limited Permit (XT) for chest/extremities/torso-skeletal and have one year full time equivalent work experience.

- Complete all prerequisites and required coursework for the ADRT
- Make an appointment with Program Director and Health Science Counselor to evaluate work experience and recommended course of study.

Students who meet qualifications will be admitted to the Level I Summer Semester

Pre-Application to ARRT

- **IMPORTANT NOTICE:** Before enrolling in the program, it is the responsibility of anyone with a **misdemeanor or criminal felony record**, to pre-qualify with the ARRT to assure eligibility for licensure.
- American Registry of Radiologic Technologists (ARRT)
1255 Northland Drive St Paul MN 55120-1155 Phone 651-687-0048 www.arrt.org

Information and requirements are subject to change, please consult Program officials for most current information.

Requirements upon acceptance:

Complete the following forms and turn in to the Health Sciences Office.

1. Complete Moorpark College Health Appraisal (Physical Examination)
2. Purchase Radiologic Technology Student Handbook and Clinical Portfolio.

Professional Conduct

As a student of the program, you have accepted a great responsibility for yourself and your profession in the maintenance of higher professional and ethical standards.

1. Maintenance of client privacy and confidentiality is an example of your ethical and legal responsibility to the profession. All medical information requires the strictest confidence and you must follow **Health Insurance Portability and Accountability Act (HIPAA)** regulations. Client records are not to be copied or removed from the clinical facility. An UPA will be issued to any student who does not follow this procedure.
2. Students are to be in the hospital area for scheduled or approved activities only.
3. Smoking, eating and drinking are allowed only in approved areas.
4. Nametags should be removed when not on the premises (i.e., going shopping).
5. Hospital supplies and equipment are not to be taken for personal use.

Ethical Conduct for Radiologic Technologists

The Code of Ethics for each Health Science professional identifies the fundamental moral and ethical values necessary in clinical practice. This code serves as the basis for evaluations of the personal qualities the student is expected to develop throughout the course of study.

Code of Ethics for the Profession of Radiologic Technology American Registry of Radiologic Technologists

The Code of Ethics forms the first part of the Standards of Ethics. The Code of Ethics shall serve as a guide by which Certificate Holders 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 Certificate Holders and Candidates in maintaining a high level of ethical conduct and in providing for the protection, safety, and comfort of patients. The Code of Ethics is aspirational.

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

10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

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

Faculty Expectations of Student Performance

To assist in your success, the following guidelines have been provided as expectations of student behavior. There will be other additional requirements, which are specific to a module, or clinical rotation, which will be discussed by the instructors at the appropriate time.

The student is expected to:

1. Adhere to all college and department policies and procedures.
2. Complete assignments for all modules and clinical rotations according to date and time scheduled.
3. Take examinations on the day and time scheduled.
4. Maintain the clinical portfolio documenting competency and current logs of radiographic procedures.
5. Be prepared to consistently participate in class and discussions by reading assigned chapter, completing assignments and answering objectives prior to class.
6. Do your own work on tests and written assignment
7. Respect the confidentiality of the client and his/her family, and of the staff.
8. Consult the instructor or more experienced professional when client's problems are not within the scope of practice.
9. Communicate in a professional manner with clients, healthcare team and others.

Section III

Clinical/ Classroom Policies

Attendance Policy (Classroom)

- ✓ Since the amount of material to be learned is substantial, it is recommended that students not be absent. Absence for any reason does not relieve the student of responsibility for completing all of the requirements.
- ✓ The faculty must be notified prior to the absence, when possible.
- ✓ The instructor determines whether absences are interfering with the student's achievement, and communicates this to the student verbally and in a written Progress Report.
- ✓ When absence from a course exceeds 1/9 of the total contact hours for the session the instructor may drop the student from the class and a grade is recorded in accordance with the Moorpark College policy on Class Attendance outline in the Moorpark College Catalog
- ✓ In the event of being dropped or excluded, the student may petition for reinstatement when just cause for the absence exists. Such petitions must be presented in writing to the Coordinator of Health Sciences and then to the Office of Admissions and Records for review.

Excused absence:

One in which the student has notified the faculty prior to the absence and constitutes either:

- ✓ Illness with written verification from a Physician/Nurse practitioner or Student Health office.
- ✓ Death of an immediate family member
- ✓ Court Subpoena
- ✓ Recognized religious observance

Educational absence:

An absence in which written permission from the faculty responsible for the class or clinical is given.

Make-up Exam Policy

1. If a student must be absent from a scheduled midterm or final examination, due to extenuating circumstances, the student may make up the examination with instructor approval. Be aware that if it is a medical emergency, a doctor's written excuse is required.
2. There is no make-up for quizzes.

Course Withdrawal or Failure/Suspension/Dismissal

Withdrawal/Failure:

If a student elects to withdraw or fails a course, the student must:

- Schedule and attend an exit counseling session with the Program Director.
- Document the extent of the problem.
- Develop a remediation plan if necessary.
- Plan to apply for readmission into Advance Placement.
- Clarify and document future plans, timeliness and options.

- Turn in TLD, hospital ID badge and hospital portfolios and handbooks.

Suspension:

If the student is evaluated by the instructor to be unprepared and therefore unsafe in client care the student may be suspended immediately from the clinical area in accordance with the Education Code, Article 3: 76031, 76032, 76033. An instructor may suspend a student for five days pending a hearing, arranged by the College President. During this period of suspension, the student shall not return to the class from which s/he was suspended without the concurrence of the instructor of the class. A hearing committee makes recommendation to the President to sustain or deny suspension. The President makes recommendations to the Chancellor who will recommend to the Board of Trustees if the student is to be expelled.

Dismissal:

The faculty reserves the right to recommend a student for dismissal who does not meet the educational and ethical standards of the school. Recommendation for dismissal may be made for the following reasons:

- a. Unprofessional, unethical conduct.
- b. Unsafe performance in clinical area

Radiologic Technology Skills Lab Policies:

The Radiography Lab is different from other labs on campus and the following special rules apply:

- ✓ Attendance is especially important since the ability to function depends on team effort.
- ✓ Dress must be appropriate to the work assigned. Shoes must be worn to provide protection; open toe and high heels are not appropriate.
- ✓ Radiation detection badge must be worn or the student will not be permitted to work in the lab.
- ✓ Lab courses will consist of practical radiographic examinations and experiments. Satisfactory performance is defined as 74.5% or better

Grievance Procedure

- Discuss your grievance or complaint with the person involved and try to resolve the issue at that level.
 - If you are unable to resolve your issue by discussion, submit documentation of your grievance in writing, within three academic calendar days of incident or clinical progress evaluation or Final didactic exam, to the Program Director on the form provided on page 31.
- The grievance will be given to the Radiologic Technology Grievance Review Committee that will include the Health Science Coordinator, the Program Director, a faculty member (not involved with the complaint) and a student representative.
- A meeting to resolve the grievance or complaint shall take place within three academic calendar days of receiving written notification. (Committee decisions cannot violate college or hospital affiliate policies or jeopardize program accreditation).

- Present at the meeting will be the committee members, the complainant and his/her representative and the person the grievance was filed against and/or his/her representative.
- A plan will be outlined with a resolution for resolving the issue and the complainant will be notified within five academic calendar days.
- The Program Director will maintain records of complaints and how they were resolved.
- If the grievance is not resolved, the complainant may appeal the Radiologic Technology Grievance Committee's decision to the Division Dean.
- If the grievance is not resolved at the Dean's level, the complainant may appeal the Division Dean's decision to the Moorpark College Grievance Committee.
- The Moorpark College Grievance Committee procedure is printed in the College Catalog.
- If the grievance is not resolved at the College's level, the complainant may appeal the College's decision to JRCERT.

Clinical Policies

Requirements for the Clinical Experience:

In order to be allowed into the clinical setting the following are mandatory:

1. Ethical Standards: all students admitted to the program and throughout the program are required to maintain the highest personal and ethical standards of conduct consistent with the professional standards as perceived by the faculty and professional personnel in the agencies used as extended campus sites. Background checks/drug test may not be more than 3 month old upon start of each clinical rotation.
2. Physical Examination with required validation of:
 - a. Ability to perform in the clinical setting in the following areas. Abilities sufficient:
 - (1) Critical Thinking: for calculating, reasoning, analyzing, prioritizing, synthesizing data
 - (2) Interpersonal communication: to interact with diverse social, emotional, cultural and intellectual individuals, families and groups
 - (3) Communication: for effective verbal and written interactions
 - (4) Mobility: to move from room to room, maneuver in small spaces and reach overhead equipment
 - (5) Motor Skills: for gross and fine movement sufficient to provide safe and effective care
 - (6) Hearing: to monitor and assess health needs
 - (7) Visual: for observation and visual assessment in well-lit and dimly lit areas
 - (8) Tactile: for physical assessment and positioning
3. Current and valid Fire/AHA BLS (CPR) cards (Validation is required upon Admission to the program and in RADT M49 the third semester of the program). Students will be removed from clinical if Fire/CPR cards are expired.

4. Immunizations should be up to date and uploaded into CastleBranch <http://portal.castlebranch.com/MZ89> as required by our clinical sites 14 days prior to due date. Be aware that QuantiFERON tests are validated on a yearly basis. Students will be removed from clinical if immunizations are not current and they will be required to makeup missed clinical hours.
5. Students shall provide 6 sets of right and left lead markers with three initials (2" wide x 7/8" tall with 1/2" letters) to use in clinical and at the college's lab. **Students will receive a UPA if images are not marked or marked incorrectly.**
6. Students shall bring a pocket-sized notebook and positioning books to clinical for taking notes and reference purposes.
7. Malpractice Insurance is provided to all students through registration fees.
8. Radiation monitoring badge (TLD) must always be worn in the clinical and college labs.
9. Photo ID. Student will not be allowed at clinical without it. See *Photo ID* under uniforms section for more information.

Affiliated Clinical Sites (ACS)

The ACS extend from Western Ventura County to the North Eastern portions of the San Fernando Valley in Los Angeles County with an approximate 40-mile radius from Moorpark College.

Transportation

The students are responsible for their own reliable transportation to and from classes and clinical sites.

Confidentiality

Students are to exercise respect and strict confidentiality in all clinical sites and client related matters as required by HIPAA. Any breach of confidentiality will be reviewed and action taken. Do not communicate information identifying a client to anyone who is not involved in providing client care in the facility. This includes even acknowledging that a client is in fact a client in a particular facility. A client's hospitalization is considered a confidential matter. Conversations regarding patients are conducted only at the appropriate times with appropriate persons and will be shared in the process of providing care or for learning purposes only.

Clinical portfolios are to be kept in a locked cabinet at the clinical site to prevent any breach of HIPAA and FERPA confidentiality.

Radiation Safety Policy for students

1. Students shall wear a personal monitoring device (TLD) during operation of X- ray equipment at the clinical education center and the campus radiography lab. The TLD shall be worn at the collar. (CCR § 30276)
2. Student Radiation Safety policy recognizes 1mSv (100 mrem) as maximum threshold dose per quarter.
3. Students not wearing a TLD shall not be permitted to participate in radiographic exams at the clinical education center or the campus radiography lab.
4. The declared pregnant female student shall wear two TLD badges, one at the collar and the other at the waist. During fluoroscopy, the waist TLD shall be under the apron and the collar TLD shall be outside the apron. Declared pregnant female will be issued the second TLD to be worn under the apron.
5. Students shall wear a TLD at the collar and protective apparel when operating mobile X - ray equipment. (CCR § 30309 (b)(3))
6. Faculty shall counsel students if there is an unacceptable increase in their dosimetry report.
7. Students shall use the ALARA ("As Low As Reasonably Achievable") concept of radiation protection to reduce the amount of radiation exposure while obtaining a diagnostically acceptable examination.
8. While performing portable radiographic exams, students shall stand at least 6 feet away when using the exposure switch on a mobile unit. (California Code of Regulations, title 17, section 30306 (a) (2))
9. Students shall stand behind a protective barrier during x- ray exposure in a fixed radiographic room. (CCR § 30308 (b)(5))
10. Teaches students that when performing portable radiographic exams to stand at least 6 feet away when using the exposure switch on a mobile unit. (CCR § 30309 (a)(2))
11. During fluoroscopic exams or when it is required to be in the radiographic room, students shall wear protective apparel and stand as far away as practicable or use a shielding device during exposures. (CCR § 30307 (b)(1))
12. Students shall not hold image receptors (IR) or hold patients during exposures. It is preferred that a parent, relative, ancillary personnel or authorized technologist (wearing protective apparel) should be utilized in emergency situations
13. Students are expected to be familiar with California Code of Regulations, Title 17 the California state law concerning medical radiation practices and radiation protection.
14. Students shall use adequate collimation - (The x-ray field must never be larger than size of IR.) (CCR § 30308 (a)(2) & (b)(3))
15. Students shall use gonad shielding on clients whenever possible. Students shall not be permitted to take x-rays without direct or indirect supervision.

Pregnancy Policy

Nuclear Regulatory Commission 10CFR20 definitions 20.10003

Pregnancy Policy Revised 7/24/12 (JRCERT Standard 4.2: The pregnancy policy must provide an option to continue the educational program without modification)

It is the option of the pregnant student to declare or not to declare her pregnancy to the Radiologic Technology Program Director. According to the Nuclear Regulatory Commission, a declared pregnant woman means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception ^(10CFR20 definitions 20.1003).

If the student chooses to voluntarily inform the Program Director of her pregnancy, it must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant and will continue her educational program without modification.

For protection of the fetus, the following program requirements and modifications are available for declared pregnant student upon submission of the written declaration of pregnancy

The declared pregnant Radiologic Technology Student will

1. Submit a physical exam report from her physician documenting that she may continue in the clinical participation of the Radiologic Technology Program.
2. Sign a waiver indicating acknowledgement of and responsibility for the potential risks to herself and the fetus working in the clinical setting, releasing the college and clinical education affiliate of any responsibility during this time. Please see the Declaration of Pregnancy Waiver form in the appendix.
3. Follow all policies and procedures of the clinical education affiliate.
4. Wear two TLD badges (radiation monitors), one at the collar and the other at the waist.
5. Fulfill all of the requirements of the educational institution as they pertain to clinical education competency and academic education.
6. Not exceed 500 mrem (5mSv), the maximum permissible occupational exposure dose equivalent to the embryo-fetus during the entire gestation period.
7. Have the following admission/readmission options:
 - May postpone entry until the following year, if pregnancy declared before beginning the program.
 - May return to the program within one year after the pregnancy if unable to fulfill the academic or clinical requirements with no tuition penalty.
8. May remain in the program without any modifications or have the following clinical modifications:
 - May postpone portable and fluoroscopy procedures and specific duties associated with patients having intracavitary or interstitial sources of gamma radiation (radium or cesium) until after the pregnancy.
 - May make up missed clinical time due to pregnancy or immediate post-natal care, and may accumulate clinical time prior to the expected delivery date. Arrangements must be made with the Clinical Coordinator and Clinical Preceptor.
 - The clinical affiliate will be notified of the student's declared pregnancy and be given a copy of the written pregnancy declaration.
9. May withdraw, in writing, the written declaration at any time.

The form for Declaration of Pregnancy/Waiver is in the appendix of this handbook.

Revised March 2021

MRI Safety Policy for Students

Prior to beginning clinical rotation, students shall review the clinical sites MRI safety protocols and will be screened by the clinical preceptor using the Moorpark College MRI Observation Warning. Students will sign the MRI Observation Warning, confirming they understand the potential hazards of the MRI suite area. The form will be kept in the student's portfolio. See appendix for form.

Please be aware of the following information regarding your MRI rotation.

Warning! The MRI unit is a powerful magnet!

- NO** credit cards or ATM cards
- NO** analog watches (digital is okay)
- NO** pens, paper clips, coins, keys
- NO** pagers or cell phones
- NO** spiral or ring binder notebooks
- NO** pregnant students in MRI magnet room

Leave any loose items in the MRI tech area prior to entering the magnetic field.

- Make sure your film badge and ID badge are firmly attached.
- Notify lead if **you** have surgical clips, metal prosthesis, pace makers or metal surgical plates.
- If you have any other questions direct them to the MRI technologist.

Mammography Policy

The Moorpark College radiography program has revised its policy, effective 3/3/2020, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging.

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

Only the student who has completed a college level Mammography Didactic Course may ask to participate in a mammography clinical practicum upon consent of the facility and its clients.

Signature form is included in the appendix, please sign and turn in to instructor.

Communicable Disease - Infection Control

I. Introduction

Microorganisms such as bacteria, viruses, and fungi are part of our daily lives. They exist everywhere, primarily in peaceful coexistence with us. Microorganisms, which cause illness, infections, and disease, are called pathogens. Health care settings, which you will enter as a student, are places where there are higher risks of coming into contact with pathogens. There are important steps and practices to take to maximize your safety, and the safety of other clients in these settings. You will learn about these steps and practices in your classes. It is your responsibility to practice good habits early and take measures to practice in safe ways.

There are two major concerns related to infection control in health care settings. First, there is the risk of you as the healthcare worker being exposed to potential pathogens. You are a very important person in this setting and there are many actions taken to help protect you by those who establish policies and procedures in these settings. There are also many habits and work practices, which you have completed, control over, which are essential to reduce the risk. Second, there is the risk of microorganisms being transmitted from one client to another by healthcare workers who are practicing poor habits such as not washing their hands. With very few exceptions organisms cannot get from place to place on their own. They must be carried on dirty hands or equipment. Not practicing good infection control, places you and other clients at risk because poor work habits contribute to the spread of organisms in hospital. Clients are susceptible to infections due to their health problems and they need to be protected. Infections acquired in the hospital are considered complications and are called nosocomial infections. They carry many costs to our clients including the physical toll to the person's health, a possible increased length of stay, and other financial costs.

II. Agencies, Standards & Recommendations

There are 2 federal agencies that review research and findings related to infection control. These agencies set standards and make recommendations to reduce the risk of transmission, or spread, of microorganisms. The Occupational Health and Safety Administration (OSHA) establish rules and regulations intended to promote safety in the workplace. Their goal is to promote safety for employees. Hospitals and healthcare settings must comply with the rules set forth by this agency or they can be fined. The second agency is the Centers for Disease Control (CDC). This federal agency establishes guidelines and recommendations for the prevention and treatment of diseases. This agency does not have enforcement powers, but rather sets standards for reducing the risks related to the spread of infections and communicable disease.

III. OSHA Regulations

You will learn more about OSHA in your courses, but following is a summary of important information for you to know.

1. Healthcare settings must notify health care workers of hazardous conditions. This includes signs about hazardous waste, and special precautions
2. (Isolation). It is your responsibility to look for and follow these signs.
3. Preventing illness by vaccination and immunity is very important. This is why your health screening upon entry into the program is so comprehensive. Immunity to diseases provides protection to you in the workplace. The Hepatitis B vaccine is highly

recommended and if you chose to refuse it you must sign a written declination, which will be kept, in your file.

4. Hospitals and healthcare settings use engineering controls to create a workplace that is safe as possible. These controls are things done to the environment to maximize safety. Examples of engineering controls include putting sharps containers in client rooms so they will be easily assessable and using needle less intravenous devices to reduce the risk of sharps injuries. You must follow the policies and use the controls, which the facility has put, in place to protect you.
5. Next are recommendations about work place practices. These are practices which; you have complete control over. They are the good work habits that are essential to prevent the spread of microorganisms. Hand washing is the first of these and forms the foundation for infection control. There are many important tips to hand washing, which you will learn about as you prepare to enter the clinical setting. Another safe work place practice is to never recap, bend, break, or remove needles. These activities frequently result in injuries to health care workers and you must get into the habit of never doing them. If you must recap a needle it should be done with a one handed scooping method so there will not be any risk of injuring yourself.
6. Always discard all sharps directly into sharps containers. If a client is handing you a sharps (such as a used lancet or insulin syringe) have them place it on a neutral surface for you to pick up so that there will be no risk of them puncturing you in the process.
7. Never eat, drink, apply cosmetics, or handle contact lenses in the work setting. Do not store food or drinks where there is blood or potentially infectious materials.
8. You will learn in class about PPE's (personal protection equipment like gloves, mask, goggles, and gowns.) You must always wear these when there is any risk of contact with blood, body fluids, non-intact skin, or mucous membranes.

IV. Exposures & Sharp Injuries

While your focus should always be to prevent an exposure, it is important for you know what to do should an exposure occur. A blood or body fluid exposure is defined as a splashing or spraying of another's blood or body fluids into your mucous membranes. An example of this is if a body fluid splashed in your face and got in your eyes. If an exposure occurs wash the area well and then contact your instructor immediately. If you are unsure of whether or not it is an exposure then wash well and contact your instructor immediately so they can assist you in determining if you need any follow-up.

Sharps injuries are defined as punctures of the skin from a contaminated object. Examples of sharps injuries include needle sticks with contaminated needles, piercing the skin with a contaminated finger lancet, or piercing the skin with broken bloody glass from a vial. If you experience a sharps injury wash the area well and contact your clinical preceptor immediately. If you are unsure of whether or not you have an injury then wash and contact your instructor immediately so they can assist you in determining if you need any follow-up.

V. Respiratory Protection

There are specific rules and regulations related to respiratory protection in the workplace. Current regulations state that health care workers caring for clients with suspect or confirmed TB must wear a special mask, and they must be fit tested to the mask. The fit testing process is

intended to evaluate if the mask fits the individual well enough to provide the intended protection. Because students have not been fit tested they will not provide care for these clients.

VI. CDC Guidelines

“Hand washing is the single most important means of preventing the spread of infection”

The Centers for Disease Control

The Centers for Disease Control (CDC) guidelines define practices and activities that will reduce the risk of spreading infections. These guidelines include recommendations regarding the use of personal protective equipment for all clients all the time, and recommendations to be used with certain clients based on their health problem.

Standard precautions include procedures and steps to take to protect you. They must be used with ALL clients ALL the time. If you have been in a health care setting before this program you may have heard the term universal precautions. The term universal precautions were used in a prior set of CDC recommendations, but is still commonly used by many health care workers. The basis for both universal and standard precautions is that you must take measures to protect yourself ALL the time, with ALL clients, regardless of how healthy or ill someone appears to be. This is based on the fact that carriers of bloodborne pathogens may not display any signs or symptoms and may appear healthy. The healthiest looking client may be a carrier of HIV, Hepatitis B, or Hepatitis C making them a great risk to health care workers. Likewise, the sickest looking client may not have any bloodborne pathogens making them less of a risk. You can't look at a client and decide how to protect yourself-you must protect yourself all the time. Within standard precautions personnel protective equipment (PPE's) must be worn any time you may come into contact with blood, body fluids, no intact skin, or mucous membranes. You will learn how, when, and where to use these PPE in your courses.

“If it's wet, warm, and not yours do not touch it without protection.”

Transmission based precautions are additional protective measures to be taken with certain clients. These recommendations are based on how microorganisms are spread. The three sets of transmission-based precautions are airborne precautions, contact precautions, and droplet precautions. You will learn more about these in your course and readings. Additional measures and PPE will be required when taking care of clients in transmission based precautions.

VII. Summary Community College Disease Policy

Most hospitals use the CDC guidelines or some modifications of them based on their client populations. During your clinical orientations you will be educated to the specifics of that facility's policies and procedures. Each hospital has an individual or department in charge of their infection control program who can address questions or concerns. As a student your instructor is the best resource for you to go to in the clinical setting, but once you graduate remember that there are resources and people who are available to help if you have questions. It is your responsibility to learn and follow the policies of the facility you are in, and to take precautions to protect yourself and the other clients.

****Remember- by developing good infection control habits, the life you save may be your own!**

Unsafe Practice /Progress Notification

The Moorpark College Health Science faculty has identified errors that may cause a client harm referred to as Unsafe Practice Acts or “UPA”.

A “UPA” is an action, which potentially or actually jeopardizes the safety of clients, or an action which demonstrates poor judgment in areas in which the student has had previous opportunities for learning. Upon identifying an UPA, the instructor will document and inform the student. Each UPA will result in a two percentage point reduction in the final clinical grade. UPAs are cumulative and will be carried out to the next clinical site. When a student receives five UPAs for any reason, they may be reviewed by faculty for recommendation of dismissal from the program.

Student Complaint Policy Regarding Clinical Practicum

Procedure:

1. Discuss your complaint with your Clinical Preceptor and try to resolve the problem at that level. (Unless the complaint is about the Clinical Preceptor)
2. If you are unable to resolve the problem with your Clinical Preceptor, submit documentation of your complaint in writing to the Program Director or Clinical Coordinator and include the following information:
 - a. Date of the occurrence
 - b. Name of person submitting the complaint,
 - c. Describe the issue or event including the clinical site, faculty, staff and names of others involved.
3. The Program Director and faculty will discuss the complaint
4. A plan will be outlined with a timeline for resolving issue.
5. The Program Director will maintain records of complaints and how they were resolved.
6. The complainant will be informed of the resolution of complaint.

Student Complaint Form (Clinical Practicum)

Directions: Person submitting the complaint to fill out this form and submit to Program Director

Today's Date	Date of occurrence
Your name	Clinical site involved
Faculty involved	
Others involved	Discussed with Clinical Preceptor Yes No
Describe your complaint	

Procedure for Resolving Student Complaint

Program Director to fill out this form and discuss with those involved

Today's Date	Date of complaint
Facility/Faculty involved	
Plan for resolving complaint	
Date to be resolved by	

Student Complaint form 5/06/08

Non-Compliance with JRCERT Standards

The program has a policy that assures timely and appropriate resolution of complaints regarding allegations of non-compliance with JRCERT **STANDARDS** and maintains a record of such complaints and their resolution. (A complete copy of JRCERT Standards can be found in the appendix)

Procedure:

1. Submit documentation of complaint in writing to the Program Director or Clinical Coordinator. Include the following information:
 - a. Date the allegation of noncompliance occurred
 - b. Name of person submitting the complaint,
 - c. Describe the noncompliance event including the facility, faculty and names of others involved.
2. The Program Director and faculty will discuss the allegation of noncompliance and decide if there is a noncompliance issue and the Standard involved.
3. The Program Director will discuss the complaint with all involved parties.
4. A plan will be outlined with a timeline for resolving the noncompliance issue.
5. The Program Director will maintain the records of complaints and compliance.
6. The complainant will be informed of the resolution of the complaint.
7. If the complaint is not resolved, student can report the non-compliance directly to JRCERT.

Complaint of Non-Compliance with JRCERT STANDARDS Form

Directions: Person submitting the complaint is to copy and fill out this form and submit to Program Director.

Today's Date	Date of occurrence
Your name	Facility involved
Faculty involved	
Others involved	
Describe your complaint	

Procedure for Resolving Non-Compliance with JRCERT STANDARDS

Program Director to fill out this form and discuss with those involved

Date	Standard
Facility/Faculty involved	
Plan for resolving complaint	
Date to be resolved by	

Noncompliance with Standards Form revised 11/2012

Revised March 2021

Moorpark College Grievance Policy

The purpose of this procedure is to provide a prompt and equitable means of resolving student grievances. These procedures shall be available to any student who reasonably believes the college decision or action has adversely affected his or her status, rights, or privileges as a student.

A grievance is an allegation of a violation of any of the following:

- Sex discrimination as prohibited by Title IX of the Higher Education Amendments of 1972.
- Financial aid determinations made at the college or District level.
- Course grades, to the extent permitted by Education Code Section 76224(a), which provides: “When grades are given for any course of instruction taught in a community college District, the grade given to each student shall be the grade determined by the instructor of the course and the determination of the student’s grade by the instructor, in the absence of mistake, fraud, bad faith, or incompetency, shall be final.” “Mistake” may include, but is not limited to, errors made by an instructor in calculating a student’s grade and clerical errors.
- The exercise of rights of free expression protected by the state and federal constitutions, Education Code Sections 66301 and 76120, and District Board Policy and Administrative Procedures concerning the right of free expression.
- Violation of published District rules, Board Policies, and Administrative Procedures, except as set forth below.

This procedure does not apply to:

- Challenges to the process for determining satisfaction of prerequisites, corequisites, advisories, and limitations on enrollment. Information on challenges to prerequisites is available from the Office of the Vice President of Academic Affairs.
- Allegations of harassment or discrimination on the basis of any protected characteristic as set forth in Board Policies 3410 and 3430 and 5 California Code of Regulations Section 53900 et seq. Such complaints may be initiated under the procedures described in the college catalogs.
- Appeals for residency determination. Residency appeals should be filed with the Admissions and Records Office.
- Student disciplinary actions, which are covered under separate Board Policies and Administrative Procedures.
- Police citations (i.e. "tickets"); complaints about citations must be directed to Campus Police.
- Evaluation of the professional competence, qualifications, or job performance of a District employee.
- Claims for money or damages against the District.

Information about other procedures is listed in the college catalogs or may be obtained from the Office of Student Learning. The alleged wrong must involve an unjust action or denial of a student’s rights as defined above. A grievance exists only when such an error or offense has

resulted in an injury or harm that may be corrected through this grievance procedure. As noted above there may be other procedures applicable to various other alleged injuries or harms, and this grievance procedure may not be the sole or exclusive remedy, and it may not be necessary to exhaust this process before presenting allegations to other government agencies or the courts. The outcome of a grievance must be susceptible to producing a tangible remedy to the student complaining or an actual redress of the wrong rather than a punishment for the person or persons found in error. For example, a grievance seeking only the dismissal of a District employee is not viable.

-For more information see Moorpark College Catalog p.293

Student Due Process/ Grievance Form

Directions: Complainant, fill out this form and submit to Program Director

Today's Date	Date of Incident
Your name	Location
Faculty involved	Witness
Others involved	
Describe your grievance	
Did you discuss your complaint with the other person involved? Yes	No
Date of discussion	
Result of the discussion:	

Procedure for Resolving Student Grievance

Completed by Program Director

Today's Date	Date of complaint
Facility/Faculty involved	
Plan for resolving complaint	
Date to be resolved by	

Student Grievance/Due Process Form

Cheating, Dishonesty, Plagiarism

According to the Ventura County Community College District Policy, faculty has the responsibility and authority for intervening with any cheating, dishonesty, and/or plagiarism which may occur, and may issue a “0” for the assignment. Faculty will also fill a Behavior Intervention Team (BIT) referral form to the College Committee. The final grade for the course might be below 74.5% which will be considered a “F” In this case, the student will no longer be in the program. (See policy for re-admission)

Examples of dishonesty:

Theft of hospital or college property, falsifying records, inappropriate possession of departmental or clinical records, use of camera phones or texting during exams, copy and paste someone else’s work without references.

Use of Listening or Recording Devices, Cameras, Photo Copying Client Records:

Classroom:

State Law in California prohibits the use in a classroom of any electronic listening or recording device without the instructor’s prior consent each classroom session. Camera phones are not allowed in the classroom. You are to turn off your phones before the start of each classroom session. Phones and camera phones will be confiscated if they are used in the classroom.

Clinical Laboratory:

Because of client confidentiality, listening or recording devices, and taking pictures of clients and photo copying client records is prohibited. For classroom presentations you will be allowed to copy radiographs of those patients you have performed the radiographic procedure or been involved with the procedure in any way. HIPAA prohibits the use of radiographs for teaching and discussions of any patient the student has not been directly involved during the procedure. All patient identification needs to be removed.

Insurance: Health/Accident/Injury During Clinical

The Student is responsible for providing his/her own health/accident insurance. The student may qualify for Workman's Compensation, in the event the injury occurs during a clinical assignment in the hospital.

Workman's Compensation Claim. Student Injury during clinical practicum.

Procedure: injuries must be reported to the Clinical Coordinator immediately or claim may be denied.

Immediately notify your Clinical Preceptor.

1. Clinical Preceptor to fill out the Workers Compensation Form
2. Clinical Preceptor to notify VCCCD Risk Management, 255 W. Stanley Ave., Ventura, CA 93001
 - a. Phone 805-652-5533 to report the injury and ask for address and phone of medical treatment facility.
 - b. FAX 805-384-8399 all forms and reports within 24 hours to Moorpark College Health Science Department to 805-378-1548.
 - c. Injuries must be reported immediately or claim may be denied.
3. Important: to obtain treatment for the injury, please refer to the Medical Panel for a list of Ventura College District (VCCCD) approved medical treatment facilities, or call 805-384-8367 for the location of the nearest medical facility.
4. The injured student may be assessed and treated in the hospital emergency room when accompanied by the clinical preceptor or preceptor and identified to the hospital staff as a Worker's Compensation Claim.
5. Once an injured student is examined and referred to a specialist and/or diagnostic testing is indicated, the medical provider should be instructed to contact Keenan and Associates (805-654-8102) for authorization.
6. *Identify the injury as a Workman's Comp claim.*
7. Notify the Health Sciences Department at Moorpark College 805-378-1433 or 805-378-1535
8. A student may not return to the clinical area until medically cleared to do so.
9. The injured student is expected to get treatment for the first 30 days from the medical facilities approved by the VCCCD. Students who decide to get medical treatment outside of VCCCD approved facilities will be responsible for those medical bills. (Please see the medical Panel list, or call 805-384-8367 for the location of the nearest medical facility.)
For major incidents preserve the scene of the accident, take photos, if necessary.

Forms for Student Injury: (Forms in appendix)

1. Supervisors report of Employee (student) injury
2. Employee's Claim for Workers' Compensation Benefits
3. Treatment Referral Form (Keenan & Associates Torrance, CA, 310-212-3344)
4. Medical Panel list

On forms asking for employer name, fill in: VCCCD, 333 Skyway Drive, Camarillo, CA 93010

Clinical Competency Requirements

Required *competencies* as defined by the ARRT (see the list in the Clinical Portfolio). **Be aware that failure to complete the designated number of competencies per semester constitutes an automatic fail in the clinical course.**

Rad T 10AL: By the end of the first semester the student shall demonstrate competency in a minimum of **one** exam from the following anatomical areas: Chest and Abdomen.

Rad T 1AL: By the end of the first semester the student shall demonstrate competency in a minimum of **four** exams from the following anatomical areas:

Chest, KUB, ribs, sternum, hand, wrist, forearm, elbow, humerus, shoulder, foot ankle, lower leg, knee, femur, pelvis, hip, routine or mobile. The entire vertebral column; lumber, thoracic and cervical spine, trauma cervical spine, sacrum and coccyx.

RadT 2AL: By the end of the second semester, the student shall demonstrate competency in a minimum of **six** exams from the following anatomical areas:

Choose from those in the 1 AL list and also the following:

Common contrast media exams of the gastrointestinal and genitourinary systems; esophageal, UGI, SBFT, BE, OCG, cystograms, IVP, surgical exams, skull, facial, para nasal sinuses, arthrogram, myelogram.

RadT 49: By the end of the summer semester, the student shall demonstrate competency in a minimum of **sixteen** exams from the following anatomical areas:

choose from those in the 1 AL and 2AL list that have not yet been completed.

RadT 3L: By the end of the fourth semester, the student shall demonstrate competency in a minimum of **fourteen** exams from the following anatomical areas:

choose from those in the 1 AL and 2AL list and computed tomography (CT).

RadT 4L: By the end of the fifth and final semester, the student shall demonstrate competency in a minimum of **eleven** exams from the following anatomical areas:

Choose from those in the 1AL, 2AL and 3L lists that have not yet been completed.

By the end of the two-year program, the student shall complete all competencies defined by the ARRT Clinical Competencies Requirements list plus an additional one CT required (Head or chest) competencies (Extremity, abdomen, pelvis, head, chest, spinal column) **for a total of 38 mandatory and 14 electives, plus one CT exams.**

Unable to duplicate a competency: This is a situation where a student has received a competency for a certain exam and is unable to satisfactorily perform this exam at a later date; this would be considered incompetence.

Method of remediation and actions to be taken:

The clinical preceptor will document the incompetence on a UPA.

The student is required to participate in remedial skills lab positioning with documentation by the lab instructor.

The student will repeat the competency at the clinical site; no additional credit will be given.

Competency Evaluation

Purpose: Evaluate the student's ability to competently perform a specific radiographic examination.

Method: Competency Evaluations

- ✓ The evaluation is conducted by the clinical preceptor or a designated radiographer
- ✓ The supervising radiographer must have a minimum of two years clinical experience
- ✓ The student requests to be evaluated for a specific exam.
- ✓ Passing score is a minimum of 75%.
- ✓ The passed competency is recorded on the master list and placed in the clinical workbook.
- ✓ The student may refer to the positioning notebook prior to performing the competency evaluation, but not during the evaluation
- ✓ If an exam has been stopped and the evaluator must take over to complete the exam, the student will not get credit for this competency.
- ✓ Failed competencies are placed in the clinical workbook with the reason for the fail noted. Using a new form, the student will reattempt the competency at a later time.

Clinical Progress Evaluation

Purpose: To reflect the student's abilities as perceived by the Clinical Preceptor and staff radiographers within the clinical environment.

Method: Two Progress evaluations per semester, a Midterm and a Final.

- ✓ The Clinical Preceptor solicits input from the staff technologists with whom the student has been assigned in Clinical Practicum.
- ✓ This information along with the Clinical Preceptor's observations is recorded on the evaluation form and submitted to the Clinical Coordinator for averaging into the student's clinical grade.
- ✓ Midterm and final evaluation grades are averaged together for final semester clinical grade.
- ✓ Student will be counselled and put on contract if in jeopardy of failing clinical.

Clinical Required Materials

TLD

Students may not attend clinical lab without a current TLD. Service fee of \$25.00 for lost or unreturned TLD (subject to increases). If a student forgets their TLD, they will leave clinical and make up the missed time. Students may receive a UPA if this reoccurs. Incomplete grade if not returned at the end of program. There will be a 2% deduction in clinical evaluation grade if not exchanged on time.

Uniforms

Scrubs: Solid navy blue. Top must have 2 outside pockets. Students may wear solid color short or long sleeve shirts under the scrubs (white, gray, navy blue, black)

Lab jacket (optional) Navy blue

Shoes: Solid color, no neon or bright color

Photo ID: Students will be required to purchase and wear to clinical the MC student photo ID and the hospital photo ID provided by their clinical site.

Liability Insurance

Hospitals require students to carry their own student radiologic technology liability insurance. The Healthcare Providers Service Organization (HPSO) Company has been selected to be provider for Moorpark College's Radiologic Technology students. Information about the coverage is available on their website, ww.hpso.com. This must be renewed each year

Grooming

Professional appearance must be consistent with the ACS policies and medical asepsis/ safety. The Moorpark College policy is the following:

- In order to maintain a professional appearance, an appropriate hairstyle is encouraged. Hair must be of a natural shade. For infection control purposes, hair must be contained off the face and above the collar of the uniform while in the clinical setting. This includes ponytails, which must be tied up above the shoulders and collar.
- Facial hair must be groomed.
- Finger nails will be kept short and clean. No acrylics or fake nails are allowed. No bright or dark colored nail polish.
- The conservative use of cosmetics is acceptable; however, no perfume is allowed.
- Unnecessary jewelry is not allowed. Only one stud earring per ear. Wedding bands are acceptable.
- Piercings will be removed. Ear gauges are not allowed.
- Body tattoos must not be visible.
- No smoking or gum chewing during clinical

Physical/Immunizations

- A physical is required prior to beginning the program.
- Immunizations should be up to date as required by the clinical sites.
- QuantiFERON tests are validated on a yearly basis.

Students will be removed from clinical and a UPA will be given if immunizations are not current.

Fire Card and AHA BLS (CPR) Card

The student must have a current L.A. City Fire/American Heart Association BLS (CPR) card for healthcare providers during each semester until graduation. Otherwise, student may not remain at a clinical site (Make sure renewal is at least 14 days before expiration).

**Failure to upload current QuantiFERON and/or CPR onto CastleBranch fourteen days prior to expiration date, will result in a UPA.*

Clinical Portfolio Requirements

Daily Clinical Diagnostic Imaging Exam Log

- Students are required to complete the exam log and keep a daily record of each exam he or she participates, whether observed, assisted or performed solo.
- Students are required to keep a tally of all exams at the bottom of the exam log.
- When a student must perform a repeat in an exam that they have earned a competency the, student shall document the reason and the supervising technologist's initials.

Clinical Attendance Daily Sign in Sheet

Students are required to document their clinical attendance daily on the Clinical Attendance Daily Sign in Sheet.

Clinical Attendance

California Dept. of Public Health – Radiation Health Branch (RHB) requires that the Radiologic Technology Program curriculum contains a minimum of 1850 hours of clinical practicum.

Moorpark College Clinical Attendance Policy

1. Students are expected to attend clinical on the assigned days and times.
2. Students must be officially registered in the course, or they may not attend clinical Practicum.
3. Clinical involvement for students is limited for not more than ten (10) hours per day.
4. Students may not attend Clinical Practicum when Moorpark College is not in session (Holidays, Sundays, or intersession)
5. Earned Time Off Hours (ETO hours): students that have attended and documented college approved conferences or seminars, may save those hours to be used at clinical for personal time off. ETO hours may be used anytime if it does not exceed 1 week of clinical per semester. For Level I students it will be a maximum of 2 days during the Fall and Spring semester. For Level II students it will be 4 days during the Summer, Fall and Spring semesters.

Clinical Absence Policy

1. One absence is defined as one clinical day.
2. Tardy time that has not been made up within four weeks will count as absence time (See Tardy Policy).
3. **Absences:**
 - a. Students are required to call their Clinical Preceptor or supervisor on duty, a minimum of one hour before scheduled start time.
 - b. Absences need to be made up within four weeks. After 4 weeks the student will receive a 2% deduction from their clinical evaluation. Earned Time Off (ETO) hours may be used if the hours are available.
 - c. See "Make-Up Policy for details on making up missed clinical hours

4. **No Show/No Call:**
 - a. The student will receive a UPA if they do not call in prior to their scheduled start time.
5. **Excessive Clinical Absence:**
 - a. Level I students may not exceed 2 absences per semester with no more than 6 absences for 1AL, 2AL and M49 semesters combined. Upon the 3rd absence in a semester, the student will receive a 2% deduction from their clinical evaluation and an additional 2% for each absence that follows. After 6 absences, no make-up time will be allowed.
 - b. Level II students may not exceed 4 absences per semester with no more than 6 absences for 3A and 4A semesters combined. Upon the 5th absence in a semester, the student will receive a 2% deduction from their clinical evaluation and an additional 2% for each absence that follows. After 6 absences, no make-up time will be allowed.
6. Absences due to changes in health appraisal (ex: extended illness, injury, pregnancy, pregnancy related illnesses, or other emergencies) will be evaluated on an individual basis, and documentation will be required for return to the clinical setting. Documentation may include a note from the Student Health Center or a physician indicating there are no clinical restrictions.

Make-Up time Policy

1. Makeup time for absence must be made by arrangement with the Clinical Preceptor.
2. Students may schedule make-up time on an occasional Saturday from 6:30 am to 7:45 pm or week evenings up to 10:00 pm, but Saturdays or evenings may not be used as a regular ongoing clinical arrangement.
3. Students may make clinical attendance with arrangements in advance of an upcoming special event.
4. Students may not be granted more than three deviations from the assigned clinical schedule per semester.
5. Clinical Preceptor approval is required for any clinical schedule changes.

Clinical Tardy Policy

1. Tardy is defined as arriving late 5 minutes or more. (15 min make-up time)
2. Tardy time will be made up in quarter hour increments. (ie 5 minutes late = make-up 15 minutes; 16 minutes late = make up ½ hr.)
3. All tardy time must be made up by pre-arrangement with your Clinical preceptor.
4. Tardy time shall be made up within four weeks, if not a UPA will be given, or ETO hours will be used if the hours are available.
5. For the first 2 tardies the student will be given a verbal warning. This will be documented on the tardy form
6. A third tardy a written warning will be given. A UPA will be given with a fourth tardy. (All tardies to be documented on the Tardy form).
7. For each additional tardy, the student will receive a UPA (5 tardies=2 UPA; 6 tardies=3 UPAs, and so on)
8. Be aware that 5 UPAs will be grounds for dismissal recommendation. (For each UPA, 2% will be deducted from the total semester points available.)
9. Tardies and UPAs are cumulative and will be carried to the next clinical site.

Bereavement Policy (Please provide documentation)

Students will be excused from clinical for one week for a member of the immediate family (parents, siblings, spouses and children). This time does not have to be made up.

- Level I: 2 days for Fall and Spring semester
- Level II: 4 days for Summer, Fall and Spring semester

Clinical Lab Cancellation due to Emergency or Disaster situations

1. It is up to the college faculty to cancel clinical labs if they consider driving to be hazardous (hazardous driving conditions: flood, fire, earthquake, chemical spills, strike, riot).
2. Students will not attend clinical practicum during a strike.
3. Time missed at clinical due to disaster events or strikes is excused and does not have to be made up unless the clinical time missed amounts to more than one clinical week
 - a. the faculty will have a meeting to discuss how to make up the missed clinical time so as not to compromise the student's quality of clinical education.
4. If a student comes in to clinical and then the clinical is canceled due to emergency or disaster, the student is given the option of going home if it is safe to do so.

Direct Supervision: (JRCERT Standards)

- ✓ Direct Supervision defined: A qualified radiographer is **physically present** during the conduct of the procedure and reviews and approves the procedure and/or images.
- ✓ Direct Supervision by a qualified radiographer is required until a student achieves **competency** in any given procedure,
- ✓ Direct Supervision by a qualified radiographer is required for all **repeat exams** regardless of competency
- ✓ Direct Supervision by a qualified radiographer is required for all **c-arm, fluoroscopy, contrast administration, CT, mammography and mobile exams** regardless of competency.

Indirect Supervision: (JRCERT Standards)

- ✓ Indirect Supervision defined: A radiographer is **immediately available**. (In an adjacent area and approves the images)
- ✓ Indirect Supervision of procedures (other than c-arm, fluoroscopy, contrast administration, CT, mammography and mobile) may be performed by students after demonstrating competency.

Repeat Radiography Policy:(JRCERT Standards)

- ✓ Repeat radiographs require direct supervision.
- ✓ “Unsatisfactory radiographs shall be repeated only in the presence of a qualified radiographer, regardless of the student’s level of competency.” Student must log each repeat and include supervising technologist’s initials. Completing exam repeats without the supervision of a Technologist will be consider an “Unsafe Act” and a UPA will be given.

Unsafe Practice Act:(UPA) - Clinical

- ✓ The Moorpark College Radiography Faculty has identified errors that may cause a client harm, and errors that are unacceptable in the Clinical Practicum Lab.
- ✓ Commission of some of these errors may result in exclusion from the clinical area and the Radiography Program.
- ✓ Points will be deducted for each UPA.
- ✓ Inability to duplicate a previous competency will receive a UPA

Marker Policy:

- ✓ All students are to mark their images using their own personal markers which include their initials.
- ✓ If a student forgets to use their personal markers the first time, a verbal warning will be given and it will be documented on designated Marker Policy Form.
- ✓ If a student forgets to use their personal marker a second time, a final verbal warning will be given and will be documented.
- ✓ A student who forgets to use their personal markers a third time, will be issued an UPA and documented.
- ✓ Any subsequent violation will be issued an UPA and recorded on the Marker Policy Form.

- ✓ When a student receives five UPAs, for any reason, he/she may be reviewed by faculty and may be recommended for dismissal from the program. (For each UPA, 2% will be deducted from the total semester points available.)

Section IV

Support Services/Additional Opportunities Extracurricular Activities

Class Representatives

Each graduating class shall elect two of its members as class representatives.

These two students will represent the group at Curriculum meetings with faculty and at Advisory Committee meetings. The responsibilities of the representatives are to represent the views of their classmates on issues related to curriculum, clinical facilities and learning experiences.

Professional Organizations

It is recommended that Radiologic Technology students join California Society of Radiologic Technologists CSRT and/or the American Society of Radiologic Technologists ASRT.

Student Participation in Associate Degree Rad Tech Program (ADRT)

The Moorpark College Radiographic Programs provides for a variety of opportunities for formal and informal student input into all matters related to them. Students are encouraged to communicate freely, and faculty members encourage participation of students in all relevant areas that include but are not limited to:

- Philosophy and Objectives
- Clinical Facilities
- Learning Experience
- Curriculum,
- Evaluation of the Faculty and Program

Faculty/Curriculum Committee:

These are monthly meetings chaired by the Director and include college and clinical faculty members and two student representatives from Level I and two student representatives from Level II with one representative from each Level having voting privileges. The student representatives have the responsibility of bringing issues and concerns to the committee for consideration and reporting information back from the committee to the students. Most of the meetings are open and the minutes are posted on the bulletin board.

All proposed curriculum changes must go to the committee, then to the Dean and through various other college academic committees before official college approval is achieved. Students are encouraged to attend the open meetings when it does not interfere with their classes. Student representatives must submit agenda items to the Director prior to the meeting.

The objectives of this committee are:

1. Provide continuity in the curriculum through student and faculty evaluation.

2. Ensure that the curriculum reflects current practice.
3. Solicit information and suggestions from faculty and students regarding correlation of theory and clinical practice.
4. Facilitate student input into decisions.
5. Ensure that the curriculum meets graduation requirements for licensure, the eligibility criteria of the accrediting agencies for continuing accreditation.
6. Receive suggestions and recommendations from faculty and students on content changes and new ideas for pattern and sequence of instruction.
7. Provide faculty and student members with information on content covered in the total curriculum (conceptual framework, course revisions, evaluation policy, math proficiency testing, etc.).
8. Involve faculty and students in evaluating and developing policies and procedures.

Advisory Committee

The Advisory Committee, chaired by the Clinical Coordinator, meets once a year. The membership of the Committee is:

- Dean
- Coordinator of Health Science
- Program Director
- Clinical Coordinator
- Radiography program faculty
- Radiology Dept Director or Manager of each clinical affiliate
- Representative of the Hospital Council.
- Student representatives from Level II and I
- Clinical Preceptors from each clinical site
- Representative from Bachelor's programs Cal State University

The role of the Advisory Committee includes, but is not limited to:

1. Providing encouragement and support to the Radiography Program
2. Providing a time for both Radiography Program and the clinical agencies to plan and discuss future opportunities.
3. Assisting the college in interpreting the Program to the community.
4. Assisting the college in suggesting areas of need for implementation of continuing education programs.
5. Assisting in exploring sources of scholarship aid from community resources.
6. Alerting the college to community and area attitudes toward the Radiography Program
7. Assessing the local and community needs and suggesting changes and additions to the curriculum.
8. Assisting the college in gathering information when requested such as community technologists needs and follow up studies.
9. Assisting in recruitment of students into the program.

Evaluations by Student

Written Evaluation of Instructors, Courses, Clinical Facilities, and Curriculum.

All courses require an evaluation of the instructor, the course, and the clinical experience. There are written evaluations. The evaluations provide both valuable input concerning the course and

often recommendations for change. The evaluation forms will be distributed to the student in class or e-mailed post-graduation. Each student is to complete and return the evaluation to Health Sciences Office.

Graduate Satisfaction Survey

Six months post-graduation; graduates are asked for an update on their employment status and their satisfaction with the program. This is an important step in keeping the program's accreditation status. Students are reminded that the information obtained from the evaluations is used for program assessment and program plans.

Student Activities

The student activities office is located in the Campus Center. The Advisor to student activities is concerned with the program including student government, campus clubs, and governance committee.

Student Services

See next page for a list of student services.

MOORPARK COLLEGE Student Services

ACCESS (Formerly Disabled Student Services):

Physical Disabilities, Learning and Attention Disabilities, Assistive Technology, Learning Diagnostics. (Student Support Center – to the right of the Campus Center) – 378-1461

www.moorparkcollege.edu/access

Admissions & Records:

Admissions, registration, residence determination, adds/drops, transcripts, grades, enrollment verification.

Hours M-Thurs 7:30am – 7:00pm

F 7:30am – 5:00pm

www.moorparkcollege.edu/register

Assessment/Placement Services:

English and Mathematics Self-Assessment, ESL and Ability to Benefit Testing, (Admin. Bldg., Room 184, 378-1414)

www.moorparkcollege.edu/assess

Career Services Center:

Career Planning and Assessment; Job listings, Internships & Work Experience, Computerized Career Information; Resume Preparation and CalWORKS Assistance

(Administration Bldg, 378-1536)

www.moorparkcollege.edu/career

Child Development Center:

Child Care for Children of Enrolled Students. (Applied Arts Bldg., Room 142, 378-1602)

Counseling:

Academic, Career, Transfer, Student Conduct, Grade Appeals, Sexual Harassment Complaints, New Student Orientation. (Admin. Bldg., Counseling Center, 378-1428)

www.moorparkcollege.edu/couns

Extended Opportunity Programs and Services (EOPS):

Academic support services, book vouchers, tutoring, counseling, study room/study groups. (Student Services Building, located left of the Bookstore, 378-1464)

Hours M 8:00am – 5:00pm

T, W, Thurs 8:00am – 7:00pm

Fri 8:00am 3:30pm

www.moorparkcollege.edu/eops

Health Services:

Physical, Psychological.

(Admin. Bldg., A-111 378-1413)

www.moorparkcollege.edu/health

Library Services:

(Lower Library, 378-1450)

www.moorparkcollege.edu.library

Scholarships:

Foundation, Community, and Campus Scholarships.

(Administration Building, Room 106, 378-1400 ext. 1418)

www.moorparkcollege.edu/scholarship

Student Activities/Government:

Clubs, Housing. (Campus Center Lobby, turn right, 378-1434)

www.moorparkcollege.edu/as

The Learning Center (TLC)

Tutoring, ESL Tutoring, Essential Skills Classes in Math, English, Reading and Study Skills. (Upstairs Library, use side doors, Room 322, 378-1556)

www.moorparkcollege.edu/tlc

Transfer Center:

Review Transfer Options, College Brochures, Computerized Career Information, Special Workshops and Field Trips. (Admin Bldg., Transfer Center, 378-1536)

www.moorparkcollege.edu/transfer

Financial Aid:

Student Services Building
378-1462

Hours: M-Thurs 8:30am – 4:00pm

www.moorparkcollege.edu/finaid

For detailed information and a comprehensive listing of support services please refer to the Moorpark College Catalog.

Disabled Students - ACCESS

Students with Disabilities whether physical, learning, or psychological, who believe that they may need accommodations in a class, are encouraged to contact Disabled Student Program and Services (**ACCESS**) as soon as possible to ensure that such accommodations are implemented in a timely fashion. **Authorization from ACCESS (Disabled Students) office is required before any accommodation can be made.** Their phone number is 805-378-1461.

Library Electronic Resources

The library's electronic resources are now available from any computer and can easily be accessed in 3 simple steps:

1. Go to the Moorpark College homepage <http://www.moorparkcollege.edu/>
2. Click on "Library" in the blue bar on the left-hand side of the screen
3. Click on "Online Databases" and follow the directions

Once your identity is verified as faculty, staff or student, you will have access to thousands of periodicals, newspaper articles, literary biographies, statistical sources and more. Many sources can be printed directly from the screen. Electronic resources are no substitute for books, but these databases will be valuable to anyone doing research on a wide range of topics.

Employment

The employment status of an individual in a Health Sciences program who is employed in the care of clients cannot legally exceed that of an untrained worker unless they are involved in a student worker program under the auspices of Moorpark College. This means that a student may not:

1. Accept assignment beyond the level of an untrained worker.
2. Wear the Moorpark College uniform name pin
3. Use the designated student abbreviation after his/her name.

Graduation

Graduation is a certification that the program standards and curriculum requirements have been met and that the student has committed no act, which, if committed by a licensed person, would be grounds for disciplinary action. The requirements for graduation are:

1. All required courses and required science and general education courses have been completed with a grade of "C" or better.
2. All clinical performance evaluations are satisfactory.
3. Cumulative grade point average is 2.0 or above.
4. All curriculum requirements have been completed.
5. Attendance record is satisfactory.

Pictures

1. Early in the last semester, arrangements will be made for graduation and passport photo for the ARRT exam application.
2. You will be required to have one 2 x 2 picture with white or off-white background included with your ARRT Registry Application.
3. Supply a composite picture of the class with names under each picture for the Radiography classroom.

Invitations

It is the responsibility of graduating students to order invitations

Financial Aid Programs

Financial assistance is based on student need for monetary assistance in successfully pursuing an educational program. Student's interested in applying for financial aid should visit the Student Financial Services Center at Moorpark College to obtain applications and instructions on how to apply for financial aid

The Moorpark College Financial Aid in Student Services has information on: Student Financial Aid, Pell Grants, Perkins Loans, Student Loans, College Work-Study, scholarships, etc.

United States Government - Student Financial Aid and Grants

US Dept. of Education
Office of Student Financial Assistance
Washington DC 20202

US Dept of Health and Human Services

Bureau of Health Professions
Division of Student Assistance
5600 Fishers Lane
Rockville, Maryland 20857

Sexual Harassment

It is the policy of the Ventura County Community College District to provide an educational, employment and business environment free of unwelcome sexual harassment. Please refer to the College Catalog for the Sexual Harassment Complaint Procedure.

Written Assignments

Copies:

- All students should maintain a copy of any written assignments handed in to an instructor in case of loss.

Alcoholism, Drug Abuse, and Emotional Illness

If a student is experiencing alcohol and/or drug abuse and/or emotional difficulties, the faculty will complete a BIT referral form and will:

- Encourage any student who suspects that she/he may have a problem with alcohol or drug abuse or is experiencing emotional difficulties to make an appointment with a counselor in Student Health Services or to seek outside professional therapy

If a student does not voluntarily seek treatment, and is suspected of alcohol or drug abuse and/or emotional illness the faculty will complete a BIT referral form and will:

- Immediately suspend an impaired student or a student in possession of drugs, narcotics or alcohol from the clinical setting in order to provide for client safety, and potential program dismissal for unsafe practice
- Require that the student receive and maintain treatment until a therapist documents recovery.

Drug Free Campus Policy

Please refer to the College Catalog for standards of conduct concerning alcohol and drugs.

Alcoholism, Drug Abuse, and Emotional Illness- Policy

The Radiologic Technology faculty recognizes that these are diseases that can affect the student's performance and faculty view positively the student assuming responsibility for seeking diagnosis and treatment. The faculty:

- maintains confidentiality and is available for referral
- makes every effort to assist the student in maintaining their standing in so far as the student's performance is not affected and the student is receiving treatment
- will immediately remove from class or clinical an impaired student or a student in possession of drugs, narcotics or alcohol with the potential for program dismissal for unsafe practice
- requires that the student maintain treatment until recovery as documented by a therapist and meets the criteria set by the faculty before returning to the clinical setting

No student may be under the influence of any illegal drug, narcotic, or alcohol while in the clinical area or while on the college premises.

When the student's conduct and performance indicate possible impairment by alcoholism, drug abuse, and emotional illness (refer to Checklist on Characteristics of the Impaired Student), the faculty has the responsibility and authority to take immediate corrective action. The faculty has the right to require a drug test if the student is suspected of substance abuse.

Checklist: Characteristics of the Impaired Student

One or more of the following behaviors listed on the checklist may indicate that a student may be impaired by alcohol, drug abuse, and/or emotional illness. The student suspected of impairment may be asked to undergo a further evaluation by a faculty member in order to continue participation in the program.

Clinical performance behaviors that impede safe delivery of patient care:

- | | |
|--|--|
| ! excessive absenteeism and tardiness | ! illogical or illegible charting |
| ! difficulty recalling patient date | ! difficulty following instructions |
| ! carelessness and /or error in judgment | ! unprofessional appearance |
| ! smell of alcohol | ! complaints about the student's behavior and/or performance |

Behavioral patterns that may indicate possible impairment:

Mood:

- ! withdrawn - socially and emotionally
- ! mood swings- high and low
- ! suspiciousness
- ! extreme sensitivity
- ! nervousness
- ! frequent irritability with others

Actions:

- ! unduly talkative
- ! rigidity - inability to change plans
- ! making incoherent or irrelevant statements
- ! frequently argumentative and/or crying outbursts
- ! difficulty in meeting deadlines or schedules

Corrective action by the faculty includes:

- Referring the student to an appropriate health facility for substance abuse testing
- Obtaining the student's signed consent for drug testing
- Notifying the Coordinator of Health Sciences Program
- Obtaining a health clearance from the health facility that the student is safe to return to the clinical area and the classroom

The Department of Radiologic Technology will offer appropriate assistance to the student either directly or by referral. It is the responsibility of the student to undertake professional counseling and /or medical attention as long as the problem exists. Failure of the student to comply may result in dismissal from the program. If the student has been excluded from the program for behaviors indicating possible impairment, and is readmitted it is the student's responsibility to satisfactorily meet the course/clinical objectives as indicated in the course workbook.

Smoking Policy

In the interest of the health and welfare of students, employees, and the public, smoking is ONLY permitted in designated smoking areas – Please refer to the College Catalog

Job Descriptions

Program Director

Qualifications

Master's Degree, American Registry of Radiologic Technologists (ARRT) license, California Radiologic Technologists license, minimum of 3 years' experience in the field, minimum of 2 years' experience as an instructor in a JRCERT- accredited program and proficiency in curriculum design, program administration, evaluation, instruction and academic advising.

Position Description

Under the direction of the Dean and with assistance from the Health Sciences Coordinator, the Program Director will coordinate student recruitment, selection, guidance, instruction, and evaluation; establish effective working relationships with radiologic technology staff within the clinical education centers; coordinate the community advisory committee for the program; organize, deliver and oversee lecture presentations, the preparation of laboratory and clinical assignments, and all planning and evaluations regarding program courses.

Primary areas of teaching may include didactic, lab, and clinical courses in radiographic positioning, digital image acquisition and display, general physics and radiation production, radiation physics, principles and use of radiographic equipment, radiographic technique, ethics and law, radiobiology, quality assurance, radiation protection, patient care and management, and other related courses; perform student observation, evaluation, and skills testing; coordinate and maintain program accreditation including all assessment and documentation.

In addition, successful candidates will demonstrate knowledge of the principles and process of instructional design, media, and curriculum development, use of advanced technology in the delivery and archiving of information, current clinical aspects of Radiologic Technology, and theoretical aspects of Radiologic Technology along with the ability to teach and communicate effectively with students, provide academic advising, work closely and cooperatively with colleagues, and work with academically and culturally diverse students.

Clinical Coordinator

Qualifications

Bachelor's Degree, American Registry of Radiologic Technologists (ARRT) license, California Radiologic Technologists license, minimum of 2 years' experience in the field, minimum of 1 years' experience as an instructor in a JRCERT- accredited program and proficiency in curriculum design, program administration, evaluation, instruction and academic advising.

Position Description

Under the direction of the Dean and with assistance from the Program Director, the Clinical Coordinator will coordinate student recruitment, selection, guidance, instruction, and evaluation; establish effective working relationships with radiologic technology staff within the clinical education centers; coordinate the community advisory committee for the program; organize, deliver and oversee lecture presentations, the preparation of laboratory and clinical assignments, and planning and evaluations regarding program courses.

Primary areas of teaching may include didactic, lab, and clinical courses in radiographic positioning, digital image acquisition and display, general physics and radiation production, pathology, principles and use of radiographic equipment, radiographic technique, advance imaging techniques, ethics and law, quality assurance, radiation protection, patient care and management, cross section anatomy and other related courses; perform student observation, evaluation, and skills testing; support the Program Director to coordinate and maintain the program accreditation including assessment and documentation.

In addition, successful candidates will demonstrate knowledge of the principles and process of instructional design, media, and curriculum development, use of advanced technology in the delivery and archiving of information, current clinical aspects of Radiologic Technology, and theoretical aspects of Radiologic Technology along with the ability to teach and communicate effectively with students, provide academic advising, work closely and cooperatively with colleagues, and work with academically and culturally diverse students.

Clinical Preceptor

Qualifications

Each clinical site shall designate a Clinical Preceptor. Clinical Preceptor must have a minimum of two years clinical experience in Radiologic Technology, hold a current American Registry of Radiologic Technologists in radiography (ARRT) and a current California state license (CRT).

Position Description

- A. Provide “hands on” equal opportunity, educational experience for all students assigned to their site. These experiences should facilitate the development of clinical competence according to the objectives outlined for CLINICAL PRACTICUM Lab Courses (1AL, 2AL, 49, 3L, 4L).
- B. Assign shifts and rotations through all areas of radiology department. The hours and days are to be assigned according to those specified in the semester schedule of classes, Rad Tech Calendar, and Rad Tech Program Policies.
- C. Maintain records required by program policy: Attendance (absences, tardies, makeup days,); area/room assignments, Anecdotal notes (significant occurrences/incidences), Accident/incident Reports, Certification of Clinical Competency, Clinical log of examinations performed, Radiation Badge reports, and others as may be required by program policy.

- D. Administer and complete written Clinical Competency Evaluations and Clinical Progress Evaluations, and submit these to the Program Director/Clinical Coordinator according to the Rad Tech Calendar. In the event evaluations are administered by a radiographer other than clinical Instructor, the Clinical Preceptor will review all evaluations to maintain standardization of grading.
- E. Provide Direct and/or Indirect supervision according to JRCERT Standards.
- F. Conduct a one (1) hour film Critique and procedure class each week for all students assigned to the Clinical Site. During the class, discussions should include: quality control /assurance, positioning, techniques, in-service education/updates, and any problems that may arise.
- G. Adhere to the attendance, dress, ethical/professional, and radiation protection policies established by the program.
- H. Attend scheduled Rad Tech Faculty, Curriculum meetings (Program Director, Faculty Instructor, Clinical Preceptors, Clinical Coordinators and student representatives.)
- I. Designate and alternate Clinical Preceptor to supervise the students at any time the regular Clinical Preceptor is not on duty.

QUALIFICATIONS:

- a. Shall be credentialed in radiography (in good standing) by the American Registry of Radiologic Technologists, (ARRT).
- b. Shall be a certified Technologist with the State of California (CRT).
- c. Shall be a radiographer with a minimum of 2 years professional experience.
- d. Shall demonstrate proficiency in clinical supervision, instruction and student evaluation through experience or by pursuing courses pertinent to the profession.

CLINICAL SITE RESPONSIBILITIES:

- a. The site shall designate an appropriate amount of release time for the Clinical Preceptor, a minimum of 10% release time, per student, from other staff duties is necessary for the Clinical Instructor to carry out responsibilities of the position.
- b. Conform to radiation safety standards as defined by Federal, State and local regulations.
- c. LIBRARY: Students should have access to an adequate supply of up-to-date books, periodicals and other reference materials related to the Radiography Curriculum.

Appendix

Agreement to Abide by the RT Program Policies Form
Student Confidentiality Statement
Repeat Log Policy
Direct/Indirect Supervision Policy
Marker Policy
Substance Abuse Testing
Pregnancy Policy
Declaration of Pregnancy Waiver
Radiation Safety Policy
MRI Safety Policy
Moorpark College Energized Lab Policy
Mammography Policy
UPA Documentation
Clinical Progress Evaluation Form
Clinical Progress Evaluation Explanation Form
Competency Exams Per Semester
ARRT Clinical Competency Requirements
General Diagnostic Competency Evaluation
MRI Protocol and Screening Forms
Program Effectiveness Data
JRCERT Standards
VCCCD Work Related Injury Reporting Procedure
Workers Compensation Form
Supervisors Report Form
Supplemental Questions
Treatment Referral Form
Medical Panel List

Agreement to abide by the Radiologic Technology Program Policies (Original to Health Science Office)

I have read and understand the policies, procedures and guidelines in the Associate Degree Radiologic Technology Student Handbook and I agree to abide by these policies and procedures while a student in the program. Breaking these policies or disrespecting my classmates, instructors or any personnel at the college or clinical sites will be grounds for dismissal.

I also understand that policies, procedures and guidelines may be altered by the curriculum committee or accrediting agencies. I am aware that there is student representation on the curriculum committee. Any changes in policies, procedures and guidelines will be made available to students.

Policies:

- Student Confidentiality Policy
- Repeat Log Policy
- Direct/Indirect Supervision Policy
- Markers Policy
- Substance Abuse Policy
- Declaration of Pregnancy Waiver (optional)
- Radiation Safety Policy
- MRI Safety Policy
- Moorpark College Energized Lab Safety Policy
- Mammography Policy

Print Name _____

Signature _____ **Date** _____

Please sign and return to the Health Sciences Department for placement in your file.

Moorpark College Radiologic Technology Student Confidentiality Statement

The undersigned hereby recognizes that medical records, patient care information, personnel information, reports to regulatory agencies, conversations between or among any healthcare professionals are considered privileged and should be treated with outmost confidentiality.

If it is determined that a breach of confidentiality has occurred as a result of my action, I can be liable for damages that result from such a breach and will be asked to leave the program. My signature is a proof of understanding.

Initial _____

Repeat Log Policy

Moorpark College Radiologic Technology Program wants to ensure the amount of radiation exposure a patient receives is minimized. All students attending the Moorpark College RT program are required to report any poor-quality radiographs to the supervising technologist and document any repeated radiographs in their clinical logs during the course of their clinical rotations.

Students are not allowed to repeat any radiograph for any reason without *direct supervision* as required by JRCERT standards. This includes all students who already have earned a competency in the repeated exam.

Students are required to keep track of their repeats in their clinical logs. Since direct supervision is required for any repeat, the supervising technologist's name shall be included as part of the documentation along with reason for the repeat. Students who fail to abide by this policy will be issued a "UPA". Five UPA's in this area will cause for dismissal from the program.

Initial _____

Moorpark College Radiography Program Direct/Indirect Supervision Policy

Moorpark College Radiography Program wants to ensure the amount of radiation exposure a patient receives is minimized.

All students attending, the Moorpark College Radiography Program must follow the Direct/Indirect Supervision Policy per JRCERT standards.

Direct Supervision: (*JRCERT Standards*)

- ✓ Direct Supervision defined: A qualified radiographer is **physically present** during the conduct of the procedure and reviews and approves the procedure and/or images.
- ✓ Direct Supervision by a qualified radiographer is required until a student achieves **competency** in any given procedure,
- ✓ Direct Supervision by a qualified radiographer is required for all **repeat exams** regardless of competency
- ✓ Direct Supervision by a qualified radiographer is required for all **c-arm, fluoroscopy, contrast administration, CT, mammography and mobile exams** regardless of competency.

Indirect Supervision: (*JRCERT Standards*)

- ✓ Indirect Supervision defined: A radiographer is **immediately available**. (In an adjacent area and approves the images)
- ✓ Indirect Supervision of procedures (other than c-arm, fluoroscopy, contrast administration, CT, mammography and mobile) may be performed by students after demonstrating competency.

California Code of Regulations, Title 17

§ 30417(f) Persons providing direct or indirect oversight:

- (2) Shall have at least two years of radiologic technology experience.

Initial _____

Marker Policy:

- ✓ All students are to mark their images using their own personal markers which include their initials.
- ✓ If a student forgets to use their personal markers, a verbal warning will be given and will be documented on this form.
- ✓ If a student forgets to use their personal marker a second time, a final verbal warning will be given and will be documented on this form.
- ✓ A student who forgets to use their personal markers a third time, will be issued an UPA and documented on this form.
- ✓ Any subsequent violation will be issued an UPA and recorded on this form.
- ✓ When a student receives five UPAs, for any reason, he/she may be reviewed by faculty and may be recommended for dismissal from the program. (For each UPA, 2% will be deducted from the total semester points available.)

VIOLATION #	Date	Reason	Comment
1			
2			
3			UPA
4			UPA
5			UPA

Initial _____

Health Sciences Department
Moorpark College

ACKNOWLEDGMENT AND CONSENT FORM FOR SUBSTANCE ABUSE TESTING

I _____ acknowledge that I have received and read the Moorpark College and Program Position Statement on Background Checks and Drug Screening. I understand that the clinical agencies that provide sites for training in the health science programs require this testing prior to students having contact with patients. I understand that a positive test result may subject me to dismissal from the Radiologic Technology program. I also understand that failure to cooperate with testing or refusal to provide a test specimen, will result in inability to attend clinical courses and therefore unable to meet program requirements. This will result in dismissal form the program.

My signature below indicates that:

1. I consent to drug testing as required by clinical agencies.
2. I authorize the testing laboratory to disclose the results of any such tests to the Coordinator of the Health Sciences Programs or to such other persons designated by the Coordinator to receive confidential information including the clinical agencies requiring the test.
3. If the drug test is positive, I understand that further screening will be done at additional expense, for which I will be responsible.
4. In the event my drug test result is positive, I understand that I will forfeit my seat in the current radiography class and that I will be allowed to reapply for the next year's class.
5. I acknowledge that this policy is a condition required by acute care agencies. I understand that if I do not wish to be subject to the testing policy, I may resign my seat in the class.
6. I hereby release and agree to hold harmless Moorpark College and agents from all action, claim, demand, damages, or costs arising from such testing, in connection with, but not limited to the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My contract signature indicates that I have read and understood this consent and release and that I have signed it voluntarily in consideration of enrollment in the Radiologic Technology Program at Moorpark College.

Initial _____

Pregnancy Policy

Nuclear Regulatory Commission 10CFR20 definitions 20.10003

Pregnancy Policy Revised 2/26/21 (JRCERT Standard 5.1: The pregnancy policy must provide an option to continue the educational program without modification)

It is the option of the pregnant student to declare or not to declare the student's pregnancy to the Radiologic Technology Program Director. According to the Nuclear Regulatory Commission, a declared pregnant woman means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception. (10CFR20 definitions 20.1003).

If the student chooses to voluntarily inform the Program Director of the student's pregnancy, it must be in writing. In the absence of this voluntary, written disclosure, a student cannot be considered pregnant and will continue the educational program without modification.

For protection of the fetus, the following program requirements and modifications are available for declared pregnant student upon submission of the written declaration of pregnancy

The declared pregnant Radiologic Technology Student will

10. Submit a physical exam report from the student's physician documenting that the student may continue in the clinical participation of the Radiologic Technology Program.
11. Sign a waiver indicating acknowledgement of and responsibility for the potential risks to the student and the fetus working in the clinical setting, releasing the college and clinical education affiliate of any responsibility during this time. Please see the Declaration of Pregnancy Waiver form in the appendix.
12. Follow all policies and procedures of the clinical education affiliate.
13. Wear two TLD badges (radiation monitors), one at the collar and the other at the waist.
14. Fulfill all of the requirements of the educational institution as they pertain to clinical education competency and academic education.
15. Not exceed 500 mrem (5mSv), the maximum permissible occupational exposure dose equivalent to the embryo-fetus during the entire gestation period.
16. Have the following admission/readmission options:
 - May postpone entry until the following year, if pregnancy declared before beginning the program.
 - May return to the program within one year after the pregnancy if unable to fulfill the academic or clinical requirements with no tuition penalty.
17. May remain in the program without any modifications or have the following clinical modifications:
 - May postpone portable and fluoroscopy procedures and specific duties associated with patients having intracavitary or interstitial sources of gamma radiation (radium or cesium) until after the pregnancy.
 - May make up missed clinical time due to pregnancy or immediate post-natal care, and may accumulate clinical time prior to the expected delivery date. Arrangements must be made with the Clinical Coordinator and Clinical Preceptor.
 - The clinical affiliate will be notified of the student's declared pregnancy and be given a copy of the written pregnancy declaration.
18. May withdraw, in writing, the written declaration at any time.

The form for Declaration of Pregnancy/Waiver is in the appendix of this handbook.

MOORPARK COLLEGE
RADIOLOGIC TECHNOLOGY PROGRAM
Health Science office

Declaration of Pregnancy Waiver

Date: _____

I, (Print Name) _____, a student participating in the Radiologic Technology Program at Moorpark College, am notifying the school of my existing pregnancy.

Estimated date of conception _____ Estimated due date _____

I release Moorpark College and the individuals or facilities affiliated with the program from responsibility of any adverse effects upon my pregnancy that may appear to be caused by radiation exposure.

I understand that in order to remain in the program, that I must fulfill all the requirements of the educational institution as they pertain to clinical education and academic education. My individual circumstances will determine if I may remain in the program or reapply to the program in the event that I cannot fulfill the semester's academic or clinical requirements.

It is clear to me that, statistically; there is a vanishing small probability that clinical or school lab radiation exposure will in any way adversely affect my pregnancy. I take full responsibility to protect myself in accordance with recommendations in the National Council on Radiation Protection and Measurement (NCRP) Report #53. Furthermore, a second radiation monitor will be issued which I will wear at waist level to assure the dose to the embryo/fetus does not exceed the values stipulated in **10CFR20 section 20.1207**.

I understand that I can withdraw this declaration at any time if I so choose. In that event I will no longer be considered pregnant.

I acknowledge that _____ my present clinical education site, has been notified.

_____ Student signature	_____ date	_____ Faculty signature	_____ date
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Original: Health Science Files
cc: Clinical Preceptor, HS Coordinator, Program Director

I am withdrawing my written declaration of pregnancy.

_____ Student signature	_____ date	_____ Faculty signature	_____ date
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Nuclear Regulatory Commission 10CFR20 definitions 20.10003
Declared pregnant woman means a woman who has voluntarily informed her employer, in writing, of her pregnancy and the estimated date of conception.

Initial _____

Radiation Safety Policy for students

1. Students shall wear a personal monitoring device (TLD) during operation of X- ray equipment at the clinical education center and the campus radiography lab. The TLD shall be worn at the collar. (CCR § 30276)
2. Student Radiation Safety policy recognizes 1mSv (100 mrem) as maximum threshold dose per quarter.
3. Students not wearing a TLD shall not be permitted to participate in radiographic exams at the clinical education center or the campus radiography lab.
4. The declared pregnant female student shall wear two TLD badges, one at the collar and the other at the waist. During fluoroscopy, the waist TLD shall be under the apron and the collar TLD shall be outside the apron. Declared pregnant female will be issued the second TLD to be worn under the apron.
5. Students shall wear a TLD at the collar and protective apparel when operating mobile X -ray equipment. (CCR § 30309 (b)(3))
6. Faculty shall counsel students if there is an unacceptable increase in their dosimetry report.
7. Students shall use the ALARA ("As Low As Reasonably Achievable") concept of radiation protection to reduce the amount of radiation exposure while obtaining a diagnostically acceptable examination.
8. While performing portable radiographic exams, students shall stand at least 6 feet away when using the exposure switch on a mobile unit. (California Code of Regulations, title 17, section 30306 (a) (2))
9. Students shall stand behind a protective barrier during x- ray exposure in a fixed radiographic room. (CCR § 30308 (b)(5))
10. Teaches students that when performing portable radiographic exams to stand at least 6 feet away when using the exposure switch on a mobile unit. (CCR § 30309 (a)(2))
11. During fluoroscopic exams or when it is required to be in the radiographic room, students shall wear protective apparel and stand as far away as practicable or use a shielding device during exposures. (CCR § 30307 (b)(1))
12. Students shall not hold image receptors (IR) or hold patients during exposures. It is preferred that a parent, relative, ancillary personnel or authorized technologist (wearing protective apparel) should be utilized in emergency situations
13. Students are expected to be familiar with California Code of Regulations, Title 17 the California state law concerning medical radiation practices and radiation protection.
14. Students shall use adequate collimation - (The x-ray field must never be larger than size of IR.) (CCR § 30308 (a)(2) & (b)(3))
15. Students shall use gonad shielding on clients whenever possible. Students shall not be permitted to take x-rays without direct or indirect supervision.

Initial _____

MRI Safety Policy for Students

Prior to beginning clinical rotation, students shall review the clinical sites MRI safety protocols and will be screened by the clinical preceptor using the Moorpark College MRI Observation Warning. Students will sign the MRI Observation Warning, confirming they understand the potential hazards of the MRI suite area. The form will be kept in the student's portfolio. See appendix for form.

Initial _____

Moorpark College Radiology Energized Lab Policy

1. Students must wear their TLD at collar level, at all times during lab exercises. If the student does not have their TLD, they will not be permitted to participate in the lab exercise.
2. Students must bring Right and Left markers to positioning lab.
3. Students *shall not* make an exposure without the faculty member being present in the lab.
4. Students are to make sure room is clear and door is closed before making an exposure.
5. No open toed shoes are allowed in the lab.
6. Students are to pick up and clean room after lab exercise is completed.
7. Portable exams will be done in the x-ray room with the door closed.
8. When using the portable the student shall wear a lead apron and stand as far as possible from the phantom.
9. X-ray room doors will remain locked when not in use.

Initial _____

Moorpark College Mammography Policy

The Moorpark College radiography program has revised its policy, effective 3/3/2020, regarding the placement of students in clinical mammography rotations to observe and/or perform breast imaging.

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

Initial _____

Moorpark College Radiologic Technology Program

UPA documentation

Clinical Preceptor, Please give this documentation to the Clinical Coordinator at the end of each semester for grade adjustment, 2% deduction for each UPA during each semester. UPAs are cumulative and will be carried out to the next clinical site. When a student receives three to five UPAs, depending on the severity, they may be reviewed by faculty for recommendation of dismissal from the program.

Student Name

UPA #	Clinical Site	Semester	Date

Consultation with:	Recommendations	Date

Updated May 2015

CLINICAL PROGRESS EVALUATION -MOORPARK COLLEGE RADIOGRAPHY

Student _____ Clinical Site _____ Date _____ Midterm <input type="checkbox"/> Final <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Total Points Earned _____ ÷ 100 = _____ % UPAs this semester (-2% per UPA) _____ Total _____ Total deficient hours _____ Completed number of competencies _____ COMP # _____
--	---

Grading Scale:

2 = Unsatisfactory: Does not meet expectations for level of education, significant improvement required 3 = Needs Improvement: Usually meets expectations for level of education 4.3 = Satisfactory: Consistently meets expectations for level of education 5 = Outstanding: Consistently exceeds expectations for level of education	75-82 C 83-89 B 90+ A
--	-----------------------------

For level of clinical education 90% of the time the student exhibits:

*A	DEMONSTRATES RADIOGRAPHIC SKILLS BY: A-8	2	3	4.3	5
1	exhibiting proper positioning and required views				
2	selecting the correct technique and image receptor (IR)				
3	correctly utilizing and manipulating the imaging equipment				
4	using anatomical markers and patient identification on each radiograph				
5	practicing radiation protection including collimating, shielding and ALARA				
6	preparing the room and organizing sequence of tasks				
7	completing assigned tasks in a timely manner with accuracy				
8	identifying radiographic criteria & anatomical structures pertaining to the exam				

* Students receiving less than 30 points in this section will automatically fail. (40 points = 40%) Total A: _____

B	FULFILLS PROFESSIONAL ROLE BY: B-6	2	3	4.3	5
9	verifying orders and preparing legal documentation for each radiograph				
10	accepting constructive criticism and responsibility for errors				
11	using clinical time effectively and demonstrating initiative				
12	demonstrating compassion, concern and respect for patient modesty and comfort				
13	providing assistance to patients/healthcare team/others: teamwork				
14	maintaining a professional demeanor with patients/ healthcare team/ others				

Total B: _____

C	USES COMMUNICATION SKILLS BY: C-3	2	3	4.3	5
15	exhibiting sensitivity to cultural diversity				
16	introducing self to the patient, verifying ID with 2 identifiers & following HIPAA				
17	explaining the procedure to the patient in a professional tone and manner				

Total C: _____

D	DEMONSTRATES CRITICAL THINKING SKILLS BY: D-3	2	3	4.3	5
18	exhibiting independence, confidence and assertiveness during radiographic procedures				
19	ensuring safety of patients and others during radiographic procedures				
20	adapting to special needs/challenges of pediatric, geriatric, trauma, and mentally/physically challenged patients				

Total D: _____

E	FOLLOWS PROGRAM REQUIREMENTS: E-4	N (-2%)	Y
21	wearing uniform & maintaining grooming/hygiene standards of clinical site		
22	maintaining clinical logs		
23	being punctual (<2 T) and adhering to scheduled clinical hours (<3 A)		
24	making up absences in a timely manner		
25	Completing 50% of required competencies at midterm		

Total E: _____

COMMENTS

Student's Strengths _____

Suggestions for Improvement _____

General Comments _____

Student's Comments _____

I certify that this evaluation represents my best judgement as an educator.

CI's Signature **Print Clinical Preceptor's Name** **Date**

This report has been discussed with me; my signature does not necessarily indicate agreement.

Student Signature **Print Student's Name** **Date**

I request a discussion with college faculty (check if necessary)

CLINICAL PROGRESS EVALUATION EXPLANATION FORM

Student _____ Clinical Site _____ Date _____ Midterm <input type="checkbox"/> Final <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/>	Total Points Earned _____ ÷ 100 = _____ % UPAs this semester (-2% per UPA) _____ <div style="text-align: right;">Total _____</div> Total deficient hours _____ Completed number of competencies _____ <div style="text-align: right;">COMP # _____</div>
---	---

Grading Scale:

- 2.0 = Unsatisfactory:** Does not meet expectations for level of education, significant improvement required
3.0 = Needs Improvement: Usually meets expectations for level of education
4.3 = Satisfactory: Consistently meets expectations for level of education
5.0 = Outstanding: Consistently exceeds expectations for level of education
 (Award a “4” if no further improvement is possible in a particular category item)

For level of clinical education 90% of the time the student exhibits:

*A	DEMONSTRATES RADIOGRAPHIC SKILLS BY:	A-8	2	3	4.3	5
1	exhibiting proper positioning and required views 5 = ability to answer questions- cognitive knowledge- participation-prepared carries pocket positioning book for reference. Consistently demonstrates proper positioning skills. Knows the required views need for exam					
2	selecting the correct technique and image receptor (IR) 5 = understands how to manipulate techniques for optimal imaging. Sets techniques independently once instructed. Takes notes and can refer to them. Selects the correct IR per hospital protocol.					
3	correctly utilizing and manipulating the imaging equipment 5 = Takes responsibility uses equipment correctly, does not force tube/strip locks/break the machinery. Asks questions if unfamiliar on how to use imaging equipment.					
4	using anatomical markers and patient identification on each radiograph 5 = consistently and correctly uses markers and legal identification per hospital/Moorpark protocol and always has markers available for use. UPA					
5	practicing radiation protection including collimating, shielding and ALARA 5 = understands and applies radiation safety principles (ALARA). Announces to personnel in close proximity before portable x-ray exposures. Shields when needed and verifies pregnancy status of patient; persons holding patient; patients in beds next to portable exams- prior to radiation exposure. Collimates correctly and routinely UPA					
6	preparing the room and organizing sequence of tasks 5 = knows what is needed, knows where to get it, has it ready, follows a routine. Cleans after each exam. Thinks exam through prior to beginning.					
7	completing assigned tasks in a timely manner with accuracy 5 = efficient and consistent abilities, with few repeats for expected workload					
8	identifying radiographic criteria & anatomical structures pertaining to the exam 5 = Is able to identify key anatomical structures, radiographic criteria for positioning and techniques, and can identify optimal and sub-optimal images.					

* Students receiving less than 30 points in this section will automatically fail. (40 points=40%) **Total A:** _____

B	FULFILLS PROFESSIONAL ROLE BY:	B-6	2	3	4.3	5
9	verifying orders and preparing legal documentation for each radiograph 5 = has legal information complete. (i.e. RIS, military time, shielding, pregnancy info, name & medical number verification, matches images correctly, follows dept/hospital protocol)					
10	accepting constructive criticism and responsibility for errors 5 = able to critique/identify mistakes and then correct them. Willing to accept guidance from staff, acts professionally and does not make excuses for errors. Repeat image without direct supervision = UPA					
11	using clinical time effectively and demonstrating initiative 5 = ready to learn, willing to do exams, participates in all aspects of radiology without being told including stocking supplies, transporting patients etc. Asks questions, practices with equipment, reviews images.					
12	demonstrating compassion, concern and respect for patient modesty and comfort 5 = treats every patient with respect, takes initiative to ensure patient's modesty, and comfort. Provides blankets/sheets/gowns when needed. Assist patients as need					
13	providing assistance to patients/healthcare team/others: teamwork 5 = anticipates departmental/patients needs without being asked. Willing to help out in all areas of radiology.					
14	maintaining a professional demeanor with patients/ healthcare team/ others 5 = acts and speaks appropriately while on the hospital premises. Does not engage in gossip.					

* Students receiving less than 22 points in this section will automatically fail. (30 points = 30%) **Total B:** _____

C	USES COMMUNICATION SKILLS BY:	C-3	2	3	4.3	5
15	exhibiting sensitivity to cultural diversity 5 = treats each person with respect and dignity					
16	introducing self to the patient, verifying ID with 2 identifiers & following HIPAA 5 = consistently greets patients, introduces themselves, addresses patients Mr/Mrs/Ms + Last name and verifies patient's name and date of birth. Verifies requests and orders prior to the procedure.					
17	explaining the procedure to the patient in a professional tone and manner 5 = uses terms that are appropriate/age specific/professional for the exam and patient.					

* Students receiving less than 11 points in this section will automatically fail. (15 points = 15%) **Total C:** _____

D	DEMONSTRATES CRITICAL THINKING SKILLS BY:	D-3	2	3	4.3	5
18	exhibiting independence, confidence and assertiveness during radiographic procedures 5 = thinks independently, without constant instruction. Is confident in communication skills and during radiographic procedures. Actively seeks out exams and participates					
19	ensuring safety of patients and others during radiographic procedures 5 = always ensures overhead tube and fluoro tower is not endangering patient. Assists patients on and off tables/beds/stools. Uses proper technique to transfer patients from wheelchairs, gurneys and beds. Elevates side rails on gurneys and beds after procedures. Knows location of crash carts, fire extinguishers, and hospital life-safety protocol					
20	adapting to special needs/challenges of pediatric, geriatric, trauma, and mentally/physically challenged patients 5 = Consistently aware of the needs of the individual patient and adapting to meet these needs. Provides age specific care to patients.					

* Students receiving less than 11 points in this section will automatically fail. (15 points = 15%) **Total D:** _____

E	FOLLOWS PROGRAM REQUIREMENTS:	E-4	N (-2%)	Y
21	wearing uniform & maintaining grooming/hygiene standards of clinical site			
22	maintaining clinical logs			
23	being punctual (<2 T) and adhering to scheduled clinical hours (<3 A)			
24	making up absences in a timely manner			
25	Completing 50% of required competencies at midterm			

Total E: _____

COMMENTS

Student's Strengths _____

Suggestions for Improvement _____

General Comments _____

Student's Comments _____

COMPETENCY EXAMS PER SEMESTER (CEPS)

STUDENT'S NAME _____

SITE #1 _____

SITE #2 _____

COMP #	EXAMS	DATE	COMP #	EXAMS	DATE
RadT 10AL First Orientation Summer		1 required	RadT 3AL Second Fall Semester		14 required
10.1			3.1		
RadT 1AL First Fall Semester		4 required	3.2		
1.1			3.3		
1.2			3.4		
1.3			3.5		
1.4			3.6		
RadT 2AL First Spring Semester		6 required	3.7		
2.1			3.8		
2.2			3.9		
2.3			3.10		
2.4			3.11		
2.5			3.12		
2.6			3.13		
RadT 49 Second Summer Semester		16 required	3.14		
49.1			RadT 4AL Second Spring Semester 11 + 1CT required		
49.2			4.1		
49.3			4.2		
49.4			4.3		
49.5			4.4		
49.6			4.5		
49.7			4.6		
49.8			4.7		
49.9			4.8		
49.10			4.9		
49.11			4.10		
49.12			4.11		
49.13			1 CT required		
49.14			4.12		
49.15			Additional Competencies, Exams & Views		
49.16			A.1		
UPA Documentation			A.2		
UPA #1			A.3		
UPA #2			A.4		
UPA #3			A.5		

Moorpark:forms:competency exams per semester:2-2018

MOORPARK COLLEGE RADIOGRAPHY PROGRAM

Master Sheet of ARRT Clinical Competency Requirements EFFECTIVE JANUARY 2017

Student's Name (PRINT)

Clinical Site #1

Student's Name (SIGNATURE)

Clinical Site #2

MANDATORY COMPS AVAILABLE: 37

MANDATORY COMPS REQUIRED: 38

ELECTIVE COMPS AVAILABLE: 34

ELECTIVE COMPS REQUIRED: 15

A maximum of 2 Competencies may be simulated if demonstration on patients is not feasible.
Simulations will only be permitted at the end of second Spring Semester (RadT 4AL).

CHEST & THORACIC	Mandatory	Elective	Date Completed	Check <input type="checkbox"/> if Simulated	Competence Verified By
Chest Routine	√				
Chest AP & Lateral (Wheelchair or Stretcher)	√				
Ribs	√				
Chest Lateral Decubitus		√			
Sternum		√			
Upper Airway (soft tissue neck)		√			
UPPER EXTREMITY					
Thumb or Finger	√				
Hand	√				
Wrist	√				
Forearm	√				
Elbow	√				
Humerus	√				
Shoulder	√				
Trauma: Shoulder (Scapular Y, Transthoracic or Axillary)	√				
Trauma: Upper Extremity (Non-shoulder)	√				
Clavicle	√				
Scapula		√			
AC Joints		√			
LOWER EXTREMITY					
Toe		√			
Foot	√				
Ankle	√				
Knee	√				
Tibia-Fibula	√				
Femur	√				
Trauma: Lower Extremity	√				
Patella		√			
Calcaneus (Os Calcis)		√			

CRANIUM- At least one from this section	Mandatory	Elective	Date Completed	Check \checkmark if Simulated	Competence Verified By
Skull		\checkmark			
Paranasal Sinuses		\checkmark			
Facial Bones		\checkmark			
Orbits		\checkmark			
Zygomatic Arches		\checkmark			
Nasal Bones		\checkmark			
Mandible		\checkmark			
Temporomandibular Joints (TMJ)		\checkmark			
SPINE AND PELVIS					
Cervical Spine: required views: AP-Lat-Odontoid-Obliques	\checkmark				
Thoracic Spine	\checkmark				
Lumbo-sacral Spine: required views: AP-Lat- Spot-Obliques	\checkmark				
Pelvis	\checkmark				
Hip	\checkmark				
Trauma: Hip (Cross-Table Lateral)	\checkmark				
Trauma: Spine (Cross-Table Lateral using grid)	\checkmark				
Sacrum and / or Coccyx		\checkmark			
Scoliosis Series		\checkmark			
Sacroiliac Joints		\checkmark			
ABDOMEN					
Abdomen, Supine (KUB)	\checkmark				
Abdomen, Upright	\checkmark				
Abdomen, Decubitus		\checkmark			
Intravenous Urography		\checkmark			
FLUOROSCOPY STUDIES- Must select either upper GI or contrast enema plus one other elective from this section					
Small Bowel Series	\checkmark				
Upper G.I. Series (Single or Double Contrast)		\checkmark			
Barium Enema (Single or Double Contrast)		\checkmark			
Esophagus		\checkmark			
Cystography or Cystourethrography peds or adult		\checkmark			
ERCP		\checkmark			
Myelography (Lumbar Puncture)		\checkmark			
Arthrography		\checkmark			
Hysterosalpingogram (HSG)		\checkmark			
MOBILE C-ARM STUDIES					
C-Arm Procedure (orthopedic procedure w/more than one projection)	\checkmark				
Surgical C-Arm Procedure (requiring a sterile field)	\checkmark				
MOBILE RADIOGRAPHIC STUDIES					
Chest	\checkmark				
Abdomen	\checkmark				
Orthopedics	\checkmark				

PEDIATRIC PATIENT (age 3 or younger)					
Chest Routine (two views)	√				
Upper Extremity		√			
Lower Extremity		√			
Abdomen		√			
Mobile Study		√			
GERIATRIC PATIENT (at least 65 years of age and physically and/or mentally impaired)	Mandatory	Elective	Date Completed	Check √ if Simulated	Competence Verified By
Chest Routine	√				
Upper Extremity	√				
Lower Extremity	√				

GENERAL PATIENT CARE	Date Completed	Competence Verified By
CPR Certified		
Vital Signs- Blood Pressure		
Vital Signs- Temperature		
Vital Signs- Pulse		
Vital Signs- Respiration		
Vital Signs- Pulse Oximetry		
Sterile and Medical Aseptic Technique		
Venipuncture		
Transfer of Patient		
Care of Patient Medical Equipment (e.g., Oxygen Tank, IV Tubing)		

General Diagnostic Competency Evaluation– MC ARRT

Student Name (Print)		Medical Record #	Date	Score	Comp #
Exam:		View:	CR angle per View:	Technique per View:	Index per View:
		1.	1.	1.	1.
		2.	2.	2.	2.
# Views:	Measured cm:	3.	3.	3.	3.
		4.	4.	4.	4.

***Age minimum for adult Competency Evaluations is 16 years old or older. Pediatric Competency Evaluations is age 3 and under.**

Grading Scale Section A, B, C, D – A total score of 42 (minimum of 32 to pass). A total score of 31 or less, a zero score in any one section, or any repeat due to mistakes or a technologist's intervention requires re-evaluation of this exam for competency.

0 = unacceptable	1 = needs improvement	2 = good work
------------------	-----------------------	---------------

A. Patient Care and Communication	0	1	2
1. Introduces self to the patient, verifies ID with 2 identifiers, & follows HIPAA			
2. Evaluates the requisition/physician order			
3. Assesses patient and explains procedure in an age appropriate and professional manner			
4. Demonstrates compassion, concern and respect for patient's modesty & comfort			
5. Ensures objects that may cause artifact (jewelry, belts, snaps, buttons, etc) are removed from area of interest			
6. Gives the patient proper breathing and/or positioning instructions			
B. Room Preparation and Equipment Manipulation	0	1	2
7. Room is clean, orderly, stocked with linen and supplies for the procedure			
8. Retrieves patient information from the worklist/RIS and prepares CR/DR equipment for image processing/acquisition			
9. Selects the appropriate size and type of image receptor (grid if needed)			
10. Positions the x-ray tube at the proper SID			
11. Is able to manipulate the x-ray equipment with ease			
12. Processes the image with the correct patient and examination identification			
13. Cleans room, equipment, and IR after completing exam			
C. Patient Positioning and Safety	0	1	2
14. Uses standard precautions or isolation precautions as appropriate			
15. Patient is positioned efficiently and carefully to cause minimal discomfort to the patient			
16. Uses the correct anatomical markers (R/L, time, upright) and properly places on image			
17. Completes the exam in a timely manner			
D. Radiation Protection	0	1	2
18. Asks female patients about their last menstrual period and properly documents			
19. Practices patient radiation protection including collimation, shielding and ALARA principles			
20. Practices radiation protection for self and others in proximity			
21. Manual technique / index range appropriate for the projection, patient size, and SID			

STUDENT MRI OBSERVATION PROTOCOL

Please be aware of the following information regarding your MRI rotation.

Warning! The MRI unit is a powerful magnet!

- NO** credit cards or ATM cards
- NO** analog watches (digital is okay)
- NO** pens, paper clips, coins, keys
- NO** pagers or cell phones
- NO** spiral or ring binder notebooks
- NO** pregnant students in MRI magnet room

Leave any loose items in the MRI tech area prior to entering the magnetic field.

- Make sure your film badge and ID badge are firmly attached.
- Notify lead if **you** have surgical clips, metal prosthesis, pace makers or metal surgical plates.
- If you have any other questions direct them to the MRI technologist.

Thank you for adhering to these safety guidelines.

Please sign your name below confirming you have read this memo.

Student _____ Date _____

Clinical Preceptor _____ Date _____

MRI SCREENING QUESTIONS FOR STUDENT

Yes No Not sure

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cardiac pacemaker / defibrillator / Stent (1.5 Tesla compatible) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ventricular / hydrocephalus shunt
What company, make & model # _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hair extensions with metal clips, metal clips, brain aneurysm clips,
staples or clips |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any permanent metal piercings? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Internal hearing implants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Insulin pump, pain pump, or other similar devices (orthopedic or metal
implants) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History of heart surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | History of brain surgery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Foreign metal fragments or shrapnel in the eyes or body |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any surgically implanted metal hardware in your body |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Metal worker / welder |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Braces or permanent retainer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | IUD (Intrauterine device) If yes, what type _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are you using a transdermal patch? What type _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tattoos / Tattooed Eyeliner / Tattooed Eyebrows (circle) |

Student Signature

Date

Institution Name:

Program Type:

Degree Type:

Program Effectiveness Data

The following is the most current program effectiveness data. Our programmatic accreditation agency, the Joint Review Committee on Education in Radiologic Technology (JRCERT), defines and publishes this information. [Click here](#) to go directly to the JRCERT webpage.

Credentialing Examination: The number of students who pass, on the first attempt, the American Registry of Radiologic Technologists (ARRT) certification examination, or an unrestricted state licensing examination, compared with the number of graduates who take the examination within six months of graduation. The five-year average benchmark established by the JRCERT is 75%.

Credentialing Examination Rate	number passed on 1 st attempt divided by number attempted within 6 months of graduation
Year	Results
Year 1 -	of - %
Year 2 -	of - %
Year 3 -	of - %
Year 4 -	of - %
Year 5 -	of - %
Program 5-Year Average	of - %

Job Placement: The number of graduates employed in the radiologic sciences compared to the number of graduates actively seeking employment in the radiologic sciences within twelve months of graduating. The five-year average benchmark established by the JRCERT is 75%.

Job Placement Rate	number employed divided by number actively seeking employment within 12 months of graduation
Year	Results
Year 1 -	of - %
Year 2 -	of - %
Year 3 -	of - %
Year 4 -	of - %
Year 5 -	of - %
Program 5-Year Average	of - %

Program Completion: The number of students who complete the program within the stated program length. The annual benchmark established by the program is .

Program Completion Rate	number graduated divided by number started the program
Year	Results
Year 1 -	of
Annual Completion Rate	%

**Standards for an Accredited
Educational Program in
Radiography**

Effective January 1, 2021

Adopted April 2020

JRCERT

Excellence In Education

Introductory Statement

The Joint Review Committee on Education in Radiologic Technology (JRCERT) **Standards for an Accredited Educational Program in Radiography** are designed to promote academic excellence, patient safety, and quality healthcare. The **Standards** require a program to articulate its purposes; to demonstrate that it has adequate human, physical, and financial resources effectively organized for the accomplishment of its purposes; to document its effectiveness in accomplishing these purposes; and to provide assurance that it can continue to meet accreditation standards.

The JRCERT is recognized by both the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). The JRCERT **Standards** incorporate many of the regulations required by the USDE for accrediting organizations to assure the quality of education offered by higher education programs. Accountability for performance and transparency are also reflected in the **Standards** as they are key factors for CHEA recognition.

The JRCERT accreditation process offers a means of providing assurance to the public that a program meets specific quality standards. The process not only helps to maintain program quality but stimulates program improvement through outcomes assessment.

There are six (6) standards. Each standard is titled and includes a narrative statement supported by specific objectives. Each objective, in turn, includes the following clarifying elements:

- **Explanation** - provides clarification on the intent and key details of the objective.
- **Required Program Response** - requires the program to provide a brief narrative and/or documentation that demonstrates compliance with the objective.
- **Possible Site Visitor Evaluation Methods** - identifies additional materials that may be examined and personnel who may be interviewed by the site visitors at the time of the on-site evaluation in determining compliance with the particular objective. Review of supplemental materials and/or interviews is at the discretion of the site visit team.

Regarding each standard, the program must:

- Identify strengths related to each standard
- Identify opportunities for improvement related to each standard
- Describe the program's plan for addressing each opportunity for improvement
- Describe any progress already achieved in addressing each opportunity for improvement
- Provide any additional comments in relation to each standard

The self-study report, as well as the results of the on-site evaluation conducted by the site visit team, will determine the program's compliance with the Standards by the JRCERT Board of Directors.

Standards for an Accredited Educational Program in Radiography

Table of Contents

Standard One: Accountability, Fair Practices, and Public Information	4
The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.	
Standard Two: Institutional Commitment and Resources	13
The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.	
Standard Three: Faculty and Staff	18
The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.	
Standard Four: Curriculum and Academic Practices	26
The program's curriculum and academic practices prepare students for professional practice.	
Standard Five: Health and Safety	38
The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.	
Standard Six: Programmatic Effectiveness and Assessment: Using Data for Sustained Improvement	44
The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.	
Glossary	50
Awarding, Maintaining, and Administering Accreditation	53

Standard One: Accountability, Fair Practices, and Public Information

The sponsoring institution and program promote accountability and fair practices in relation to students, faculty, and the public. Policies and procedures of the sponsoring institution and program must support the rights of students and faculty, be well-defined, written, and readily available.

Objectives:

- 1.1 The sponsoring institution and program provide students, faculty, and the public with policies, procedures, and relevant information. Policies and procedures must be fair, equitably applied, and readily available.
- 1.2 The sponsoring institution and program have faculty recruitment and employment practices that are nondiscriminatory.
- 1.3 The sponsoring institution and program have student recruitment and admission practices that are nondiscriminatory and consistent with published policies.
- 1.4 The program assures the confidentiality of student educational records.
- 1.5 The program assures that students and faculty are made aware of the **JRCERT Standards for an Accredited Educational Program in Radiography** and the avenue to pursue allegations of noncompliance with the **Standards**.
- 1.6 The program publishes program effectiveness data (credentialing examination pass rate, job placement rate, and program completion rate) on an annual basis.
- 1.7 The sponsoring institution and program comply with the requirements to achieve and maintain JRCERT accreditation.

Standard Two: Institutional Commitment and Resources

The sponsoring institution demonstrates a sound financial commitment to the program by assuring sufficient academic, fiscal, personnel, and physical resources to achieve the program's mission.

Objectives:

- 2.1 The sponsoring institution provides appropriate administrative support and demonstrates a sound financial commitment to the program.
- 2.2 The sponsoring institution provides the program with the physical resources needed to support the achievement of the program's mission.
- 2.3 The sponsoring institution provides student resources.
- 2.4 The sponsoring institution and program maintain compliance with United States Department of Education (USDE) Title IV financial aid policies and procedures, if the JRCERT serves as gatekeeper.

Standard Three: Faculty and Staff

The sponsoring institution provides the program adequate and qualified faculty that enable the program to meet its mission and promote student learning.

Objectives:

- 3.1 The sponsoring institution provides an adequate number of faculty to meet all educational, accreditation, and administrative requirements.
- 3.2 The sponsoring institution and program assure that all faculty and staff possess the academic and professional qualifications appropriate for their assignments.
- 3.3 The sponsoring institution and program assure the responsibilities of faculty and clinical staff are delineated and performed.
- 3.4 The sponsoring institution and program assure program faculty performance is evaluated and results are shared regularly to assure responsibilities are performed.
- 3.5 The sponsoring institution and/or program provide faculty with opportunities for continued professional development.

Standard Four: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Objectives:

- 4.1 The program has a mission statement that defines its purpose.
- 4.2 The program provides a well-structured curriculum that prepares students to practice in the professional discipline.
- 4.3 All clinical settings must be recognized by the JRCERT.
- 4.4 The program provides timely, equitable, and educationally valid clinical experiences for all students.
- 4.5 The program provides learning opportunities in advanced imaging and/or therapeutic technologies.
- 4.6 The program assures an appropriate relationship between program length and the subject matter taught for the terminal award offered.
- 4.7 The program measures didactic, laboratory, and clinical courses in clock hours and/or credit hours through the use of a consistent formula.
- 4.8 The program provides timely and supportive academic and clinical advisement to students enrolled in the program.
- 4.9 The program has procedures for maintaining the integrity of distance education courses.

Standard Five: Health and Safety

The sponsoring institution and program have policies and procedures that promote the health, safety, and optimal use of radiation for students, patients, and the public.

Objectives:

- 5.1 The program assures the radiation safety of students through the implementation of published policies and procedures.
- 5.2 The program assures each energized laboratory is in compliance with applicable state and/or federal radiation safety laws.
- 5.3 The program assures that students employ proper safety practices.
- 5.4 The program assures that medical imaging procedures are performed under the appropriate supervision of a qualified radiographer.
- 5.5 The sponsoring institution and/or program have policies and procedures that safeguard the health and safety of students.

**Standard Six: Programmatic Effectiveness and Assessment:
Using Data for Sustained Improvement**

The extent of a program's effectiveness is linked to the ability to meet its mission, goals, and student learning outcomes. A systematic, ongoing assessment process provides credible evidence that enables analysis and critical discussions to foster ongoing program improvement.

Objectives:

- 6.1 The program maintains the following program effectiveness data:
 - five-year average credentialing examination pass rate of not less than 75 percent at first attempt within six months of graduation,
 - five-year average job placement rate of not less than 75 percent within twelve months of graduation, and
 - annual program completion rate.
- 6.2 The program analyzes and shares its program effectiveness data to facilitate ongoing program improvement.
- 6.3 The program has a systematic assessment plan that facilitates ongoing program improvement.
- 6.4 The program analyzes and shares student learning outcome data to facilitate ongoing program improvement.
- 6.5 The program periodically reevaluates its assessment process to assure continuous program improvement.



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT HUMAN RESOURCES DEPARTMENT

Work-Related Injury Reporting Procedure

The following steps describe the reporting procedures for **any** work-related injury. The forms are located online through My VCCCD, Employee Information Tab, Workers' Compensation.

1. Employees must be informed that they are to report **all** work-related injuries, no matter how minor (bumps on the head, cuts, trip and falls, etc.) **immediately** to their supervisor.
2. Managers/supervisors are required to **act immediately** once an employee notifies them of a work-related injury. The manager/supervisor must ensure that the employee receives, as necessary, immediate medical treatment. Notification to the manager/supervisor constitutes the "notice to the employer."
3. If the injured employee needs to be seen by a doctor, the employee must select a medical facility from the **Medical Panel**. The manager/supervisor must complete the **Treatment Referral & Medical Authorization** form and provide it to the injured employee.
4. The manager/supervisor is required to provide the multi-part **Workers' Compensation Claim Form (DWC 1)** to the employee within 24 hours of knowledge of the incident. The supervisor completes sections 9-18 and then provides the form to the employee. The employee completes sections 1-8 and then returns the form to the supervisor. Please note that the injured employee is not required to return the form to the supervisor, if they do not plan to file a workers' compensation claim. The supervisor, however, should note that the form was provided to the employee.
5. The manager/supervisor provides the **Covered Employee Notification of Rights Materials (English or Spanish)** to the injured employee.
6. The manager/supervisor completes and signs the **Supervisor's Report of Employee Incident or Injury**. Please indicate on the bottom of page 2, the date that the Workers' Compensation Claim Form (DWC 1) was provided to the employee. The injured employee signs it, after the supervisor completes it.
7. The manager/supervisor completes the **Supplemental Questionnaire** and the **Questionable Workers' Compensation** form, if appropriate.
8. The manager/supervisor must report any lost work time, due to a work-related injury to the Workers' Compensation Office.

Very Important: All paperwork must be faxed immediately to Workers' Compensation at **805-652-7705**. Originals should be placed in the interoffice mail, as soon as possible, to the attention of Workers' Compensation, District Administration Center. Please do not hold onto the paperwork to obtain additional information. The forms can be updated later if necessary.





Ventura County Community College District

WORKERS' COMPENSATION SERIOUS INJURY/ILLNESS REPORTING PROCEDURE

These procedures apply when:

- **Employee** reports a serious injury or illness to supervisor or manager, or
- **Supervisor or Manager** has knowledge of a serious injury or illness, or
- Multiple serious injuries result from a single incident

Serious injury may include, but not be limited to:

- Spinal cord injury
- 2nd or 3rd degree burns
- Brain injuries
- Loss of sight
- Amputation
- Fatality

In a serious medical emergency situation, immediately follow these instructions:

1. Call 911 or take the injured employee to the nearest emergency facility.
2. Notify Supervisor, Manager, and Worker's Compensation Department.
3. Assure that the injured employee has an "Employee Claim for Workers' Compensation Benefit Form (DWC-1) or mail to employee's home within 24 hours of the incident.
4. Immediately investigate the circumstance of the injury and complete the "Supervisor's Report of Incident/Injury." Take photographs, if necessary, for clarification. **Forward all documentation to Workers' Compensation at the District Office, as soon as possible.**

In the event there is no response from the Workers' Compensation Department (contact below), call Keenan & Associates' **Emergency Hotline: (310) 375-8311.**

Medical Care

If necessary, paramedics should be called. While waiting for professional EMS response, the seriously injured employee should be kept warm, moved as little as possible, and made comfortable.

OSHA Notification

If an on-the-job accident results in a fatality, or hospitalization of 3 or more employees, OSHA must be notified via telephone within 8 hours. To report such incidents, call (800) 321-6742 and provide details. Motor vehicle accident injuries do not have to be reported.

Important Phone Numbers:

Contact	Title	Phone Number	FAX Number
Katy Lyon	Benefits Analyst, Workers' Compensation	(805) 652-5535	(805) 652-7705
Gary Maehara	Director, HR Operations	(805) 652-5506	(805) 652-7705
Valerie Carr	Sr. Claims Examiner, Keenan & Associates	(310) 212-0363, x3746	(310) 212-0333
OSHA	N/A	(800) 321-6742	

Keenan & Associates, PO Box 4328, Torrance, CA 90501



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

MEDICAL PANEL

This list is comprised of medical facilities to be used when an industrial (on-the-job) injury has occurred. Use a "Treatment Referral Form" to introduce the employee to the medical facility.

KEENAN & ASSOCIATES
2355 Crenshaw Boulevard, Suite 200
P.O. BOX 4328
Torrance, CA 90501
(800) 654-8102 toll free
(310) 212-3344
(310) 212-0333 fax

These medical facilities will bill Keenan & Associates directly for medical treatment.

In the event an employee has predesignated a personal physician, the employee is authorized to treat with the personal physician, provided the injury is within the area of expertise of the predesignated physician. **Call the Workers' Compensation Specialist to verify that the proper predesignation form is on file, prior to the referral.**

If the predesignated physician needs to refer the employee to a specialist for additional treatment and/or diagnostic testing, **Keenan & Associates** must grant the authorization, prior to the referral. **Do not send injured employees directly to a specialist;** they must be seen by one of the providers listed below.

If you send an employee to an "after hours" facility, **please be sure to have the employee report to the daytime clinic for all follow-up visits.**

MOORPARK CAMPUS

Eastern Ventura Medical Group*
1980 Sequoia Ave., Simi Valley, 93063
(805) 583-5555
Hours: M-F 8 am - 5 pm

Thousand Oaks Urgent Care & Family Practice
620 E. Janss Road, Thousand Oaks, 91360
(805) 495-6866
Hours: M-F 8 am - 9 pm, S&S 9 am - 5 pm

Westlake Village Urgent Care & Occupational Health
1220 La Venta Drive, Westlake Village, CA
91361 (818) 874-0900
Hours: M-F, 8 am - 7 pm, Sat., 9 am - 5 pm

After Hours: Simi Valley Hospital Emergency Room
2975 N. Sycamore Drive, Simi Valley, 93065
(805) 955-6101

VENTURA CAMPUS & DISTRICT ADMIN. CENTER

Ventura Urgent Care & Family Practice
5725 Ralston Street, Suite 101, Ventura, 93003
(805) 658-2273
Hours: M-F 8 am - 10:00 pm, S&S 9 am - 10 pm

CMH Centers for Family Health
138 W. Main St. #E, Ventura, 93001
(805) 667-2850
Hours: M-F 8 am - 6:00 pm, Sat 9 am - 1 pm

After Hours: Community Memorial Hospital
147 N. Brent Street, Ventura, 93003
(805) 652-5011

VENTURA EAST CAMPUS

Valley Medical Group*
247 W. Harvard Blvd., Santa Paula, CA 93060
(805) 421-4139
Hours: M-F, 8:30 a.m. - 5:30 p.m.

After Hours: Santa Paula Memorial Hospital
825 N. 10th Street, Santa Paula, 93060
(805) 933-8600

OXNARD CAMPUS

Coastal Occupational Group *
1901 Outlet Center Drive, #100, Oxnard, 93036
(805) 988-3200
Hours: M-F 7 am - 7 pm, Sat. 9 am - 3pm On-call 24 hours
Call: (805) 988-3200

U.S. HealthWorks Medical Group *
1851 N. Lombard Street, Suite 100, Oxnard, 93030
(805) 983-2234
Hours: M-F 7am - 6pm, Sat 8am - 3pm On-call 24 hours
Call: (805) 983-2234

After Hours: St. John's Regional Medical Center
1600 Rose Avenue, Oxnard, 93030
(805) 988-2500

OXNARD COLLEGE FIRE ACADEMY

U.S. HealthWorks Medical Group *
4934 Verdugo Way, Camarillo, CA 93012
(805) 484-0095
Hours: M-F 8am - 6pm

After Hours: St. John's Pleasant Valley Hospital
2309 Antonio Avenue, Camarillo, 93010
(805) 389-5800

NOTE: * Preferred Occupational Medical Clinic

761 E. Daily Drive, Suite 200, Camarillo, CA 93010, (805) 652-5533, (805) 652-7705 fax eff. 11/01/12

**VCCCD WORKERS' COMPENSATION CONTACT**Katy Lyon, Benefits Analyst
761 E. Daily Drive, Suite 200, Camarillo, CA 93010
(805) 652-5535 • FAX (805) 652-7705

TREATMENT REFERRAL & MEDICAL AUTHORIZATION

TO BE COMPLETED BY EMPLOYER (SUPERVISOR or MANAGER)

TO: Medical Facility/Doctor: _____ Date: _____

Address: _____ Phone: _____

This authorization is issued to the above medical facility to provide initial medical treatment to the employee named below who has reported an occupational (work-related) injury.

Employee Name: _____ Last 4 Digits of SSN: _____ Work Tel #: _____

Home Address: _____ Home Tel #: _____

Employee's Primary Location/Campus: _____ Department: _____

Date of Injury: _____ Time of Injury: _____ AM PMEmployer Contact: Katy Lyon Phone: (805) 652-5533

The following relates to the employee's work environment:

- | | | | | | |
|----------------------|----------------------------------|----------------------------------|--|--------------------------------------|-----------------------------------|
| 1. Lifts: | <input type="checkbox"/> <25 lbs | <input type="checkbox"/> 25 lbs. | <input type="checkbox"/> 50 lbs. | <input type="checkbox"/> 75 lbs. | <input type="checkbox"/> >75 lbs. |
| 2. Environment: | <input type="checkbox"/> Wet | <input type="checkbox"/> Dry | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | |
| 3. Air Quality: | <input type="checkbox"/> Good | <input type="checkbox"/> Dust | <input type="checkbox"/> Chemical fumes/gasses | | |
| 4. Job requirements: | <input type="checkbox"/> Sits | <input type="checkbox"/> Stands | <input type="checkbox"/> Walks | <input type="checkbox"/> Keyboarding | <input type="checkbox"/> Drives |

Worker's Compensation Administrator: **KEENAN & ASSOCIATES, 2355 Crenshaw Blvd, Suite 200
Torrance CA, 90501 Tel: (800) 654-8102 FAX: 310-212-0333**

INSTRUCTIONS TO MEDICAL PROVIDER:

1. Call the VCCCD (employer) contact named above immediately to discuss availability of modified duty, if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
2. Give the employee a "Work Status Report," including after-care instructions and/or clear work restrictions, and immediately fax copies to the Claims Administrator (Keenan & Associates) and VCCCD (employer) contact named above.
3. Send the original completed Doctor's First Report (DWC 5021) and all medical bills and corresponding reports to: **Keenan & Associates, 2355 Crenshaw Blvd, Suite 200, Torrance CA, 90501.**
4. Contact **Keenan & Associates** at **(800) 654-8102**, immediately if any of the following apply:

◆ Questionable Injury	◆ Consultation Request
◆ Diagnostic Imaging Request	◆ Surgery/Hospitalization Request
5. Please promptly advise the District Workers' Compensation Department if this is a "First Aid Only" case.
Call: **Katy Lyon, Benefits Analyst, (805) 652-5535 • FAX (805) 652-7705**



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

SUPERVISOR'S REPORT OF EMPLOYEE INCIDENT OR INJURY

(Any employee receiving benefits as a result of this section shall, during periods of injury or illness, remain within the State of California unless the governing board authorizes travel outside the state. *Education Code §87787 & 88192*)

Please NOTE: Failure to complete form in its entirety may result in a DELAY OF BENEFITS!

TO BE COMPLETED BY EMPLOYEE or MANAGER:

- INCIDENT** (no medical attention required)
- FIRST AID** (per OSHA guidelines)
- INJURY** (reportable to Keenan & Associates)

LOCATION:

- District Office
- Moorpark College
- Oxnard College
- Ventura College

PERSONAL INFORMATION (Please type or print clearly)

Employee Name: _____ SS#: _____
Home Address: _____ DOB: _____
_____ Age: _____
Home Phone: _____ Sex: Male Female
Email Address: _____

EMPLOYMENT / OCCUPATIONAL STUDENT INFORMATION (Please type or print clearly)

Job Title: _____ Department: _____ Ext.: _____
Work Hours: _____ Hours per Day: _____ 10 mo. Employee
Work Days: _____ Days per Week: _____ 12 mo. Employee
Date of Hire: _____ Wages: \$ _____ per _____ Time employee started work on day of
 Student Worker Medical Service Provider-Professional Training injury: _____ AM PM
Does employee have additional employment outside the VCCCD? Yes No
If yes, please list the name of the other employer: _____

THIS SECTION AND PAGE 2 - TO BE COMPLETED BY MANAGER:

INCIDENT/INJURY INFORMATION (Please type or print clearly)

Accident Date: _____ Injury Reported to: _____
Accident Location: _____ Date Reported: _____
_____ Time Reported: _____

Describe the specific activity employee was performing and how the incident/injury occurred: _____

Describe the injury (nature of injury and specific body part(s) affected): _____

Name(s) of Witness(es): _____ Phone: _____
_____ Phone: _____

Was there another individual involved in or responsible for the incident/injury? Yes No

If yes, enter name here: _____ Home phone: _____

Did injured employee leave work to seek medical treatment? Yes No Date: _____ Time: _____

MEDICAL INFORMATION (Please type or print clearly)

Medical Facility Visited: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Doctor's Name: _____
Did doctor release injured worker to return to work? Yes No Date: _____ Time: _____
If no, estimated return to work date: _____ Was employee hospitalized? Yes No
Is modified or alternative work available in employee's department? Yes No

Accident investigation is critical for identifying the accident causes so they may be corrected. Please answer the following as completely as possible.

ACCIDENT INVESTIGATION INFORMATION (Please type or print clearly)

Did the accident/injury occur during the employee's regular work assignment? Yes No
If no, please explain: _____
Why did this incident happen (what was the cause)? _____

Was an employee's unsafe act or disregard for safety rules or improper equipment involved? Yes No
Is additional employee training required? Yes No Must work practices be reviewed? Yes No
Has the employee suffered any other injuries, or symptoms of injury, physical and/or mental, reported or unreported, associated with this incident/injury report? Yes No
If yes, explain: _____

(Use additional pages for above explanations as necessary)

NOTE: The State of California's "WORKERS' COMPENSATION CLAIM FORM (DWC 1)" MUST be provided to the employee within 24 hours of knowledge of the incident. If the employee completes this form, the supervisor should submit it to the Workers' Compensation Office immediately. If an injured employee needs treatment by a doctor or a medical facility, a "Treatment Referral Form" authorizing such treatment must also be completed for the employee.

Date State WC Claim Form was provided to employee: _____ Time: _____ Location: _____
Supervisor's Name (print): _____ Ext. _____ Campus: _____
Supervisor's Signature: _____ Date: _____

The information provided on this form is an accurate description of the accident/injury circumstances.

Injured Employee's Signature: _____ Date: _____

STEPS TO FOLLOW:

1. Supervisor should start the accident/injury investigation immediately.
2. Call Workers' Compensation, ext. 5533, to report any serious injury. Manager should also preserve the scene of the accident and take photos, if possible.
3. Complete and sign this form as soon as possible after the accident and fax **immediately**, along with the completed Employee's Claim for Workers' Compensation Benefits Form (DWC-1) to the Workers' Compensation Office at **(805) 652-7705**, and then place the originals in the interoffice mail. Thank you.



Ventura County Community College District
Human Resources Department

RETURN COMPLETED FORM TO:
Katy Lyon, Benefits Analyst
Human Resources Department
761 E. Daily Drive, Suite 200, Camarillo, CA 93010
Phone (805) 652-5533, Fax (805) 652-7705

SUPERVISOR'S REPORT OF EMPLOYEE INCIDENT OR INJURY

SUPPLEMENTAL QUESTIONNAIRE

(please type or print clearly)

NAME OF INJURED WORKER: _____

ADDITIONAL EMPLOYMENT INFORMATION

1. Is Injured Worker a 10 or 12 Month Employee? 10 Mo. 12 Mo.
2. Regular Work Days: _____
3. Regular Work Hours: _____
4. Total Weekly Hours: _____
5. What Is Employee's Salary? _____
6. Is Employee's Salary Being Continued? Yes No
7. Job Title: _____
8. Last Date Worked: _____
9. Was The Employee Paid a Full Day's Wages on the Date Of Injury? Yes No
10. Was the Claim Form Provided? Yes No
 On What Date? _____
 By Whom? _____
11. To Whom Was the Injury Reported? _____
12. Were There Any Safety Hazards Involved? Yes No If Yes, Explain: _____
 If Yes, Have They Been Corrected? Yes No
13. Is There An Opportunity For Subrogation Or Third Party Recovery? Yes No
14. Does The Employer Find This To Be A Questionable Claim? Yes No
 If So, Why? _____
- Is Employee Still Off Work? Yes No
16. Is the Employer Able to Accommodate Modified Duty? Yes No
17. What Date Did Employee Return To Work? _____
18. Did the Employee Return to Full or Modified Duty? Full Modified



VCCCD CONTACT

Katy Lyon, Benefits Analyst
761 E. Daily Drive, Suite 200, Camarillo, CA 93010
(805) 652-5533 • FAX (805) 652-7705

**QUESTIONABLE WORKERS' COMPENSATION INJURY
(Completed by Supervisor or Manager – PLEASE PRINT)**

To: Workers' Compensation Specialist, DAC

From: _____ Work Telephone: _____ Date: _____
(Supervisor or Manager)

Re: _____ Soc Sec/ID #: _____ Injury Date: _____
(Employee Name)

Before this Workers' Compensation claim is accepted as compensable, please ask our claims administrator, Keenan & Associates, to look into one or more of the following "red flag" areas:

- Injured worker is new on the job.
- Injured worker is disgruntled, soon to retire, or facing imminent job termination or layoff
- Injured worker took unexplained or excessive time off prior to claimed injury.
- Injured worker takes more time off than the claimed injury seems to warrant.
- Injured worker is involved in seasonal or temporary work that is about to end.
- Injured worker is experiencing financial difficulties or domestic problems.
- Injured worker changes physician after being released to return to work.
- Injured worker has a history of reporting subjective injuries, i.e., soft tissue pain and emotional issues.
- Accident occurs late Friday afternoon or shortly after the employee reports to work on Monday.
- There are no witnesses to accident, or witnesses disagree on circumstances.
- The alleged injury relates to a pre-existing injury or health problem.
- Injured worker fails to report the injury in a timely manner to supervisor.
- Accident or type of injury is unusual for the injured worker's line of work.
- Lawyer's letter of representation or letter from medical clinic is first notice of claim.
- Several family members receive workers' compensation, unemployment, Social Security, welfare, etc.
- Injured worker's co-workers express opinion that injury is not legitimate.
- Injuries are all subjective: i.e., pain, headaches, nausea, inability to sleep.
- Accident occurs in an area where injured employee would not normally be.
- Accident occurs at an odd time, such as during lunch hour.
- Accident details are vague or conflicting.
- Injured worker protests about returning to work and never seems to improve.
- Injured worker is immediately referred for a wide variety of psychiatric tests, when the original claim involved trauma only. These claims may present with vague complaints of "stress."
- Other: _____
- Other: _____

Please use additional sheets as necessary to give any supplementary details regarding the merits of this claim.

Witnesses:

Phone: _____
Phone: _____

Please note that these "red flags" serve only to alert to the possibility of fraud. The presence of any one by itself is not necessarily indicative of fraud, but it is a clue or lead to be further investigated for potential fraud. By identifying a questionable claim, you are not responsible for denying the claim. The insurance company is only able to decide the validity of a claim. By providing this information, you are only giving the claims administrator, Keenan & Associates, an opportunity to give this claim scrutiny. Any decision by Keenan & Associates will be made based on further investigation.

notice to employees

If a work injury occurs

California law guarantees certain benefits to employees who are injured or become ill because of their jobs.

Any job related injury or illness is covered. Types of injuries and illnesses covered include, but may not be limited to, strains, sprains, cuts, cumulative or repetitive fractures, illnesses and aggravations. Some injuries from voluntary, off duty, recreational, social or athletic activity may not be covered. Check with your supervisor or claims administrator if you have questions.

All work related injuries must be reported to your supervisor immediately. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury.

It is a misdemeanor for an employer to discriminate against workers who are injured on the job or who testify in another employee's case. Any such employee may be entitled to compensation, reinstatement and reimbursement for lost wages and benefits.

Workers' Compensation Benefits include

MEDICAL CARE - All medical treatment - without a deductible or dollar limit. Within one working day after you file a claim form, treatment must be authorized, consistent with the applicable treating guidelines, for your alleged injury up to ten thousand dollars (\$10,000) until the claim has been accepted or rejected. Costs are paid directly by the claim administrator, so you should never see a bill. For dates of injury on or after 1/1/04 there is a limit on some medical treatment.

You may be eligible to treat with your personal physician should you become injured on the job. If eligible, you must notify your employer *in writing before* you are injured. If you have questions please contact your employer who is required to provide written information regarding workers' compensation benefits to all new employees.

MEDICAL PROVIDER NETWORKS - Your employer may be using an MPN, which is a selected network of healthcare providers to provide treatment to workers injured on the job. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor or medical group. If you have not predesignated and your employer is using an MPN, you are free to choose an appropriate provider from the MPN list. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN.

PAYMENT FOR LOST WAGES - If you're temporarily disabled by a job injury or illness, you'll receive tax-free income, subject to state limits, until your doctor says you are able to return to work. Payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments aren't made for the first three days unless you're hospitalized as an inpatient or unable to work more than 14 days.

If the injury or illness results in permanent disability, additional payments will be made after recovery. If the injury results in death, benefits will be paid to surviving dependents.

SUPPLEMENTAL JOB DISPLACEMENT BENEFIT - You may be entitled to a Supplemental Job Displacement Voucher, if your employer is not able to return you to work within 30 days after temporary disability ends. SJDB is a non-transferrable voucher payable to a state approved school.

In the event of a work injury

1. Be sure first aid is given.
2. If emergency medical treatment is needed call 911.
3. See that the injured employee is taken to a doctor or hospital, if necessary.
4. Report all injuries immediately to your supervisor or Benefits Office at (805) 652-5533
Employer Representative Phone Number
5. Contact your employer representative or claim administrator if you have questions about workers' compensation. You may also contact an Information and Assistance Officer at the State Division of Workers' Compensation at (805) 884-1988
6. Hear recorded information and a list of local offices by calling toll-free 800 736-7401 or visit www.dir.ca.gov.

Claims Administered by:

Claims Administrator: Keenan & Associates
Address: P.O. Box 4328
City, State, Zip Code: Torrance, CA 90510
Phone Number: (800) 654-8102
Carrier/Self Insured: Keenan & Associates
Policy expiration date: June 30, 2015
MPN Toll Free Number: (888) 626-1737
MPN Website: MPNcontact@harporsys.com
MPN Effective Date: January 9, 2015
MPN's Address: POBox54770,Irvine, CA 92619

Emergency numbers:

Ambulance: 911
Fire Department: 911
Police: 911
Hospital: 911
Physician: _____

If this policy has expired contact the labor commissioner (213) 620-6630.

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$150,000 and sent to prison for up to five years. (Insurance Code Section 1871.4)



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonía".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* Ventura County Community College District
10. Address. *Dirección.* 761 East Daily Drive, Suite 200, Camarillo, CA 93010
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.*
Keenan & Associates, P.O. Box 4328, Torrance, CA 90510
15. Insurance Policy Number. *El número de la póliza de Seguro.* 772A
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

- Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your pre-designated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atienda, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.



Important Information about Medical Care if you have a Work-Related Injury or Illness

Complete Written Employee Notification regarding Medical Provider Network
(Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by Harbor Health Systems.

This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by YOUR EMPLOYER to treat workers injured on the job. MPNs must allow employees to have a choice of provider(s). Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine.

- **What MPN is used by my employer?**

Your employer is using the PRIME Advantage MPN Powered by Harbor Health Systems MPN with the identification number 2358. You must refer to the MPN name and the MPN identification number whenever you have questions or requests about the MPN.

- **Who can I contact if I have questions about my MPN?**

The MPN Contact listed in this notification will be able to answer your questions about the use of the MPN and will address any complaints regarding the MPN.

The contact for your MPN is:

Name: Harbor Health Systems MPN Contact
Title: MPN Contact
Address: PO Box 54770, Irvine, CA 92619-4770
Telephone Number: (888) 626-1737
Email address: MPNcontact@harborsys.com

General information regarding the MPN can also be found at the following website: www.harborsys.com/Keenan

- **What if I need help finding and making an appointment with a doctor?**

The MPN's Medical Access Assistant will help you find available MPN physicians of your choice and can assist you with scheduling and confirming physician appointments. The Medical Access Assistant is available to assist you Monday through Saturday from 7am-8pm (Pacific) and schedule medical appointments during doctors' normal business hours. Assistance is available in English and in Spanish.

The contact information for the Medical Access Assistant is:

Toll Free Telephone Number: (855) 521-7080

Fax Number: (703) 673-0181

Email Address: MPNMAA@harborsys.com

- **How do I find out which doctors are in my MPN?**

You can get a regional list of all MPN providers in your area by calling the MPN Contact or by going to our website at: www.harborsys.com/Keenan. At minimum, the regional list must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to obtain a list of all the MPN providers upon request.

You can access the roster of all treating physicians in the MPN by going to the website at www.harborsys.com/Keenan.

- **How do I choose a provider?**

Your employer or the insurer for your employer will arrange the initial medical evaluation with an MPN physician. After the first medical visit, you may continue to be treated by that doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. Some specialists will only accept appointments with a referral from the treating doctor. Such specialist might be listed as "by referral only" in your MPN directory.

If you need help in finding a doctor or scheduling a medical appointment, you may call the Medical Access Assistant.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury. Contact the MPN Contact or your claims adjuster if you want to change your treating physician.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire State of California.

The MPN must give you access to a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary treating physicians within 30 minutes or 15 miles and specialists within 60 minutes or 30 miles of where you work or live.

If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment with the specialist must be provided to you within 20 business days of your request.

If you have trouble getting an appointment with a provider in the MPN, contact the Medical Access Assistant.

If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

- **What if there are no MPN providers where I am located?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your

own doctor outside of the MPN network. Contact your MPN Contact for assistance in finding a physician or for additional information.

- **What if I need a specialist that is not available in the MPN?**

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor or wish to change your doctor for any reason, you may choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the MPN contact or your claims adjuster and tell them you want a second opinion. The MPN should give you at least a regional or full MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the MPN Contact of your appointment date, and the MPN will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN Contact will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN, or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

- **What if I am already being treated for a work-related injury before the MPN begins?**

Your employer or insurer has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician. However, if you have properly predesignated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about predesignation, ask your supervisor.)

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are set forth in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days;
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I am being treated by a MPN doctor who decides to leave the MPN?**

Your employer or insurer has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician. These conditions are set forth in the, "***Can I Continue Being Treated By My Doctor?***" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, your employer's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the selection of an MPN doctor treatment. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the Continuity of Care policy, in English or Spanish, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you have questions about the use of the MPN and to address any complaints regarding the MPN.
- **Medical Access Assistants:** You can contact the Medical Access Assistant if you need help finding MPN physicians and scheduling and confirming appointments.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call the DWC's Information and Assistance office at 1-800-736-7401. You can also go to the DWC's website at www.dir.ca.gov/dwc and click on "medical provider networks" for more information about MPNs.
- **Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Keep this information in case you have a work-related injury or illness.

Report of Personal Incident

To Be completed IMMEDIATELY	Individual Involved	Name of Individual
The student who is either involved in or witnesses a patient/client related incident shall complete this form immediately and return the form to the Coordinator of Health Sciences Moorpark College.	<input type="checkbox"/> Student <input type="checkbox"/> Client/Patient <input type="checkbox"/> Clinical Instructor <input type="checkbox"/> Staff Technologist <input type="checkbox"/> Preceptor <input type="checkbox"/> Visitor <input type="checkbox"/> Other	

Please Print Clearly

Student Last Name:	First Name:	Middle Initial:
Daytime Phone:	Evening Phone:	
Student ID #:		
Client/Pt. Name:	First	Last
Accident Date:	Accident Time:	Location:

Describe How the Incident Occurred:

Witness:	First Name:	Last Name:
Witness Address:	Street:	City, Zip Code:
Hospital/College Employee supervising the student at time of the incident:	First Name:	Last Name:
Supervising Employee:	Home phone:	Work Phone:
Was the Supervision Employee present at the time of the incident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Explain)
Follow up/First aid administered: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes explain:	
	Disposition of the injured: Hospital	<input type="checkbox"/> First aid <input type="checkbox"/> Med Treat

	<input type="checkbox"/> No Injury <input type="checkbox"/> Death	
Was there a procedure in place to cover this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: Was the student trained on the procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Training completed by: <hr/>
Did the Action/Condition of the patient contribute to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes: What were the contributing factors
Print Name of Person Preparing Report:	Date:	Signature

C:/mydocs/miscellaneous/report of personal accident